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CONTINUOUS QUALITY IMPROVEMENT ANNUAL REPORT

April 1, 2023 to March 31, 2024

OVERVIEW

Foyer Richelieu Welland is dedicated and committed to ongoing continuous quality improvement. Our primary focus and mission is to promote our residents to live and belong with wellness and joy, to immerse them in French culture and Catholic faith and to provide person centered, holistic care to all who live here. Our focus for 2023 was on risk reduction such as falls, infections, worsening behaviors, unplanned weight loss and to enhance resident choice, voice and overall satisfaction. Our team approach allowed our staff, residents and families to contribute to our quality improvement initiatives and focus on areas that not only improve resident outcomes but also improve our resident's quality of life. Foyer Richelieu remains committed to protecting our residents and continuing to cultivate our core values of respect, mutual aid and inclusion. Our quality improvement focus will continue to be driven in the areas of risk reduction, resident satisfaction and inclusion.

IDENTIFYING AREAS OF PRIORITY

Foyer Richelieu commits to the regular development and implementation of organizational and strategic plans that align with key financial, health human resources and resident priorities. This allows Foyer Richelieu to effectively clarify priorities, direct resources, monitor progress and act on results.

Foyer Richelieu conducts ongoing monitoring, analyzing and evaluation of the quality of care and services using key provincial quality indicators, internal audits, annual program evaluations, review of inspection reports, critical incidents investigation results, resident and family satisfaction surveys, resident and family council minutes and feedback forms, concern and complaint records and ongoing feedback from staff, residents and families. These tools are used to identify and determine areas of improvement priority. Monthly statistic review meetings identify potential deficiencies and allows for early risk identification and improvement planning.

Annually, Foyer Richelieu develops Quality Improvement Plans (QIP's) that includes key areas of focus that align with Provincial system priorities as well as internal areas of priority. These are submitted to Health Quality Ontario. Maintaining focus on key indicators such as resident experience, avoidable ED visits and reducing antipsychotic use allows Foyer Richelieu to build on change ideas as well as sustain and spread improvements.

CONTINUOUS QUALITY IMPROVEMENT

Foyer Richelieu’s quality initiatives are supported by the homes monitoring, measurement and accountability structures. Frontline staff, nurse leaders, department leaders, executive team and Board members rely on real data to drive the quality and risk management review processes. Review processes include but not limited to:

- Performance indicators tracked at the home and program level
- Priority indicators outlined in the Annual Quality Improvement Plans
- Quality and Safety Incident Reporting
- Satisfaction and Experience Survey and other Survey Results

In 2022-2023, Foyer Richelieu performed on par with the Ontario average in many of the indicators. Below average performance was noted in 3 of the performance indicators and strategies to improve performance have been implemented. A restorative care program was created and rolled out to address the indicator of worsened physical functioning. Physiotherapy assistant hours were increased to 30 per week. Modifications have been made to the evaluation and documentation of the indicator worsening depressive mood as well as the experiencing pain indicator to create a standardized evaluation process.

Quality Indicator	Ontario	FRW
Daily physical restraints	4.9%	0%
Worsening pressure ulcer	2.4%	3.0%
Falls in the past 30 days	16.5%	20.3%
Experiencing pain	4.4%	23.9%
Experienced worsening pain	8.6%	9.9%
Potentially inappropriate use of antipsychotics	21.2%	25.2%
Worsened physical functioning	34.4%	44.8%
Improved physical functioning	27.1%	28.2%
Worsening depressive mood	20.8%	32.2%

At Foyer Richelieu, resident and family satisfaction surveys are completed annually. Achieving a high level of satisfaction among residents and families is a priority and the CQI committee uses this feedback to identify and support areas of improvement at the home. This year the questionnaire de satisfaction was completed in August.

- 92% of residents and families would recommend Foyer Richelieu to others
- 87% of residents feel that staff listened to them
- 93% of resident believe they can express their opinions without fear of consequence

The results of the annual satisfaction survey and additional feedback provided was communicated to Resident and Family Councils. Our active CQI team worked diligently throughout 2023 to achieve the following outcomes:

- Reduced worsening behavior from 16.1% to 11.8%
- Reduced the percentage of residents with a prevalence of little or not activity from 23.2% to 14.8%
- 100% of complaints responded to within 10 days
- Reduced the number of residents who falls in the 30 days preceding their resident assessment from 25.4% to 18.5%
- Reduced the nosocomial wound infection rate from 4.5% to 1.5%
- Reduced the percentage of residents that experienced unplanned weight loss from 8% to 5.6%
- Improved front line and resident related communication by implementing daily huddles
- Improved resident outcomes and reduced resident risk by implementing weekly rounds for skin and wound care, infection prevention and control and falls
- Implements weekly responsive behavior rounds allowing a shift in response from reactive to proactive
- Implemented “take out” days for resident meals
- Strengthened our palliative philosophy of care

DESCRIPTION OF PRIORITY AREAS FOR QUALITY IMPROVEMENT FOR 2024

Based on feedback, assessments and areas for continuous quality improvement, Foyer Richelieu will implement the following quality improvement initiatives in 2024.

- Ongoing review of CIHI’s key quality indicators to ensure Foyer Richelieu is in alignment with provincial expectations
- Conduct audits and liaise with pharmacy to identify residents on antipsychotics and ensure diagnosis is in place and appropriate medications provided to the residents
- Increase resident care auditing to address feedback from questionnaire de satisfaction
- Participate in annual review of programs including falls, pain management, pressure injuries, and to ensure program goals are met
- Recruit and hire a Resident Support Manager to reduce risks associated with responsive behaviors, reduce incidences of worsening behavior and support residents in the early days after admission
- Reduce potentially avoidable ED transfers to 12% by utilizing Nurse Lead Outreach Team teams and allied health professionals where appropriate
- Achieve a percentage of 95% of residents responding positively to “Would you recommend this LTC to others”
- Maintain the percentage of residents who fell during the 30 days preceding their resident assessment to below 20%
- Reduce the hand hygiene failure rate in the nursing department from 17.5% to 12% by increasing auditing and on the spot education

- Reduce the number of skin tears by 10% by introducing specialized protectors and utilizing best practice skin maintenance interventions
- Maintain the percentage of unplanned weight loss at 5.5% by implementing resident specific care planning related to the etiology of the weight loss
- Implement food service software to improve menu planning and increase resident participation into the meals being served
- Implement evening, weekend and community recreational programming
- Implement learning opportunities for staff to improve their French language skills such as “phrase of the day”, access to language learning platforms and identifying champions.

Designated Lead for the CQI Initiative

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