**CONTINUOUS QUALITY IMPROVEMENT REPORT**

**QUALITY PRIORITIES AND OBJECTIVES FOR 2023/24 Fiscal Year**

Fairhaven uses Accreditation Canada's framework and Health Quality Ontario's (HQO) standards of care to continuously improve the quality of life with our residents. We are committed to providing high quality and compassionate care to our diverse and expanding resident population through a multidisciplinary team approach. The focus for the 2023/24 Quality Improvement Plan (QIP) aligned our organization's mission, vision and values with the provincial quality agenda. Our vision is ‘***Recognized as a leader in quality resident-focused care through integration and innovation within our community.****’*

Our strategic direction encompasses quality perspectives which is to:

* PROVIDE HIGH QUALITY COMPASSIONATE CARE
* ENHANCE CONTINUOUS QUALITY IMPROVEMENT EFFORTS
* OPTIMIZE HUMAN RESOURCES

In conjunction with the provincial themes for quality, Fairhaven has embraced the following quality priorities:

1. Timely and Efficient
2. Service Excellence
3. Safe and Effective Care

**Timely Efficient Transitions**

Potentially avoidable emergency department (ED) visits for long-term care residents has been a longstanding indicator for HQO and on Fairhaven’s QIP. We are currently measuring at 19.49 %. Fairhaven is striving to decrease the amount of avoidable visits by approximately 5%, to meet the provincial average of 18.5% A review of the causes of ED visits highlighted falls as the highest contributing factor, so an emphasis has been put on the Fall’s Prevention Program. Continued surveillance of this program is conducted by the Falls Committee, who evaluate the data on a monthly basis. Staff, residents and family education will be reviewed and updated as required.

**Service Excellence**

There are two indicators encompassing the resident experience. The first being *Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?".*  Due to the nature of the rating, 50.1% of residents responded with a rating of 9/10 or 10/10. An additional 27.87% answered 8/10, showing at overall, 78.69% of residents rated 8/10 or higher.

The second indicator is the *Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences" .* While the home is striving for 100% of residents who responded positively to the statement, there was an improvementfrom 85% to 96.77%. Improvement initiatives that are continuing into the 2023/24 year includes home wide hourly rounding, education on resident engagement, actively participating in the plan of care. Monitoring the effectiveness of planned change ideas include focus groups being surveyed, responses to Resident and Family council feedback and annual surveys, staff completion and uptake.

**Safe and Effective Care**

As previously stated, the home is focusing on falls prevention and striving for a 44% reduction in falls for end of year, with the ultimate goal of making HQO's benchmark of 9%.

*Percentage of long-term care home residents in daily physical restraints over the last 7 day*s is another indicator the home has been working towards the last few quality improvement cycles. A focus on bedrail removal continues, with a separate committee reviewing the risks and benefits for residents who have bedrails on a quarterly basis. The home would like to see a reduction of 21% from 3.8% and is working towards a goal of reaching HQO's benchmark of 3% for restraints. Monitoring staff education and number of restraints reduced is conducted monthly, quarterly and annually.

Fairhaven strives to reduce antipsychotic medication use when unnecessary and has aimed to meet the provincial average by 2023 to meet the benchmark of 19%. The home is currently working with The Institute of Safe Medication Practices (ISMP), to meet that goal. The registered staff and Behavioural Supports Ontario (BSO) team monitors ongoing use of antipsychotic medications and communicates to the physicians when it is no longer being used. Non-pharmacological interventions are a first -approach philosophy at Fairhaven, and the number of staff completing the education in GPA, PIECES, U-First, and Validation will be reviewed.

Finally, the *percentage of residents who had a pressure ulcer that worsened to a stage 2, 3 or 4*, is currently at 2.1%. The home will continue to aim for the 1% benchmark. Applications of new wound care technology, increased staff training and wound care education will occur in the upcoming QIP cycle.

**QIP PLANNING CYCLE AND PRIORITY SETTING PROCESS**

POLICIES, PROCEDURES AND PROTOCOLS

The Continuous Quality Improvement (CQI) model at Fairhaven provides a comprehensive home-wide mechanism designed for quality improvement and utilization that will facilitate monitoring, analysing, evaluating and improving the quality of accommodation, care, services, programs and goods provided to the residents. We are guided by our ethical framework, mission, vision, and values, and are dedicated to providing enriched care in a safe and inclusive environment.

Fairhaven has meaningful engagement with a variety of stakeholders to assist in the direction of planning, monitoring and outcomes for the QIP:

**Residents and Family**

Residents and families have several avenues to participate, discuss and develop improvement projects throughout the home.

* Resident and Family councils
* Admission process and care conferences
* Complaints/concerns process
* Satisfaction surveys
* Seats on various committees (i.e., falls, CQI, Food)

**Staff**

* Daily shift exchange huddles
* Leadership morning huddles
* Nursing practice meetings
* Operational committees
* Direct feedback through suggestion box/concerns email/management
* Staff engagement surveys
* Monthly rounds for falls

**Interdisciplinary Teams**

Every team is comprised of different disciplines including direct care staff, medical staff, allied health professionals, recreation, supervisors, managers, and ‘*quality’* is a standing focus on every agenda.

* QCIPA (Resident Quality and Safety Committee)
* CQI (Continuous Quality Improvement) Committee
* Professional Advisory Committee (Quarterly)
* Monthly/quarterly rounds on Restraint and Bed safety; Falls Prevention; Skin and Wound; Continence Care; Food committee

**Committee of Management (COM)**

* Quality is a standing agenda item on the COM meeting minutes; a yearly review of the QIP is conducted in March, as well as program evaluations and monthly scorecards present to the board for oversight.
* Strategic planning sessions are directed by COM to shape the operational goals and objectives.

**External Partners**

* Academic affiliations
* RNAO
* Emergency responses (i.e. Fire Drill inspections)
* Advocacy groups
* AdvantAge Ontario, CLRI, ISMP, CareRX

**QUALITY EVALUATIONS AND COMMUNUICATION**

Fairhaven conducts, on a regular and consistent basis, performance focus audits that address all government compliance standards/regulations and the home’s quality standards.

Data-collecting and monitoring tools are used, including the Plan Do Study Act (PDSA) methodology, FMEA’s (Failure Mode and Effects Analysis), Fishbone diagrams; Root Cause Analysis, Accreditation Canada’s Qmentum cycle standards, Health Standards Ontario, the FLTCA and the Ministry of LTC guidance. Objectives are developed with aim statements that are Specific, Measurable, Attainable, Relevant, Time-Bound (SMART).

Quality improvement is an integral part of daily operations. The home’s Professional Advisory Committee (PAC), and Continuous Quality Committee oversee the program evaluations, monthly performance indicators and resident and staff satisfaction surveys. The result of our annual satisfaction surveys, completed by residents/families and staff is a reflection of the reached outcomes and performance evaluation.

Quality boards, communication binders, presentations to Resident and Family Councils, emails and newsletters are some of the platforms Fairhaven shares its many successes.

