

Continuous Quality Improvement Rideaucrest Home 2024

Position Lead: Susan Ruttan Quality Assurance Advisor, sruttan@cityofkingston.ca, 613-530-2818 Ext: 4249

As follow-up to the Homes' Quality Improvement Plan (QIP) for 2023/2024, we are excited to share the following:

One focus of the Home's QIP was to reduce the rate of Emergency Department (ED) visits. The Home planned to provide education to Registered Staff related to physical nursing assessments. The Home also began reviewing each scenario where an ED visit occurred. This was completed during daily leadership team meetings. Nursing Leadership was then able to complete follow-up with individual staff members should the team questioned rationale for transfer. In implementing these changes, the Home's avoidable ED visit rate dropped from 28.1% to 17%. This surpassed our target of 20% as outlined in the QIP.

Next the Home focused on customer experience. Our goal was to increase resident comfort in reporting any concerns. The Home also focused on improving the timeliness of addressing these concerns. To achieve this, the Home resumed all Resident Council meetings and initiated a new tracking template from Ontario Association of Residents' Councils (OARC). This template allowed the Home to track and trend residents' concerns monthly.

Additionally, The Home also focused on improving the quality indicator "antipsychotic use without diagnosis". The indicator score was at 24.78% and the improvement target was set at 20%. The Home was able to decrease this indicator to 21.84%. Noting that the Home's target was not met, the multidisciplinary team continues to work diligently on deprescribing medications belonging to the antipsychotic class. The RAI-MDS coding group also review this quality indicator monthly and ensure any coding discrepancies related to the provision of care are identified promptly and corrected.

Other quality indicators were noted in the 2023/2024 QIP. Restraint use and worsened pressure injuries were both focuses. Rideaucrest Home implemented a new restraint policy. This policy included new routine assessments for completion by registered staff. The target of 2.4% was surpassed as the Home currently sits at a rate of 2% for restraint use. The worsened pressure injury indicator sat at 4.3%. The Home focused on introducing a new skin care product line to protect and improve the skin integrity of all residents. This initiative aided in meeting our goal of reducing this quality indicator to 2.4%.

The Home has completed our current Quality Improvement Plan (QIP) for 2024/25 and will be focusing on the following:

- Decreasing our quality indicator for “symptoms of delirium”. This focus was chosen as Rideaucrest Home benchmarks at higher rates compared to other comparable homes in the area. Through streamlining point of care documentation completed by frontline care staff, the Home expects improved accuracy in coding will be achieved. This will decrease the number of false triggers requiring verification prior to coding submission for this quality indicator.
- Continued improvement to customer experience with a specific focus on ensuring Rideaucrest residents feel they are updated regularly on pertinent changes happening within their Home. We will also provide general customer service training to more staff. This will allow the Home to continue improving upon the rate at which residents receive assistance.
- The Home will also be working on improving Medication Administration Safety by implementing a new process for medication safety education during orientation of all registered staff.

Please see our Quality Improvement Plan (also link on this site) for full details on these change ideas and our action plans.

The Home identified the focus areas for improvement through feedback provided via Resident and Family surveys, Staff surveys, Professional Advisory Committee (PAC) meetings and continuous quality improvement committee (CQI) meetings. The survey results were reviewed with residents, families and staff from all departments when a collaborative meeting took place on March 19, 2024. During this meeting, ideas for improvements within the Home were shared, collected and explored. Our Resident and Family surveys we completed in the Fall of 2023 and the results of these surveys were shared with Residents, Families and Staff on March 19th at our Operational Planning Day, at Resident Council on March 19th and via our family and staff email distribution list on March 27th, 2024.