

HOME NAME: Country Village Homes - Woodslee
People who participated development of this report

	Name	Designation
Quality Improvement Lead	Ginelle Spence	Executive Director
Director of Care	Jennifer Brissette	RN
Executive Directive	Ginelle Spence	
Nutrition Manager	Barbara Hackett	
Life Enrichment Manager	Amanda Breitenstein	
ADOC	Luisa D-Alimonte	RN

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
Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	1. Nurse Practitioner to assist with reducing avoidable ED visits. 2. Review ED visits from previous month monthly tracking sheet and discuss with Medical Staff.	Outcome: 4% Date: March 2023
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	1. Discuss at residents council, potential barriers to expressing their opinions. 2. Create a summary of information to post. And discuss with family about displaying "All about me" on resident wardrobes.	Outcome: 89.6% Date: March 2023
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	1. Care Rx drug utilization rates for antipsychotic use will be reviewed for reduction with Med Management Team. 2. Physician/N.P to review antipsychotic use, 6 week care conference to allow for adjustment to admission.	Outcome: 21.01% 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:	October 31st, 2022 - December 20th, 2022
Results of the Survey (<i>provide description of the results</i>):	<p>The residents of the home provided feedback that they are very satisfied the quality of care from nursing staff. Overall residents were also very satisfied with the quality of care from physiotherapists/occupational therapists. Residents also expressed satisfaction with continence products used in the home. As for areas of improvement, residents felt communication by leadership is improving and beign updated regular about any changes in the home needed enhancements, as well as the quality of care from doctors.</p> <p>Families voiced that they are also satisfied with the continence care products, their fit and their availability. As well, families were very satisfied with the quality of care from our nursing staff and quality of care from our dieitian. Families noted areas of improvement with the variety of recreation programs and residents having input in these programs, as well as an opportunity for providing input on food and beverage options.</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)	<p>Presented at Resident Council (note: our Home doesn't have a Family Council, yet) on April 23, 2023. Staff communication via communication binders and memo boards on April 17, 2023; as well discussed at department meetings throughout the month of April 2023.</p> <p>Reviewed results at PAC and CQI on March 30, 2023.</p> <p>Poster for visitors highlighting our results posted on April 17, 2023.</p>

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
Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	1) Support early recognition of residents at risk for ED visits; 2) Provide preventative care and early treatment for common conditions leading to potentially avoidable ED visits; 3) Provide more tests and treatments in house; 4) Educate LTC residents and families about the benefits of and approaches to preventing emergency department visits; 5) At admission and updated yearly, discuss end-of-life and do-not-resuscitate (DNR) orders to ensure LTC residents, families, and caregivers are provided education around end-of-life care and that their wishes are documented; 6) Review Advance Care Directives annually with families at care conferences, providing education on hospital transfers and impact on residents 6) Weekly clinical review meetings will be conducted..	4
Percentage of residents who responded positively to the statement "I can express my opinion without fear of consequences".	1) Respect resident's values, preferences and expressed needs by: a) Ask questions to residents that cultivate mutual respect and show empathy, b) support residents' councils and work with them to make improvements in the home, c) improve key aspects of daily life that bring residents enjoyment, such as mealtimes, d) learn about and practice active listening towards residents, and e) promote the health and quality of life of long-term care residents by enabling social connections; 2) Educate health care providers on resident-centred care by: a) ensure health care providers are educated on the different attributes of resident-centred care: empowerment, communication, and shared decision-making, b) create relationships and empowering partnerships based on trust, sympathetic presence, and respect, c) incorporate the resident's knowledge, values, beliefs and cultural background into care planning and delivery	92.5
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment.	1) Explore opportunities to increase growth of our home's behavioural response team and champions; 2) Consult with external teams, such as Erie St Clair BSO Regional Team, Behavioural support Ontario, and senior's mental health services; 3) Collaboration with MD, NP, Regional LTC Consultant, and pharmacy consultant to discuss and consider use of alternative medication such as naturopathic or cannabis based on the current diagnosis and health conditions of residents using antipsychotic medication without the supporting diagnosis.	24.35