

## 2023-2024 CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT

### Albright Centre



<b>Quality Improvement Lead in the Home</b>	<b>Saad Akhter, CEO &amp; QI Lead</b>
<b>Priority Areas for Quality Improvement</b>	Quality is an important part of the culture here at Arbour Creek Care Centre. Through our quality improvement program, we wish to continuously improve the care and services provided to the clients we serve. As such, we have identified areas that are a priority to help drive us towards excellence. The priority areas for fiscal year 2023/2024 include decreasing avoidable hospital transfers, improving the percentage of residents passed comfortably in the home, improving the positive responses of residents feeling that staff listen and residents express their opinions without fear, decreasing the percentage of residents using antipsychotics without a diagnosis, and reducing worsened stage 2-4 pressure ulcers.
<b>Process to Identify Home Priority Areas</b>	Albright Centre completed Annual Program Evaluations to identify priority areas for improvement. This was completed with residents, families, and members of our interdisciplinary team. Data was collected from analyzing critical incidents, complaints, focused audits, and the resident assessment instrument- minimum data set (RAI-MDS). Data tracking was completed on priority areas across all departments. Input was received through Resident's Council, Family Council recommendations and satisfaction surveys. Through this process we have embedded these priorities into our Operational plan, Quality Improvement Plan, and into each committee.
<b>Process of Monitoring &amp; Measuring Quality Improvement Initiatives</b>	Albright Centre monitors and evaluates our quality improvement initiatives through our monthly quality improvement team meeting. For each priority area a S.M.A.R.T goal and change ideas were created. We are constantly evaluating and adjusting our change ideas to ensure that we meet our goals.

## 2023-2024 CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT

### Albright Centre



	<p>Our Quality Improvement plan is communicated on our Quality Improvement Board and discussed at Resident Council, Family Council, and at town hall meetings.</p>
<p><b>SURVEY – Written Record</b></p>	<p>The survey was conducted with the residents or mailed to family members of residents who were unable to answer during the month of October 2023. This survey results were communicated to the Residents Council along with the action plan. The survey results were shared via newsletter &amp; on our website</p>
<p><b>SURVEY ACTIONS - Written Record</b></p>	<p>Two goals were created in response to the Resident Survey. The first goal is to improve the question “I have enjoyable things to do in the evenings and on the weekends” by 5% by the next satisfaction survey. These action items include reviewing current staffing patterns, surveys for resident council to determine programs that residents would like to see on evenings and weekends. This survey was completed at the March Resident council meeting. The second goal was to increase the response “I enjoy mealtimes” by 5% by the next resident satisfaction survey. Actions that are planned to meet this include replacing dishware, table settings, and centerpieces. We also have “Meet the Cook” days planned and are continuing to have a Pleasurable Dining Committee meeting. Our dining areas have all been repainted to increase the aesthetic appeal of the dining area.</p> <p>The above information is communicated to our resident council each quarter and an update is provided to our families through our family council. This information is also discussed quarterly at our Interdisciplinary Quality committee meetings. Information and action plan items are included in our Quality committee meeting minutes. The role of the continuous quality improvement committee is to review</p>

# 2023-2024 CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT

## Albright Centre



	<ul style="list-style-type: none"><li>● To provide a means to rectify identified areas of deficiency in the deliverance of care.</li><li>● To assist in assessing the environment for risks, safety factors and/or hazardous conditions.</li><li>● To provide educational opportunities for all team members to become knowledgeable and able to participate in processes that will meet and exceed client satisfaction.</li><li>● To identify and make recommendations on policies and procedures which may require development, revision, or reinforcement. As part of this process the objective is to ensure that policies and procedures are based on most current evidence or prevailing practices.</li></ul> <p>This survey and action plan were communicated to the Residents Council along with the action plan. The survey results were also posted on to the Quality Board by the main entrance to view for all residents, family members, and team members.</p>
<b>Report DATE</b>	June 15, 2023