



JANUARY 2025

CONTINUOUS QUALITY IMPROVEMENT

REPORT



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Burton Manor Quarterly Quality Improvement Report

Commitment to Quality Improvement

Burton Manor, 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.

As an RNAO Best Practice Spotlight Organization (BPSO), we proudly became a zero-restraint community in 2024, implementing clinical pathways in areas such as admission, delirium, pain management, falls prevention, and a palliative approach to care. Additionally, our three-year CARF Accreditation, earned in February 2024, reflects our dedication to meeting high standards. 2024 – 2025 Quality Improvement Plan Objectives

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

- Decrease Emergency Room visits from the current rate of 18.70 to 17.0.
- Reduce the percentage of residents without a psychosis diagnosis receiving antipsychotics from 16.4% to 15.0%.
- Maintain the falls rate at 10% or below.
- Enhance resident and family satisfaction to achieve a rate of 65% or higher.

Key Strategies and Achievements

Measurement and Monitoring:

- ✓ Monthly indicator reviews with Professional Advisory and Quality Council.
- ✓ Chart reviews for antipsychotic medication in collaboration with interdisciplinary teams.
- ✓ Trend analysis of Behavioral Support Team (BSO) and pharmacy data to improve medication management.
- ✓ Monitoring Emergency Department visits with physicians and nursing teams.

Enhanced Staffing:

- ✓ Increased staff-to-resident ratios (Charge Nurses and PSWs at 1:6).
- ✓ Full-time Nurse Practitioner and expanded physician coverage.
- ✓ New hires include a Quality and Risk coordinator , Social Worker, Social service worker , Education Coordinator, RAI Coordinator, and additional therapy aides such as Music therapy and complimentary therapy .

Falls Prevention:

- ✓ Comprehensive fall risk assessments and tailored interventions (e.g., high-low beds, hip protectors).
- ✓ Regular medication reviews for high-risk residents.
- ✓ Monthly reviews of falls data against CIHI benchmarks.

Resident-Centered Care:

- ✓ PoET Project: Ensures care aligns with residents' preferences through structured discussions.
- ✓ Robust palliative care services provide dignity and comfort at the end of life.

Resident and Family Satisfaction

The 2024 satisfaction survey was conducted from Oct. 10th to Nov 25th 2024. The 2024 satisfaction survey results were shared with Family and Resident Councils. Resident and family satisfaction survey was discussed at Resident council on Dec 9th 2024 and on Dec 6th, 2024, in family council. Key feedback were discussed in the Quality Action Plan, reviewed in meetings with councils, staff town halls, and departmental discussions.

Quality Improvement Oversight

The Quality Improvement Committee ensures alignment with regulatory standards and strategic goals. Responsibilities include:

- ✓ Developing and monitoring the annual quality plan.
- ✓ Analyzing trends and critical incidents to drive improvement.
- ✓ Extending quality initiatives to the broader community.

Burton Manor remains steadfast in its commitment to enhancing resident care through collaboration, strategic initiatives, and adherence to high-quality standards. This quarterly report highlights the progress made in July - Sept 2024, showcasing our dedication to achieving outlined objectives and improving outcomes. We continue to foster an environment of excellence and compassion.

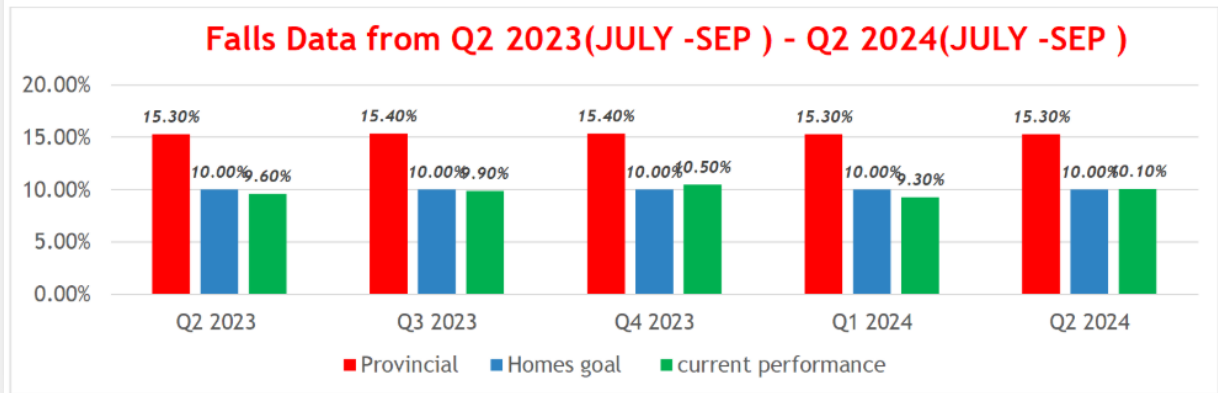
INDICATOR : REDUCING FALLS

FALLS : Percentage of Residents who had a recent fall (in last 30 days) from unadjusted CCRS e-Report

