

HOME NAME : Chelsey Park

People who participated development of this report

	Name	Designation
Quality Improvement Lead	Laurie Wheeler	RN
Director of Care	Laureen Gracey	RN
Executive Director	Shannon Ideson	
Nutrition Manager	Deb McDonald	
Life Enrichment Manager	Brent Drost	
Other	Jaclyn Goss	Clinical Consultant

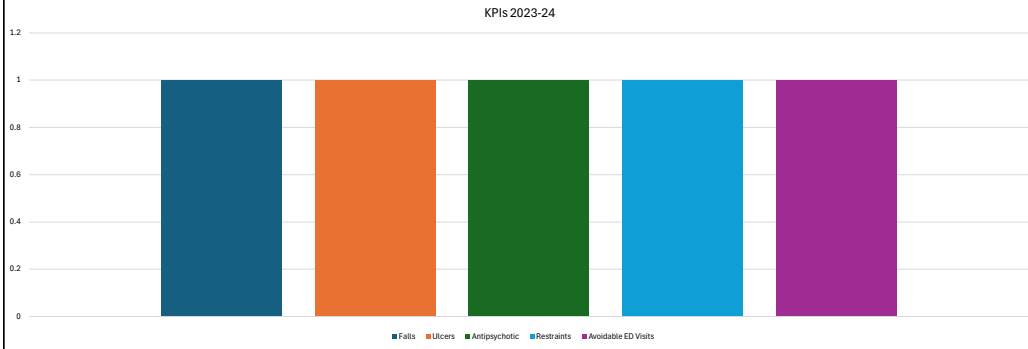
Summary of quality initiatives for 2023/24: Provide a summary of the initiatives for previous year including current performance, target and change ideas.

Initiative	Target/Change Idea	Current Performance
Initiative #1 Residents and families will feel they are updated regularly on changes in the home - 51.6% of residents and 40% of families felt they received regular updates on changes in the home	Goal to have 60% of residents and families express feeling they received regular updates on changes in the home in 2023. This will be achieved by implementing monthly newsletters, advertising special events in common areas of the home, implement Knowledge Break Program. Resident Council will be encouraged to invite leadership members to meetings as they see fit to inquire about home changes.	Current Performance as of October 2023 - Residents 65.4% - Families - 54.6 %
Initiative #2 Laundry Services -40% of families said they were satisfied with laundry service and the services were improving	Goal to have 60% of families express satisfaction with laundry services in 2023. This will be achieved by implementing new process for collecting clothes for new admissions using designated bags. Implement Lost and Found events. Educate residents and families on missing clothing process set up in the home.	Current Performance as of October 2023 - Residents 83% - Families 73.6%
Initiative #3 Foster an environment where all residents feel comfortable to express their opinion without fear of consequences. - 84.4% or Residents and 70% of families agree they are comfortable to raise a concern.	Goal to have 85% of residents and families express feeling comfortable to raise concerns on 2023 survey. Education with residents and families on admission of whistle blower protection policies will take place. Education with staff on customer service and complaints process will take place.	Goal Not Met - will continue to be a focus for the 2024/2025 year - Residents - 75.2% - Families 73.6 %
Initiative #4 Reduce Avoidable Emergency Department Visits -25.2%	Hospital transfers will continue to be tracked and reviewed on both a monthly and quarterly basis. Education for nursing staff on assessment skills and communication skills for discussing changes in resident condition with physicians and families using SBAR format.	23.9% as of March 2024
Initiative #5 Reduce the number of residents receiving antipsychotic medication without a diagnosis of psychosis - 25.71%	The number of residents receiving antipsychotic medication with a diagnosis of psychosis will continue to be tracked and evaluated on a monthly and quarterly basis. An interdisciplinary approach will be utilized with referrals to BSO staff, pharmacist consultant, physicians and community partners of BRT. Education for care staff on GPA.	22.27% 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	16.58%	16.58%	16.58%	15.41%	15.41%	15.41%	16.94%	16.94%	16.94%	18.24%	18.24%	18.24%
Ulcers	2.43%	2.43%	2.43%	3.40%	3.40%	3.40%	3.23%	3.23%	3.23%	3.35%	3.35%	3.35%
Antipsychotic	27.25%	27.25%	27.25%	27.67%	27.67%	27.67%	24.10%	24.10%	24.10%	21.95%	21.95%	21.95%
Restraints	0.53%	0.53%	0.53%	0.36%	0.36%	0.36%	0.33%	0.33%	0.33%	0.00%	0.00%	0.00%
Avoidable ED Visits	21.70%	0.00%	0.00%	0.00%	25.00%	0.00%	25.20%	0.00%	0.00%	17.50%	0.00%	0.00%

