

HOME NAME : Shelburne Long-Term Care Home

People who participated development of this report

	Name	Designation
Quality Improvement Lead	Yasmine Stephens	ADOC
Director of Care	Kiran Kaur	DOC
Executive Directive	Dona Kurian	ED
Nutrition Manager	Naman Kalra	Nutrition Manager
Life Enrichment Manager		

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
Reduce the Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	1) Education to the staff 2) Communication with stake holders. 3) Introduction of My Wishes program.	Outcome: Successful Date: March 2023
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	1) Educated staff, residents and families on Whistle blower policy. 2) Evaluated the number of admissions with the whistle blower policy education provided.	Outcome: Successful Date: March 2023
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	1) Review all residents on antipsychotic medication for appropriate use and ensure lowest therapeutic dose. 2) Formalize antipsychotic reduction committee with lead designate. Use tracking tool for all residents, indication of use, current dose, complete Cohen Mansfield Agitation Inventory for all residents who score below 50 review with MD/NP to trial reduction.	Outcome: Successful Date: March 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:	October 31st, 2022 to December 20th, 2022
Results of the Survey (provide description of the results):	5 strengths resident were aware of recreation services offered, Residents felt treated with courtesy in the dining room, satisfied with quality of care from PSW, home would be recommended to others, continue care product availability
How and when the results of the survey were communicated to the Residents and their Families (including Resident's Council, Family Council, and Staff)	Resident informed by Town Hall Meeting. Survey Results displayed in the home on the quality Board. Staff provided copies in breakroom for review and suggestion box provided to discuss action plan of initiative needed to be worked on.

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
Physical building and outdoor spaces	<ol style="list-style-type: none"> 1) Create monthly painting schedule 2) Re-implement use of courtyard for outdoor resident space: gate to be shut and locked, landscaping updated/bricks evened out, gardening completed, pergola to be repaired. 3) Maintaining LTC front door flowers, along with overall maintenance of front entrance to ensure cleanliness. 	<ol style="list-style-type: none"> 1) Planting is ongoing. 2) New landscaping company implemented. 3) multiple quotes have been received to improve the outdoor space for residents and will be completed by the summer 2024.
Improved communication between the staff and the families.	<ol style="list-style-type: none"> 1) Monthly newsletters with all the updates regarding the home. 2) Active resident and family council 3) Implementation of New Admission process to welcome the new resident and family and introduce them to the home and the Leadership Team. 	<ol style="list-style-type: none"> 1) Monthly Newsletter is being sent out to all residents and families. 2) Implemented the new admission process. 3) Family council participation is encouraged and resident council participation has improved.
Increased satisfaction with the laundry services with linen	<ol style="list-style-type: none"> 1) continue to complete audits of laundry services to identify any gaps 2) Improve reporting lost item process - fill out forms/paperwork, add education for staff 3) routine maintenance of laundry machines 	<ol style="list-style-type: none"> 1) Laundry machines have been repaired. 2) Laundry staff checks all the clothes for any stain or rip in them. 3) Lost item process have been implemented and communicated with staff and families.
Reduce the avoidable ED transfers	<ol style="list-style-type: none"> 1) Ongoing in-service to the staff and stakeholders. 2) Improve the tracking and auditing of the ED transfers. 3) Evaluate the ED transfers with the staff and stakeholders during quarterly quality meetings 	4%
Reduce the usage of anti-psychotics without a proper diagnosis	<ol style="list-style-type: none"> 1) Reach out to the family Physicians of all new admission for diagnosis if any anti-psychotics are used. 2) DOS tracking for all new admissions to get the baseline of behaviours. 3) Initiate the antipsychotic reduction for residents without a valid diagnosis along with consulting the Physician and Pharmacy. 4) Anti-psychotic reduction education with Registered Staff. 	9.24%
Reduce the number of falls.	<ol style="list-style-type: none"> 1) Education on strategies to reduce the number of falls. 2) Introduction of high-low beds, fall mats, bed and chair sensors for high risk residents to prevent falls and injury. 3) Weekly falls rounds to identify root cause and how to prevent. 	10.19%