

**HOME NAME : Seaforth Long Term Care Home**
**People who participated development of this report**

|  | Name                 | Designation          |
|--|----------------------|----------------------|
| Executive Director/Quality Improvement | Carolyn McCorkindale | Executive Director   |
| Director of Care                       | Gemma Nott           | DOC, RN              |
| Program Manager                        | Stacey Kamerman      | PM                   |
| Clinical Consultant                    | Jenny Allison        | RN, Clinical Consult |
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**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  |
|--|--|---|
| Reduce the number of potentially avoidable emergency department<br>Current performance of <b>17.24</b>   | Point Click Care utilized to track transfers of residents to emergency room. Resident transfers to hospital were reviewed monthly for appropriateness. Education was provided to registered staff by the Director of Care at the Registered Staff meeting on: SBAR tool, UTI Clinical Pathway, Chest Assessment. Medication Management education provided by the new Medical Director, and on-going at medication reviews and annual care conferences. On a quarterly basis the hospital transfers were reviewed with the Medical Director for analysis. Promote in-house care available to residents by education the residents and POA's at move-in, and at annual care conferences. Medical Director not affiliated with local hospital, resulting in resident not going to hospital for assessments. | Outcome: 19.2<br>Date: March 2023   |
| Foster an environment where all residents feel comfortable to express their opinion without fear of consequences. Current performance is <b>87.50%</b> | Program Manager will conduct resident interview twice annually, to review complaint process and procedure and whistle blower protection. This information is also reviewed monthly at the Residents Council meeting minutes, then posted in the home.  | Outcome: 86.67%<br>Resident Satisfaction Survey Results<br>Date: March 2023 |
| Ensure residents receiving antipsychotic medication have supportive diagnosis of psychosis. Current performance is 23.65                               | Interdisciplinary team approach used involving BSO, programs team, Pharmacist Consultant and community resources Behavioural Response Team, collaborate together to utilize non pharmaceutical approaches to responsive behaviours. Education provided to attending Physicians and Medical Director of roles and responsibilities in reducing the usage of antipsychotics to drive accountability of these roles. Mandatory to the Medical Director by MOH completed.  | Outcome: 24.71<br>Date: March 2023  |
| Provide adequate pain management for all residents. Current performance is <b>9</b>  | Education of pain management policies for registered staff completed, including focus on completing pain assessment for residents diagnosed with a new painful disease/condition. Monthly reviews completed of residents experiencing worsened pain and how many had an associated pain assessment completed.  | Outcome: 1.75<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:  | Conducted Oct 31 to December 20, 2022  |
| Results of the Survey ( <i>provide description of the results</i> ):   | The residents of the home provided feedback that they are very satisfied with dining experiences. Overall residents were satisfied with maintenance and cleanliness of the building. Residents also expressed satisfaction with continence products used in the home. For opportunities for improvements residents expressed improved communication on changes in the home are wanted. An average of 77.3% of residents who completed the survey voiced feeling satisfied with care from their physician, getting assistance in a timely manner, residents are friendly to one another and would recommend this home to others. Families also complimented dining services. As well families were satisfied with recreation services, spiritual care services and nursing care. Areas families indicated improvements are needed include cleanliness, laundry services, dietitian services and communication around changes in the home. |
| How and when the results of the survey were communicated to the Residents and their Families (including Resident's Council, Family Council, and Staff) | The results of the survey were shared in April 2023 with Residents Council and Family Council at the scheduled meetings. The results were posted in the home on the quality board, accessible to everyone to read.   |

### 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 Residents and families will feel they are updated regularly on changes in the home                                | Goal to have 60% of residents and families express feeling they received regular updates on changes in the home in 2023. This will be achieved by implementing monthly newsletters, advertising special events in common areas of the home, implement Knowledge Break Program. Resident Council will be encouraged to invite leadership members to meetings as they see fit to inquire about home changes. | 51.6% of residents and 40% of families felt they received regular updates on changes in the home |
| Initiative #2 Quality of care from Doctors  | Goal to have 75% of families express satisfaction with the Medical Director and attending physicians in 2023. This will be achieved by on-boarding a new Medical Director and attending physician., educated in the MOH mandatory LTC educations. Attendance and participation of the attending physician at the annual and admission resident care conferences. Physically visit the residents in the     | 40% of families said they were satisfied with laundry service and the services were improving    |
| Initiative #3 Foster an environment where all residents feel comfortable to express their opinion without fear of consequences. | Goal to have 85% of Residents and families express feeling comfortable to raise concerns on 2023 survey. Education with residents and families on admission of whistle blower protection policies will take place. Education with staff on customer service and complaints process will take place.  | 94.1% of Residents and 77.8% of families agree they are comfortable to raise a concern.          |
| Initiative #4 Reduce Avoidable Emergency Department Visits  | Hospital transfers will continue to be tracked and reviewed on both a monthly and quarterly basis. Education for nursing staff on assessment skills and communication skills for discussing changes in resident condition with physicians and families using SBAR format. Continued education and information provided   | 25.20%   |
| Initiative #5 Reduce the number of residents receiving antipsychotic medication without a diagnosis of psychosis                | The number of residents receiving antipsychotic medication with a diagnosis of psychosis will continue to be tracked and evaluated on a monthly and quarterly basis. An interdisciplinary approach will be utilized with referrals to BSO staff, pharmacist consultant, physicians and community partners of BRT. Leadership by the Medical Director to promote aligned medication used for diagnosis.     | 21.79%   |