



March 2024

**CONTINUOUS QUALITY IMPROVEMENT
REPORT**



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henley place long term care residence

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Henley Place Priority for Quality Improvement Initiative

RNAO Best Practice Spotlight Organization (BPSO): BPSO designation was obtained in 2023 for falls prevention. As a BPSO home Henley Place has already implemented Admission, Delirium and Person and family centered clinical pathways and will be implementing Falls and Pain Clinical pathways in March 2024. Working closely with RNAO to complete the clinical pathways to improve the outcomes of our residents.

Henley Place submitted the Quality Improvement Plan this year and their goals were the following:

Henley Place's quality team will also be working at reducing Emergency room visits. The current performance is 22.7, which dropped from the previous rate of 29.63%. The community is looking to improve this target to 19.00

They will also be focusing on reducing the number of Residents without psychosis receiving antipsychotics from 27.1 to below provincial average of 21.2. The home has an internal Behaviour Support Team, comprised of a Personal Support Worker and a Registered Practical Nurse, who work collaboratively to provide optimal care for our residents. The utilization of this team to assist in the identification and management of decreasing medication with the interdisciplinary team. With the assistance of physicians, pharmacist, Behavioural Support team they will be reviewing residents on a routine basis to improve the care of the residents receiving anti-psychotics.

Falls indicator report showed falls % at 21.00 with the provincial average of 16.10%, the community is looking to reduce this with a focus on continued strategies implemented from the Best Practice. A Falls reduction focus and continued ongoing monitoring and support will be driving the changes required.

Henley Place set their priorities by:

- ✓ Reviewing the strategic plans
- ✓ Using Prior priorities in the previous years Quality Improvement Plan
- ✓ Using Provincial indicators to ensure the community is meeting or exceeding the Provincial Averages to improve the lives of their residents.
- ✓ Resident and Family Satisfaction surveys
- ✓ Collaboration with the stakeholders in community held meetings.
- ✓ Monitoring falls on a monthly basis and analysis of the falls for further reduction
- ✓ Monitoring internal reporting mechanisms for trends and changes

- ✓ Preparing for CARF survey which was completed February 2024, awaiting results

Quality Improvement Areas are:

- ✓ Implemented new Skin and Wound application in PointClickCare
- ✓ Received BPSO designation in falls prevention
- ✓ Family and Residents attend our Quality meetings and Professional Advisory Committee meetings to ensure input from all stakeholders
- ✓ Using Clinical Pathways through RNAO
- ✓ Attendance Management Program initiated
- ✓ New lifts and slings purchased
- ✓ New Care Planning processes implemented
- ✓ Change in orientation process that allows more time for learning before going to the home areas
- ✓ Skin and wound education for all registered staff
- ✓ Consistent Nurse Practitioner to provide resident care
- ✓ Improved communication regarding residents' food choices and documentation of such
- ✓ Change in our screening process for delirium, pain and palliation, new admission process focusing on resident centered care
- ✓ New Terminology used to make plans of care more resident centred.
- ✓ Online dietary stats for supplement use and modified interventions and textures to capture trends and support quality improvement in dining experience
- ✓ Continuing daily huddles with leadership team members on each home area to improve communication

How the team will measure progress of the Quality Initiatives:

Monthly review of the indicators and review at the Quality council meetings. The team will be reviewing 100% of resident charts that are on anti-psychotics and working with the residents, physicians, pharmacists, nurses and families they will be reducing those residents' medications that can be done so safely. Using the data provided by the Responsive Behaviour lead, and the data from pharmacy the team will be monitoring their progress using the data obtained.

Falls rates are reviewed and analysed by fall lead monthly, following fall prevention and injury reduction measures are implemented in the community

- Residents are assessed for risk of falls upon admission, after every fall, when there is change in condition and quarterly
- Residents and families have been educated on falls risk and interventions put in place to prevent falls and falls related injuries
- High risk residents are placed on falls interventions such as – high low beds, bed /chair alarms, hip protectors, non skid socks, floor fall mats as needed, continence review
- High risk residents fall interventions reviewed with staff by fall lead during monthly falls committee meetings as well as during falls committee review meetings
- The community will be looking at the CIHI data and ensuring their targets are remaining on track for this year.



Resident and Family Surveys were done:

Date: Were completed December 2023.

The results of the survey were conveyed to the family and resident council by: Resident Council Meeting, family council meetings and available upon request.

How we Communicate the Outcomes of surveys, indicator results and changes in process in our community is: Satisfaction survey result were reviewed at Resident/Family council meeting as well as at PAC/Quality Council. Families were emailed the satisfaction survey results as well. Department teams are creating Quality Improvement Plans to improve results on future surveys and improve quality for those we serve.

Documentation of Reviews completed:

A detailed Narrative and Workplan will be submitted by April 1, 2024.

The Community has monthly meetings and quarterly Professional Advisory meetings where minutes of the meetings are recorded. Attendance at these meetings is also captured. Family council holds their own meetings, and minutes from those meetings are available. Resident council meetings monthly and minutes, who attended and what their suggestions were are recorded monthly for review by the Executive Director and quality team.

Team member meetings are held and updates are shared with the team and minutes of minutes are available.

Role of the Quality Improvement Committee

To support and promote quality, risk management and utilization initiatives.

Their role is the following:

1. To lead and guide the home's quality development consistent with our mission, vision and values, strategic direction and leadership priorities as well as the MLTC, MOL regulations and the CARF Accreditation standards.
2. To develop, implement and monitor an annual quality plan incorporating strategies for the overall implementation of Continuous Quality Improvement.
3. To communicate strategies associated with organizational transformation and ensure that quality improvement initiatives extend both within the Home and into the community.
4. To select, prioritize and review quality improvement projects.
5. To review critical incidents and trends in order to identify opportunities for system improvement and to ensure resolution to minimize risk.
6. To establish a process to review, collaborate with other appropriate committees and act on the results of all accreditation processes within the hospital.
7. To make recommendations to ensure that deficiencies are addressed and resolved through existing management structures.