

ESPANOLA NURSING HOME CONTINUOUS QUALITY IMPROVEMENT REPORT 2023-2024

CONTINUOUS QUALITY IMPROVEMENT

The Espanola Long-Term Care (LTC) Continuous Quality Improvement (CQI) Plan strives to encompass a resident centered philosophy that focuses on safe and effective methods to improve resident care and services. It involves a systematic approach that promotes measurable actions and goals to make enhancements to our current protocols, practices, and systems based on best practices in healthcare and the LTC sector. When identifying quality initiatives, our Resident Council and Family Council provide their input and suggestions on focused areas to enhance the care and services we provide in our Home.

IDENTIFYING AREAS OF PRIORITY

We prioritize improvement opportunities by taking a team led approach supported by the LTC CQI Committee. This committee is comprised of representatives from Resident Council, Family Council, Nursing, Pharmacy, Dietary, Life Enrichment, Restorative Care, Nursing Home Administration, and the Medical Director. The team works collaboratively to determine our targeted areas for improvement; measurable goals are set, and the plan is implemented. While the plan is being executed, the improvement process is regularly evaluated to determine if the resident care improvements are indeed working toward positive and measurable change.

PALLIATIVE CARE

The Espanola Nursing Home has implemented many quality improvement initiatives over the past year. The first quality initiative to highlight is the Palliative Care Comprehensive Assessments and Approach to Care. The Fixing Long-Term Care Act, 2021 (FLTCA) has embraced a new right, to the Residents' Bill of Rights, that states it is the right of every resident to be provided with care and services based on a palliative approach to care. Our approach to palliative care has been reviewed to ensure that our program continues to empower families and staff to provide personalized and high-quality care for all residents living with chronic and life-limiting illnesses. We are focused on supporting our residents and families with Advance Care Planning (ACP) to guide their decision-making when there is a decline in their loved one's condition. We have implemented a 3-4 week "Goals of Care" meeting with our team lead by the Medical Director, to ensure that new residents are receiving a seamless transition from chronic disease management to a palliative approach that includes conversations about planning for appropriate end-of-life care. Goals of care discussions involve reviewing current illness and incorporating resident specific values & goals leading up to treatment or care decision. Our aim is to align available treatment options with the resident's wishes.

WOUND CARE

Our Wound Care Program was reviewed, and the procedures in place over the past year continues to be an efficient and effective for identifying, documenting, and managing resident wounds. This Wound Care Program has greatly proven to improve nursing efficiency and collaboration for completing assessments and documentation in the resident electronic health record. More importantly, this program has promoted better communication amongst care team members as all documentation can now be viewed by all team members remotely. The team will continue to utilize this process and recognize that adjustments will be made with the introduction of the new software program, Expanse.

FALL PREVENTION

Our Fall Prevention Program was also reassessed in acknowledgment that residents in LTC settings are at greater risk to fall. We accept that some falls are inevitable, even in an optimal care environment. However, what we can do is eliminate needless falls and limit the injuries from falls that do occur. All residents will be assessed for fall risk within 24 hours of admission, with an acute change in condition, and at least quarterly thereafter. When a fall occurs, a systematic approach to investigate of the circumstances of the fall will be completed to develop person-centered interventions for minimizing fall risk and preventing fall-related injuries.

RESIDENT AND FAMILY SATISFACTION

Resident and Family satisfaction is paramount to identifying any shortfalls in care or services within the Home. We take all feedback from residents and families very seriously to ensure we are meeting their needs. Response rates for returning Resident Satisfaction Surveys has historically been very low, therefore quality improvement initiatives have been instituted in attempts to improve the survey response rate. This past year we dedicated the month of February for resident surveys but will be proceeding with November for distribution in the future to allow for more time for uptake. Dedicated staff will meet one to one with residents who can participate in the survey utilizing an adapted showcard tool to assist with comprehension of questions being asked. The survey will also be emailed to all family members, and they are encouraged to complete and return to ensure we capture their feedback. Paper copies will be left at the front entrance of the home for families that may not have access to email. A monthly email reminder is also sent out to family members encouraging them to complete and return the survey. Those family members that do not provide an email address are telephoned to urge them to complete the survey.

These opportunities for feedback will ensure that resident and family voice is strong and supported, as we strive for high quality and safe resident care in an environment of continuous improvement. Results from the satisfaction surveys are shared with the Resident and Family Council after the fiscal year ends. Quality improvement is intended to enhance resident

outcomes in all aspects of their health and wellness. Our philosophy strongly supports a holistic approach to care, which leads all the quality initiatives within our Home. Our commitment to ongoing process improvements, resident and family feedback, team collaboration and continuous evaluation of our programs guide quality improvement and allow us achieve excellence in care.

2024-2025 QUAALITY IMPROVEMENT PLAN

Indicator	Quality Dimension	Current Performance	Target
Percentage of residents responding to: "What number would you use to rate how well the staff listen to you?"	Patient-centered	88.4%	85%
Percentage of residents who responded positively to the statement "I can express my opinion without fear of consequences."	Patient-centered	93%	85%
The proportion of residents with a progressive, life limiting illness, that are identified to benefit from palliative care, who subsequently have their palliative care needs assessed using a comprehensive and holistic approach.	Patient-centered	Collection Baseline	100%
Percent change in WPV incident reporting that meets criteria.	Safe	12 incidents	13 is a 5% ^
Percentage of LTC home residents who fell in the 30 days leading up to their assessment.	Safe	17.29%	15%
% of managers and executive level employees who have completed relevant EDIA-R education.	Equitable	27% 6/22	80%

DESIGNATED LEADS

Tamara Beam, Espanola Nursing Home Director of Care
Jane Battistelli, Espanola Nursing Home Administrator