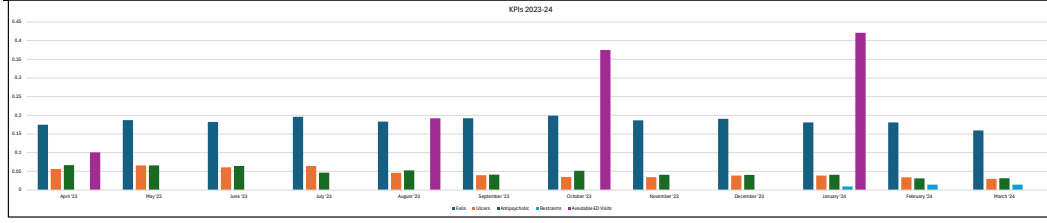
		Continuous Quality Improvement Initiative Annual Report <small>Annual 30 October - May</small>
HOME NAME: Warkworth Place		
People who participated development of this report		
Quality Improvement Lead	Sue Lilley	DOC
Director of Care	Sue Lilley	DOC
Executive Director	Shelly Paterson Interim ED	Interim ED
Nutrition Manager	Jessica Anstcott	FSA
Life Enrichment Manager	Morgan Taylor	Activity Manager
Clinical Consultant	Moises Ruiz	RN

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* per 100 long-term care residents	Continue to support early recognition of residents at risk for ED visits. Increase awareness of the Reg Staff to better utilize the NPSTAT and in-house NP in deciding on an ED transfer. The Home continues to educate and discuss end-of-life (EOL) and do-not-resuscitate (DNR) orders with residents and families/caregivers and ensures that care directives are documented as per preferences Continue education to residents and families/caregivers on the importance of ED visit reduction	Outcome : 10.08 % (April 23) Outcome : 51.3 % (March 24) The home was unable to meet expected goal range due to changes in the nursing and home's leadership team and an increase use of agency personnel. Continuity of process delivery was affected and an increase of Ambulance use to go to hospital appointment that can be a potential reason for their
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	Encourage Residents to share opinions and feelings with staff. Encourage participation in Resident Council Meetings.	Outcome : 90.90% (December 2022) Outcome : 77.89% (December 2023) The home saw a significant decrease in this survey question. This was due to the changes in the management team. Residents felt these changes did not facilitate the flow of communication.
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	Reduction of antipsychotic medications for all residents without a psychotic diagnosis.	Outcome : 6.67% (April 23) Outcome : 3.16% (March 24) The implementation to this change idea led to an important improvement of 3.51% over the year. Keeping the home way lower than the corporate target and both provincial and national averages.

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
Rate of ED visits	17.50%	18.72%	18.00%	18.43%	18.93%	19.29%	19.50%	19.68%	19.95%	19.95%	19.95%	19.95%
Life Care	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Antipsychotic Residents	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	10.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	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 practices.

Summary of Resident and Family Satisfaction Survey for Previous Fiscal Year	
Date Resident/Family Survey Completed for 2023/24 year:	The 2023 Resident and Family Survey was conducted from October 2, 2023 to October 17, 2023
Results of the Survey (provide description of the results):	Residents Survey results: Strengths : Feels like home, Like my roommate. People don't get mad at me here. Feel safe here How quiet the nursing home is. Like how it is a one-level building and doesn't have to climb stairs. Like the residents and staff. The staff are very good and are helpful when they can be. How friendly the people are and have made lots of friends. The support I get from people The care you get. You are not alone, you can talk to others No one bothers me when I'm sleeping. Social and enjoying running a music therapy program here People are nice. Like the recreation programs Having my family come in and see me. It feels like home. Opportunities: Don't wait so long for laundry. Have Better food options and more options for beverages. The closer dining room Bathroom is so small and can't do anything. Have better quality of food. Have a better seating plan. Regular bath days to be regular any day but to have them is very important. Have more drink options at meals. Doesn't get care right away at night. The bathroom is more accessible and updated Have a better menu Families : Strengths: friendly, small-town atmosphere and environment. They are fortunate to have a WONDERFUL NP who cares and is very efficient and personable. Great activities Care of the patients Care for residents clean, and friendly staff They care about the residents'. Nice people working there and it is kept clean and bright. Clean, no odor Warm, friendly staff - my friend feels very happy with his relationships with staff. They listen and try to fulfill suggestions made by the family.
How and when the results of the survey were communicated to the Residents and their Families (including Resident's Council, Family Council, and Staff)	Family Jan 25/24 - Townhall meeting Residents: November 10th /23 - Resident council meeting

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)	p r o m o t e e p	Action plan is in progress to address areas for opportunities	The action plan is engaging residents in meaningful conversations, and care conferences, that allow them to express their opinions.	Provide education
Survey Participation	100.00%	100.00%	100.00%	75.86%	100.00%	100.00%	55.30%	100.00%				
Would you recommend	85.00%	85.00%	100.00%	75.86%	85.00%	85.00%	76.90%	82.22%				
I can express my concerns without the fear of consequences.	85.00%	85.00%	90.90%	77.89%	85.00%	85.00%	90.09%	70.00%				

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

Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	<p>Target : 16% . To reduce unnecessary hospital transfers, through the use of on-site nurse practitioners; education to families, education to staff; Use of SBAR; 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.</p> <p>Monthly review of Hospital Transfer Tracking tool to highlight opportunities to further decrease unnecessary ER Visits. Build capacity and improve overall clinical assessment to Registered Staff. Discussions about advance care planning and DNR during care conferences.</p>	42.10% as of January 2024
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	<p>Target 100%. To increase awareness of diversity, inclusion, equity, and anti-racism in the workplace.</p> <p>To increase diversity training through Surge education or live events; Promote equity, diversity, inclusion, and anti-racism amongst staff. To include Cultural Diversity as part of CQI meetings</p>	25% (April 24)
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences"	<p>Target : 80% .Engaging residents in meaningful conversations, and care conferences, that allow them to express their opinions. Include Right #29- every resident has the right to raise concerns or recommend changes in policy 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. as an agenda standing items in all departmental meetings. Provide education to residents and families on the Resident Bill of Rights and prevention of abuse.</p>	70% (December 23)
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	<p>Target 15%. Complete a Falls management - Fall RISK Ax with Morse (Category and Score and action items) for new admissions, after a change in unit or room, after any transition or transfer from another care setting, after a fall, after any change in status(ie; Pain, lethargy, personal expressions) after medication change. Determine factors contributing to falls. Implement falls prevention strategies for resident determined to be medium to high risk for falls . Falls prevention education to occur in home for residents and families. Educational presentations bi monthly and as needed.</p>	17.39 % (April 24)
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	<p>Target : 5 % or lower. Determine if psychosis has been diagnosed or can be diagnosed for those residents on Antipsychotic medications. Launch Antipsychotic Reduction Interdisciplinary Initiative. Roll out of the antipsychotic deprescribing tool. Residents admitted on antipsychotics will have this discussed at their admission care conference.</p>	4.35%(April 24)

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

Signatures:	Print out a completed copy - obtain signatures and file.	Date Signed:
CQI Lead	Sue Lilley	May 16th, 2024
Executive Director	Shelley Peterson Interim ED	May 16th, 2024
Director of Care	Sue Lilley	May 16th, 2024
Medical Director	Dimriti Louvish	May 16th, 2024
Resident Council Member	Jane Franchetto	May 17th, 2024
Family Council Member	Andy McRae	May 16th, 2024