SOUTHBRIDGE HEALTH CARE LP

Continuous Quality Improvement Initiative Annual Report

Annual Schedule: May

HOME NAME: Southbridge Owen Sound (Data collected from 2022 Georgian Heights)

People who participated development of this report

	Name	Designation
Quality Improvement Lead	Skylar Wright	RPN
Director of Care	Alaina Sutherland	RN
Executive Directive	Brenda Lowe	RN
Nutrition Manager	Jolsha Job	FSM
Life Enrichment Manager	Jenna Bunn	DLE

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
Reduction in potentially avoidable Emergency Department visits. Current performance. No data available	Resident transfers to hospital tracked through Point Click Care. Number of transfer to hospital that did not result in admissions quantified monthly and provided to co-operate for data analysis. Collected date is analyzed quarterly with Medical Director.	Outcome: 13.5% Date: March 2023
Residents ability to comfortably express their opinion without fear of consequences. Current performance of 50.00%	All staff, family and residents were provided education on Zero tolerance of abuse and neglect. Resident and family will be provided quarterly care conferences, to enable resident input into care plan development.	Outcome: 71.82% Date: March 2023
Reduction of antipsychotics prescription use for residents without a diagnosis. Current performance of 23.08	Interdiciplinary team approach used involving BSO, programs team, pharmacist consultant and community resources Behavioural Response Team, collaborate together to utilize non pharmacutical approaches to responsive behaviours.	Outcome: 23.33% Date: March 2023
To continue to practice no restraint use. 'Current performance 0%	Continue to practice current restraint program, as home is currently without use of restraints.	Outcome: 0.00% Date: March 2023
Reduce the number of residents who experince falls. Current performance 15.7%	Adhere to following fall prevention policy and protocol. Educate nursing staff on fall prevention interventions. Implement monitoring the 4 "P"s assessment tool to eliminate contributing factors.	Outcome: 19.57% 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 inccorporated 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:	Survey conducted from October 31, 2022 to December 20, 2022

Results of the Survey (*provide description of the results*):	The residents of the home provided feedback that they are very satisfied with Care Plan developement, and felt wishes are considered and incorporated whenever posible. Overall residents were satisfied with the friendliness of staff, and felt they can have friends in the home. Residents also expressed satisfaction with the timing and schedule of spiritual care services. As well as overall felt continence care products are comfortable. For opportunities for improvments residents expressed desire for variety of spiritual care services. An average of 50% of residents who completed the survery voiced feeling satisfied with communication from home leadership is improving, feel comfortable with raising concern to staff and leadership, recreational services are improving and have a good choice in continence product. Families also complimented recreational servies. As well families felt comfortable raising concern with staff and leadership. Areas famalies indicated improvments are needed include maintenance of the building, variety, schedule and timing of spirtual care.
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 results of the survey were share in residents counsel meeting January 2023. The Home does not have an active Family council at this time. The results were posted in the home on the quality board, accesible to everyone to read.

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
Inititative #1: Reduction in potentially avoidable Emergency Department visits	Startegy includes hiring a Nurse Practisioner to provide on site assessment and treatment. Goal is to reduce the amount of unnecessary ED visits. This will be acheived by assessing resident Code status on a quarterly basis, or as needed as a resident status changes. Better utilize hospital tracking tool in ADT. Provide education on ADT Conduct interdisciplinary meetings such as RAP meetings to discuss goal of care with resident, and POA. Communicate goals of to front line staff. Provide education to registered staff on how to implement ADT for hospital transfers tracking.	Overall avoidable ED visit rate 6.5% by LHIN and site
Initiative #2: Residents ability to comfortably express their opinion without fear of consequences.	Residents will be encouraged to participate in resident counsel meetings and care conferences. 100% of care plans will be reviewed and revised to reflect resident care needs and preferences.	71.82% Resident feel comfortable raising concerns to staff and leadership.
Initiative #3: Reduction of antipsychotics prescription use for residents without a diagnosis	100% review of all residents on antipsychotic medication to ensure there is a correlation between diagnosis and perscription order. Provision of education material will be provided to family, and registered staff on the importance of minimizing use of antipsychotics. Referal to BSO to develop non-pharmalogical interventions to responsive behaviours	20.22%
Iniative #4: Provide adequate pain management for all residents.	Provide quarterly medication review, and pain management during care conferences. Pain assessment inititiated as per policy. Refer resident to Director of Life Enrichment for alternative to pharmaceutical pain therapy.	12.64%