



JULY 2022

CONTINUOUS QUALITY IMPROVEMENT

REPORT



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Henley Place Priority for Quality Improvement Initiative

RNAO Best Practice Spotlight Organization (BPSO): BPSO designation is an opportunity for the Henley Place team. The goal is to create evidence-based practice cultures through systematic implementation and evaluation of multiple RNAO clinical BPGs. Henley Place has applied and initiated the quality improvement work, toward the designation of a BPSO in the clinical area of falls prevention.

Henley Place submitted the Quality Improvement Plan this year and their goals were the following:

Henley Place's quality team will also be working at reducing Emergency room visits. The current performance is 29.63. The community is looking to improve this target to 28.00, a 5.5 % improvement.

They will also be focusing on reducing the number of Residents without psychosis receiving antipsychotics from 23.7 to below provincial average of 21.2, which is a reduction of 2.5%. The home has adopted an internal Behaviour Support Team. The utilization of this team to assist in the identification and management of decreasing medication with the interdisciplinary team. With the assistance of physicians, pharmacist, Behavioural Support team they will be reviewing residents on a routine basis to improve the care of the residents receiving anti-psychotics.

Falls indicator report showed falls % at 19.80 with the provincial average of 16.10%, the community is looking to reduce this with a focus on continued strategies implemented from the Best Practice. A Falls reduction focus and continued ongoing monitoring and support will be driving the changes required.

Henley Place set their priorities by:

- ✓ Reviewing the strategic plans
- ✓ Attending the Quality Education learning days in June 2022
- ✓ Using Prior priorities in the previous years Quality Improvement Plan
- ✓ Using Provincial indicators to ensure the community is meeting or exceeding the Provincial Averages to improve the lives of their residents.
- ✓ Resident and Family Satisfaction surveys
- ✓ Collaboration with the stakeholders in community held meetings.
- ✓ Monitoring falls on a monthly basis and analysis of the falls for further reduction
- ✓ Monitoring internal reporting mechanisms for trends and changes



How the team will measure progress of the Quality Initiatives:

Monthly review of the indicators and review at the Quality council meetings. The team will be reviewing 100% of resident charts that are on anti-psychotics and working with the residents, physicians, pharmacists, nurses and families they will be reducing those residents' medications that can be done so safely. Using the data provided by the Responsive Behaviour lead, and the data from pharmacy the team will be monitoring their progress using the data obtained.

The community will be looking at the CIHI data and ensuring their targets are remaining on track for this year.

Resident and Family Surveys were done:

Date: Were completed December 17, 2021.

The results of the survey were conveyed to the family and resident council by: Resident Council Meeting- March 8 2022 and Family Council Zoom Meeting/ emailed to families on May 10 2022

How we Communicate the Outcomes of surveys, indicator results and changes in process in our community is: Satisfaction survey result were reviewed at Resident/Family council meeting as well as at PAC/Quality Council (March 2022) Families were emailed the satisfaction survey results as well. Department teams are creating Quality Improvement Plans for any items that had higher than 10% dissatisfaction. These QIPs are reviewed at PAC/Quality Council meeting.

Documentation of Reviews completed:

A detailed Narrative and Workplan has been submitted and is publicly available to be reviewed on Ontario's Health's QIP website at:

[Quality Improvement Plan Reports - Health Quality Ontario \(HQO\) \(hqontario.ca\)](https://www.hqontario.ca)

The Community has monthly meetings and quarterly Professional Advisory meetings where minutes of the meetings are recorded. Attendance at these meetings is also captured. Family council holds their own meetings, and minutes from those meetings are available. Resident council meetings monthly and minutes, who attended and what their suggestions were are recorded monthly for review by the Executive Director and quality team.

Team member meetings are held and updates are shared with the team and minutes of minutes are available.

Role of the Quality Improvement Committee

To support and promote quality, risk management and utilization initiatives.

Their role is the following:

1. To lead and guide the home's quality development consistent with our mission, vision and values, strategic direction and leadership priorities as well as the MLTC, MOL regulations and the CARF Accreditation standards.
2. To develop, implement and monitor an annual quality plan incorporating strategies for the overall implementation of Continuous Quality Improvement.



3. To communicate strategies associated with organizational transformation and ensure that quality improvement initiatives extend both within the Home and into the community.
4. To select, prioritize and review quality improvement projects.
5. To review critical incidents and trends in order to identify opportunities for system improvement and to ensure resolution to minimize risk.

6. To establish a process to review, collaborate with other appropriate committees and act on the results of all accreditation processes within the hospital.
7. To make recommendations to ensure that deficiencies are addressed and resolved through existing management structures.