SOUTHBRIDGE HEALTH CARE LP

Continuous Quality Improvement Initiative Annual Report

Annual Schedule: May

HOME NAME :CRAIGLEE NURSING HOME

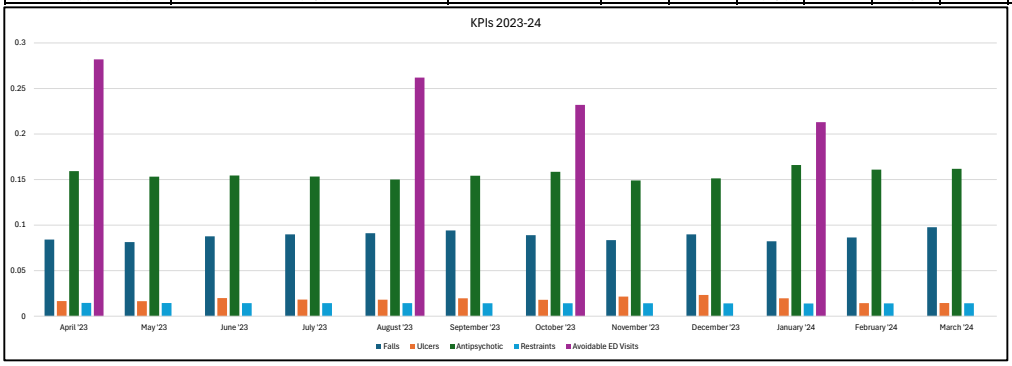
People who participated development of this report		
	Name	**Designation**
Quality Improvement Lead	Claudia Petan	RPN
Director of Care	Helen Lampi	RN
Executive Directive	Ellie Farabad	RD
Nutrition Manager	Renee Magoto	RN
Life Enrichment Manager	Ayesha Young	Rrecreation aide
Nurse Practitioner	Roya Saati	RN
Other	Rebecca Macaalay, RN	Clinical Consultant

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
Time and Efficient Transitions: Decrease the number of ED visits from 31.97% to 20% or at baseline as per Provincial Average of 21%	Point Clickcare was utilized to track transfers of residents to emergency room. Resident transfers to hosital were reviewed monthly for appropraiteness. On a quaterly basis the hospital transfers were reviewed with the Medical Director for analysis. The home implements internal hospital tracking tool and analyze each transfer. SBAR documentation being used for clinical charting and NP on site provides refresher education to registered staff. We believe that our success greatly contributes to having a full time Nurse Practitioner on staff at Craiglee. Education provided thorueh NLOT regarrine SBAR as well UTI .	Outcome: The Home has tremendously decreased this initiative from 31.97% as of January 2023 to now 21.3% as of January 2024. The complexity of residents condition including resident who has complex tube feedings resulting towards increase ED visit and family request to send to Emergency
Safe and Effective Care: Decrease percentage of LTC resident without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment from 17.06% in February 2023, to continue to be below the Corporate Average of 17.3%	The MD,NP,BSO ,GMHOT nursing are meeting monthly to review all new admissions for diagnosis and medications related to inappropriate prescribing of antipsychotics. The staff has a DOS monitoring that is used on admission to identify any responsive expression and other triggers that will help mitigate risk for resident and others. This is also discussed at PAC meeting quarterly with the pharmacy and further analysis and improvement strategies are suggested where need to.	Outcome: The Home's initial Quality Indicator in February 2023 was 17.06% and is currently at 16.09% in February 2023. There is a 1% decrease as the Home strive to identify residents on admission of residents who are using an antipsychotic medications. The Nurse Practitioner is now involve in identifying to decrease or taper off resident unnecessary use of antipsychotic medication. Date: January 2024
Service Excellence: Patient - Centered: Increase the percentafe of residents who responded positively to the statedmen "I can express my opinion without fear of consequences" from 82.93 % in 2022 to 86.90% fro 2023.	Residents has increased participation for Resident Council, CQI Quarterly Committee meetings. Family were encouraged to continue to communicate with the Craiglee team through the Admission and Annual Care Conference.	Outcome: The Home's 2022 Resident Survey was 82.93% in this category, the 2023 Resident Survey result is 83.19 with a slight increase. Date: October 2023

