Interim Report for Continuous Quality Improvement Initiative

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As per the Long-Term care Act

> 166. (1) Every licensee of a long-term care home shall establish a continuous quality improvement committee
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> 166. (3) Every continuous quality improvement committee has the following responsibilities:
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> 1. To monitor and report to the long-term care home licensee on quality issues, residents' quality of life, and the overall quality of care and services provided in the long-term care home, with reference to appropriate date.
> 2. To consider, identify and make recommendations to the long-term care home licensee regarding priority areas for quality improvement in the home.
> 3. To coordinate and support the implementation of the continuous quality improvement initiative, including but not limited to, preparation of the report on the continuous quality improvement initiative.

Quality Improvement committee meetings are open to all staff and residents to join and\or participate. Meetings are held quarterly. Meeting agendas and minutes are posted on the committee board in the home. Archived agendas and minutes are available in Kristi's office.

Collaboratively Bay Haven identified a total of 15 quality indicators that were improvement goals from April 2023 to March 2024. Bay Haven successfully reached 9 indicator goals, improved but did not meet goals in 4 indicator goals and worsened in 2 indicator goals, for an overall success rate of 87%. The below indicators were deemed high priority.

Nursing

Areas of improvement were identified using the 2021 Resident Satisfaction Survey, the Ontario Health 2022/2023 QIP technical indicators and the department recommendations.

1) Falls Prevention – **Successful.**
    a. Reduce the incidents of falls and fall related injuries that occur in the home. Will also utilize the Falls prevention programs and policies.

2) Antipsychotic use - **Not successful but improved.**
    a. Decrease the use of antipsychotic medication for residents who do not have a correlating diagnosis. Will continue to work with Pharmacist and Medisystems pharmacy.
3) Palliative Care – **Not successful.**
    a. Ensure residents are treated with dignity at end of life, including the quick response of the team, providing comfort and symptom management in co ordination with the resident and families wishes. Will utilize the Palliative care program and policies.
4) Reduced Transfers to Hospital – **Successful.**
    a. Ensure a decrease in the rate of residents being sent to the Emergency department without a planned visit. Goal is to provide care in the home with the assistance of the Physicians, Nurse Practitioner and Nursing staff, when able.

Recreation

Areas of improvement were identified using the 2021 Resident Satisfaction Survey, the Ontario Health 2022/2023 QIP indicators technical specifications provided by Ontario Health and the department recommendations.

1) Family Council – **Not successful but improved.**
    a. Continue to promote families to join the Family Council.
2) Resident Voice – **Successful.**
    a. Ensure that residents feel that they can express their opinions without the fear of retaliation, and feel staff are listening to their questions/concerns and comments.

Dietary

Areas of improvement were identified using the 2021 Resident Satisfaction Survey, and the department and Registered Dietician suggestions.

1) Fluid Watch List – **Successful.**
    a. Decrease the percentage of residents who are on the fluid watch list and decrease the incidences of dehydration. Will work with Registered Dietician and follow the fluid program and policies.
2) Temperature of Food Served – **Successful.**
    a. Decrease the number of complaints of food temperature discrepancies.

Environmental

Areas of improvement were identified using all department input.

1) Infection Prevention and Control (IPAC) – **Successful.**
    a. Ensure that IPAC audits are being completed by the Nursing team, and the IPAC consulting firm. Goals are to ensure a passing grade is obtained on each audit, and that corrections/education is provided swiftly. Will continue to utilize and implement IPAC programs and policies.

Staffing

Areas of improvement were identified by all department.

1) Working short staffed – **Improved but not successful.**
    a. Decrease the incidences of not having a full staffing roster.

Quarterly committee meeting provide opportunities to measure progress. Meetings are planned for May 2024, September 2024, and January 2025. Communication of outcomes and processes will be outlined in the meeting minutes posted on the committee board.

The Continuing Quality Improvement Lead is responsible to ensure that the 2024 Satisfaction Survey compares and tracts indicators of interest. The survey will be distributed at the beginning of June and will be finalized in July. Results will be posted once data is tabulated and the report is generated. The 2023 survey was completed last summer. The results of the 2023 survey have been presented to the Resident's Council and staff, and posted on the Resident Information Board, across from the Nursing Station. Currently, Bay haven does not have a Family Council, if a family council is formed, they will be informed of the Quality Improvement Plan. Copies are also available in the Director of Nursing Office. Residents who are able, will be provided with a volunteer to assist with filling out the survey. Retirement home residents will be provided with surveys in their mailboxes. Family members, substitute decision makers and power of attorneys will be provided with e mails of the survey if they have provided their mail addresses as well as paper copies to be made available.

Each department has identified one or more improvement goals for the upcoming fiscal year April 2024 to March 2025. Goals were identified using the 2023 Resident Satisfaction Survey, staff judgment and some recommendations by Ontario Health. These goals are listed on the Quality Improvement Plan that is posted in the home. All indicators were brought forward to the Committee in the form of a Quality Improvement Plan (QIP). A meeting in September 2023 permitted Committee members to discus and fine tune indicators, goals, and solutions. Members not able to be present, were e mailed copies of the Quality Improvement Plan. Suggestions and recommendations were implemented once all the committee members were in agreement.

Department's identified lead person(s) will monitor implemented changes, progress, and recommend/develop education and resources. Audits have been developed for department leads to quantify data. Information collected by department leads will be provided to the designated lead, who will update the Quality Improvement Plan.

High priority goals for the 2024-2025 Quality Improvement Plan include.

Nursing

- Pain
    - Decrease the number of residents who express that they have unrelieved pain or discomfort.
- Delerium
    - Ensure that all residents are screened for delirium upon admission to Bay Haven.
- Dehydration
    - Decrease the number of residents showing clinical signs of dehydration.

Safety

- Critical Incidents
    - Decrease the incidents of resident-to-resident violence.

Infection Prevention & Control

- Outbreaks
    - Decrease the overall total number of days spent in outbreak that has been declared by Public Health.

Environmental

- Appearance
    - Increase the number of responses for those who are “satisfied with the general appearance of the facility and the grounds.”
- Cleanliness
    - Decrease the number of negative responses when asked questions regarding the overall cleanliness of the home.

Patient-centred

- Inclusivity
    - Ensure that all permanent Bay Haven staff to receive relevant equity, diversity, inclusion, and anti-racism training.
- Listening
    - Increase percentage of residents and families/power of attorney/substitute decision makers who respond positively when asked “how well do the staff listen to you?”
- Whistle Blowing Protection
    - Increase percentage of residents families/power of attorney/substitute decision makers who respond positively when asked “I can express my opinion without fear of consequences”