

HOME NAME : Errinrurg

**People who participated development of this report**

	Name	Designation
Quality Improvement Lead	Cherie Diaz	RPN
Director of Care		
Executive Directive	Dona Kurian	RN
Nutrition Manager	Connie Wyant	
Life Enrichment Manager	Kristina Marquis	

**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
Rate of ED visits for modified list of ambulatory care—sensitive conditions* per 100 long-term care residents	ED visits will be discussed at quarterly RAP meeting to determine if the visit could have been avoided. The increase in discussion will assist in knowing what assessment education is needed for registered staff, and how other treatment options and can be utilized in	Outcome: 0% Date: March 2023
Resident experience: I can express my opinion without fear of consequences from home staff or leadership. 100%	100% of POA will be provided with Whistleblower Hotline information and it will be reviewed at the next three resident council meetings	Outcome: 88.24% Date: October 2023
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assignment. 16.67%	ED and quality lead will meet with medical director of the home to review use of antipsychotic use without a psychosis diagnosis to start reduction program. Percentage of residents using an antipsychotic without a diagnosis of psychosis that are eligible to start reduction program	Outcome: 16.67% Date: March 2023
Reduced the number of residents who experience falls. 27.91%	Increase exercise programming for the residents in the programs department. Inform staff of increased falls % and provide printed education at each shift change over the course of a week; discuss falls prevention at said shift changes. Hold a falls month to provide education for staff, residents and families. Have staff, families and residents preform activities to help reduce falls risk around the home: declutter rooms, clean glasses, ect.	Outcome: 25% Date: March 2023
Maintain current restraint use of 0% or below provincial average of	Educate families and staff on the definition of restraints and restraint use. Provide education in news letters. Review all restraint use at quality meeting, and if use is increasing and start a reduction program.	Outcome: 2.5% Date: March 2023

**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:	16-Oct-23	
Results of the Survey ( <i>provide description of the results</i> ):	93.33% of residents reported an over all satisfaction with the home. Residents reported high precentages with friendships, recreation and spiritual services, communication about medication; 93.33% of residents would recomend this home to others. Resident had lower scores with continence products used in the home, tempeerature of food and beverages, and the quality care from social workers. Families reported an overall satisfaction of 87.06%. Families reported high precentages with recreation and spiritual care services, access to foot care, food and beverages served, and the variety of food and beverages provided. Families reported 68.24% satisfaction with the quality of maintenance of the home, 73.33% were satisfied with the timing of spriritual care services, and 75.56% of the variety of spiritual care services provided. 75.38% of families were satisfied with the choice continence care products in the home.	
How and when the results of the survey were communicated to the Residents and their Families (including Resident's Council, Family Council, and Staff)	Results were shared with resident council on November 14th and family council on November 17th and was posted on the activity board. The results were also shared in the November newsletter.	
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 Residents satisfied with the quality of care from social worker/social work services	2024 goal 80% continue with current initative	20% from residents
Initiative #2 satisfied with the temperature of my food and beverages	2024 goal 80% - food committie - dietary manager to attend resident council monthly. Resident have been encouraged to voice concerns in the moment.	61.67% from residents
Initiative #3 continence care products keep the resident dry	2024 goal 80% - standing agenda with resident council and having aletrnate resident servic manager at each resident council so residents have a chance to communicate concerns.	62.5% from residents and 75.38% from families
Initiative #4 Satisfied with the quality of maintenance of the physical building and outdoor spaces	2024 goal 80% - issues about mainteance addressed at family council, and suggestions about current specific concerns will be encouraged.	68.24% from families