

**HOME NAME : Southbridge London-opened August 23, 2020**
**People who participated development of this report**

	Name	Designation
Quality Improvement Lead	Suzi Holster	
Director of Care, RN	Jody Abbot	
RAI Coordinator, RPN	Sue Smith	
Nutrition Manager	Nicole Sweetland	
Life Enrichment Manager	Courtney Lines	
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ADOC, RN	Renimol George	
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**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
	*The home opened August 2022. We did not have specific QI plans for the home. The survey period ended Dec 2022 and the indicator tracking for SBL started September 2022.	Outcome: Date:
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**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:	The surveys were conducted between October 31, 2022 and 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 the communication/promotion of recreation services, quality of care from nursing, room cleaning and the friendliness of the staff. Overall, the residents were satisfied with the quality of spiritual care and laundry services and expressed satisfaction with the continence care products. The family feedback results noted very satisfied with quality of care from nursing staff, care conferences, courteous service from staff and the quality of cleaning. Overall families were satisfied with laundry, cleaning and maintenance services, the care provided to the residents and recreation services offered. The opportunities for improvement expressed by the residents included call bell response time, home changes/communication and overall dining services. The family feedback for improvement opportunities noted meal, beverage and dining services and leadership communication.
How and when the results of the survey were communicated to the Residents and their Families (including Resident's Council, Family Council and Staff)	Survey Results were communicated to the Residents/Family in March 2023; posted in the home on the Family & Resident boards, shared with Resident Council, results general summary was included in the monthly Family newsletter, full copy added to the Lobby Family Binder. Survey summaries shared with staff, full copy in the staff lounge, reviewed at dept staff meeting, QI meeting and PAC.

**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 Residents/Family will feel they receive regular updates about changes in the home	Goal for 2023 for 75% of residents/family will feel regularly updated about any changes in the home. Will be achieved by adding family boards on 2nd and 3rd floor lounge, providing in monthly staff newsletter, improving the communication boards for residents in home areas, adding resident memorial notice process, leadership to attend resident council as invited, provide monthly updates to be shared at res council, promote/increase knowledge about where to locate information (family boards/family communication binder, hosting resident and family town hall meetings, adding contact lists for leadership to the monthly newsletter/resident	Residents-30.8% & Family 65.6%
Initiative #2 Residents will feel that when they require help they receive it in a timely manner	Goal for 2023 for 75% of residents family will share that the staff responding to their call bell is timely. The home opened in Aug 2023 with a new call bell program; many immediate changes were implemented 2022; retraining of all staff for the momentum call bell response program, reconfiguration of cell phones, alert escalation added to RPN and ADOC cell phones, daily shift auditing for cell phone log in and response times, access to momentum reports. Action plans for 2023-install of marquees for visual call bell notification and change in resident personal fobs.	Residents 28.1%
Initiative#3 Reduce avoidable Emergency Dept Visits	Continue to track monthly with on going review and assessment with clinical team, medical director at quarterly clinical meetings. Action plan to support opportunities for education and improvement include SBAR education for all registered staff and early discussion with families -Palliative care pathway, Comfort care measures and monthly RAI report review of MDS CHES 3 or less resident scores	8.80%
Initiative #4 Reduce the number of residents receiving antipsychotic medications without a diagnosis of psychosis	The number of residents receiving antipsychotics without diagnosis of psychosis will continue to be tracked and evaluated monthly and quarterly. With a multidisciplinary approach will refer to BSO, review with pharmacy consultant, physicians, consult and refer to community partners BRT. Monthly review of the <u>pharmacy resident medication data reports and reg staff diagnosis charting.</u>	19.85%
Initiative#5 Dining Services-overall satisfaction improvement	Goal for 2023 for overall satisfaction with dining services to reach 70%. Improvement initiatives include additional Resident Food Advisory Quality meetings for each RHA, auditing of meal temperatures, education for dietary aides and psw's for meal service, menu review with SB Dietician, FSS.FSM shift dining room rounds for all meal times. Review feedback with front line staff for action plans/education/LR needs.	Resident-35.7 & Family 56.3%