



Continuous Quality Improvement Initiative Annual Report

Annual Schedule: May

HOME NAME: Marochel Maner

People who participated development of this report

	Name	Designation
Quality Improvement Lead	Paul Beverley	ED
Director of Care	Stacey Chung	DOC
Executive Directive	Paul Beverley	ED
Nutrition Manager	Nooshin K	DM/EM
Life Enrichment Manager	Martine Melodie DeSouza	PM
Office Manager	Sherrie Dagg	OM

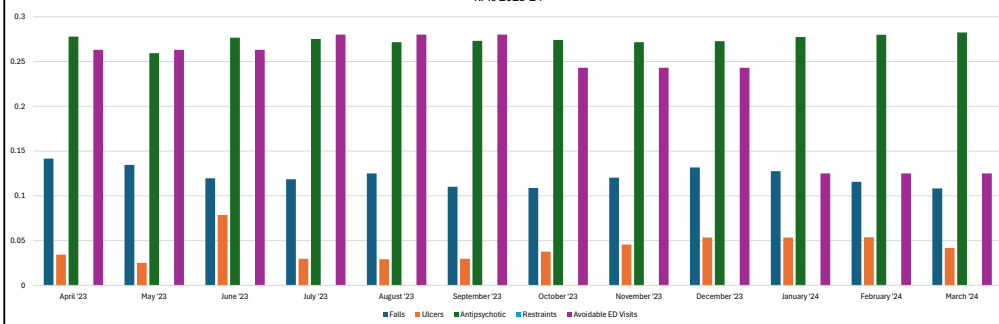
Summary of the Home's priority areas for quality improvement, objectives, policies, procedures and protocols from previous year (2023/2024): What actions were completed? Include dates and outcomes of actions.

Quality Improvement Objective	Policies, procedures and protocols used to achieve quality improvement	Outcomes of Actions, including dates
Rate of ED visits for modified list of ambulatory care sensitive conditions	<ol style="list-style-type: none"> <li>Utilization of SBAR - for more comprehensive assessment to be complete. SBAR to be completed for all changes to resident status, and communication with the physician. Education with staff on changes which constitute a significant change</li> <li>Hospital tracker completed - with quarterly review in CQI meeting to identify trends occurring</li> <li>Education related provided to registered staff. Critical thinking and</li> <li>Discussion with resident/family/POA related to advanced health care.</li> </ol>	Outcome: Met Date: March, 2024
Percentage of residents who responded positively to the statement "I can express my opinion without fear of consequences"	To provide more interactive programs to residents where they can build relationships amongst co-residents. Strengthen current opportunities to establish strong rapport with residents. Process measure # of resident engagement activities reviewed per month by the recreational team and the monthly # of complaints from the resident council and residents overall. Target for process measure - increase level. Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" by 9%	Outcome: Met Date: March, 2024
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"> <li>Review of resident medication during quarterly review.</li> <li>Refer to internal and external resources, to review resident status</li> <li>Review the use of antipsychotic medication during month - responsive expression meeting.</li> <li>Discussion with families/POA during admission. In person resident on the medication and previous attempts to de-prescribe the medication</li> <li>Consult with pharmacist in regards to complete medication review.</li> </ol>	Outcome: Unmet Date: March, 2024
		Outcome: Date:
		Outcome: Date:

Key Performance Indicators

KPI	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	14.16%	13.45%	11.97%	11.86%	12.50%	11.02%	10.88%	12.03%	13.17%	12.76%	11.57%	10.83%
Ulcers	3.43%	2.52%	7.86%	2.97%	2.92%	2.97%	3.77%	4.56%	5.35%	5.35%	5.37%	4.17%
Antipsychotic	27.78%	25.93%	27.65%	27.52%	27.15%	27.31%	27.40%	27.15%	27.27%	27.73%	27.98%	28.24%
Restraints	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Avoidable ED Visits	26.30%	26.30%	26.30%	28.00%	28.00%	28.00%	24.30%	24.30%	24.30%	12.50%	12.50%	12.50%

KPIs 2023-24



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 initiatives 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:	Oct-23
Results of the Survey (provide description of the results):	Overall residents and family responses are favorable with over 80% would recommend the home to others.
How and when the results of the survey were communicated to the Residents and their Families (including Resident's Council, Family Council, and Staff)	Communication to our residents and families happen through emails, family newsletter, resident council meetings and a posting of the actual 2023 results on the quality board.

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	80.00%	80.00%	80.00%	82.60%	80.00%	80.00%	81.56%	82.60%	
Would you recommend	82.60%	80.00%	71.79%	80.49%	80.00%	80.00%	81.40%	80.49%	
I can express my concerns without the fear of consequences.	80.00%	80.00%	90.00%	91.43%	80.00%	80.00%	90.00%	92.80%	

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

Target/Change Idea	Current Performance
Rate of ED visits for modified list of ambulatory care-sensitive conditions per 100 long-term care residents.	24%
Falls	11.00%

Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	1) number of resident on anti psychotic. 2) Number of anti psychotic meds prescribed without diagnosis. 3) monthly CQI reports on PCC r1 resident using anti psychotics with diagnosis of psychosis, & # of staff educated on de-prescribing algorithm and risks of anti psychotic use There will be a 20% over all decrease of residents without psychosis who were given anti psychotic medication in the 7 days preceding their resident assessment	27.00%

**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:	<i>Print out a completed copy - obtain signatures and file.</i>	Date Signed:
CQI Lead	Paul Beverley	
Executive Director	Paul Beverley	
Director of Care	Stacey Chung	
Medical Director	Dr. Gill	
Resident Council Member	Kenneth Campbell	
Family Council Member	Marcia Haye	