

HOME NAME : Marochel Manor
People who participated development of this report

	Name	Designation
Quality Improvement Lead	Paul Beverley	ED
Director of Care	Stacey Chung	DOC
Executive Directive	Paul Beverley	ED
Nutrition Manager	Nooshin Khajeheian	DM/EM
Program Manager	Zahra Ibrahim	PM
Office Manager	Sherrie Dagg	OM

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
To reduce the number of resident's who experience falls per month Current Performance 11.6%	Physiotherapist recommendations are followed closely. Initiate falls prevention strategies such as alarms, mats, hip protectors, hi low bed etc. Adhere to the Resident Care Manual, Falls Management Policies (Tab 15). Conduct falls meeting monthly. Identify high risk fallers and put interventions in place.	Outcome: 10% Date: March 2023
Completion of IPAC education and demonstrating IPAC practices. Ensure audits are in compliance with the home's policies Current Performance	IPAC completed education with all staff, Adhering to Southbridgecare Homes IPAC policies and procedures, Walkabout audits done to ensure staff compliance, Ottawa Public Health site visits, Completing the required audits to ensure compliance with IPAC policies	Outcome: Date: March 2023
Reduction in the number of potential avoidable ED visits Current Performance 28.4%	Collaborating with nurses on their assessment skills, improving nurses clinical knowledge base and competency on how to care for residents with critical conditions. Utilize Point Click care hospital tracking system to analyse hospital transfer data. Review and analysis of data will occur quarterly with the medical director.	Outcome: 25% Date: March 2023
Review resident's taking antipsychotic medications without a diagnosis of psychosis. Current performance 30.7%	The home will continue to liaise with the Royal Ottawa Hospital, Behaviour Support Team, Medical Director, pharmacy consultant and other members of the circle of care to ensure the best possible intervention for residents with psychiatric diagnosis and for those resident's who display responsive behaviours. The home will discuss and review non pharmacological approach to each individual resident.	Outcome: 25% Date: March 2023

Summary of quality initiatives for 2023/24: Provide a summary of the initiatives for this year including current performance, target and change ideas.

Initiative	Current Performance	Target/Change Idea
Initiative # 1: Reduce avoidable ED visit	Hospital transfer data will be reviewed and analysed on a monthly basis. Education will be provided to registered staff on how to conduct an appropriate assessment utilizing the SBAR format.	16.00%
Initiative # 2: Reduce the number of residents who experience falls per month.	The home was able to reduce the overall trend seen in 2022 (20.67%) to 17.56% in 2023	15.00%
Initiative # 3: Reduce the number of resident's taking antipsychotics without a diagnosis of psychosis	The home was able to reduce the overall trend seen in 2022 (30.81%) to 23.89 % % in 2023	17.30%