



Continuous Quality Improvement Initiative Annual Report

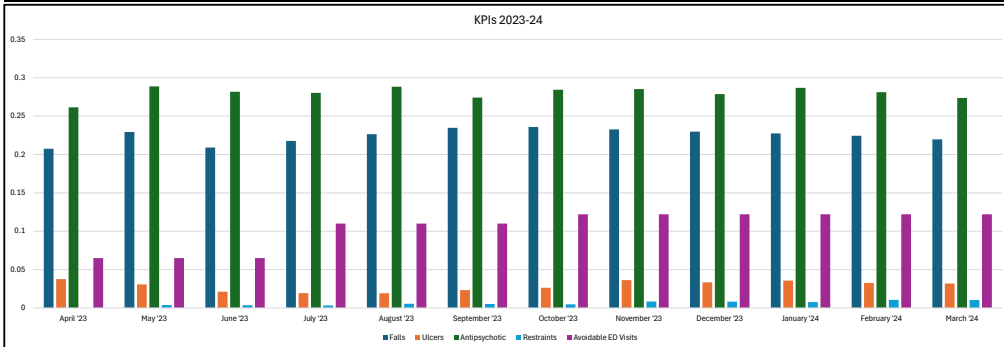
Annual Schedule: May

HOME NAME: People who participated development of this report		
	Name	Designation
Quality Improvement Lead	Brenda Lowe	Executive Director
Director of Care	Alaina Sutherland	RN
Executive Directive	Brenda Lowe	Executive Director
Quality Manager	Skyfar Wright	RPN
Life Enrichment Manager	Jenna Bunn	
Nutrition Manager	Nicole Kell	
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
Initiative 1: Reduction in potentially avoidable ED visits	Strategies includes hiring a nurse practitioner to provide on site assessment and treatment. Goal is to reduce the amount of unnecessary ED visits. This will be achieved by assessing resident code status on a quarterly basis, or as needed as a resident's status changes. Better utilize hospital tracking tool in ADT. Provide education on ADT. Conduct interdisciplinary meeting such as RAP meetings to discuss goals of care with Resident and POA and communicate goals to front line staff. Provide education to registered staff on how to implement ADT for hospital transfers tracking	Outcome: Met, Current performance: 12.2% Remained below provincial average Date: December 31, 2023
Initiative 2: Residents ability to comfortably express their opinion without fear of consequences.	Residents will be encouraged to participate in resident council meetings and care conferences. 100% of care plans will be reviewed and revised to reflect resident care needs and preferences	Outcome: Met. 100% of care plans reviewed. Current performance: 74.06 Date: March 31, 2024
Initiative 3: Reduction of antipsychotics prescription use for residents without a diagnosis	100% review of all residents on antipsychotic medication to ensure there is a correlation between diagnosis and prescription order. Provision of education material will be provided to family, and registered staff on the importance of minimizing use of antipsychotics. Referral to BSO to develop non-pharmacological interventions to responsive behaviours.	Outcome: Unmet, remain above corporate benchmark for antipsychotic use. Current Performance: 27.37% Date: March 31, 2024
Initiative 4: Provide adequate pain management for all residents	Provide quarterly medication review, and pain management during care conferences. Pain assessment initiated as per policy. Refer resident to Director of Life Enrichment for alternative to pharmaceutical pain therapy.	Outcome: Met, Medication reviews completed for 100% of Residents. However, still remain above Corporate Benchmark for Worsened Pain: 12.25 Date: March 31, 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	20.74%	22.93%	20.91%	21.77%	22.64%	23.47%	23.58%	23.27%	22.97%	22.74%	22.44%	21.97%
Ulcers	3.76%	3.07%	2.12%	1.93%	1.92%	2.33%	2.63%	3.62%	3.53%	3.56%	3.26%	3.19%
Antipsychotic	28.14%	28.87%	28.17%	28.03%	28.83%	27.42%	28.44%	28.53%	27.86%	28.68%	28.12%	27.37%
Restraints	0.00%	0.38%	0.36%	0.32%	0.54%	0.51%	0.47%	0.84%	0.82%	0.77%	1.06%	1.04%
Avoidable ED Visits	6.50%	6.50%	6.50%	11.00%	11.00%	11.00%	12.20%	12.20%	12.20%	12.20%	12.20%	12.20%