Provincial Average : **15.3%**

Burton Manor's Goal for 2023-24 : **10%**

Q2 2024 (July – Sep) – Percentage of residents who had fallen in last 30 days (10.10%) are significantly lower than the provincial average (15.3%)



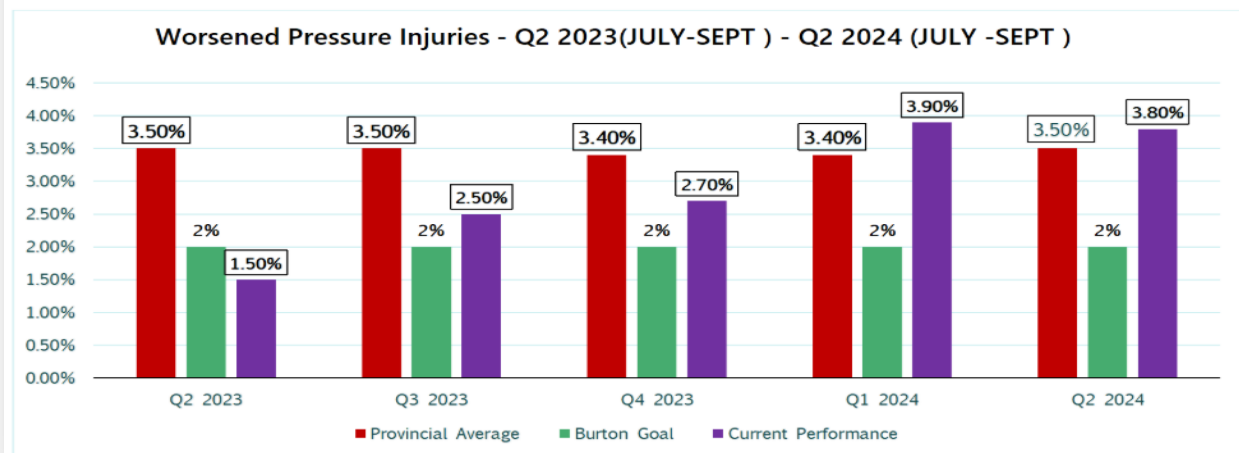
INDICATOR : REDUCING WORSENING OF PRESSURE INJURIES

PRESSURE INJURIES : Percentage of resident's who had pressure injuries (Stage 2 to Stage 4) that recently got worse

Provincial Average : **3.5%**

Burton Manor's Goal for 2023-24 : **2%**

Q2 2023 (July - Sept) – Worsened stage 2 to Stage 4 Pressure Injury rates (3.8%) are slightly higher than the provincial average (3.40%)



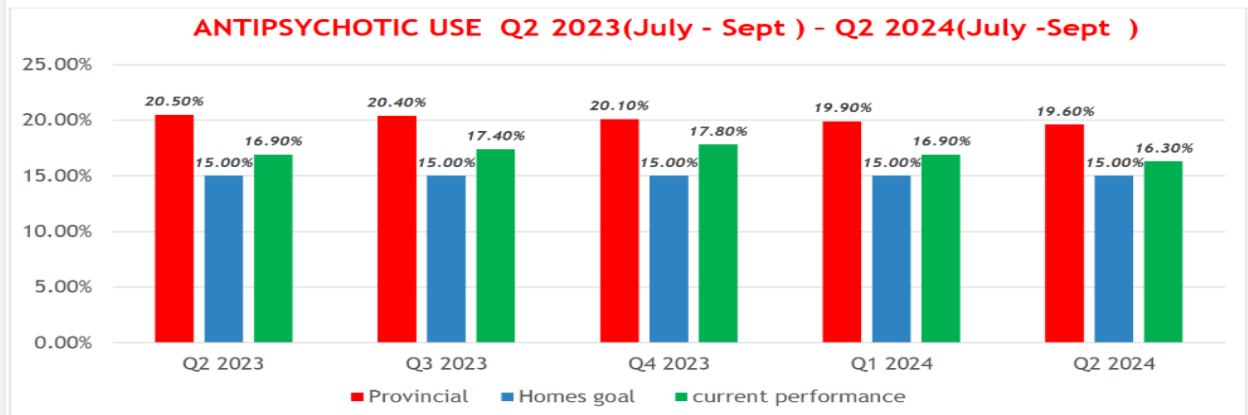
INDICATOR : POTENTIAL INAPPROPRIATE ANTIPSYCHOTIC USE

ANTIPSYCHOTIC MEDICATION USE : Percentage of resident's taken psychotropic medication without the diagnosis of psychosis

Provincial Average : 19.6%

Burton Manor's Goal for 2023-24 : 15%

Q2 2024 (July – Sept) – Potentially inappropriate use of antipsychotics (16.3%) is significantly lower than the provincial average (19.6%)



