



## Continuous Quality Improvement Initiative Report 2022-23

*Lead:* Zoie Mohammed, General Manager

### *Village Quality Improvement Priorities:*

1. We will focus on the reduction of antipsychotic use in the Village. Non-pharmacological interventions will be used to support residents with personal expressions (behaviours). Our Village has two BSO (Behavioural Supports Ontario) Therapeutic Recreation Consultants who will be working closely with the BSO nursing lead in supporting this initiative.
2. Strategies will be put in place to prevent and reduce wounds. We will build capacity within the clinical team and educate PSW's on early identification of skin concerns. We are piloting a new skin care line to improve skin integrity and will be implementing an Innovation Catalyst role to focus on wound prevention.
3. Our Village will look into reducing emergency department transfers through collaboration with the LHIN and implementing the PreviewED (Practical Routine Elder Variants Indicate Early Warnings for Emergency Departments program) tool. This initiative will be rolled out by the end of August 2022. The goal of this program is to improve residents' health outcomes by detecting and treating health conditions at an early stage with the primary focus on four conditions: pneumonia, urinary tract infections, congestive heart failure and dehydration which will enable residents to remain in their homes.
4. Our Village will increase opportunities for Meaningful and Active Engagement. We will do this by utilizing increased recreation hours to further enhance opportunities for meaningful engagement on our neighbourhoods. We will also implement the ME (My Experience) form along with introducing LIMT (Living In My Today) modules, including Supportive Approaches to Care education and training. This will further enhance resident centered care and provide for meaningful activities based on an individualized approach.

### *How Priority Areas Were Determined:*

1. An in-depth interdisciplinary review of our CIHI data, utilizing our clinical software, it was determined this was an area of focus that would improve the quality of life and well being of our residents.
2. An interdisciplinary review of our CIHI data, wound data and informatics spreadsheets revealed the need for focus to decrease skin injuries which will improve the resident's quality of life. Wound care and prevention has also been identified as an organizational priority.
3. Upon reviewing the LHIN's data on Avoidable Emergency Department visits for long term care, it was determined that we would participate in the PreviewED project. The Ontario Health Central region reached out to all long-term care homes in the region to participate in this project. 19 long term care homes in the Central region, including the Village of Sandalwood Park signed up for this project.
4. During the pandemic we have had a significant change to the resident's quality of life and the ability for residents to participate in meaningful and social engagement. We saw this reflected in our Quality of Life survey results under the activities domain. We have reviewed our outcome scores with both the Resident and Family Councils with a discussion of focusing on enhancing and increasing meaningful and active engagement on the neighbourhoods.

### *How Progress Will Be Monitored, Measured, Evaluated and Outcomes Communicated:*

1. Our PERT (personal expression resource team) lead in conjunction with the interdisciplinary team will continue to monitor CIHI data quarterly, pharmacy data and critical incidents monthly to evaluate progress in decreasing antipsychotic use and personal expressions. The Therapeutic Recreation Consultants will implement non-pharmacological interventions upon referral. Results will be communicated through neighbourhood team huddles, PERT meetings, Quality Committee, family member feedback and the Residents' and Family Councils.
2. On-going auditing, analysis and monitoring of skin and wound assessments. Re-education is provided to team members whenever gaps are identified. Skin concerns in the village will be tracked using the skin and wound survey on our clinical software. Results will be communicated through the skin and wound meetings, Quality Committee, neighbourhood huddles and through the Residents' and Family Councils.  
The Innovation Catalyst for wounds will be trained on design thinking to support innovation with wound prevention. The Innovation Catalyst will have conversations with team members, residents, family members to better understand wound prevention and attend in-person workshops to review findings and identify possible solutions. The Innovation Catalyst will get feedback from team members, residents and families about potential solutions and attend an Innovation Summit in the fall. Outcomes will be shared with the Wound Committee, neighbourhood teams, Quality Committee and the Residents' and Family Councils.
3. Training and support will be provided on the use of the PreviewED tool by authorized trainers. Registered team members and PSWs will be guided to assess the resident and take appropriate action where needed. The audited completion rates of the tool, triggers and trends tracked will be analyzed and evaluated. Information and education will be communicated with the neighbourhood team members. Outcomes will be communicated to the Quality Committee and the Residents' and Family Councils.
4. Meaningful and active engagement will be measured through tracking attendance and engagement in programming through Activity Pro. We will seek and review feedback from residents, family, team members and Councils. We will review results from the Quality of Life survey related to the activities domain. Meaningful and active engagement programming will be communicated through recreation meetings, on the neighbourhoods and through the newsletter. Outcomes will be communicated to the Resident and Family Councils.