

HOME NAME : Southbridge Kemptville

People who participated development of this report

	Name	Designation
Quality Improvement Lead	Gerry Miller	ED
Director of Care	Davina Donwall	DOC
Executive Directive	Gerry Miller	ED
Nutrition Manager	Sarah Graves	FSM
Life Enrichment Manager	Kelly Vandervelde	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
Decrease number of avoidable ED transfers	Implemented a Hospital Transfer Summary Report that details the primary symptom leading to the transfer to hospital and the Diagnosis on return to the home. The report includes other data which are reviewed monthly by QI team to look for trends.	Outcome: Date:March 2023
Review of FRS	All residents with an FRS of 6-8 will be reviewed by the Fall team each quarter by December 2023. Implementation to plan of care, related to dietary supplements, PT referrals for exercise program	Outcome: Date:December 2023
Resident- "I want to decide when I get up"	All current resident care plans will be reviewed by the DOC/ADOC, all new residents will be asked this question asked upon move in. This will be communicated to the care staff in writing so care routines can be adjusted accordingly.	Outcome: Date:March 2023
Decrease of number of falls -Outcome score 15.9%	Review of care plans, during falls prevention meetings ,referral to PT and OT -utilization of e nvironmental checklist	Outcome:24.74% Date:March 2023
Care Services-From 2022 Resident survey : I am satisfied with the quality of care from the dietitian	The home has developed a process to obtain feedback from residents and families through the Resident Council and Family town halls. These discussions include the participation of the FSM/RD	July 1/2023
Recreation and Spiritual Care services	The home has hired a Chaplain to support the spiritual needs of of residents	July 1/23
Use of antipsychotics without a diagnosis	The home has met the objective to maintain the use of antipsychotics below both (20.77%), provincial (21.14%), and national (21.26%)averages in 2023.	Nov 2023
Continence care products	Education was provided to nursing staff on on skin and continence care ,and process to select the right product for to meet each resident's individual needs	July 1/23

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:	Oct 31-Dec 20-2022
Results of the Survey (<i>provide description of the results</i>):	Residents of the home indicated that overall, they were satisfied with the care provided at 89.5%, the home recently transitioned from Bayfield to Kemptville, (some of the scores, were related to the resident times in the previous home), comments noted, resident pleased with the new home. Care and communication were noted, at 94.7%, comments related to being informed related to the transition- clear direction provided. Recreation and spiritual services, 86.7% Dining services- satisfied with meals/dining services 83.3%, Contenance care (over satisfied with product was 76.9%). Noted, would you recommend this home to others, residents noted, 86.7%, family 94.7%. Areas of opportunity - choice of incontinent product, 55.6% (a low score of 50% on comfort based on feedback), satisfaction with dietician was 40%, satisfied with the quality of care from social work at 63.6%
How and when the results of the survey were communicated to the Residents and their Families (including Resident's Council, Family Council, and Staff)	Reviewed at Resident Council, the home does not have Family Council, results communicated, through Town Halls, email communication, posting of survey results on the Quality board.

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
Decrease the number of Pressure related injuries	Implementation of the skin and wound tracker. Education related to wound management, wound care binders implemented on the RHA. ET nurse visiting the home q 6weeks. Medline, to provide education to staff - establish wound care champion	6.21%
Decrease number of Falls	Review of resident status, through post fall analysis, team huddles, implementation of the falling star program. Referral to PT and OT, restorative program.	32.61%
Care Conferences	Ensure all care conferences completed, new admission to be booked at the time of admission, and devleop a schedule for the yearly care conferences	40%
Decrease the use of antipsychotropic medication	Review of resident receiving pyschotropic medication, review of resident during weekly BSO meetings, accurate coding in MDS to reflect resident status. Review of medication during quarterly review for the use of prn medication, or stablization of resident responsive expressions. Referral to the tertiary team to review resident.	22.12%