



March 2024

**CONTINUOUS QUALITY IMPROVEMENT
REPORT**



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Burton Manor's Priority for Quality Improvement Initiative

Burton Manor a community of Primacare Living Solutions, defines continuous quality improvement (CQI) as a transparent process and an effective way to improve care for residents and to improve practice for staff. Quality improvement teams include not only staff, but incorporate residents and families. This gives the community a perspective from all dimensions about the quality of care being received and the outcomes of any quality initiatives from those diverse perspectives.

RNAO Best Practice Spotlight Organization (BPSO): BPSO designation was obtained and the community was able to present at an RNAO conference. They were also present and presented at other events held by RNAO regarding their restraint and falls reduction program. Burton Manor was able to obtain a zero-restraint community this year. As a BPSO home Burton Manor has already implemented Admission, Delirium and Person and family centered clinical pathways and will be implementing Falls and Pain Clinical pathways in March 2024.

Burton Manor as a community of Primacare Living Solutions participates in a voluntary accreditation process through CARF International. Burton manor seeks input from residents, families, persons of importance to residents, and staff through an ongoing survey process, as well as members of the Quality Council. CARF accreditation completed in February 2024 and waiting for the report from CARF international.

Burton Manor will be submitting the Quality Improvement plan this year and their goals are the following

Burton Manor's quality team will also be working at reducing Emergency room visits. The current performance is 18.7. The community is looking to improve this target to 17.0. They will be focusing on reducing the residents without the diagnosis of psychosis receiving antipsychotic from 16.4 to 15.0 and also maintain the number of Falls rates to 9.0 and improving resident and family satisfaction rate to 65% or more.

Burton Manor set their priorities by:

- ✓ Reviewing the strategic plans
- ✓ Preparing for CARF accreditation
- ✓ Using Prior priorities in this 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
- ✓ Ongoing Quality Council meetings
- ✓ Continued partnership with stakeholders, such as Public Health, Hospital, etc.

How the team will measure progress of the Quality Initiatives:

Monthly review of the indicators in committee meetings 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.

ED visits are reviewed with MD and trends are discussed during PAC and Quality council meetings, monthly nursing practice meetings. Burton Manor hired full time NP and currently community has NP and MD's available 7 days a week to support nursing team. Community has also implemented PoET project, where resident's health care wishes are discussed during six weeks and annual care conferences. Community also has a well-established palliative care team who provide quality care to residents in house.

Falls rates are reviewed and analysed by fall lead monthly, following fall prevention and injury reduction measures are implemented in the community

- Residents are assessed for risk of falls upon admission, after every fall, when there is change in condition and quarterly
- Residents and families have been educated on falls risk and interventions put in place to prevent falls and falls related injuries
- High risk residents are placed on falls interventions such as – high low bed, hourly intentional comfort rounds (6 P's), bed /chair alarms, hip protectors, non skid socks, floor mat as needed, continence review, NRRC assessments
- High risk residents fall interventions reviewed with staff by fall lead during monthly falls committee meetings as well as during falls committee review meetings
- High risk resident's medications are reviewed by MD and Pharmacy consultant and put on bone protection medications such as Vit D or Actinal or Prolia
- 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:

Resident and family satisfaction survey completed for 2023, The results of the survey are conveyed to the family and resident council by an n email to Family Council and Resident Council. QAP has been developed and discussed with family and resident council meetings, staff town hall meetings, dept. meetings.

Documentation of Reviews completed:

A detailed Narrative and Workplan for 2024-25 will be submitted before April 1st 2024 and will be 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, 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 meets monthly and minutes, who attended and what their suggestions 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.