

**HOME NAME : West Park Health Centre**
**People who participated development of this report**

|                               | Name                  | Designation |
|-------------------------------|-----------------------|-------------|
| Quality Improvement Lead      | Kaitlyn Pearson       | ED          |
| Director of Care              | Megha Chellappan Nair | DOC         |
| Executive Directive           | Kaitlyn Pearson       | ED          |
| Nutrition Manager             | Maria Andrei          | EDSM        |
| Recreation Manager            | Sarah Masonovich      | RM          |
| Director of Clinical Services | Angie Morrison        | DCS         |
| RAI Coordinator               | Kennedy Clapp         | RAI         |

**Summary of the Home's priority areas for quality improvement, objectives, policies, procedures and protocols from previous year (2022/2023): What actions were completed? Include dates and outcomes of actions.**

| Quality Improvement Objective  | Policies, procedures and protocols used to achieve quality improvement   | Outcomes of Actions, including dates |
|--|--|--------------------------------------|
| Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.                           | 1. Initiate education to residents and families on admission regarding the benefits of in-home treatments VS hospitalization.<br>2. Education to all Registered staff on improving Nursing process and SBAR communication tool.<br>3. Monthly and quarterly review of ED transfers discussing events surrounding the transfers and if they could have been diverted to in-home treatment.        | Outcome: 20.00%<br>Date: March 2023  |
| Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"                  | Action plans were developed with the assistance of the residents - complaint process was reviewed and followed & reviewed at resident council  | Outcome: 82.1%<br>Date: March 2023   |
| Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".              | Education was provided to residents when bringing forward issue/concerns the whistle blowing policy.   | Outcome: 71.4%<br>Date: March 2023   |
| Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment. | 1. Medication management team to review residents with prescribed antipsychotics monthly.<br>2. Staff to be educated on use of de-prescribing algorithm.<br>3. Residents who are on antipsychotics will be reviewed by Pharmacy Consultant quarterly.<br>4. Implementation of montly deprescribing meetings, pharmacy recommendations to taper antipsychotics of new admissions to be discussed. | Outcome: 42.99%<br>Date: March 2023  |

**How Annual Quality Initiatives Are Selected**

The continuous quality improvement initiative is aligned with our mission to provide quality care and services through innovation and excellence. The home has a Continuous Quality Improvement Committee comprised of interdisciplinary representatives that are the home's quality and safety culture champions. An analysis of quality indicator performance with provincial benchmarks for quality indicators is completed. Quality indicators below benchmarks and that hold high value on resident quality of life and safety are selected as a part of the annual quality initiative. Emergent issues internally are reviewed for trends and incorporated into initiative planning. The quality initiative is developed with the voice of our residents/families/POA's/SDM's through participation in our annual resident and family satisfaction survey and as members of our continuous quality improvement committee. The program on continuous quality improvement follows our policies based on evidence based best practice.

| Summary of Resident and Family Satisfaction Survey for Previous Fiscal Year  |  |  |
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| Date Resident/Family Survey Completed for 2022/23 year:  | The 2022 resident and family survey was conducted from October 31st to December 20th, 2022.  |  |
| Results of the Survey (provide description of the results ):   | <p>The resident survey results for both the "top 5 strengths" and "top 5 opportunites" indicate a high level of satisfaction among residents regarding various aspects of West Park's services. Notably, an overwhelming 96.4% of residents perceive the staff as friendly, fostering a positive atmosphere within the facility. Furthermore, there is a strong awareness of the available recreation services, with 92.9% expressing familiarity. Communication within the home is generally well-received, as evidenced by 92.9% finding leadership communication clear and timely. Trust in the staff is notably high, with the same percentage expressing confidence in the home's personnel. While there is room for improvement in laundry services (44.4%) and meal, beverage, and dining services (40.7%), a majority of residents (89.3%) express satisfaction with the quality of cleaning services both throughout the home and within their rooms. Additionally, 37.0% believe communication from home leadership is improving, and a similar percentage is satisfied with the care provided by dietitian(s). These results collectively suggest a positive overall perception of the home's services, with opportunities for targeted enhancements in specific areas. The family survey results for both the "top 5 strengths" and "top 5 opportunites" reflect a high level of satisfaction among families in various aspects of care and services within the home. Notably, an impressive 88.9% express contentment with the quality of care provided by the nursing staff, highlighting the positive impact of healthcare services. Communication from home leadership is deemed clear and timely by 61.1% of families, underscoring the effectiveness of information dissemination. Satisfaction with the quality of care from physiotherapists/occupational therapists is notably high at 85.7%, indicating a positive experience with rehabilitative services. The families feel well-informed about changes in the home, with 61.1% stating they are regularly updated. Additionally, a significant 83.3% express comfort in raising concerns with both staff and leadership, fostering an open and supportive environment. The ongoing improvement in meal, beverage, and dining services is recognized by 58.8%, and a substantial 82.4%. Families engagement is evident, with 57.1% noting the resident's input into available recreation programs. Furthermore, satisfaction with the quality of care from doctors is strong at 82.4%. While there is room for increased family input on food and beverage options (43.8%), the overall findings suggest a positive and resident-centered approach to care and services in the home.</p> |  |
| How and when the results of the survey were communicated to the Residents and their Families (including Resident's Council, Family Council, and Staff) | <p>The results of the 2022 Resident and Family Satisfaction Survey was provided to residents through the monthly Residents' Council meeting that was held on Monday, April 17th, 2023. Copies of the survey were also handed out. The survey results were also shared with our families through email, on Monday, April 17th, 2023, as well as physical copies in our front lobby to review. Lastly, staff were informed of the survey results through our quaretrly PAC meeting, and on going at our weekly staff huddles.</p>  |  |
| Summary of quality initiatives for 2023/24: Provide a summary of the initiatives for this year including current performance, target and change ideas. |  |  |
| Initiative   | Target/Change Idea   | Current Performance  |
| Initiative #1 Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.                         | Our facility goal is to maintain this indicator as we currently measure under the provincial average. Action items: 1)Initiate education to residents and families on admission regarding the benefits of in-home treatments VS hospital. 2)Education to all Registered staff on improving Nursing process and SBAR communication tool.  | Residents ED visits throughout the year have been addressed and have been followed up with patient experience, clinical outcomes, resource utilization, compliance/policy and cost effectiveness. Education is provided to staff regarding ED transfers accordingly. |

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| Initiative #2 Number of residents who responded positively to the statement: "I am satisfied with the quality of care from   | 1)Staff will continue to receive education on the new Residents' Bill of Rights (Fixing Long-Term Care Home Act, 2021). All staff will participate in annual education on the new Residents' Bill of Rights via the e-learning platform.  | 84%   |
| Initiative #3 Percentage of residents' who responded positively to the statement: "I feel my goals and wishes are considered and incorporated into the care plan whenever possible." | 1)Enhance the residents opportunity to actively provide input in quality-of-life activities. Encourage the residents and substitute decision maker(s) to participate in Care Conferences.   | 74.80%  |
| Initiative #4 Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment                                | 1)Review use of antipsychotic medications monthly, including behavioral charting and observation.<br>2)Certification of the Nursing team with Gentle Persuasive Approaches (GPA) in Dementia Care.<br>3)Continue to involve external resources to assist in managing behaviors, prior to initiating antipsychotic | residents diagnosis and mediations reviewed, adjustments of the antipsychotic medications done accordingly leading to more accurate diagnosis and therefore decreasing QI in this specific area. May 2023: %30.22 |
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