Key Perfomance 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	8.41%	8.14%	8.77%	8.99%	9.11%	9.41%	8.90%	8.35%	8.99%	8.23%	8.64%	9.77%
Ulcers	1.66%	1.65%	1.99%	1.82%	1.81%	1.97%	1.80%	2.16%	2.33%	1.96%	1.44%	1.45%
Antipsychotic	15.93%	15.32%	15.45%	15.34%	15.01%	15.42%	15.85%	14.90%	15.13%	16.60%	16.09%	16.18%
Restraints	1.46%	1.45%	1.43%	1.44%	1.43%	1.42%	1.42%	1.42%	1.41%	1.40%	1.41%	1.42%
Avoidable ED Visits	28.20%	NA	NA	NA	26.20%	NA	23.20%	NA	NA	21.30%	NA	NA



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 inccorporated 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:	2023 resident and family survey were conducted from October 2nd to October 17th,2023.
Results of the Survey (*provide description of the results*):	82.98% of the residents and 76.36% of family members would recommend this home to others. The Overall 2023 Resident Satisfaction Survey was 82.60% higher than 2022 of 80.63%. Similarly,
How and when the results of the survey were communicated to the Residents and their Families (including Resident's Council, Family Council, and Staff)	The results were communicated at the resident's and family councill as well newsletter and CQI 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)	
Survey Participation	85.00%	85.00%	80.63%	82.60%	82.00%	82.00%	71.79%	80.49%	Start the conversation with both resident and family during admission and both Admission/ Annual Care Conference. Send reminders through e-mails and monthly Newsletter
Would you recommend	85%%	85.00%	77.78%	82.98%	80.00%	80.00%	84.85%	76.36%	Communication and partnership with the Community and increase resident activity with families
I can express my concerns without the fear of consequences.	86.90%	85.00%	80.00%	82.93%	82.00%	82.00%	81.58%	80.00%	Resident will be given an opportunity to be part of various meetings. The Home will have an open door policy to listen to any concerns

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 Access and Flow: Efficient - Continue to decrease the rate of ED visits	Aligned with Southbridge Mission, the Home has engaged in Project AMPLIFI and now has hired a Nurse Practitioner . Target is 21%	As of January 2024, 21.3%
Initiative #2: Equity: Increas the percentage of staff who have completed relevant equity, diversity, inclusion, and anti-racism education	Change Idea #1 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. Target 98.50%	98.34% as of 2023 Surge Education
Initiative #3 Experience Patient-Centred: Increase percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	Change Idea #1 Work with resident council to ensure residents feel they have engagement and effectiveness in all aspects of care in our home. Target is 82.60%	82.11% as of 2023 Resident Satisfaction Survey
Initiative #4 Experience Patient-Centred: Increase percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences"	Change Idea #1 Residents will be given an opportunity to be part of various meetings .The home will have an open door policy to listen to any concerns . Target is 82.60%	82.28% as of 2023 Resident Satisfaction Survey
Initiative #5 Safety: Decrease percentage of LTC home residents who fell in the 30 days leading up to their assessment	Change Idea #1 Reassess Falling Star Program and Change Idea #2 The home partnership with RNAO best practices. Target is 8.81% by the end of December 2024	Current Performance as of February 2024 is 9.41%
Initiative #6 Safety: Decrease percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	Change Idea #1 Review all new admissions for the use of antipsychotic which includes the interdisciplinary team and external resources to meet monthly. This is also discussed at PAC meeting quarterly with the pharmacy and further analysis and improvement strategies. Target is 14.66% by the end of December 2024	Current Performance as of February 2024 is 15.42%

Process for ensuring quailty 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:	*int out a completed copy - obtain signatures and fi*	Date Signed:
CQI Lead	Claudia Petan	
Executive Director		
Director of Care	Helen Lampi	
Medical Director	Dr. Weinstein	
Resident Council Member		
Family Council Member		