

FJ Davey Home

Quality Improvement Plan

2024

Overview

(FJ Davey Home) is a 374 bed long-term care home located in (Sault Ste. Marie).

Home's Mission

To provide quality services in a caring and responsible manner, within the available resources

Quality Improvement

Our Quality Framework outlines the ways in which our home is supported to achieve success in all aspects of quality with a focus on quality of life, safety, compliance, and resident satisfaction. We are responsible for driving our quality improvement plan. We work closely with clinical consultants who provide ongoing support in our home's quality initiatives. Our strategic direction and the initiatives that support the plan also meet or exceed standards set by Accreditation Canada, and meet the requirements of our LSAA.

Our home's Continuous Quality Improvement (CQI) Committee uses the CQI Framework in alignment with our strategic quality priorities to identify priority areas for quality improvement in our home, make recommendations, monitor and measure progress, identify and implement adjustments, and communicate improvement outcomes for the current and following year. Results are shared with residents, families, team members and external partners to support our priorities, targets and activities.

We measure and monitor our quality initiatives using data accuracy and quality indicator score cards. Home-level quality reports are circulated monthly and reviewed, to help monitor progress and drive meaningful conversation at each home's continuous quality committee meetings. Performance monitoring is a key part of driving our performance and includes but is not limited to the following:

- Monitoring key quality indicators

- Internal audits
- External audits
- Program evaluations
- Resident Satisfaction Survey results

Active priority areas for quality improvement in our home are:

1. Falls prevention – 15%

- *Risk mitigation strategies including scheduled toileting plan that are individualized for the resident, environmental risk assessments to ensure a safe and uncluttered environment with adequate lighting and supportive mobility devices, activity programs specific to the needs of residents at high risk for falls, appropriate footwear and medication reviews.*
- *Continue with post fall huddles and comfort rounds to ensure that interventions in place to mitigate reoccurrence and to keep the resident as safe as possible*
- *Continue with the use of the falls tool kit.*

2. Inappropriate Use of Antipsychotics – 17.3%

- *Engagement of pharmacy team to provide recommendations to prescribers for safe reduction of antipsychotics, engaging Behavioural Supports Ontario (BSO) RPN leads to work with team to support behavior management*
- *Continued assessments for residents, providing the interdisciplinary team with accurate and timely information to determine an appropriate antipsychotic reduction plan*

3. Restraint Reduction – 2.5%

- *Implementation of Extendicare's Least Restraint policy, utilization of alternatives to restraints, discussions with families/residents about risks of restraint use and available alternatives*
- *Partnership with regional health authorities to review the Least Restraint Policy with applicant prior to admission*

4. Worsened Stage 2-4 Pressure Injury – 2%

- *Facility completes weekly wound rounds with the Wound Care Champion to ensure consistency with staging and continuing to promote wound healing.*
- *Continued partnership with our vendors to enhance our assessment process and ensure correct product selection to promote healing, education of new*

advanced practice skin and wound care nurses, implementation of turning clocks, review of bed surfaces and repositioning devices.

- The Wound Care Champion is also enrolled in the SWAN program (Skin and Wellness Associate Nurses) to provide continued coaching and referral support.
- Our teams conduct regular hydration and dietary audits with accompanying plans incorporating nutrition in our holistic skin health program
- To ensure proper coding on the Residents assessments that are completed upon admission, quarterly, annually and with any condition change, the Wound Care Champion is involved to ensure accuracy in the staging of wounds

Access and Flow

We are committed to working closely with our community partners including our regional Home and Community Care Support Services team, hospitals and business partners to ensure safe and effective care of residents across the organization and at the local home level. We do this through ongoing relationship building and partnerships with health system partners such as local long-term care homes, regional IPAC hubs, Ontario Health teams and various regulatory authorities. In addition, our partnerships extend to our Medical Advisor and Attending Physicians as we work to improve medication management, clinical care and reduce unnecessary ED visits. We strive for excellence through our focus on quality and safety and opportunities with our partners to participate in research.

Home Specific Partnerships:

The success of this QIP requires collaboration with multiple partners, including Home and Community Support Services, Behavioural Supports Ontario, Ontario Association Resident Councils, Ontario Long Term Care Association, research partners, and vendors such as Medical Mart, 3M, and Medisystem pharmacy, the Sault Area hospital, along with Ontario Health and the Extendicare Clinical Consultants.

