



Continuous Quality Improvement Initiative Annual Report

Annual Schedule: May

Home Name: Country Lane

People who participated development of this report

	Name	Designation
Quality Improvement Lead	Karen Bailey	RPN/ED
Director of Care	Krista Smith	RN/DOC
Executive Directive	Karen Bailey	RPN/ED
Nutrition Manager	Wendy Copeland	FSM
Life Enrichment Manager	Amber Russell/Olivia Henderson	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
Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	Purchase laceration kit, bladder scanner, mobile x-ray contract, subq hydration kits and training for registered staff. Purchase of fall equipment. Reviewed quarterly during CQI meetings with multidisciplinary representation discussions.	Outcome: Improved Date: June 2023
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	New Resident Council representative to assist with bringing forward resident concerns during resident council. Resident rights reviewed monthly at resident council. To keep residents informed and encouraged to share concerns or issues. ED reviews resident council minutes and responds to all concerns brought forward within 10 days.	Outcome: Improved, not a concern on the 2023 resident satisfaction survey Date: November 8th, 2023
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	Will review all new ordered antipsychotic medication to have a supporting diagnosis with medical director upon prescribing, refer to in house BSO team for follow up assessment/effect of antipsychotic use, reviewed quarterly with MDS assessment.	Outcome: Improved Date: August 2023
Percentage of long term care residents who have experienced worsened pain.	Implement pain mapping on PCC for residents with new/changed analgesic, triggers for worsening pain, and increased, PRN analgesic use. Review results of pain mapping with medical director on regular doctor rounds days with findings.	Outcome: Improved Date: September 2023
Percentage of long term care residents who have fallen in the last 30 days.	Implement more fulsome falls huddles for high risk falls/falls including PT, nursing, BSO team, dietary/environmental and activation. Addition of reviewing each fall, at time of fall with Nursing Manager on call or in the building and be included in the huddle. Purchase fall prevention equipment.	Outcome: slight improvement/is on going Date: November 2023
Percentage of long-term care home residents in daily physical restraints over the last 7 days	Will continue with our current restraints program, resident and family education upon request of restraint use.	Outcome: No restraints in use Date : August 2023
Percentage of long-term care home residents who had a pressure ulcer that worsened to a stage 2, 3 or 4	Will continue with our current program to allow us to maintain positive results. Added Medline Wound care education for registered staff and PSW staff on a quarterly basis.	Outcome: No pressure ulcers Date : August 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:	December 2nd to 17th 2023
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Results of the Survey (<i>provide description of the results</i>):	Overall Satisfaction for 2023 was 82.6% for residents and 80.49% for family which was an improvement from the 2022 results. Action plan was created for 2023 results for: residents- "I have access to a hairdresser when needed-72%", "my care conference is a meaningful discussion that focuses on what's working well, what can be improved, and potential solutions-70%", "my goals and wishes are considered and incorporated into the plan of care-70%". For families- " I am satisfied with the quality of care from social worker-80%", "overall, I am satisfied with the continence care products- 80%", and "the resident has input into the recreation programs available: recreation programs-73.33%"	
How and when the results of the survey were communicated to the Residents and their Families (including Resident's Council, Family Council, and Staff)	Posted on Activation board, discussed at resident council, communicated during town hall, action plan posted and reviewed at all staff meeting.	
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: Reduce the number of resident falls	Education on fall prevention, use of fall prevention equipment, reinstate hourly rounds on high risk fall residents.	21.74%
Initiative #2: Reduce the number of infections	Education on proper peri-care, toileting schedule and disinfecting of comunal used items and tub/shower chairs. Resident education and assistance with hand hygiene.	47.83%
Initiative #3: Reduce the number of resident with worsening symptoms of depression	GPA training for all staff and departments. Resident specific interventions such as emotional therapy provided daily, and promoting stop and go technique.	34.78%
Initiative #4: Reduce avoidable emergency department visits	Track hopsital transfers. Education for registered staff on IV start and phlebotomy so in house IV medication treatment could be administered. Education on bladder scanner. Fall education and prevention	11.10%