



# Continuous Quality Improvement Initiative Annual Report

Annual Schedule: May 2025

## HOME NAME :

### People who participated development of this report

	Name	Designation
Quality Improvement Lead	Carolyn Mccorkindale	ED
Director of Care	Tom Johnson	DOC
Executive Directive	Carolyn Mccorkindale	ED
Nutrition Manager	Lisa Durnin-Raidt	FSM
Programs Manager	Ashleigh Hay	PM
Other	Tiffany Strong	DQR
Other	Teresa Driver	DCS

Summary of the Home's priority areas for quality improvement, objectives, policies, procedures and protocols from previous year (2024/2025): What actions were completed? Include dates and outcomes of actions.

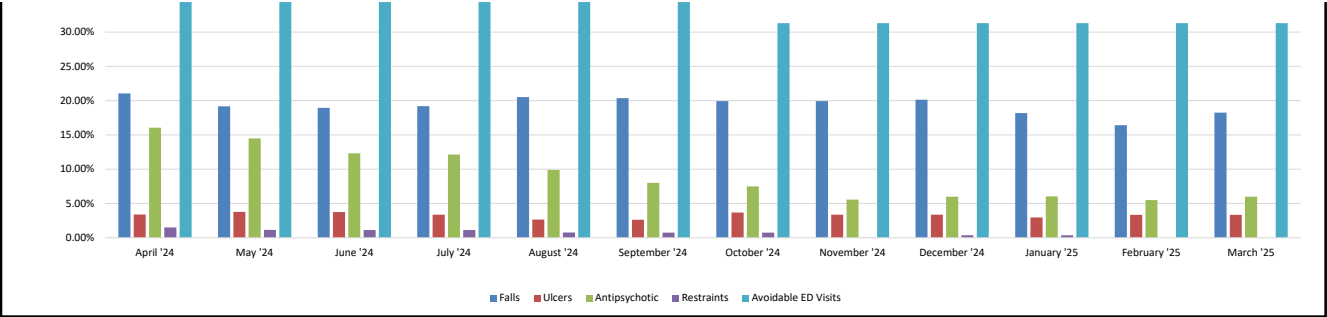
Quality Improvement Objective	Policies, procedures and protocols used to achieve quality improvement	Outcomes of Actions, including dates
Reduce potentially avoidable Emergency Department visits. Staring performance indicator March 2024 23.17%	Recruitment and utalization of a Nure Practitioner as part of the interdisciplinary team. Registered nursing staff completed referrals for Nurse Practioner of a change in resident health status requiring assessment and for initiation of treatment or recommendation to transfer to hospital is appropriate.	Outcome: 38.20 Date: March 30, 2025
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and antiracism. New indicator March 2024 0%	Developed all staff education module on Culture and Diversity. All staff assigned to complete using online education platform.	Outcome: 100% Date:March 30, 2025
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences" October 17, 2023 85.45%	Resident Bill of Right #29 added, for review by March 31, 2024. 100% of all staff will have education via department meetings on Resident Bill of Rights #29 by May 01, 2024. 100% of Resident Council meeting will have Resident Bill of Rights #29 added at each monthly meeting. Resident bill of right #29 was added to resident council meetings. All staff were educated. Improvement above target achieved.	Outcome: 89.33% Date: Nov 11, 2024
Percentage of LTC home residents who fell in the 30 days leading up to their assessment March 2024 21.89%	Facilitation of weekly falls huddles on each unit, and collaborating with external resources of ideas to help prevent further resident increase of falls or injury related to falls.	Outcome: 20.45% Date: March 30, 2025
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment March 2024 23.55%	The MD, NP, BSO (including Psychogeriatric Team), with Nursing staff meet monthly to review all admissions for diagnosis and medications related to inappropriate prescribing of antipsychotic's. This is also part of our homes PAC quarterly meeting agenda, which also includes the pharmacy for further analysis and improvement strategies.	Outcome: 8.04% Date: March 30, 2025

### Key Performance Indicators

KPI	April '24	May '24	June '24	July '24	August '24	September '24	October '24	November '24	December '24	January '25	February '25	March '25
Falls	21.05%	19.17%	18.96%	19.19%	20.52%	20.37%	19.93%	19.93%	20.15%	18.18%	16.42%	18.25%
Ulcers	3.40%	3.77%	3.76%	3.37%	2.65%	2.63%	3.68%	3.38%	3.36%	2.96%	3.35%	3.35%
Antipsychotic	16.06%	15%	12.32%	12.14%	9.90%	8%	7.50%	5.56%	6%	6.03%	5.50%	6%
Restraints	1.50%	1.15%	1.13%	1.12%	0.76%	0.75%	0.74%	0.04%	0.37%	0.37%	0%	0%
Avoidable ED Visits	41.80%	41.80%	41.80%	38.20%	38.20%	38.20%	31.30%	31.30%	31.30%	31.30%	31%	31.30%

KPI's 2024/2025





How Annual Quality Initiatives Are Selected	
<p>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.</p>	
Summary of Resident and Family Satisfaction Survey for Previous Fiscal Year	
Date Resident/Family Survey	October 15- Nov 11, 2024
Results of the Survey (provide description of the results):	Overall both residents and families expressed average of 5% improvement in services provided. Residents expressed satisfaction with relationships and freindship in the home, food and beverage serices as well as feeling comfortable to raise concerns. Famalies expressed satisfaction with quality of care and recreational services in the home. Residents expressed opportunity for improvement with social worker services, spiritual services and having concerns adressed in timely manor. Famalies expressed opportunity for improvement to include; spiritual care services, laundry services, physical maintenance of building and physician services.
How and when the results of the survey were communicated to the Residents and their Families (Including Resident's Council, Family Council, and Staff)	Satisfaction survey results posted on family council boad and presented at family Council meeting May 27, 2025. Results of surveys shared at January and March 26, 2025.

