



January 2025  
CONTINUOUS QUALITY IMPROVEMENT  
REPORT

Quality lead: Cassondra Bisson, RN | Director of Care

Henley House **Long Term Care Residence**

20 Ernest Street

St. Catharine's, Ontario

Tel 905 937 9703

## Henley House Quarterly Quality Improvement Report (Oct-Dec2024)

Henley House, a part of Primacare Living Solutions, upholds a transparent and collaborative approach to continuous quality improvement (CQI). By engaging staff, residents and families in quality teams, we ensure diverse perspectives on enhancing care and practices.

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 has outlined clear objectives in our Quality Improvement Plan for 2024-2025 aiming to:

Reduce falls. Our falls indicator report showed that currently our falls percentage is at 19.7%. This year, our target is 18.0%. Working with the Best Practice Guidelines the community is looking to reduce their falls to meet or exceed the Provincial average. Our last monthly falls committee meeting was December 23, 2024 where indicators were reviewed and recommendations made for individual residents at high risk for falls.

Enhance resident and family satisfaction to achieve a rate of 70.0% or higher.

100 Percent of staff on all levels who have completed relevant equity, diversity inclusion and anti-racism education. A goal was set to have this completed by January 22, 2025.

Henley House's quality team will also be working at reducing Emergency room visits. The current percent of residents with unavoidable ED visits is 28.9% and our goal is 27.5%. The community is looking to improve this with utilizing resources like on call physician and NP onsite and through community outreach program. This indicator is measured monthly on our quality corner and posted on the Quality board in the home.

We will also be focusing on reducing the number of Residents without psychosis receiving antipsychotics from 27.3% to 24.5%. Working with Pharmacy, physicians/Nurse practitioners and the resident/family towards improving this area is a key component of the change management.

**This information will be communicated with the Resident and Family councils on January 28<sup>th</sup> and February 6<sup>th</sup> 2025 to approve our objectives.**

### **How the team will measure progress of the Quality Initiatives:**

To ensure effective monitoring of our Quality Initiatives, we will utilize several structured methods:

- **Monthly Indicator Reviews:** Indicators will be reviewed monthly during committee meetings and discussed at Professional Advisory and Quality Council meetings to assess progress.
- **Chart Review and Collaboration:** Comprehensive reviews of resident charts on antipsychotic use will be conducted in collaboration with residents, physicians, nurse practitioners, pharmacists, nurses, and families to safely reduce medications when appropriate.
- **Data Utilization:** Data from the Behavioural Support Team (BSO) and pharmacy will be analyzed to track trends and improve medication management.

- **Monitoring Emergency Department Visits:** We will closely monitor ED visits and discuss trends with physicians in monthly nursing practice meetings and Quality Council discussions.

## Fall Prevention Strategies

Our falls prevention program includes:

- **Assessment Protocols:** Residents are assessed for fall risk upon admission, after each fall, when there is a change in condition, and quarterly.
- **Falls prevention and Injury reduction Interventions:** High-risk residents are provided with tailored interventions such as high-low beds, hourly intentional comfort rounds (6 P's), bed/chair alarms, hip protectors, non-skid socks, and floor mats as needed.
- **Monthly Reviews:** Falls interventions for high-risk residents are reviewed by our fall lead during monthly falls committee meetings. Our last meeting was held December 23, 2024 where indicators were reviewed and recommendations made for individual residents at high risk for falls.
- **Medication Review:** Medications for high-risk residents are reviewed weekly by medical and pharmacy consultants, ensuring appropriate bone protection medications are provided. Statistics were reviewed at our professional advisory committee meeting held in September 2024.
- **CIHI Data Monitoring:** We will continuously track our targets against CIHI data to ensure we remain on track for the year. The Quality team meets monthly with our corporate team to review quality indicators. Our last meeting was held January 17, 2025.

**This information will be communicated with the Resident and Family councils on January 28<sup>th</sup> and February 6<sup>th</sup> 2025 to approve our objectives.**

## Resident and Family Satisfaction Surveys

The 2024 satisfaction survey was conducted from Oct. 10<sup>th</sup> to Nov 25<sup>th</sup> 2024. The results of our 2024 resident and family satisfaction survey will be communicated to both the Family and Resident Councils. Resident and family satisfaction survey will be discussed at Resident council on February 6<sup>th</sup> 2025 and on January 28<sup>th</sup>, 2025 in family council. A Quality Action Plan (QAP) has been developed to be reviewed during meetings with these councils, as well as staff town hall and departmental meetings.

## Documentation of Reviews:

We have completed and publicly submitted a detailed Narrative and Workplan for 2024-2025, available on Ontario's Health QIP website. Monthly and quarterly meetings are held, with minutes meticulously recorded. The Family Council conducts separate meetings with detailed minutes available, while the Resident Council convenes monthly, capturing attendance and suggestions.

## Role of the Quality Improvement Committee:

Our Quality Improvement Committee is dedicated to supporting and promoting quality, risk management, and utilization initiatives. Key responsibilities include:

- Leading and guiding the home's quality development aligned with our mission, vision, values, and regulatory standards.
- Developing, implementing, and monitoring an annual quality plan focused on Continuous Quality Improvement.
- Communicating strategies for organizational transformation and extending quality improvement initiatives into the community.
- Selecting, prioritizing and reviewing quality improvement projects

- Analyzing critical incidents and trends to identify opportunities for system improvement.
- Collaborating with other committees to act on results from accreditation processes
- Making recommendations to address and resolve deficiencies through existing management structures.

## **Quality Improvement Initiatives:**

### **Admission Matters:**

Henley House has launched the Admission Matters program to enhance the move-in process for new residents, ensuring a smooth and welcoming transition into our community.

### **Dementiability:**

To improve the quality of life for residents living with dementia, we have implemented the Dementiability program. This initiative focuses on creating an environment that fosters engagement and support tailored to the unique needs of individuals with dementia.

### **LEAN Program:**

As part of our commitment to quality improvement, Henley House has adopted the LEAN Program. This approach aims to streamline our wound care initiatives, enhancing efficiency and effectiveness in the care we provide.

### **Staffing Enhancement:**

To enhance the quality of life for our residents, Henley House has expanded our team by hiring a full-time RAI Lead, an Education Coordinator, and an additional Physiotherapy Assistant (PTA). These additions are aimed at providing comprehensive support and improving overall resident care.

### **Resident Care Equipment**

Henley House has invested in a variety of resident care equipment to enhance the quality of care we provide. Our new additions include mechanical lifts, high-low beds, shower chairs, and adjustable dining tables, equipment to engage resident's recreational activities, all aimed at improving comfort and support for our residents.

### **Conclusion:**

This quality report reflects Henley House's steadfast commitment to continuous improvement and excellence in resident care. Through strategic initiatives and collaborative partnerships with residents, families, and healthcare professionals, we aim to enhance the quality of life for all residents. We are optimistic about achieving our goals outlined in the Quality Improvement Plan and remain dedicated to upholding our standards of care and service excellence.

### **Documentation of Reviews completed:**

A detailed Narrative and Workplan has been submitted and will be made publicly available to be reviewed on Primacare's website soon.