



## **2024/25 CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT**

### **Community Demographics:**

#### **The Grove Nursing Home (Arnprior Regional Health)**

274 Ida Street North, Arnprior, Ontario, K7S 0J2

Phone Number: 613-623-6547

Redeveloped in 2022

**Quality Lead:** Jen Powley, VP Seniors Care, LTC and Community Programs

### **2023-24 Quality Improvement Initiatives:**

During the latter part of 2023 Grove Nursing Home was transitioning its senior leadership position which impacted the homes ability to achieve the key targets that had been identified for 2023/24. The commitment of living our mission “ *As your partner in health, we deliver compassionate, quality care each day is committed to providing quality care each day*” remained a priority for the home.

### **2024-25 Priority Areas for Quality Improvement**

The Grove’s Quality Improvement Plan submitted to Health Quality Ontario priorities were the reduction of falls in a 30 day period and reduction of stage 2 to 4 pressure ulcers. The Grove also identified Resident Centre Care as another priority for the 2024/25 fiscal year.

Posted: January 2025

**QIP – Reduction of falls in the past 30 days**

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target 2024/25</b>
Increase resident corridor monitoring by staff to ensure better visibility of the residents.	<ul style="list-style-type: none"> <li>• Number of additional kiosks installed in the corridor;</li> <li>• Rounding and ensuring the staff are doing documentation in central locations.</li> <li>• Adjustment of camera playback on each home area to only reflect that home area.</li> </ul>	<ul style="list-style-type: none"> <li>• Two kiosks installed on each resident home area.</li> <li>• Documentation taking place in central locations.</li> <li>• Camera monitoring system adjusted to only include high risk areas for each resident home area.</li> </ul>
Reintroducing our falls program – The Falling Star	<ul style="list-style-type: none"> <li>• Education of all team members on the program;</li> <li>• Ensuring all new hires made aware of the program and the roll they play in the prevention of falls.</li> </ul>	<ul style="list-style-type: none"> <li>• Fall Program team re-developed and in place.</li> <li>• Orientation program developed and refined to include Falling Star Program.</li> </ul>
Enhance the post falls huddles.	<ul style="list-style-type: none"> <li>• Education of registered staff on the post fall huddle</li> <li>• Training and education on interventions that can be implemented.</li> </ul>	<ul style="list-style-type: none"> <li>• 80% of registered staff educated on the post falls huddle assessment.</li> <li>• 100% of post fall huddles take place after each fall.</li> <li>• 100% of recommended interventions implemented.</li> </ul>

**QIP – Reduction of stage 2 and 4 pressure ulcers**

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target 2024/25</b>
Implementation of a new skin and wound module within our EMR (electronic medical record)	<ul style="list-style-type: none"> <li>• Training of all registered staff on the utilization of new application.</li> <li>• Training on interventions and required referrals</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly education sessions will take place for PSW's</li> <li>• 80% of all PSW staff will have completed Skin Integrity management education by end of Q2.</li> </ul>
Build competency within the PSW's to allow for early detection and intervention	<ul style="list-style-type: none"> <li>• Number of education sessions provided to PSW's</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly education sessions will take place for PSW's</li> </ul>

	<ul style="list-style-type: none"> <li>• The % of PSW staff attending skin integrity mgmt. education</li> </ul>	<ul style="list-style-type: none"> <li>• 80% of all PSW staff will have completed Skin Integrity management education by end of Q2.</li> </ul>
Identify several skin and wound champions.	<ul style="list-style-type: none"> <li>• Number of champions identified</li> <li>• Training completed by the champions.</li> </ul>	<ul style="list-style-type: none"> <li>• 80% of registered staff trained on the Skin and Wound App by end of Q2</li> <li>• 100% compliance in skin and wound assessments being completed by end of Q3</li> <li>• 100% of referrals being completed to Dietitian (stage 1) and to the ARH wound lead (stage 3) by end of Q3</li> </ul>

**Friends and Family Council & Resident Council:**

The Grove worked closely with the Friends and Family Council (FFC) to partner and collaborate on the Person Centred Care initiative. Resident Council was also involved with the change ideas.

**Person Centred Care**

<b>Change Ideas</b>	
Enhance home like atmosphere	<ul style="list-style-type: none"> <li>• Residents selected door skins/covers for their door.</li> <li>• Additional art work hung through out home area.</li> <li>• Spa rooms – additional decorating has taken place.</li> <li>• Landscaping in resident court yard and front entrance.</li> </ul>
Improve upon communication to family members and residents	<ul style="list-style-type: none"> <li>• All staff wearing new name tags.</li> <li>• Communication boards installed with menu; resident council and food committee minutes.</li> <li>• New team boards implemented to show who is working each shift.</li> </ul>

	<ul style="list-style-type: none"> <li>Implemented a new communication app to provide updates to family members.</li> <li>Implemented new newsletter – bi-monthly.</li> </ul>
Choices – participate in choosing bedtime; what I wear; staff respect my likes and dislikes	<ul style="list-style-type: none"> <li>Emphasizing to all staff the importance to ensure residents have a choice of when they wake up and go to bed and what they wear.</li> <li></li> </ul>
Continuity of care implemented	<ul style="list-style-type: none"> <li>PSW new master schedule implemented to ensure home area assignment.</li> </ul>

**Resident and Family Survey (overall satisfaction) comparison of 2023 vs 2024.**

In March of 2024 the Grove undertook the completion of the Resident and Family Survey. Both groups completed the same survey with overall participation of 65 people compared to 43 in 2023. Our goal in 2025 is to separate the two surveys and ensure the needs of each group are addressed.

	2023 (Strongly agree/Agree)	2024 (Strongly agree/Agree)	2025 Target
I am satisfied with the overall care and services	75%	81.2%	> 85%
I would recommend this home to family and friends	77.5%	84.1%	>87%
I am aware of the process to submit a complaint or concern with the home	27.5%	59.7%	75%

Shared with Resident Council on April 24<sup>th</sup> and Family & Friends Council on May 6<sup>th</sup> 2024

**POLICIES, PROCEDURES and PROTOCOLS THAT GUIDE CONTINUOUS QUALITY IMPROVEMENT**

Posted: January 2025

The Grove has been revisiting the Quality Program at the home with several changes taking place. This year the Grove transitioned to a new set of policies and procedures with Quality being a key priority.

#### [Policies:](#)

The Grove will be following new policies related to Quality and Risk Management. The policies will guide the home through continuous quality improvement activities with the focus on resident care, safety and services.

#### [Accreditation:](#)

Arnprior Regional Health currently has exemplary standing with the Accreditation Canada. The Accreditation process for ARH includes the Hospital, The Grove and our Community Programs. Accreditation will be a key area of focus for 2025 as we will be going through the Accreditation survey again in the fall of 2026. Our goal will be to ensure involvement and engagement of our residents, family members, community partners and our staff in the process.

#### [Continuous Quality Improvement Committee](#)

A new committee will be introduced in early 2025 called the Continuous Quality Improvement Committee. This committee will have residents, family members, front line team members to advise the care community on resident safety programs, opportunities for quality improvement initiatives.