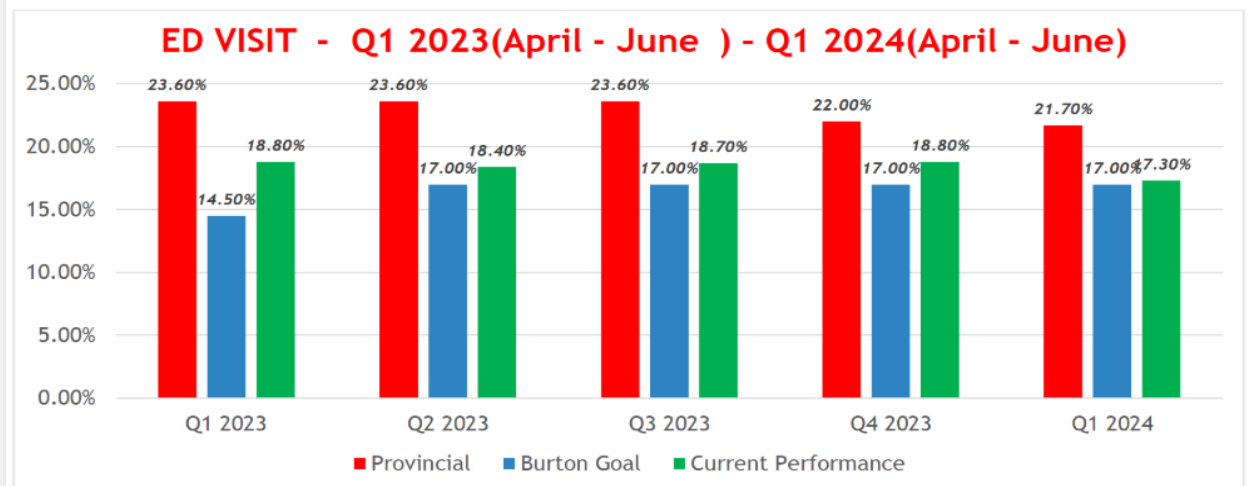
INDICATOR : AVOIDABLE EMERGENCY DEPARTMENT VISITS

EMERGENCY DEPARTMENT VISITS : Number of ED visits per 100 residents

Provincial Average : 21.7%

Burton Manor's Goal for 2023-24 : 17%

Q1 2024 (April – June) – Potentially avoidable ED visit rates (17.3%) are significantly lower than the provincial average (21.7%)



INDICATOR : REDUCING THE USE OF RESTRAINTS

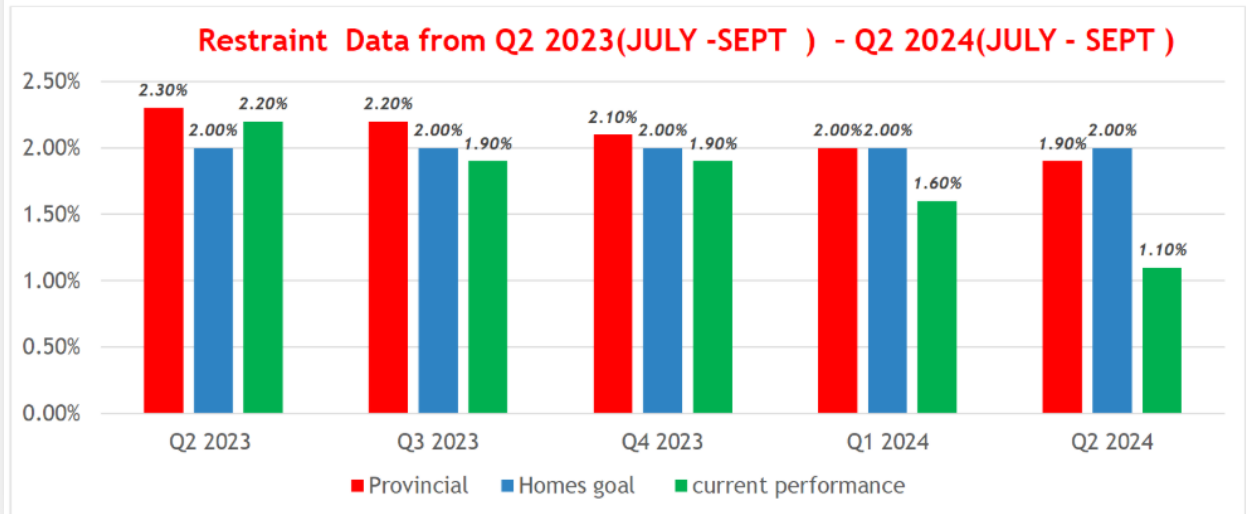
RESTRAINTS : Percentage of Residents who were physically restrained from unadjusted CCRS e-Report

Provincial Average : 1.9%

Burton Manor's Goal for 2023-24 : 2%

Q1 2024 (APR-JUN) – Percentage of Residents who use physical restraints (1.1%) are significantly lower than the Provincial average (1.9%) .

“Currently Burton Manor has NO RESTRAINTS “



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.