



## Continuous Quality Improvement Initiative Report 2022-23

*Lead:* Sara Calder, Assistant General Manager LTC

### *Village Quality Improvement Priorities:*

- 1) Participate in iCARE research project for fracture reduction
- 2) Strengthen wound care program
- 3) Continue to enhance our Living in my Today (LIMT) supportive approaches to care through thoughtful design in both of our secure Neighbourhoods in the fall
- 4) Increase socialization and Resident engagement
- 5) Improved use of clinical software to provide efficiencies, support decision making and provide better communication. Clinical software enhancements will be disseminated to the team, with regular follow up to support change management.

### *How Priority Areas Were Determined:*

- 1) We want to reduce the risk of fall-related injuries and have partnered with GERAS Centre for Aging Research's iCARE Study, an Integrated Collection of Education Modules on Fall and Fracture Prevention for Health Care Providers. Through this study, we will pilot PREVENT (Person-centred Routine Fracture Prevention Program), which will begin in the coming months. It is important to us, that we take all measures available, to keep our Residents injury-free.
- 2) We have identified an increase in wounds in the Village through review of our internal tracking and CIHI data. As wound care is also an organizational priority, we will be working to implement program updates, make improvements and reduce these numbers to improve the Resident's quality of life.
- 3) In both of our secure neighbourhoods, we have found that many Residents living with memory impairment have a challenging time with depth perception, word finding and understanding the written word. Through thoughtful design, we will improve the esthetics to the neighbourhood and bring contrast to certain areas that will cue residents to areas of the neighbourhood.
- 4) The pandemic has had a significant impact on the social lives of our residents, which is important for overall well-being. Isolation precautions lead to decreased opportunities for social interaction and bonding; this is evidenced through outcomes in the Quality of Life domains, Personal Relationships and Activities. Through consultation with residents, we have chosen to focus on increasing opportunities for social engagement. Increased staffing will also help provide more opportunities for programming throughout the week.
- 5) Review of organizational clinical outcomes and processes, and the introduction of medication safety technology has helped us identify opportunities for enhancements within our clinical tools to improve workflow for our nursing teams. Implementation of Secure Conversations through PCC will help support communication with physicians.

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

- 1) We will be working with the iCARE research team at GERAS to pilot PREVENT. The team will help us monitor progress and develop an audit and feedback report based on data through our pharmacy provider. Outcomes will be communicated to our Quality Improvement and Health Care Advisory Committees.
- 2) We will ensure that our nurses attend the wound course available in our community, monitoring attendance. The nurses are also attending wound rounds with wound specialist to enhance their skills. We will monitor the number of wounds and stages to identify if there is a downward trend. As always, we will be presenting our goals and outcomes to Residents' Council.
- 3) We will track and trend the incidents of Residents who are struggling to fulfill their own activities of daily living through documentation. Quarterly, we will review the number of incidents of Residents who have become frustrated with being unable to complete the task that was desired.
- 4) We will track and trend attendance for all events, initiatives and programs. We will also review reports for Quality of Life (activities and personal relationships) for improvement. Review of metrics related to social engagement and depression will also be reviewed. All of the above will be disseminated to Councils and to the team via Council meetings and team huddles.
- 5) Monthly review of the effectiveness and use of the PCC enhancements for 3 months post implementation, with support to the team and feedback provided as needed. We will review reports available to help us understand uptake.