

Fordwich Village Quality Improvement Program Annual Review 2024

Fordwich Village

POLICY AND PROCEDURES

The Quality Improvement and Risk Management Policies and Procedures were reviewed and updated in December 2024- (will be switching to Extencicare).

RESOURCES

- CIHI
- Pointclickcare
- General Operations at Fordwich Village

The following are committees under the purview of Quality Improvement Program:

- **Continance Improvement, Skin & Wound Care, Infection Control, Pain Management & Palliative Care, Falls Prevention & Restraint Reduction – Safe Client Handling and Butterfly (Responsive Behaviours).**

UTLIZATION REVIEW SYSTEM

Quality Indicators are available for monitoring from MDS RAI and data collection (medication errors in Risk Management, Falls in Risk Management, Infection Control statistics and daily surveillance forms, etc).

Quality Council has been convened and is meeting regularly to determine indicator data required and ensure data collection is recorded in PCC.

Quality Council reviews data and identifies areas for improvement during Quality Council meetings

Quality Improvement committee meetings occurred regularly every quarter. Overall the meetings were very productive and demonstrated Fordwich has and continues to improve in may categories. The biggest challenge that was seen stability is staffing. With consistent staffing and stable committee leads Fordwich has been able to better accurately measure its quality improvements.

STAFF EDUCATION

ATK Care switched it education system to SURGE learning in 2024. SURGE learning has provided a mode of education that ensures staff are able to complete mandatory education as it is online- and staff are able to complete it at home or during downtime at work. Fordwich continues to transition to Extencicare policies. ATK Care Group has purchased new policies and procedures from Extencicare, and all staff are being orientated through SURGE Learning regarding these policies. The goal for 2025 will be continuing the transition to Extencicare Policies to improve care and reduce admin burden

QUALITY INDICATORS

Review of 2023 data revealed normal quality indicator trends.

Notes: Areas include: Pressure ulcer, avoidable ED transfer, residents using psychotropics without a diagnosis of Psychosis, fall with critical injuries, worsening mood and depression, and palliative care.

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Positives:

- We have seen a significant reduction in residents on psychotic medications-Strong Focus of Anu and the Medical Director.
- Bladder Scanner has helped reduce ED visits by 4%
- Improved engagement from MD's- setting schedules and better engagement with staff
- Purchase of Activity Pro- to help support Rec Director with tracking and documenting residents physical and cognitive scores
- Purchase of Pharmapod to better track and monitor medication errors
- Staffing stability

Continued Improvement

- Falls continue to be a significant concern- and ensuring follow-up assessments are being completed
- Staffing remains a challenge-with agency costs and rurality of Fordwich
- Skin and Wound remains a strong focus- ensuring follow-up and assessments
- Reduction in medication errors
- Palliative care- ensuring families understand and are comfortable knowing we can provide palliative care versus sending residents to the hospital

RESIDENT AND FAMILY COUNCIL

After Family Council reconvened since February 2024, 2024 continued to see strong engagement from families and POA's for a home with only 27 residents has active engagement from 10-12 families consistently at its meetings. Fordwich offers both in-person and virtual options to ensure family council has both modes of access to engage

Resident Council meetings were consistent for 2024. Any concerns were brought to the president of resident council, and told to all residents. In 2024 there was a switch in the new resident council president

Minutes of both Resident and Family Council are recorded and available in the home

All items of concern, suggestions or compliments are recorded in the minutes

The Administrator follows up in writing within 10 business days for any concerns or complaints brought forward by Resident Council.

SATISFACTION SURVEY

The satisfaction survey was reviewed and approved by Resident Council in February 2025 for 2024.

Resident and Family Satisfaction Survey was distributed in January 2025 for the previous year. Of the responses there were areas of concern that scored less than 80%. Laundry (clothing missing) and dietary remain the areas of focus. Families were very appreciative of the work done at Fordwich, as even being a smaller home, it was evident that work done to improve IPAC to maintain recreational activities and communal dining.

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Next goal will be to put resident survey on activity pro- to reduce paperwork.

Suggestions for improvement from Residents were identified: More group activities, outdoor activities, and residents wanting to see their families included. Both are being reviewed and achieved

The results of the survey will be communicated to Residents at the Resident Council Meeting in May 2025

Action on recommendations from Resident Council include: These items addressed as concerns, have been improved, as more family members are able to visit, and large group and dining activities can resume where residents do not have to socially distance. Additionally Fordwich upgraded its internet capabilities to increase virtual visits for residents and their families during the pandemic and many more families continue to utilize this.

