**2024-2025 CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT**

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| Priority Areas for Quality Improvement | Sprucedale Care Centre is committed to maintaining Ministry of Health and Long- Term Care compliance in the provision of a safe environment and quality care for our residents. We are committed to making a positive difference in the lives of our residents, families, staff and volunteers and students.  The Quality improvement initiatives are as followed but are not limited to 2024/2025 Work plan:   * + Continue to reduce unnecessary Emergency department visits. * Continue to reduce the inappropriate use of antipsychotics upon admission. * Continue to reduce use of restraints (least restraint policy in the home). * Enhance Palliative Care Program * Skin and Wound - reduction of worsening stage 2 to 4 pressure ulcers. * Continence Care Program * Clinical Pathways RNAO- Pain and Falls * Insights- Increase knowledge of all users. * Upgrade current aesthetics of the tub rooms. * Activity Room aesthetics to be more inviting for programming and less like a secondary dining room. * Enhance Infection Prevention Program |
| Process to Identify Home Priority Areas | In January 2024, our interdisciplinary care team collaborated with residents, family members, and other stakeholders to complete our Annual Program Evaluations and Home Operational Plan to develop our key priorities and Quality Improvement Plans (QIPs) for the year ahead. Together we identify gaps in practice and explore new initiatives/processes to improve upon.  Avoidable ED visits are down from January’s stats- 21 Avoidable ED visits according to data extracted; April stats noted to be down at 19. With January noted 5.9 were from falls, April noted at 9.2 fromfalls. No other conditions listed to be high enough to be reportable.  Monitor Performance indicators via PCC and Health Quality Ontario. Antipsychotic use- Current performance of 0%- Ontario average of 20.80%.  Restraint use- Current performance of 4.39%- Ontario average of 2.98%  Infection Prevention Program:   * Infection prevention and control Module implemented through PCC. * Looking for storage ideas for equipment such as bedpans, urinals. Staff not having accessible equipment, then leaving it in resident bathrooms. * Creating a more specific cleaning audit (housekeeping, nursing cooperative) Best practice IPAC measure. * Implementation of IPAC champions group and initiate quarterly meetings   Skin & wound/ Incontinence Program:   * PCC Skin & Wound care Module addition   Implementation of the RNAO Best Practice Guidelines Clinical Pathways-Which will include and address the following this year:  1. Admission Process  2. Person, Family centered Care  3. Delirium  4. Falls  5. Pain  Palliative and Pain Program enhancement. Currently we are involved with the Ontario Learning center on a Collaborative Project to sustain a palliative approach to care in LTC. We have developed goals to align with the fixing long Term care act.  Identified lack of information on admissions and readmissions needed a more standardized approach to ensure that all info was being communicated. And to ensure follow up completed. Stay in line with CNO standards.  Tub room enhancement- currently the rooms are more of institutionalized look. Would like them to look more inviting and home-like. |
| Process of Monitoring & Measuring Quality Improvement Initiatives | Sprucedale evaluates the effectiveness of the action plans by regularly monitoring key clinical performance indicators and by conducting proactive compliance audits across various programs each month to ensure adherence to our internal policies and to meet MLTC regulations. We hold monthly Quality Improvement meetings, where we review deficiencies identified from audits and assess the progress towards all outstanding active action plans. We discuss challenges encountered, and evaluate their impact to our set goals. This enables us to reassess timelines for action plans and make any necessary revisions.  Avoidable Ed visits- Will continue current interventions in place to reduce ED visits by 2%.   * Trueloo diagnostic tool implementation- Tool to notify of abnormal symptoms to the health practitioner to have further investigation. Earlier identification with the goal to minimize transfers. * Root cause analysis of ED visits completed by DOC.ADOCs to identify areas for further education. Review at monthly Reg. Staff meetings. Also reviewed at the Professional Advisory Committee, quarterly. * SBAR tool created to help staff communicate efficiently with physicians. * Incorporating AMPLIFI to assist. * Early communication with families to identify DNR and health care directives on 6-week, admission conference and annually   Inappropriate use of antipsychotics is an ongoing initiative in the home:   * Residents are reviewed on admission by ADOC, BSO Team, Pharmacy, Physician complete a thorough med reconciliation upon admission. * BSO team and pharmacy work closely with the families to communicate and educate and collaborate families on the use, risk, and alternatives. * BSO RPN does review on admission and quarterly on all residents with behaviours. * PIECES education is continued yearly so that all Registered Staff have the goal of obtaining this information.   