Client & Family Satisfaction	Resident Survey				Family Survey				Improvement Initiatives for 2025
	2025 Target	2024 (Actual)	2022 (Actual)	2023 (Actual)	2025 Target	2024 (Actual)	2022 (Actual)	2023 (Actual)	
Survey Participation	100%	100%	82.10%	57.14%	70%	57.14%	33.90%	33.33%	Continue to promote Satisfaction Surveys to Resdient and Families of Southbridge Goderich.
Would you recommend	93%	81.79%	80.70%	84.57%	93%	81.79%	55.00%	80.00%	February 2025 new Soughbridge Goderich facility opened with modern bight decor. Promoting Bridge to Dream program. Social Service Worker and Chaplin onboarded to adress resident satisfaction survey results. Ensuing Resident Bill of Rights respected in the home.
I can express my concerns without the fear of consequences.	93%	89.15%	86.20%	85.45%	93%	n/a	n/a	n/a	Reviewing Whistleblower policy at resident and family council and posted in home. Discuss with residents and famalies on admission, included in admission family handbook.

Summary of quality initiatives for 2025/26: Provide a summary of the initiatives for this year including current performance, target and change ideas.		
Initiative	Target/Change Idea	Current Performance

Initiative #1	Efficient - Rate of ED visits modified list of ambulatory case sensitive conditions*per 100 / Target 34 / Change Ideas: 1. Use of on-aite Nurse Practioner. 2. Education to Registered staff o nuse of SBAR tool to support standards. 3. Education families and POA's on the benefits and approaches to preventing ED visits.	TBD MOH Report
Initiative #2	Equitable - Percentage of staff who have completed relevant equioty education / Target 100% / Change Ideas: 1. Training and education offered through Surge Learning platform, mandatory. 2. Celebrate culture and diversity events. 3. Monthly quality meetings standing agenda.	100%
Initiative #3	Patient Centered - Percentage of residents who responded positively to the statement " I can express my opinions whitout fear of consequence." / Target 93% / Change Ideas 1. Reveiw Residents Bill of Rights at Resident Council meetings monthly. 2. Resident Right #29 added to standing agenda of Resident council Meetings monthly. 3. Re-educate all staff on residents bill of rights ans whistle blower protection.	89.15%
Initiative #4	Safe - Percentage of long term care home resident who fell in the 30 days prior to their assessment. / Target 20.45% / Change Ideas: 1. Continue to hold weekly falls huddles interdisciplinary. 2. Complete weekly unit staff meeting to reveiw falls and interventions. 3. Establish a new resitorative care program.	18.64%
Initiative #5	Safe - Percentage of long term care residents without a psychosis who were given an antipsychotic medication within 7 days prior to their assessment. / Target 8% Change Ideas: Medical Director , BSO, Npr monthly meetings to review. Analytics reveiwed quarterly at PAC Meetings. BSO Nursing team implement interventions other than antipsychotics.	5.69%
Initiative #6	Safe - Percentage of Resident in long term care who develop worsening pain. / Target 10% / Change Ideas: 1. Enhance end of life palliative program. Utilize the pain tracker to monirot prn analgesic use. 2. Admission screen resident for diagnosis to support use of pain releig medication and/or interventions. 3. Comnplete resident assessment of pain and palliative score outcome.	11.21%
Initiative #7	Safe - Percentage of long term care residents developing worsening pressure injury stage 2-4. Target / 2.5% / Change Idea: 1. Education provided by wound care nurse on wound care assessments. 2. Educate wound care champion on wound care referral process with wound specialist. 3. Establish ROHO champions.	2.20%
Initiative #8	Resident and Family Satisfaction Survey - Establish Actions plans for the five lowest scores on both the Resident and Family Satisfaction Survey completed annually. Target 100 / Change Ideas 1. Develop action plans interdisciplinary to address lowest scoring areas on the annual resident and family satisfactionsurveys. 2. Share the Action plans with the resident and	100
<b>Process for ensuring quality initiatives are met</b>		
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.		
<b>Signatures:</b>	<b><i>Print out a completed copy - obtain signatures and file.</i></b>	<b>Date Signed:</b>
CQI Lead	Carolyn McCorkindale	May 30. 2025
Executive Director	Carolyn McCorkindale	May 30. 2025
Director of Care	Tom Johnson	May 30. 2025
Medical Director	Dr.Ameet Karaul	May 30. 2025
Resident Council Member		
Family Council Member		