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2024-2025 CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT

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Priority Areas for Quality Improvement	Sprucedale Care Centre is committed to maintaining Ministry of Health and Long- Term Care compliance in the provision of a safe environment and quality care for our residents. We are committed to making a positive difference in the lives of our residents, families, staff and volunteers and students. The Quality improvement initiatives are as followed but are not limited to 2024/2025 Work plan: ○ Continue to reduce unnecessary Emergency department visits. ○ Continue to reduce the inappropriate use of anti-psychotics upon admission. ○ Continue to reduce restraints. ○ Least Restraint last resort policy in the home. ○ Enhance Palliative Care Program ○ Skin and Wound/ Continence Care Program ○ Clinical Pathways RNAO- Pain and Falls ○ Insights- Increase knowledge of all users. ○ Upgrade current aesthetics of the tub rooms. ○ Activity Room aesthetics to be more inviting for programming and less like a secondary dining room. ○ Enhance Infection Prevention Program
Process to Identify Home Priority Areas	Avoidable ED visits are down from January's stats- 21 Avoidable ED visits according to data extracted; April stats noted to be down at 19. With January noted 5.9 were from falls, April noted at 9.2 from falls. No other conditions listed to be high enough to be reportable. Monitor Performance indicators via PCC and Health Quality Ontario. Anti-psychotic use- Current performance of 0%- Ontario average of 20.80%. Restraint use- Current performance of 4.39%- Ontario average of 2.98%

	Infection Prevention Program. IPC – Infection prevention and control Module implemented through PCC- UTI percentage rate ___ looking to decrease the UTI by____ Looking for storage ideas for equipment such as bedpans, urinals. Staff not having accessible equipment, then leaving it in resident bathrooms. Creating a more specific cleaning audit (housekeeping, nursing cooperative) Best practice IPAC measure. Skin & wound/ Incontinence Program PCC Skin & Wound care Module addition. Implementation of the RNAO Best Practice Guidelines Clinical Pathways-Which will include and address the following this year: 1. Admission Process 2. Person, Family centered Care } completed 3. Delirium 4. Falls 5. Pain } Go Live March 2024 Palliative and Pain Program enhancement. Currently we are involved with the Ontario Learning center 2022-2023 Collaborative Project to sustain a palliative approach to care in LTC. We have developed goals to align with the fixing long Term care act. Identified lack of information on admissions and readmissions needed a more standardized approach to ensure that all info was being communicated. And to ensure follow up completed. Stay in line with CNO standards. Tub room enhancement- currently the rooms are more of institutionalized look. Would like them to look more inviting and home-like.
Process of Monitoring & Measuring Quality Improvement Initiatives	Avoidable Ed visits- Will continue current interventions in place to reduce ED visits by 2%. - Trueloo diagnostic tool implementation- Tool to notify of abnormal symptoms to the health practitioner to have further investigation. Earlier identification with the goal to minimize transfers.

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	- Root cause analysis of ED visits completed by DOC.ADOCs to identify areas for further education. Review at monthly Reg. Staff meetings. Also reviewed at the Professional Advisory Committee, quarterly. (PAC) - SBAR tool created to help staff communicate efficiently with physicians. - Incorporating AMPLIFI to assist. - Early communication with families to identify DNR and health care directives on 6-week, admission conference and annually. - Inappropriate use of antipsychotics is an ongoing initiative in the home. - Residents are reviewed on admission by ADOC, BSO Team, Pharmacy, Physician complete a thorough med reconciliation upon admission. - BSO team and pharmacy work closely with the families to communicate and educate and collaborate families on the use, risk, and alternatives. - BSO RPN does review on admission and quarterly on all residents with behaviours. - PIECES education is continued yearly so that all Registered Staff have the goal of obtaining this information. Restraints- ongoing interventions in place, Current indicators are reflective of PASD being used however the RAI coding indicates that they are restraints. E.g., chair that prevents rising, tray tables. -Interventions are in place, care planned, consents, POC documentation and monitoring of residents when in use. The four residents that are utilizing these types of PASDs are for repositioning only and or for activities of daily living. Not one used for restraining purposes. Education is given by the Registered Staff if family are requesting Restraints.

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	Infection Prevention Program. IPC – Infection prevention and control Module implemented through PCC- this new module will help us manage and report infections and monitor antibiotic usage to help drive better outcomes. The Healthconnex.ai program has given us the ability to *utilize auditing programs to identify any areas needed to improve education and best practices.* UTI Reduction- -education- public health Ontario program -Ongoing surveillance -Physician collaboration for, assessment, interventions, documentation Skin and wound integrity for our residents. Currently looking to enhance our current practices with the new addition to our Skin and Wound Care module in point click care to drive better management of critical issues for our residents and home. To enhance transparency and consistency and streamline the decision-making process and to create better outcomes for our residents. Creation of a new Skin & Wound Care/Continence committee is completed with representation from PSW, RN, RPN, Prevail Rep. Dietician, Meeting monthly. -Creating product referral and follow up to ensure appropriate action in place for interventions. Improve Communication. Slider sheet/ Pad audit creates a goal to follow best practice to remove pads. Education provided to all nights and evening staff. Palliative and Pain Program enhancement. Currently we are involved with the Ontario Learning center 2022-2023 Collaborative Project to sustain a palliative approach to care in LTC. We have developed goals to align with the fixing long Term care act. Revision of resident/ family information pamphlet Monthly palliative meetings, review and reflect and change ideas if needed. Reorganized palliative carts that were needed.

	Working with CRLI coordinator to ensure best practices in place. Meeting every other month. Pain- Current Pain/BSO RPN who is CAPCE trained, audits Pain medication, PRN use reviewed residents quarterly, further recommendations and referrals are put through by her. 9 Staff have attended the Fundamentals of palliative care that was hosted here in the home. Safety-Pain related assessment tool related to sedations (MSSA) creation. Continue to send staff to receive CAPCE when needed. Creation of a new Admission and Readmission Progress note was created by SF. To capture multi focused assessment for residents. To address all systems including, impression or plan to guide nurses into development of resident plan of care, referrals or recommendations needed. SBAR communication tool for MD consults and response for orders fax sheet created to ensure appropriate communication and legible and standard duration to meet pharmacy requirements. Tub room enhancement is ongoing and will be taken to the staff committees to assist with new ideas to change the current environment. Activity Room enhancement this will be reviewed with Resident and Family councils to see what can be added to the rooms. (Paint, equipment, resources)
Survey- Written Record	1.Sprucedale Care Centre conducts satisfaction surveys each year with our residents (or delegate - POA/SDM) to determine how well the quality of service & care is provided in our home and to identify areas for improvement. Action plans are then implemented with change ideas. We conducted our annual satisfaction. surveys between the months of September-October 2023 2) The results of the 2023 surveys were shared with the resident council committee, on January 16, 2024. Sprucedale Care Centres Quality team reviews at our monthly quality meeting with invites to all stakeholders to review the results of the surveys that were.

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	And derive an action plan. This plan of action is then presented to the resident and family councils. Residents and Families review and add suggestions and or more change ideas. Please see attached for the 2023 results. and action plan created for improvement in the top 3 areas of concern.
Survey Actions- Written Record	Resident and Family Satisfaction Survey Results: See action plan
Report Date	March 2024