

HOME NAME :
People who participated development of this report

	Name	Designation
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Director of Care	Sarah Annesley	RPN-ADOC
Executive Directive	April Beckett	ED
Nutrition Manager	Tracy Brown	NM
Life Enrichment Manager	Samantha Marcuz	PM

Summary of the Home's priority areas for quality improvement, objectives, policies, procedures and protocols from previous year (2022/2023): What actions were completed? Include dates and outcomes of actions.

Quality Improvement Objective	Policies, procedures and protocols used to achieve quality improvement	Outcomes of Actions, including dates
Reduce potentially avoidable emergency department visits for long-term care residents to corporate target, 17%	<ol style="list-style-type: none"> All Registered Staff will be educated by the NP or DOC in Nursing process which includes Assessment skills, planning, intervention and evaluation of resident condition. All Registered Staff will be re-educated by the NP on SBAR communication and documentation process Post instructional guide on how to use SBAR at the nurses station for quick reference Review SBAR at risk management morning meeting daily. 	Outcome: Below target (Target: 17%, Actual: not rated) Date: March 2023
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	<ol style="list-style-type: none"> Enhance resident engagement throughout all programs Ensure resident concerns & opinions are heard Staff education on resident-centered care 	Outcome: N/A Date: March 2023
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	<ol style="list-style-type: none"> Track progress through CIHI submission data. Track # of staff educated on use of deprescribing algorithm # of registered staff educated on risks of antipsychotic use. Physicians & Pharmacy consultant to be involved in the review of newly admitted residents on antipsychotics by the time of the admission care conference and if appropriate, Pharmacy consultant will make recommendations for tapering antipsychotics. 	Outcome: Below target (Target: 13%, Actual:12.5%) Date: March 2023
Percentage of long term care residents who experienced worsened pain	<ol style="list-style-type: none"> Track progress through CIHI submission data. Complete implementation guide on Extendercare intraweb (Flow). All registered staff to be reeducated on completion of comprehensive pain assessments. 100% of residents who have triggered with worsened pain to be assessed by pain and palliative care committee. 	Outcome: Slightly above target (Target: 9%, Actual: 9.16%) Date: March 2023
Percentage of long term care residents who have fallen in the last 30 days	<ol style="list-style-type: none"> Track progress through CIHI submission data. Recreation, Physio and Housekeeping staff will participate in the weekly falls huddles in conjunction with direct care staff. Complete environmental risk factor assessment during fall huddles As part of the Universal Fall Precautions, during routine Resident care and safety checks, address the 4 P's (pain, positioning, prompted toileting and possessions). Encourage everyone to ask 4 questions before leaving resident room: <ol style="list-style-type: none"> Do you have any pain or discomfort? Do you need anything before I leave? Are you comfortable? Do you need to use the toilet? Develop and conduct daily management walk about and audit to ensure process is in place. Post 4P posters through out the home as a visual clue to staff. Four P's guideline posted beside falls prevention quick reference guide in resident rooms as a reminder to staff to complete the questioning. Case by case discussion of all residents who have fallen at monthly committee meeting. 	Outcome: Above target (Target: 13%, Actual: 19.78%) Date: March 2023

Percentage of long-term care home residents who had a pressure ulcer that worsened to a stage 2, 3 or 4	<ol style="list-style-type: none"> 1. Continue with weekly head to toe skin assessments on all residents to identify pressure injuries before they become stage 2 or higher. 2. Provide further education to nursing staff on prevention of skin breakdown & treatment of pressure injuries-wound care binders on each of the floors (information related to wound care). 3. Continue to identify residents at risk for pressure breakdown on admission, and quarterly and develop a care plan to treat existing pressure injuries as well as prevention of new pressure related injuries. 4. Medline wound care consultant whom provide direction in relation to wound care. 5. All staff to be educated on Medline skin care program. 	Outcome: Below target (Target: 2%, Actual 1.45%) Date: March 2023
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How Annual Quality Initiatives Are Selected

The continuous quality improvement initiative is aligned with our mission to provide quality care and services through innovation and excellence. The home has a Continuous Quality Improvement Committee comprised of interdisciplinary representatives that are the home's quality and safety culture champions. An analysis of quality indicator performance with provincial benchmarks for quality indicators is completed. Quality indicators below benchmarks and that hold high value on resident quality of life and safety are selected as a part of the annual quality initiative. Emergent issues internally are reviewed for trends and incorporated into initiative planning. The quality initiative is developed with the voice of our residents/families/POA's/SDM's through participation in our annual resident and family satisfaction survey and as members of our continuous quality improvement committee. The program on continuous quality improvement follows our policies based on evidence based best practice.

Summary of Resident and Family Satisfaction Survey for Previous Fiscal Year

Date Resident/Family Survey Completed for 2022/23 year:	The 2022 Resident and Family Survey was conducted from October 31st to December 20th, 2022.
Results of the Survey (<i>provide description of the results</i>):	<p style="text-align: center;"><u>Strengths</u>: Continence care products fit me properly, I am satisfied with the quality of care from physiotherapist/ occupational therapist(s), Continence care products are available when I need them, am satisfied with the quality of laundry services for linens, If I have a concern I feel comfortable raising it with the staff and leadership, I am satisfied with the quality of care from dietitian, the care team communicates clearly and in a timely manner about the resident, I am satisfied with the quality of care from nursing staff.</p> <p style="text-align: center;"><u>Opportunities to Improve</u>: the timing and schedule of spiritual care services, communication by home leadership is improving, resident has input into the recreation programs available, maintenance of the physical building and outdoor spaces is improving.</p>
How and when the results of the survey were communicated to the Residents and their Families (including Resident's Council, Family Council, and Staff)	The Survey results as well as the action plan was reviewed with Residents Council on April 25, 2023 . The Survey was also shared at a Town Hall meeting that was held on May 24, 2023. Hope Street Terrace does not have an active Family Council but was shared via email with families on May 26, 2023.

Summary of quality initiatives for 2023/24: Provide a summary of the initiatives for this year including current performance, target and change ideas.

Initiative	Target/Change Idea	Current Performance
Initiative #1 - BSO	Decrease residents with responsive expressions. Stabilize BSO staffing in the home, Provide education to registered staff on completion of BATs. GPA training.	Staffing has been stabilized, GPA training completed with 50% of the staff.
Initiative #2 - Bladder Continence	A minimum of 9.2% of residents will see an improvement in bladder continence through collaborative work with restorative care team.	11.79% of residents in the last 3 months have had an improvement in their bladder continence.
Initiative #3 - Infections	Reduce skin and wound infections at the home by 10%, frm 2.5% to 2.25% or less through streamlining and auditing of treatment carts and providing education to wound care lead.	2.15% of residents this year have had a skin or wound infection.
Initiative #4 - Skin & Wound	Reduce worsening pressure related injuries from 2.29% to less than 2% through establishing consistency of wound care nurses, completing weekly head to toe skin assessments on all residents, through education of all nursing staff and in collaboration with physicians, dieticians, physiotherapy and restorative care.	1.87% of residents have had a worsened stage 2-4 pressure ulcer.