

Annual Schedule: May

HOME NAME : Seaforth

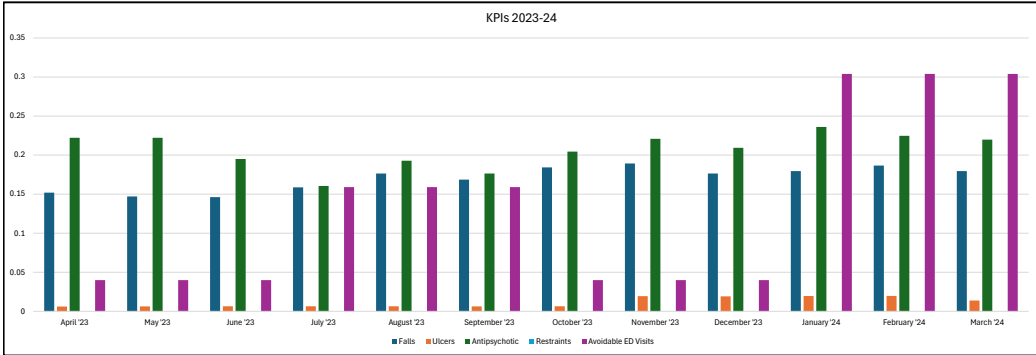
People who participated development of this report

	Name	Designation
Quality Improvement Lead	Meg Melady	
Director of Care	Gemma Nott	
Executive Directive	Carolyn McCorkindale	
Nutrition Manager	Liana Baker	
Life Enrichment Manager	Stacey Kamerman	

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
Number of ED visits for modified list of ambulatory care-sensitive conditions per 100 long term care residents	Educate registered staff on using assessment skills and internal resources prior to sending resident to the hospital. Surge Learning module assigned to registered staff	Outcome: 30.4% Date: March 2024
Resident experience: I can express my opinion without fear of consequences from home staff or leadership.	Resident reeducated about whistle blower protection at move-in, care conferences and at residents council meetings.	Outcome: Pending annual satisfaction survey results 2024 Date: March, 2024
Percentage of Long term care residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment.	Develop partnership with Medical Director and attending physician to evaluate resident diagnosis and medication individually. Educate registered staff on resident care options to address resident behaviour, other than antipsychotic prescription.	Outcome: 21.98% Date: March 2024

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
Falls	15.20%	14.71%	14.62%	15.88%	17.65%	16.86%	18.42%	18.93%	17.65%	17.96%	18.67%	17.96%
Ulcers	0.62%	0.63%	0.64%	0.64%	0.64%	0.63%	0.64%	1.94%	1.92%	1.96%	1.97%	1.38%
Antipsychotic	22.22%	22.22%	19.51%	16.05%	19.28%	17.65%	20.45%	22.09%	20.93%	23.60%	22.47%	21.98%
Restraints	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	4.00%	4.00%	4.00%	15.90%	15.90%	15.90%	4.00%	4.00%	4.00%	30.40%	30.40%	30.40%



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:	27-Oct-23
Results of the Survey (provide description of the results):	2022 Overall Satisfaction Residents 80.63% - 2023 Overall Satisfaction Residents 82.6%. Increase 1.97% 2022 Overall Satisfaction Family 71.79% - 2023 Overall Satisfaction Family 80.49%. Increase of 8.7%
How and when the results of the survey were communicated to the Residents and their Families (including Resident's Council, Family Council, and Staff)	2023 Resident and Family survey results were shared with resident at Resident Council Meeting December 20, 2023. Families at the Family Council Meeting on December 18, 2023. Shared with staff at the monthly Quality Meeting on December 13, 2023. Public Advisory Committee on December 14, 2023. Results and actions plans also posted on the Quality board from December 1, 2023 - present.

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	95.00%	100.00%	77.27%	96.43%	75.00%	75.00%	50.00%	55.32%	1. Spiritual Care - review services offered, educate residents about services offered by community volunteers. 2. ED attend resident care conferences Increase response rating by 5%
Would you recommend	85.00%	95.00%	60.00%	75.56%	90.00%	95.00%	74.00%	85.60%	
I can express my concerns without the fear of consequences.	85.00%	95.00%	84.40%	80.74%	90.00%	95.00%	80.10%	87.69%	

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 condition (300 LTC residents)	Target to reduce to provincial average of 21%. Educate reg staff/families of care services offered in home/JRt education to reg staff	30.19
Initiative #2 % of staff who have completed relevant equity, diversity, inclusion and anti-racism education.	100% of staff will receive education on hire an annual...	Establishing baseline
Initiative #3 % of residents who responded positively to the statement "I can express my opinion without fear of consequences."	Target 95%. Educate residents of whistle blower policy at resident council, ED attend Care Conferences to engage residents and families. Bill of Rights education.	80%
Initiative #4 % of LTC residents who fell in the 30 days leading up to their assessment.	Target 15%. Early identification of falls risk, to implement interventions. RN Falls program lead implemented. 4 P's of Care.	16.88%
Initiative #5 % of LTC residents without psychosis who were given antipsychotic medication in 7 days preceding assessment.	Target 10%. Medical director review diagnosis and medication with residents and families. Utilization of Antipsychotic Guide. Staff educated of alternatives for responsive behaviour management.	17.65%

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		