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 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:	Completed October 02/2023 - October 17/2023
Results of the Survey (provide description of the results):	The residents of the home completed the survey and provided feedback they are very satisfied with the recreation programming and spiritual services in the home. They are also very satisfied with the dining experience and communication from leadership. An average of 60% of residents completed the survey and also expressed satisfaction with quality of care from their Dr and quality of care from the Social Worker. They stated they would recommend the home to others and they are overall satisfied with the care they receive. For opportunities to improve, choosing what time to get up in the morning could be improved. Families also completed the survey, they complimented the recreation services, cleanliness and quality of care from the doctors.
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 were shared at resident council and family council meeting Feb/2024. The survey results were posted in the home visible for everyone. Action plan developed as a result of the survey was shared with resident council and family council April 2024.

Survey Item	2024 Target	2023 Target	2022 (Actual)	2023 (Actual)	2024 Target	2023 Target	2022 (Actual)	2023 (Actual)	Notes
Survey Participation	90.00%	70.00%	76.00%	64.40%	90.00%	70.00%	83.30%	18.49%	Survey with privacy. Survey access online will be sent to all family members.
Would you recommend	95.00%	93.00%	60.00%	79.80%	95.00%	93.00%	70.00%	68.40%	Areas residents and families identified as lowest scoring on the survey. The
I can express my concerns without the fear of consequences.	95.00%	85.00%	84.40%	75.20%	95.00%	85.00%	70.00%	73.60%	Continues to be a quality initiative for 2024/25, details below.

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.	1) To reduce unnecessary hospital transfers, through the use of on-site Nurse practitioner; education to families; education to staff; Root cause analysis of transfers. Registered in charge nurse to communicate to physician and NP, a comprehensive resident assessment, to obtain direction prior to initiating an ER transfer; 2) Support early recognition of residents at risk for ED visits, by providing preventive care and early treatment for common conditions leading potentially avoidable ED visits. Re-education of registered staff, regarding assessment skills, and become part of standing nurse practice monthly meetings review; 3) Build capacity and improve overall clinical assessment to Registered Staff; 4) Discussions about advance care planning on care conferences	17.49%
Initiative #2 - Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	1) To improve overall dialogue of diversity, inclusion, equity and anti-racism in the workplace; 2) To increase diversity training through Surge education or live events; 3) To facilitate ongoing feedback or open door policy with the management team; 4) To include Cultural Diversity as part of CQI meetings	New indicator not previous tracked, establishing baseline.
Initiative #3 - Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	Engaging residents in meaningful conversations, and care conferences, that allow them to express their opinions. Review "Resident's Bill of Rights" more frequently, at residents' Council meetings monthly. With a focus on 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 without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else"	84.76%
Initiative #4 - Percentage of LTC home residents who fell in the 30 days leading up to their assessment	1) To facilitate a Weekly Fall Huddles on each unit; 2) to improve overall knowledge and understanding of Falls Program; 3) To collaborate with external resources to help prevent injury related to falls	16.98%
Initiative #5 - Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	1) Antipsychotic reduction program will be initiated, this will include a monthly meeting to review new admissions on antipsychotic medication and all current residents who trigger on an antipsychotic without relevant diagnosis QI, to determine appropriateness and considerations to alternate strategies 2) Pharmacist consultant to review antipsychotic medication use quarterly and provide recommendations to physicians 3) Indicator to be reviewed by interdisciplinary team at quarterly CQI/PAC meetings	26.45%

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	Laurie Wheeler RN	
Executive Director	Shannon Ideson	
Director of Care	Laureen Gracey RN	
Medical Director	Dr. Rory Crabbe	
Resident Council Member	Lorna Simms	
Family Council Member	Catherine Parker	