

Continuous Quality Improvement Initiative Report 2022-2023



 *Billings Court Manor*



Overview

Billings Court Manor is a 160 bed, long term care home that is part of the Conmed Health Care Group and is fully accredited by Accreditation Canada. Located in Burlington Ontario we have been proudly providing 24-hour nursing and personal care services to our residents since 2004. Our home is made up of 3 floors, 5 home areas. We are committed to providing resident centered care through an inter disciplinary approach and provide individual care for each resident based on their need's values and desires.

Mission, Vision and Values For Resident Focused Care

Mission

We are a community of individuals who believe that a supportive and nurturing environment creates a framework for accepting respect and opportunity for personal growth. This community “spirit” supports a sensitivity towards the variables of or spiritual and cultural diversity, works in combination with our holistic approach to care, and contributes to our unique perspective. This dignified and safe place that we call Home.

Vision

We strive to share our successes, grow from our challenges and embrace our differences. We believe that teamwork is the key to provide quality care, and allows us to opportunity to assist our Residents to achieve their optimum level of wellness.

Value

We believe that people are our greatest asset- residents, families, and staff so we follow the *RIGHT WAY*

R- Resident Centered Care

I-Integrity

G- Growth

H- Honour

T- Teamwork

W- Workplace health and safety

A- Always confidential

Y- You Matter



Continuous Quality Improvement

Priority Areas for Quality Improvement

In April of 2022, the Ministry of Long-Term Care along with the Ontario Government implement the new Fixing Long Term Care Act. With new legislation put into place the focused is on improving resident care through a resident centered approach. New legislation that was implemented places attention on the involvement of both the resident and the families in the care that is being provide at the home. Through these implementation of these legislation it has enabled us to identify areas of improvement within the home. Regular updates of the progress of these initiatives are shared with the stakeholders.

At Billings Court Manor our quality priorities are drive by several factors including:

- Fixing Long Term Care Act (FLTCA)
- RNAO Best Practice Guideline
- Key Performance Indicators (CIHI, Point Click Care)
- Program Evaluations
- Health Quality Ontario Priority Indicators
- Internal Audits
- Residents and Family Satisfaction Surveys
- Feedback from stakeholders including Residents Council and Family Forums and external stakeholders include MLTC

Annually, Billings Court Manor develops and implements a Quality Improvement Plan (QIP) that include key areas of improvement to aligned with the Health Quality Ontario to focuses on three core these; timely and efficient care, Patient/Client/ Resident/Provider experience, and safe and effective care. The Quality Improvement Plan for the 2022-2023 year has identified the following priorities for improvement:

- 1) Reduce the number of potentially avoidable visits to the Emergency department
- 2) Improve rating on how well staff listen to the resident
- 3) Improving rating “I can express my opinion with out fear of consequences”
- 4) Reduce the percentage of resident on antipsychotic medication with out a diagnosis of psychosis

The home QIP plan is developed with the input of staff, Residents Council and Family Forum. They align with the home goals to improve quality of care and deliver of service excellence. The goals and change ideas from this plan continue as a multi year program as the homework to uphold improvement in effective care and service excellence and resident experience.



Performance Monitoring and Measurement

Billings Court Manor quality initiative are supported by the homes measurement and accountability system. Front Line Staff, Managers and leadership staff relay on access to real time data integrated into regular quality and risk management review processes. Review processes include;

- Performance indicators tracked at the home and programs level
- Priority indications outlines in the Annual Quality Improvement Plan
- Municipal/ Provincial Benchmark Indicators
- Quarterly- Continuous Quality Improvement Meeting
- Resident Council and Family Forum
- Resident and Family Satisfaction Survey

Billings Court Manor CIHI Performance Indicators 2022-2023

Quality Indicator	Ontario	Billings Court Manor
Potentially Inappropriate Use of Antipsychotics	21.2%	4.9%
Falls in the Last 30 days	16.5%	15.5%
Restraint Use	2.1%	7.3%
Worsened Pressure Ulcers	2.4%	4.2%
Experiencing Pain	4.4%	3.9%
Worsened Depressive Mood	20.8%	23.5%
Data Source Continuing Care Reporting System provided by CIHI		

Communication Strategy

Communication with our stakeholders, community partners, residents, families and staff is a vital part of our quality improvement plan to not only use their input to improve our home but we also share our success and growth. We use various mechanisms which include monthly newsletters, memos, posters, emails, robo calls, Residents Council, Family Forums, department meetings, town halls, care conference etc. We take input from all areas on how we can improve the quality of care within the home.



Quality Improvement Initiative 2022-2023

Based on feedback, assessment and identification of areas for continuous improvement, Billings Court implemented the following quality improvement initiative for 2022:

- Increased hours for staffing nursing, personal care and front lien teams enhanced support for our residents to ensure their highest level of care and compassion
- Welbi documentation system for the Recreation Department- for Recreation Staff to be able see attendance and be able to provide programs to meet the residents needs.
- Participation in Quality Improvement Medications – ISMP - Indication based prescribing
- Ongoing review from CIHI’s key indicators to ensure home is inline with the provincial expectations
- Dedicated Skin and Wound nurse to assist/educate with the increase of wounds and skin issues that are being admitted to the home due to high turnover rates and residents with preexisting wounds prior to admission.
- Provided education to families about risk of restraint use on residents to decrease the number k of restraints used with in the home that is family requested. This is done through newsletters and one on one conversations. Also to reevaluate the use of restrains on resident quarterly.
- Conduct audits and liaise with pharmacy to identify resident on antipsychotics and ensure diagnoses in place and appropriate medication are provided to residents.
- Implemented POC documentation for direct care staff- to provide enhanced support and to track trends in resident quality of care.
- Puches of new lift to allow staff to provide care more efficiently to residents
- Five new bariatrics beds were purchased to accommodate resident needs.
- New private currants
- Blinds
- To incuse the accessibility for residents and increased best practices through addition of new iPad for the purpose of auditing hand hygiene and PPE
- Regular collaboration with Public Health to support education for all staff on IPAC practices and PPE education.
- Participate in annual reviews



Looking Ahead: Priorities for 2023-2024

- Implement increase staffing by end of quarter 4
- Staff initiative to promote wellness and appreciation.
- Bladder scanner to decrease the transfers to hospitals
- To meet the needs of currently and effectively of staff and residents new lift was purchased by the end of Q3
- Building and Environment -To enhance our resident's environment new dining room and lounge chairs were purchased to create a more inviting atmosphere. Hallway floor was replaced on Crown Derby, Wedgwood and Kent to provide a more homelike feeling and approach to the residents. Repurposing of space for additional office space, replacement of spa room floors, shower panels and wheelchair scales.
- Redecorating of Tea Cozy to allow residents and families to have a more enjoyable space to visit.
- Residents Council develop bye-laws to have a better understanding of rules for the council.
- Staff is provided with GPA training to ensure they have the necessary skills to deliver the exception care. Three coaches are available at home level to ensure training is completed regularly. Training to be completed at least once per quarter. – Continuously though out the year.
- Participation of RNAO Gap Analysis – Q4
- Contracted with a psycho geriatrician to meet the current needs of our residents.
- Menu is geared towards resident choices and to provide a menu that is based on seasonal foods including fruits and vegetables. – Continuously at Food Committee meetings
- New was purchased in the kitchen to improve the quality and variety of food that can be served to the residents.

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