

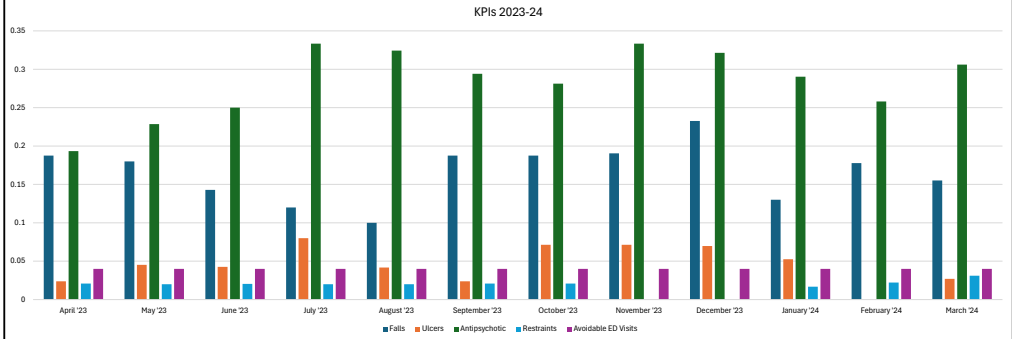
Annual Schedule: May

HOME NAME: Queensway LTC Home	
People who participated development of this report	
	Name
Quality Improvement Lead	Nicol McColl
Director of Care	Cathy McClure RN Acting DOC
Executive Director	Heather Whitfield
Nutrition Manager	Staci Miller
Life Enrichment Manager	Margaret Sutherland

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
1. Reduction of ED visits from 13.11 to 10	Change Ideas #1, No available NP applicants #2 Education on SBAR mandatory both in house and for agency prior to them working onsite #3 Home was not able to find N.P Remains actively recruiting, We do have a Wound specialist.	Outcome: 4% as of March 2024
2. Resident can express opinion without fear from Home staff or leadership	Change Idea #1, Program Manager will conduct interviews twice annually. #2, Whistle Blower policy in welcome package at annual Care Conferences. New education will be presented at Resident Council meetings and posted for anyone to read.	Outcome: Pending results of annual satisfaction survey 2024
3. Percentage of LTC residents without Dx of psychosis taking antipsychotic medications in the 7 days preceding their assessment	Change Ideas #1 Involve Medical Director and DOC to determine if a reduction program is appropriate for that resident. #2 Review number of residents using antipsychotics without supporting diagnosis at PAC meetings. #3 Medical Director to complete annual education through FLTC act, 2021. Reg. staff complete education through Surge.	Outcome: 30.60% as of March 2024

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	18.75%	18.00%	14.29%	12.00%	10.00%	18.75%	18.75%	19.05%	23.26%	13.00%	17.78%	15.51%	
Ulcers	2.38%	4.53%	4.26%	8.00%	4.17%	2.38%	7.14%	7.14%	6.98%	5.26%	0.00%	2.70%	
Antipsychotic	19.34%	22.86%	25.00%	33.33%	32.43%	29.41%	28.13%	33.33%	32.14%	29.03%	25.81%	30.60%	
Restraints	2.08%	2.00%	2.04%	2.00%	2.00%	2.08%	2.08%	0.00%	0.00%	1.68%	2.22%	3.11%	
Avoidable ED Visits	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	



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/SOM'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 2nd to Oct 17th - 2023
Results of the Survey (provide description of the results):	77.14% of the residents and 82.86% of family members would recommend this home to others. Results of both the Resident Satisfaction and Family Satisfaction average overall satisfaction from Services are posted in the home.
How and when the results of the survey were communicated to the Residents and their Families (including Resident's Council, Family Council, and Staff)	Communicated at Resident Council and Family Council Meetings and posted in the home. Communicated to Staff at the Staff Meeting on:

Client & Family Satisfaction	Resident Survey				Family Survey				Improvement Initiatives for 2024	
	2024 Target	2023 Target	2022 (Actual)	2023 (Actual)	2023 Target	2022 (Actual)	2023 (Actual)			
Survey Participation		100.00%	80.00%	73.90%	82.60%	100.00%	80.00%	80.00%	80.49%	Increased involvement with Resident programming
Would you recommend?		95.00%	80.00%	100.00%	77.14%	95.00%	80.00%	74.00%	82.86%	Increased communication with family members.
I can express my concerns without the fear of consequences.		95.00%	80.00%	100.00%	72.73%	95.00%	80.00%	100.00%	82.86%	Continue with promoting excellence of care and supporting Residents' Bill of Rights.

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 Efficiency	The home's attending Physicians will review and collaborate with the registered staff on residents who are at high risk for transfer to ED. Residents and families will be provided with education on the benefits and approaches to reducing hospital transfers. Registered staff will continue to receive education on use of SBAR tool to enhance communication with physicians and families. Target to be below provincial average 21%	23.00%
Initiative #2 Diversity, Equity and Inclusion	Equity, Inclusion, Diversity, Anti-Racism education for all new hires and staff annually, target at 100%. Celebrate culture and diversity events through use of CRU calendar.	Establishing baseline
Initiative #3 Experience- % of residents who respond positively to "I can express my opinion without fear of consequence"	Resident bill of rights #29 will be added as a standing agenda item to care conferences as well as resident and family council meetings. Target 95%	72.73%

Initiative #4 Safety- Reduce use of antipsychotic without diagnosis	Residents on antipsychotic medication will be reviewed by interdisciplinary team on admission for appropriateness and potential for reduction. Residents on antipsychotic medication without diagnosis will be reviewed monthly at quality meetings. Target 17.30%	30.60%
Initiative #5 Safety- Reduce number of falls	In-depth post fall huddle to occur after each fall to determine root cause of fall. Post fall huddles will be reviewed at daily management meetings. Provide annual education on falls prevention to all direct care staff.	15.51%

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		
Executive Director		
Director of Care		
Medical Director		
Resident Council Member		
Family Council Member		