Over the last year we have seen a significant reduction in the use of antipsychotics within our resident population and a noticeable improvement in our pressure wounds.

Equity and Indigenous Health

We are committed to incorporating an equity lens into all our quality improvement initiatives. We offer materials in several languages, and our focus on QI initiatives to improve care includes vulnerable populations.

We develop a cultural competency and diversity plan that addresses how it will respond to the diversity of its stakeholders as well as how the knowledge, skills, and behaviors will enable personnel to work effectively cross culturally by understanding, appreciating, and respecting differences and similarities in beliefs, values, and practices within and between cultures.

In developing a cultural competency and diversity plan, we look at the diversity of its community, internal and external stakeholders and potential changes in demographics to be proactive in education, training and service delivery.

Resident Experience

The FJ Davey Home actively engages our residents and families. We promote transparency with residents and families by requesting their feedback in various activities such as quality improvement projects, annual resident satisfaction surveys which we use to gauge our quality improvement measures, various committees, resident and family councils and town hall meetings. Our ongoing goal is to incorporate feedback to continually improve quality of life and safety by ensuring the care each resident receives is reflective of their individual needs and wishes.

Our 2023 Resident and Family Experience Survey Results:

- Results of Survey completed with both Family and Residents Nov 2023
Resident: Would you recommend this home? Result: 86.7%
- Top three areas for improvement from survey include:
 - I am updated regularly about any changes in the home – 41.9%
 - Communication from home leadership is clear and timely – 43.1%
 - I am satisfied with the temperature of my food and beverages – 48.4%
- Family: Would you recommend this home? Result: 81.5 %
- Top three areas for improvement from survey:
 - The resident has input into the recreation programs that are available- 38.8%
 - I have an opportunity to provide input on food and beverage options – 41.7%
 - I am satisfied with the timing and schedule of spiritual care services – 45.2%

Key actions taken during 2023 as a result of the 2022 survey results include:

- Reviewing and working with the physiotherapist team to improve services

- Worked with residents to improve awareness of activation programs that were available in the home
- Increased the number of spiritual care services that were available, adding Roman Catholic mass monthly, an Anglican service monthly and evening church service on Monday nights
- Reviewed interdisciplinary meeting for resident care and what information was provided

Provider Experience

FJ Davey Home engages with staff and leadership in sharing quality improvement goals and commitments. This is achieved through bench marking, using experiences of other homes to share best practices, annual quality and strategic planning conferences and participation in the Ontario Long Term Care Association and annual quality forums. Our annual employee engagement survey provides an opportunity for team members to give their feedback on various issues such as staff satisfaction, innovation, and work environment.

Resident Safety

Despite the best efforts of healthcare professionals, adverse events sometimes happen in healthcare settings. Adverse events can be devastating for patients and healthcare providers who are part of or witness these events. When a resident experiences an unanticipated outcome or a medical error occurs, there is an expectation that the healthcare establishment will deal with the event openly and honestly and that the parties involved will accept responsibility, express empathy, and work to prevent the event from happening in the future.

We document, track and trend resident Adverse Events so that we can apply lessons learned from these events and minimize the risk of them happening again. One of the most important aspects of good event management is creating a work environment where all employees, residents and their families feel they can speak up and report issues, concerns and even mistakes. The FJ Davey Home is committed to creating a “just” organization culture. This culture:

- Encourages openness and frankness in identifying and reporting Adverse Events
- Focuses on interdisciplinary learning and an organizational commitment to applying lessons learned.
- Fosters an environment that promotes safe behaviour choices.
- Supports disclosure where appropriate.

Incidents that provide an opportunity for improvement are shared with team members through town halls, daily huddles, and regular meetings/committees to increase awareness and seek feedback to understand root cause so that strategies put in place are effective. We look for opportunities to re-educate our teams to ensure awareness of new learnings and review of processes.

Population Health Approach

The FJ Davey Home population consists of elderly persons with multiple co-morbidities. We have a large Italian population in our community. We have on site BSO services, Nurse Practitioner services full time, access to Geri-Psych and in house programs such as My Wishes.

FJ Davey Home Contact Information/Designated Quality Lead

Connie Lee Executive Director / Administrator

clee@fjdaveyhome.org

705-942-2204 x 217

Sign-off

Executive Director/Administrator:

CQI Committee Chair:

Quality Lead of home:

Regional Director:

Corporate Quality: