

*Annual Schedule: May*
**HOME NAME : SB Roseview**
**People who participated development of this report**

	Name	Designation
Quality Improvement Lead	William Kunka	RN
Director of Care	Patrick Barker	RN
Executive Directive	William Kunka	RN
Nutrition Manager	Elise Johnston	FSM
Life Enrichment Manager	Jennifer Love	Programs

**Summary of the Home's priority areas for quality improvement, objectives, policies, procedures and protocols from previous year (2022/2023): What actions were completed? Include dates and outcomes of actions.**

Quality Improvement Objective	Policies, procedures and protocols used to achieve quality improvement	Outcomes of Actions, including dates
Decrease falls with injury from 19.75% to 18%	All registered staff retraining on Falls Management Program and fall prevention tool kit, review of assessments and update NCP to reflect the resident status. Interdisciplinary team will meet to review possible interventions for new residents that has history and at a high risk of falls including medication review.	Outcome: 19.82% - goal not reached. Date: Jan 3, 2023
Decrease antipsychotics without diagnosis Quality Indicator as of January 2022 was 6.12% below Corporate Benchmark of 17.30%	Monthly CQI meetings and interdisciplinary team reviewed residents who flagged on the antipsychotics. Each person reviewed and diagnosis added or medication removed if able. Newly admitted residents were also reviewed, projects like BOOMR will help significantly decrease our residents who are using unnecessary antipsychotic medications.	Outcome: 9.79% as of December 2022, the Home has significantly increased due to newly admitted residents
Percentage of residents who responded positively to the statement: "If I have concern, I feel comfortable raising it with the staff and leadership" 2022 Resident survey was 96.8%	Townhall meeting with families, stakeholders, maintain open door policy and ensure managers are present in how on care units daily.	Outcome: Home successful as improved to over 70% for both resident and family for the fiscal year 2022
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	Customer service addressed each staff meeting as a standing agenda. Managers to model behaviours for staff and ensure they are out on floors interacting with residents and staff.	Outcome: home met goal with both resident and families rating 80%plus percent. Date:
Potentially Avoidable ED visit as of January 2022 was 10.8%	Medical/NP working to try and prevent transfers to hospital, SBAR communication education to reg staff.	Outcome: The Home has an increase in the ED visit rating at 21.3% in December 2022 . Many families demanding transfer to ER for further assessments and monitoring.

**How Annual Quality Initiatives Are Selected**

The continuous quality improvement initiative is aligned with our mission to provide quality care and services through innovation and excellence. The home has a Continuous Quality Improvement Committee comprised of interdisciplinary representatives that are the home's quality and safety culture champions. An analysis of quality indicator performance with provincial benchmarks for quality indicators is completed. Quality indicators below benchmarks and that hold high value on resident quality of life and safety are selected as a part of the annual quality initiative. Emergent issues internally are reviewed for trends and incorporated into initiative planning. The quality initiative is developed with the voice of our residents/families/POA's/SDM's through participation in our annual resident and family satisfaction survey and as members of our continuous quality improvement committee. The program on continuous quality improvement follows our policies based on evidence based best practice.

**Summary of Resident and Family Satisfaction Survey for Previous Fiscal Year**

Date Resident/Family Survey Completed for 2022/23 year:	Oct 2, 2023 to Oct 17, 2023
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Results of the Survey ( <i>provide description of the results</i> ):	Overall Satisfaction improved to 94.41% for residents and 84.55% for families	
How and when the results of the survey were communicated to the Residents and their Families (including Resident's Council, Family Council, and Staff)	The results were discussed at both Resident and Family council. The staff were communicated the results during staff meetings.	
Summary of quality initiatives for 2023/24: Provide a summary of the initiatives for this year including current performance, target and change ideas.		
Initiative	Target/Change Idea	Current Performance
Decrease falls to bring under bench mark	regular falls rounds on care units with all staff present for strategies to decrease falls (hk/PSW/RPN/PSW/ADOC)	19.18%
Decrease antipsych without a dx	Regular CQI meetings to discuss resident flagging QI to reduce and eliminate	18.97%
Worse mood with depression	increased activities and 1:1 visit from rec staff to keep residents engaged. CQI meetings to discuss residents with high DRS	30.26%
Worse behavioural symptoms	Using the 80/20 rule looking at the residents flagging the most and working with responsive behavioural team/BSO/NP/MD to develop strategies to reduce behaviours affecting others.	28.95