

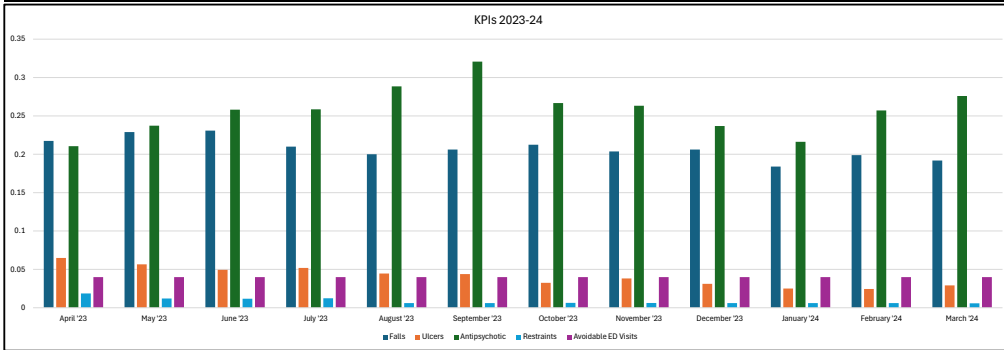
Annual Schedule: May

HOME NAME: People who participated development of this report		
	Name	Designation
Quality Improvement Lead	J.Rodger	DOC
Director of Care	J.Rodger	DOC
Executive Directive	D.Kurtan	ED
Nutrition Manager	C.Wyant	Food service manager
Life Enrichment Manager	K. Marquis	Programs Manager
Other	Jenny Allison, RN	Clinical Consultant

Summary of the Home's priority areas for quality improvement, objectives, policies, procedures and protocols from previous year (2023/2024): What actions were completed? Include dates and outcomes of actions.

Quality Improvement Objective	Policies, procedures and protocols used to achieve quality improvement	Outcomes of Actions, including dates
Rate ED visits for modified list of ambulatory care-sensitive conditions* per 100 LTC	ED visits will be discussed at quarterly RAP meeting to determine if the visit could have been avoided. The increase in discussion with assist in knowing what assessment education is needed for registered staff, and how other treatment options can be utilized.	Outcome: Met, remains below provincial benchmark - 0% Date: March 2024
Resident experience: "I can express my opinions without fear of consequences from home, staff or leadership". 100%	100% of POA will be provided with whistle blower hotline information and it will be reviewed at the next 3 Resident council meetings	Outcome: Met, 100% Date: March 2024
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assignment. 16.67%	ED and quality lead will meet with medical director of the home to review use of antipsychotic use without a psychosis diagnosis to start reduction program. Percentage of residents using an antipsychotic without a diagnosis of psychosis that are eligible to start reduction program	Outcome: Met, remains below Corporate Benchmark - 16.67% Date: March 2024
Reduced the number of residents who experience falls. 27.91%	Increase exercise programming for the residents in the programs department. Inform staff of increased falls % and provide printed education at each shift change over the course of a week; discuss falls prevention at said shift changes. Hold a falls month to provide education for staff, residents and families. Have staff, families and residents perform activities to help reduce falls risk around the home: declutter rooms, clean glasses, ect.	Outcome: Unmet, remains above the Corporate Benchmark - 25% Date: March 2024
Maintain current restraint use of 0% or below provincial average of	Educate families and staff on the definition of restraints and restraint use. Provide education in news letters. Review all restraint use at quality meeting, and if use is increasing and start a reduction program.	Outcome: Unmet, Remains at corporate benchmark - 2.5% Date: March 2024

KPI	Key Performance Indicators											
	April '23	May '23	June '23	July '23	August '23	September '23	October '23	November '23	December '23	January '24	February '24	March '24
Falls	21.74%	23.89%	23.06%	20.99%	20.00%	20.61%	21.25%	20.37%	20.51%	18.40%	19.88%	19.19%
Ulcers	6.49%	5.86%	4.94%	5.19%	4.46%	4.38%	3.26%	3.82%	3.11%	2.50%	2.44%	2.92%
Antipsychotic	21.05%	23.73%	25.81%	25.86%	28.85%	32.08%	28.67%	26.32%	23.88%	21.62%	25.71%	27.59%
Restraints	1.86%	1.20%	1.18%	1.23%	0.61%	0.61%	0.63%	0.62%	0.61%	0.61%	0.60%	0.58%
Avoidable ED Visits	6.70%	0.00%	0.00%	0.00%	NR	0.00%	8.30%	0.00%	0.00%	6.70%	0.00%	0.00%



How Annual Quality Initiatives Are Selected

The continuous quality improvement initiative is aligned with our mission to provide quality care and services through innovation and excellence. The home has a Continuous Quality Improvement Committee comprised of interdisciplinary representatives that are the home's quality and safety culture champions. An analysis of quality indicator performance with provincial benchmarks for quality indicators is completed. Quality indicators below benchmarks and that hold high value on resident quality of life and safety are selected as a part of the annual quality initiative. Emergent issues internally are reviewed for trends and incorporated into initiative planning. The quality initiative is developed with the voice of our residents/families/POA's/SDM's through participation in our annual resident and family satisfaction survey and as members of our continuous quality improvement committee. The program on continuous quality improvement follows our policies based on evidence based best practice.

