

**HOME NAME : Warkworth**
**People who participated development of this report**

	Name	Designation
Executive Director/Quality Improvement	Barbara Pointon	Executive Director
Director of Care	Sue Lilley	Director of Care
Life Enrichment Manager	Morgan Taylor	Program Manager
Clinical Consultant	Moises Ruiz	Clinical Consultant
Quality Team Lead	Stephanie Cannell	Quality Lead RPN

**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 potentially avoidable emergency department Current performance of 15.6%	Point Click utilized to track transfers of residents to emergency room. Resident transfers to hospital were reviewed monthly for appropriateness. On a quarterly basis the hospital transfers were reviewed with the Medical Director for analysis.	Outcome: 8.6% Date: March 2023
Foster an environment where all residents feel comfortable to express their opinion without fear of consequences.	Policies on Whistle Blowing exist to protect everyone from receiving consequence for raising concerns. Annual training of all staff on these policies was completed. Residents and families are all supported and encouraged to participate in resident council and care conferences to openly express opinion.	Outcome: 70% on completion of 2023 resident satisfaction survey Date: Oct 2023
Ensure residents receiving antipsychotic medication have supportive diagnosis of psychosis. Current performance is 12.68	Interdisciplinary team approach used involving BSO, programs team, pharmacist consultant and community resources, collaborate together to utilize non pharmaceutical approaches to responsive behaviours.	Outcome: 7.69% Date: March 2023
Provide adequate pain management for all residents. Current performance 10.64	Education of pain management policies for registered staff completed, including focus on completing pain assessment for residents diagnosed with a new painful disease/condition. Monthly reviews completed of residents experiencing worsened pain and how many had an associated pain assessment completed.	Outcome: 9.76% Date: March 2023
Reduce the number of Residents who experience falls Current performance 21.58%	Residents who are identified as high risk for falls had completion of environmental falls risk assessment. Necessary equipment for falls prevention purchased including high-low beds. Admission processes updated to include hourly safety checks for the first 72 hours after admission.	Outcome: 18.36% Date: March 2023
Strive towards no restraint use. Current performance 0.53%	Quarterly reviews completed of all residents using restraints with focus on reviewing appropriateness and alternatives to restraint. Collaboration with families on alternatives to restraint.	Outcome: 0% Date: March 2023
Promote wound healing and avoid worsening of wounds. Current performance 1.06%	Increased resident and family engagement in wound reduction through education on pressure injury prevention completed on admission. Established quick response for early detection of pressure injury to prevent worsening beyond stage 1 pressure injury. Wounds are tracked monthly and reviewed for progress and strategies to improve healing.	Outcome: 6.40% 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:	
Results of the Survey ( <i>provide description of the results</i> ):	The residents of the home provided feedback that they are very satisfied with dining experiences. Overall residents were satisfied with maintenance and cleanliness of the building. Residents also expressed 100% satisfaction with continence products used in the home. For opportunities for improvements residents expressed improved communication on changes in the home are wanted. An average of 50% of residents who completed the survey voiced feeling satisfied with care from their physician, getting assistance in a timely manner, residents are friendly to one another and would recommend this home to others. Families also complimented dining services. As well families were satisfied with recreation services, spiritual care services and nursing care. Areas families indicated improvements are needed included quality of care from doctors, increased spiritual services, food and beverage options, recreational programs input, and no social worker in home.
How and when the results of the survey were communicated to the Residents and their Families (including Resident's Council, Family Council, and Staff)	The results of the survey were shared in March 2023 with Residents Council at the scheduled meetings. The results were posted in the home on the quality board, accessible to everyone to read.

## 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 and families will feel they are updated regularly on changes in the home	Goal to have 70% of residents and families express feeling they received regular updates on changes in the home. This will be achieved by implementing monthly newsletters, advertising special events in common areas of the home, and via email. Resident Council will be encouraged to invite leadership members to meetings as they see fit to inquire about home changes.	66.50% of residents and 71.96% of families felt they received regular updates on changes in the home
Initiative #2 Laundry Services	Goal to continue to have increased families express satisfaction with laundry services in 2023. The new admissions are using designated bags and drop off location in laundry room. Implement Lost and Found events in lobby. Educate residents and families on missing clothing and reporting process set up in the home.	84.60% of families and 90.90% of residents said they were satisfied with laundry service and the services are improving
Initiative #3 Foster an environment where all residents feel comfortable to express their opinion without fear of consequences.	Goal to have 100% of Residents and families express feeling comfortable to raise concerns. Education with residents and families on admission of whistle blower protection policies will take place. Education with staff on customer service and complaints process will take place.	90.90% of Residents and 84% of families agree they are comfortable to raise a concern.
Initiative #4 Reduce Avoidable Emergency Department Visits	Hospital transfers will continue to be tracked and reviewed on both a monthly and quarterly basis. Education for nursing staff on assessment skills and communication skills for discussing changes in resident condition with physicians and families using SBAR format.	25.20%

Initiative #5 Reduce the number of residents receiving antipsychotic medication without a diagnosis of psychosis	The number of residents receiving antipsychotic medication with a diagnosis of psychosis will continue to be tracked and evaluated on a monthly and quarterly basis. An interdisciplinary approach will be utilized with referrals to BSO staff, pharmacist consultant, physicians and community partners.	8.60%
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