QUALITY INDICATORS

Areas include: Pressure ulcer, worsening behaviors, avoidable ED transfer, residents using psychotropics without a diagnosis of Psychosis, fall with critical injuries, worsening mood and depression, and palliative care.

DATA ANALYSIS

Quality indicator data review completed. Issues identified during the analysis of data include:

- In 2024 although there were no physical restraints being used in the home- concern of medications being used as chemical restraints- due to the number of individuals on hydromorphone. A full review was conducted with the physicians and staff at Fordwich on each resident, and significant reductions in narcotics have occurred in 2024 and continue to be a focus in 2025.
- Significant reduction in psychotropic drugs administered-continues to be area of focus
- Weight loss was 4.3% in 2023 and reduced to 2.5% in 2024. This is significant as resident mood improved, and resident engagement even though there continued to be COVID19 protocols in place, which directly effected resident appetite.
- Improved or maintained mid loss ADL rose up to 32% in 2023 compared to 13% in 2024. This is significant and aligns more with the historical averages of Fordwich Village. However it is evident reviewing each quarter, that the biggest improvements occurred after our COVID19/ outbreaks, showing the significant negative effects the COVID19 outbreak measures have on residents.
- Stage 2 to 4 pressure ulcers decreased from 8% in 2023 to 6.3% in 2024. Again this is believe to be due to more activity for residents, bringing this closer to our historical average. The goal will be to continue to improve upon this.
- Increased depression compared to 2023 by 5.3%. However, reviewing Q4 this is decreasing and believed to have been correlated to COVID19 pandemic- and restrictions.
- Use of psychotropic medication without of diagnosis of psychosis was 27.8% in 2023 is trending down to 21.7% in 2024 and is consistent with our area of focus of reducing narcotics within the home
- Falls was 15% in 2023 is trended up to from 21.3% in 2024. Falls remains a strong focus to improve upon. Fordwich however has a few residents, that are very challenging due to wanting

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to be independent but not letting our staff assist in tasks that result in them falling. Fordwich received a compliance order in 2024 due to falls, and ensures all fall are investigated and all post fall procedures are in place. These have been reviewed since our compliance order and the order has been removed.

- Behaviours was 11.1%% in 2023, and had a minor increase to 12.5% in 2024. This is believed to be attributed to the reduction of narcotic medication of our residents, as we continue to improve our BSO operations to further reduce our hydromorphine use.
- Indicators of Worsening Mood 31.2% is trended up to 31.5%
- Partial implementation of new palliative care protocols, staff are completing PPS scores on admission and quarterly, there has been a delay in roll out of Palliative Care Tool (Think Research)

AREAS FOR IMPROVEMENT

- **Reduction of hydromorphone continues to be a strong area of focus**
 - **Developed robust ordering process to ensure residents are receiving all medication, and all medication is accounted for**
- **Improve medication management-electronic prescribing, or electronic scanning -barcode system and secure conversations**
- **Increase physiotherapy to improve locomotion, and ADL for residents**
 - **Fordwich has attained consisted physio staff in the home to ensure increased physio for 2 days in the home. maintain the physical abilities of our residents in the home-improving ADL's, mood, and continence.**
- **Reduction in ED visits-purchase of bladder scanner, and active rounding to reduce falls**
- **Reduction in fall prevention remains a high priority**

Accessibility Updates 2024:

- **Renovation of Tub room-making it larger, and adding a window to improve ventilation**
- **Renovating Woman's bathroom on the main floor**
- **Installed security cameras in the home**
- **New flooring upstairs**
- **New Hot water Tank**
- **New chairs**
- **New Freezer**

Goals for 2025

1. **Continue Transition with Extencicare Assessments and Policies**
2. **Fall Prevention and documentation**
 - a. **Better analysis on time of day, actions that cause falls- stronger focus on active rounding**
3. **SURGE Learning-**

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- 4. Reduce agency staffing**
- 5. Improve WIFI capabilities in the home**
- 6. Continues monitoring of antipsychotic prescriptions and utilization of BSO.**
- 7. Manage change in leadership team (due to retirements)**

Risk Manager

Challenge: Permanent DOC is going on Maternity Leave- expect that this will cause some gaps. expected to return in April 2026 -

DATE OF REVIEW: 2024/02/18

NAMES OF ALL STAFF PARTICIPATING IN THE REVIEW:

Jordan Kannampuzha

Anu Alexander

Karen Kelsey

Brenda Browne

Barb Wakeford