

HOME NAME : Maitland Manor

People who participated development of this report

	Name	Designation
Quality Improvement Lead	Sherry McCardle	Executive Director
Director of Care	Pauline Basinger	Director of Care
Executive Directive	Sherry McCardle	Executive Director
Nutrition Manager	Lisa Durnin-Raidt	Food Service Manager
Life Enrichment Manager	Ashleigh Hay	Program Manager

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
Strive towards no restraint usage in the home. Current performance is 4.35	Review of Restraint Orders monthly, monitor the appropriateness of restraint orders, ensuring they are signed by authorized healthcare professionals and regularly reviewed for necessity, collaborate with families to alternative to restraint use, assess the frequency and duration of restraint use, ensuring that it aligns with the resident's assessed needs and is minimized to the greatest extent possible.	Outcome: 2.37 Date: March 2023
Provide pain management for all residents. Current performance is	Monthly reviews completed of residents experiencing worsening pain and how many had an associated pain assessment completed	Outcome: 6.02 Date: March 2023
Reduce the amount of falls among residents in the home. Current performance is 27.54	Continue to decrease # of falls and lower # of injuries by 20% in next 6 months	Outcome: 27.56 Date: March 2023
Ensure that residents who are receiving anti-psychotic medication have a supporting diagnosis of psychosis. Current performance is 22.4	Interdisciplinary team along with assistance of the Nurse Practitioner who is now in the home Mon-Wed, to collaborate with BSO, programs team pharmacist consultant to utilize non pharmaceutical approaches to responsive behaviours.	Outcome: 22.47 Date: March 2023

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:	The 2023 resident and family satisfaction surveys were conducted from October 2, 2023-October 17, 2023
Results of the Survey (provide description of the results):	84.57% of the residents and 80% of family members would recommend this home to others. Residents feel that staff are friendly, that they are treated with courtesy and respect in the dining room, continence products are comfortable and available when they need them. Family responses "the care they give and exercise class, treats my loved one with respect and brings humour and enjoyment into his life, staff are friendly/my Mom feels welcome there/my Mom is comfortable there
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 of the survey were shared to Resident Council at their monthly meeting in November, a copy was provided to Family Council Betty MacPhee to provide to Wayne Snyder. The results have been posted in the home on the quality board and family council/resident information boards.

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
Better Nutrition and hydration	educate and monitor documentation related to resident intake, discuss at Resident Council meetings on a monthly basis their likes and dislikes/preferences for special resident choice meals. Using fresh ingredients and making home-made options as much as able (especially from one resident's personal cookbook)	Resident choice meal has been implemented. BBQ'd meals have been implemented at the request of residents. Will be following up with Dietician to provide an education session for all staff related to intake & documentation strategies for residents
Increase Spiritual Programming in the home	Activity calendar has been reviewed and spiritual programming has been initiated to at least 2x per week. Reach out to local church and faith providers to arrange a schedule for availability to the home to provide a service to residents	Play more hymn music/gospel, return of hymn sing program, Church service is available and aired on the tv in the activity room on Sunday's.
Improved laundering and misplaced of personal clothing items	Additional education to staff on proper protocol for receiving resident clothing items that need to be labelled, identify exactly what it is/color/description, and take immediately to laundry for labelling. Ensure paper is filed in binder after it's been labelled with signature of employee receiving/labelling. Ensure families understand and are aware of the process of receiving personal items to the home for residents	Personal clothing sheet for labelling has been modified and copies are kept in front office available to all staff to fill out when receiving items. Families and residents are made aware of procedures related to clothing labelling upon admission and as needed.
Reduce avoidable ER visits	Education for nursing staff on communication and assessment skills , participate in the Initiative for NP to be hired/contracted to homes to assist physicians and the front line staff for caring for residents	NP has been obtained and is currently working in the home 3 days a week. Education will be provided by her to Registered Staff on assessments and documentation. Wound care consultant has been utilized in the home for caring/assessing residents wounds and education for nursing staff on treatment of wounds/documentation