



**March 2024**

**CONTINUOUS QUALITY IMPROVEMENT  
REPORT**

**Quality leads: Danielle Kirkpatrick/Cassandra Bisson/Divya James**

**Henley House Long Term Care Residence**

**20 Ernest Street**

**St. Catharines, Ontario**

**Tel 905 937 9703**

### **Henley House Priority for Quality Improvement Initiative**

RNAO Best Practice Spotlight Organization (BPSO): BPSO designation is an opportunity for the Henley House team. The goal is to create evidence-based practice cultures through systematic implementation and evaluation of multiple RNAO clinical BPGs. Henley House has obtained the designation of a BPSO in the clinical area of falls preventions, and Pressure Injuries.

Henley House submitted the Quality Improvement Plan last year and will resubmit a plan this year with goals to be posted.

Henley House's quality team will also be working at reducing Emergency room visits. The current percent of residents with unavoidable ED visits 19.4%. The community is looking to improve this with utilizing resources like on call physician and NP onsite and through community outreach program.

They will also be focusing on reducing the number of Residents without psychosis receiving antipsychotics from 27.9 % (2023 Q3) to 24.7. Working with Pharmacy, physicians/Nurse practitioners and the resident/family towards improving this area is a key component of the change management.

Falls indicator report showed that falls % at 23.4 with the provincial average of 16.50. Working with the Best Practice Guidelines the community is looking to reduce their falls to meet or exceed the Provincial average. Worsening pressure ulcer indicator has been being maintained over the last few quarters, for Q3 in 2023 the data shows 3.7% with the Provincial average at 2.4%.

### **Henley House set their priorities by:**

- ✓ Reviewing the strategic plans
- ✓ CARF survey being completed March 2024 and will use the outcomes to create further quality improvement plans
- ✓ 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
- ✓ Weekly auditing of all wounds and pressure ulcers with corrective actions to reduce numbers of pressure injuries
- ✓ Continuing education for all Key Performance indicators to ensure staff understanding of quality improvement initiatives

### **Quality Improvement Areas are:**

- ✓ Staff retention has improved and stabilized which has a positive effect on resident care
- ✓ Implemented new Skin and Wound application in PointClickCare
- ✓ Received BPSO designation in falls prevention and pressure ulcer reduction
- ✓ Family and Residents attend our Quality meetings and Professional Advisory Committee meetings to ensure input from all stakeholders
- ✓ Using Clinical Pathways through RNAO
- ✓ Attendance Management Program
- ✓ HVAC system for air conditioning in all rooms
- ✓ New Care Planning processes implemented
- ✓ Change in orientation process that allows more time for learning before going to the home areas
- ✓ Skin and wound education for all registered staff
- ✓ Recruiting for an NP for the community
- ✓ New Medical Director with a focus on quality improvement
- ✓ IPAC lead obtained her Certification
- ✓ Social Worker hired for the community full time
- ✓ Improved communication regarding residents' food choices and documentation of such
- ✓ Change in our screening process for delirium, pain and palliation, new admission process focusing on resident centered care
- ✓ New Terminology to make your plans of care more resident centred.
- ✓ Online dietary stats for supplement use and modified interventions and textures to capture trends and support quality improvement in dining experience

### **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 2023.

The results of the survey were conveyed to the family and resident council by: posting results in the home and sharing copies with each of the councils.

How we Communicate the Outcomes of surveys, indicator results and changes in process in our community is: by sharing with each of the councils and discussing at council meetings.

### **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/Quality-Improvement-Plan-Reports)

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 meetings 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.