Restraints- ongoing interventions in place, Current indicators are reflective of PASD being used however the RAI coding indicates that they are restraints. E.g., chair that prevents rising, tray tables.  -Interventions are in place, care planned, consents, POC documentation and monitoring of residents when in use. The four residents that are utilizing these types of PASDs are for repositioning only and or for activities of daily living. Not one used for restraining purposes. Education is given by the Registered Staff if family are requesting Restraints.  Infection Prevention Program:   * Infection prevention and control module implemented through PCC- this new module will help us manage and report infections and monitor antibiotic usage to help drive better outcomes. * The Healthconnex.ai program has given us the ability to utilize auditing programs to identify any areas needed to improve education and best practices.   Focus on UTI Reduction:   * Education- Public Health Ontario program * Ongoing surveillance * Physician collaboration for, assessment, interventions, documentation   Skin and wound integrity for our residents. Currently looking to enhance our practices with the new addition to our Skin and Wound Care module in PointClickCare (PCC) to drive better management of critical issues for our residents and home. To enhance transparency and consistency and streamline the decision making process and to create better outcomes for our residents. Actions include;   * Creation of a new Skin & Wound Care/Continence committee is completed with representation from PSW, RN, RPN, Prevail Rep. Dietician at monthly meetings * creating product referral and follow up to ensure appropriate action in place for interventions. Improve Communication. * Slider sheet/ Pad audit creates a goal to follow best practice to remove pads. * Education provided to all nights and evening staff   Palliative and Pain Program enhancement. Currently we are involved with the Ontario Learning center on a Collaborative Project to sustain a palliative approach to care in LTC. We have developed goals to align with the fixing long Term care act. Actions include:   * Revision of resident/ family information pamphlet * Monthly palliative meetings, review and reflect and change ideas if needed * Reorganized palliative carts that were needed * Working with CRLI coordinator to ensure best practices in place. Meeting every other month   Pain: Current Pain/BSO RPN who is CAPCE trained, audits use of pain medication, including PRN use and further recommendations and referrals are put through by her. 9 Staff have attended the Fundamentals of palliative care that was hosted here in the home.  Safety-Pain related assessment tool related to sedations (MSSA) creation. Continue to send staff to receive CAPCE when needed. Creation of a new Admission and Readmission Progress note was implemented to capture multi focused assessment for residents to address all systems including, impression or plan to guide nurses into development of resident plan of care, referrals or recommendations needed. SBAR communication tool for Physician consults and response for orders fax sheet created to ensure appropriate communication and legible and standard duration to meet pharmacy requirements.  Tub room enhancement is ongoing and will be taken to the staff committees to assist with new ideas to change the current environment.  Activity Room enhancement this will be reviewed with Resident and Family councils to see what can be added to the rooms. (Paint, equipment, resources) |
| Survey- Written Record | Sprucedale Care Centre conducts satisfaction surveys each year with our residents (or delegate - POA/SDM) to determine how well the quality of service & care is provided in our home and to identify areas for improvement. Action plans are then implemented with change ideas.  We conducted our annual satisfaction surveys between the months of September-October 2023.  The results of the 2023 surveys were shared with the Resident  Council Committee in February 2024.  Sprucedale Care Centre’s Quality Improvement Team meets monthly. All stakeholders are invited to participate and collaborate with the Quality Improvement Team to review the results of the surveys that were and derive an action plan. This plan of action is then presented to the Resident and Family councils. Residents and families review and add suggestions for more change ideas.  Please review the 2023 results and action plan *(separate document)* created for improvement in the top 3 areas of concern. |
| Survey Actions- Written Record | Resident and Family Satisfaction Survey Results: See action plan as mentioned above.  The Resident and Family Councils meet separately on a monthly basis, also quarterly at The Quality Council Meetings. All Quality Initiative and Data Quality indicators are reviewed. The councils provide advice and recommendations to the licensee regarding what the residents would like to see done to improve care or the quality of life in the home, also providing peer to peer support. |
| Report Date | June 2024 |