



JULY 2022

CONTINUOUS QUALITY IMPROVEMENT

REPORT



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Burton Manor's Priority for Quality Improvement Initiative

Burton Manor is in process of implementing the "Butterfly Household Model of Care." This implementation transformed the culture of dementia care and focus on the quality of life for our residents diagnosed with Dementia. It is our hope that we will experience a reduction in responsive behaviours, use of restraints, and use of antipsychotic medications as we transition to a model of enabling quality of life for our residents.

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

Burton Manor submitted the Quality Improvement Plan this year and their goals were the following:

Burton Manor's quality team will also be working at reducing Emergency room visits. The current performance is 14.93. The community is looking to maintain or improve this target to 14.50. They will also be focusing on reducing the number of Residents without psychosis receiving antipsychotics from 26.51 to 22.50, which is a 15% reduction.

Burton Manor 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.

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 Behavioural Support Team (BSO),

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 Satisfaction Surveys were done:

Date: Were completed December 17, 2021.

The results of the survey were conveyed to the family and resident council by:
Bi-weekly ZOOM calls, and followed up with an email to Family Council and Resident Council

How we Communicate the Outcomes of surveys, indicator results and changes in process in our community is by staff town hall meetings, dept. meetings, Family council liaison and with Resident council president.

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.

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.