**CONTINUOUS QUALITY IMPROVEMENT**

**2024**

**CQI Designated Lead: Dawn Cameron**

Groves Park Lodge is committed to continuous quality improvement. Our process supports a culture of constant improvement in the home’s overall mission. We provide quality care to residents and peace of mind to families. Our core focus is on providing safe and exceptional care to our residents.

As a backgrounder, the Continuous Quality Improvement Committee is comprised of the Administrator, Medical Director, Registered Dietitian, Pharmacy Consultant, Registered Staff, a PSW, Program Lead, the Director of Care, a resident, a family member and the management team.

1. **REDUCTION OF EMERGENCY DEPARTMENT (ED) VISITS**

**Program Lead: Deborah Armstrong**

**Goal Statement for 2024:** To reduce the ED visit rate (by 100 residents) from 22.8 target to 20.8.

**Indication:** The number of Emergency visits that are not admitted.

**Change ideas:**

1. Increase the number of registered staff to be able to offer more complex care in house i.e. I.V. Therapy
2. Bladder scanner to assess for urinary retention.
3. Educate families on services available at Groves Park Lodge
4. Staff educated on providing thorough assessments on resident’s and passing on complete information to physicians
5. Physicians provide explanation of goals of care at the Care conference and with change or condition.
6. **SKIN AND WOUND PROGRAM**

**Program Lead: Brandy Johnson**

**Goal Statement:** To reduce pressure ulcers by 5% from 2023 -2024.

**Indicator:** Number of residents with new pressure ulcers compared to the previous year.

**Change ideas:**

* new pressure relieving equipment
* Increase number of staff on each unit.
* Purchase new air mattresses
* Program Lead completed Education Program

Purchase

1. **RESPONSIVE BEHAVIOUR**

**Program Lead: Rebecca McLaren, RN**

**Goal Statement:** To reduce the number of residents that are taking antipsychotic medications by 5% annually.

**Indicator:** The number of residents who are taking antipsychotic medications.

**Change ideas:**

Continue to collaborate with MD’s and Pharmacy Consultants in identifying residents who will benefit from the reduction in antipsychotic medication.

Increase the number of direct BSO staff.

Work with GMH and Behavioral Therapist.

1. **FALL PREVENTION AND MANAGEMENT**

**Program Lead: Brandy Johnson**

**Goal Statement:** To reduce the percentage of residents that have falls by 5% quarterly.

**Indicator:** Number of residents who have a fall.

**Evaluation:** The goal will be evaluated each quarter.

**Change Ideas and Tracking of Progress:**

* Medication reviews (consultation with the Physician and Pharmacist) on admission, every quarter and as needed to assess risk factors for falls.
* Collaboration with interdisciplinary teams from other departments.
* Utilization of evidence-based practices implemented to reduce falls and prevent injuries such as mats on floors, and bed/chair alarms.
* Nursing staff to familiarize and know the policy and front-line staff to be familiar with resident’s plan of care.
* Include families input.
1. **REDUCTION OF MEDICATION ERRORS**

**Program Lead: Deborah Armstrong**

**Goal:** To reduce the percentage of Medication errors by 10% on an annual basis.

**Indicator:** Number of medication errors reported by registered staff.

**Evaluation:** The goal will be evaluated by the end of the calendar year.

**Strategies/Interventions**

* We cultivate a culture of safety. RNs/RPNs are encouraged to report medication errors to identify gaps.
* Follow all error reporting guidelines as noted.
* Ongoing education to staff re: Med Rec, Safety Administration.
* Ensure all registered staff members are properly trained to give medications to residents.
* Follow all medication administration guidelines.