

Continuous Quality Improvement Initiative Report 2023-2024



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

Billings Court Manor participates in integrated planning with other Conmed Health Care Group homes in order to take into account organizational priorities and strategies and operational plans. This alignment allows the home to effectively clarify priorities, direct resources, monitor progress and act on results.

Within Billings Court Manor there is an ongoing monitoring, analyzing and evaluating the quality of care and services using key quality indicators, internal audits, program evaluations, resident and family satisfaction and experience survey and on-going feedback. These mechanisms are used to identify and determine areas of priority.

At Billings Court Manor our quality priorities are driven 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 includes key areas of improvement aligned with the Health Quality Ontario to focus on three core themes: timely and efficient care, Patient/Client/ Resident/Provider experience, and safe and effective care. The Quality Improvement Plan for the 2023-2024 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 without fear of consequences”
- 4) Reduce the percentage of resident on antipsychotic medication without a diagnosis of psychosis
- 5) Reduce the percentage of resident who have had a fall in the last 30 days leading up to their assessment

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 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

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 2023-2024

Based on feedback, assessment and identification of areas for continuous improvement, Billings Court implemented the following quality improvement initiative for 2023-2024:

- Implement increase staffing by end of quarter 4 – 5 staff on each home area during the day shift.
- 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 dinning 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.
- 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 heat lamps were purchased in the kitchen to improve the temperature of the food when it was being served.
- Increasing the use of community resources post COVID 19 as more organizations are reintroduced in person education session (Public Health, Medline etc.).

Looking Ahead: Priorities for 2024-2025

- Implementing of Secure Conversations to allow doctors and Registered staff to communicate through a secure network
- Upgrades around the facility including new flooring in common areas.
- Implementation of InterRAI in the fall of 2025
- Increasing staff to 5 staff on each home area for days and afternoons, will allow staff to provide more resident centred care.
- With increased ministry funding- created 2 new registered staff roles within the facility to focus on behaviours and skin and wound. This is due to more complex cases and meeting the needs of our residents. A RAI back-up position was created to maintain continuity for reporting. Implementing an additional RN to be able to focus more attention on the residents and reduce transfers to hospital.
- Reimplemented Education committee meeting quarterly to provide specific education that is needs in person education on targeted topics such as abuse and neglect, IPAC and Bill of Rights.
- Revamped the Family Admission Questionnaire to have a better return rate and clearer understating of relevant information
- Providing education to staff that is focused on equality and acceptance of different religions and sexuality.
- 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
- Strengthening of IPAC program with use of Health Connex to conduct audits and providing infection tracking.
- In person education through PH to assist with IPAC education to ensure compliance.
- Continues to implement RNOA assessment to standardize best practice guideline.
- Residents will be able to pre order their meals to ensure they receive their preferred choices for meal. This will also control the temp of the food.
- To ensure consistency of weight, Nursing and Dietary will work together to implement wheelchair tags that incident the weight of the wheelchair and attachments to ensure accuracy.
- Staff Satisfaction Survey
- New pharmacy program implemented to decrease the number of medication incidents.

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