Summary of Resident and Family Satisfaction Survey for Previous Fiscal Year

Date Resident/Family Survey Completed for 2023/24 year:	October 1st - 17th, 2023
Results of the Survey (provide description of the results):	Top 5 Strengths for Resident Survey: I have friends at the home, overall I am satisfied with rec and spiritual services, there is someone that I can talk to about my medications, I am aware of rec services offered in the home, I would recommend this home to others. Top 5 Opportunities for Resident Survey: Overall I am satisfied with continence care products in this home, continence care products keep the resident dry, I have a choice in continence care products, I am satisfied with the temp of my food and beverages, I am satisfied with the quality of care from the social worker. Top 5 Strengths for Family Survey: I am aware of rec services offered in the home, the resident has access to foot care when needed, I am satisfied with the relevance of rec programs, I am satisfied with food and beverages served to residents, I am satisfied with the variety of food and beverages. Top 5 Opportunities for Family Survey: I am satisfied with quality of care from the social worker, I am satisfied with the variety of spiritual care services, there is good choice of continence products, I am satisfied of the timing of spiritual care services, I am satisfied of quality of maintenance of the physical building and outdoor spaces.
How and when the results of the survey were communicated to the Residents and their Families (including):	Family and Resident Council and staff meetings, families overall satisfaction is up from last year. Family Survey discussed: Nov 17, 2023, Resident Survey discussed: Nov 14, 2023

Client & Family Satisfaction	Resident Survey				Family Survey				Improvement Initiatives for 2024	
	2024 Target	2023 Target	2022 (Actual)	2023 (Actual)	2024 Target	2023 Target	2022 (Actual)	2023 (Actual)		
Survey Participation		100.00%	60.00%	50.00%	60.00%	50.00%	70.00%	8.00%	20.00%	Designated staff will support all residents willing to complete a survey with privacy. Survey access online will be sent to all family members. Satisfaction survey will be advertised at the main home entrance.
Would you recommend		100.00%	93.33%	60.00%	93.33%	90.00%	93.00%	50.00%	87.00%	Action plan to be created for the lowest scoring areas on the survey. Action plan will be shared with family and resident council.
I can express my concerns without the fear of consequences.		100.00%	92.00%	80.00%	92.00%	100.00%	85.00%	100.00%	88.00%	Continue to follow quality improvement plan from 2023/24, including sharing whistle blower policy around the home and at resident and family council.

Summary of quality initiatives for 2024/25: Provide a summary of the initiatives for this year including current performance, target and change ideas.

Initiative	Target/Change Idea	Current Performance
Number of ED visits	Improve communication between Registered staff and physician /NP by using comprehensive communication tool to obtain direction prior to initiating an ER transfer. Support early recognition of Residents at risk for ED by providing preventative care and early treatment for common conditions leading to potentially avoidable ED visits	Current Performance as of Jan 2024: 4% Goal: To remain below provincial average
Antipsychotic medications without diagnosis	Upon admission the registered staff completes the DOS tracking for 5 days to identify any behaviour and the NP, MD and the BSO team will re-evaluate the antipsychotic medication usage for its appropriateness. The multidisciplinary team will complete the antipsychotic review for its effectiveness and or reduction every month during the QI meetings	Current Performance as of March 2024 Q1: 27.59% Goal: to meet corporate benchmark of 17.3%
Fall Reduction	To improve discussions with staff on Falls in the Home, to improve overall knowledge and understanding of the falls program, to identify new residents with high risk falls from history from falls and the falls risk assessment with Morse on admission.	Current Performance as of March 2024 Q1: 19.19% Goal: to meet corporate benchmark of 15%
Equity	To improve overall dialogue of diversity, inclusion, equity, and anti-racism in the workplace, to increase diversity training through Surge education or live events, to include cultural diversity as part of CQI meetings	Current Performance as of March 2024 Q1: 0% Goal: to meet target of 100%
Resident Satisfaction	Review Resident Bill of Rights more frequently at Resident council meetings monthly. With the focus on the Resident Rights #29 "every Resident has the right to raise concerns or recommend changes in policies and services on behalf of themselves or others to the following persons and organizations without interference and fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else.". Educate the residents and families regarding whistle blower policy, Provide more accessibility and availability to resident and families to address concerns in a timely manner.	Current Performance as of March 2024 Q1: 86.67% Goal: to meet target of 100%

Process for ensuring quality initiatives are met

Our quality improvement plan (QIP) is developed as a part of our annual planning cycle, with submission to Health Quality Ontario. The continuous quality team implements small change ideas using a Plan Do Study Act cycle to analyze for effectiveness. Quality indicator performance and progress towards initiatives are reviewed monthly and reported to the continuous quality committee quarterly.

Signatures:	Print out a completed copy - obtain signatures and file.	Date Signed:
CQI Lead		
Executive Director		
Director of Care		
Medical Director		
Resident Council Member		
Family Council Member		