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:	From October 2 to October 17th, 2023
Results of the Survey (provide description of the results):	<p>Resident Satisfaction Survey: The Top 5 Strongest areas include: I have access to a hairdresser when needed, I am satisfied with the quality of: cleaning within the resident's room, I am treated with courtesy in the dining room, I can choose what time I go to bed at night, I am satisfied with the quality of: cleaning services throughout the home. Top 5 areas for improvement include My concerns are addressed in a timely manner, There is someone I can talk to about my medications, I am satisfied with the temperature of my food and beverages, I have a good choice of continence care products, and I am updated regularly about changes in the home.</p> <p>Family Satisfaction Survey: The top 5 strongest areas include; I am aware of the recreation services offered in the home, The resident receives courteous service in the dining room, The resident has access to a hairdresser when needed, I am satisfied with the quality of maintenance of the physical building and outdoor spaces, and I am satisfied with the quality of cleaning services throughout the home. Top 5 areas for improvement include; There is a good choice of continence care products, I am satisfied with the quality of care from: physiotherapist/occupational therapist, I am satisfied with the quality of care from Doctors, The resident has input into the recreation programs available, I am satisfied with the quality of care from the social worker/social service worker.</p>

How and when the results of the survey were communicated to the Residents and their Families (including Resident's Council, Family Council, and Staff)	Results of the survey were communicated to the families during the town hall meeting on Jan 18, 2024, as well as reviewed with residents at the resident council meeting.
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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%	100.00%	50.00%	97.47%	80.00%	100.00%	54.50%	67.59%	Ensure residents and families are aware of the dates for the survey and encourage them to complete the survey. Provide explanations as to the importance of the surveys and that they allow the home to continue to improve.
Would you recommend	85.00%	80.80%	100.00%	73.78%	80.00%	74.00%	50.00%	64.73%	Continue to improve reputation of home within the community and show residents and family the vast improvements that have been made since the last survey, through resident's council and townhall meetings with families.
I can express my concerns without the fear of consequences.	100.00%	100.00%	83.30%	74.06%	100.00%	80.10%	66.70%	68.72%	Ensure residents and family are aware of the whistleblower policy and understand there are no consequences for reporting concerns to management

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
Initiative #1: Rate of ED visits for modified list of ambulatory care-sensitive conditions per 100 long term care residents	<ol style="list-style-type: none"> 1) introduce educational pamphlets/conversations on admission outlining to residents' and families the in-home treatments that are offered versus hospitalization. 2) Ongoing education to all Registered Staff on improving nursing process and SBAR communication tool. 3) Education for registered staff to develop their skills on physical assessments VS education sessions through Nurse Practitioner. 4) Support early recognition of residents at risk for ED visits by providing preventative care and early treatment for common conditions leading to potentially avoidable ED visits. 	Current Performance for Avoidable ED Visits as of January 2024: 12.2% Goal: to remain below Provincial Average.
Initiative #2: Percentage of staff who have completed relevant equity, diversity, inclusion, and anti-racism education.	<ol style="list-style-type: none"> 1) To improve overall dialogue of diversity, inclusion, equity, and anti-racism in the workplace. 2) To facilitate ongoing feedback or open door policy with the management team. 3) To include cultural diversity as part of the CQI meetings. 	Current Performance as of April 2024: 26% of staff completion Goal: 100% staff completion by December 2024
Initiative #3: Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	<ol style="list-style-type: none"> 1) Review "Resident's Bill of Rights" more frequently at residents' council meetings monthly. With a focus on Resident's Right #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 without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else". 2) Staff to receive education through surge learning platform on Resident Bill of Rights #29 3) Create a post admission survey that will ask residents 2 questions--"Did you feel comfortable during your admission expressing your opinions openly?" and "Do you feel that your opinions were included in your plan of care?" 	Current Performance: 74.06% Goal: Increase Resident response to 100% by next survey.
Initiative #4: Percentage of LTC residents who fall in the 30 days leading up to their assessment.	<ol style="list-style-type: none"> 1) Improving documentation process for falls. 2) Review residents' medication regime to identify medications that may increase their risk for falls. 	Current QI Performance as of March 2024: 21.97% Goal: to meet the Corporate Benchmark of 15%
Indicator #5: Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	<ol style="list-style-type: none"> 1) Continue to review use of antipsychotic medications monthly, including behavioural charting and observations. 2) Educate registered staff on the algorithm and the risks associated with use of antipsychotics. 3) Upon admission, full medication review conducted for residents' receiving antipsychotics. 4) Residents who are prescribed antipsychotics for the purpose of reducing agitation or aggression will have received medication reviews quarterly and as appropriate, in collaboration with their care team; that being physician, pharmacists, Nurse Practitioner, nurse, etc., to consider dosage reduction or discontinuation. 	Current QI Performance as of March 2024: 27.37% Goal: to meet the Corporate Benchmark of 17.3%

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		