

**HOME NAME: WEST PARK**

**People who participated development of this report**

	Name	Designation
Quality Improvement Lead	Kaitlyn Pearson	ED
Director of Care	Megha Chellappan Nair	DOC
Executive Directive	Kaitlyn Pearson	ED
Nutrition Manager	Maria Andrei	EDSM
Life Enrichment Manager	Sarah Masonovich	RM
Clinical Consultant	Cindy Britton	Clinical Consultant

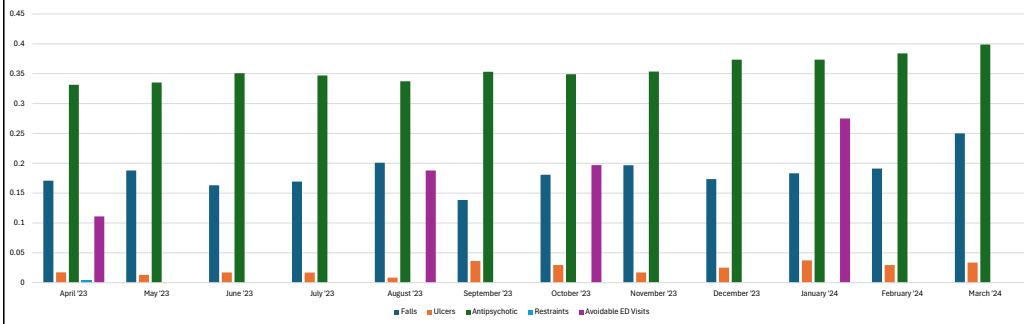
**Summary of the Home's priority areas for quality improvement, objectives, policies, procedures and protocols from previous year (2023/2024): What actions were completed? Include dates and outcomes of actions.**

Quality Improvement Objective	Policies, procedures and protocols used to achieve quality improvement	Outcomes of Actions, including dates
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	1. Admission process to initiate education to resident and family about potentially avoidable ED visit was not discussed, will continue to engage the family and resident with this moving forward 2. Education to all Registered staff on improving Nursing process and SBAR communication tool was completed and discussed during the morning reporting and Monthly Quality meetings. 3. Monthly and quarterly review of ED transfers discussing events surrounding the transfers and if they could have been diverted to in-home treatment.	In 2023 the home avoidable ED visits was 14.5; currently the home is at 27.5%. There has been a 13.46% increase in avoidable ED visits this is due to Resident and family requests and resident non-compliance with falls. 2. The registered staff continue to use SBAR while communicating changes with the NP & MD
Percentage of residents' who responded positively to the statement: "I feel my goals and wishes are considered and incorporated into the care plan whenever possible."	100% of resident was engaged in participating with the admission and annual care conferences and discussed their goals of care including their wishes.	Outcome: The target was 75% of resident care conference completion, the Home had exceeded this with 100% by end of December 2023.
Number of residents who responded positively to the statement: "I am satisfied with the quality of care from personal support staff."	All staff annual education on the new Residents' Bill of Rights via the e-learning platform was completed.	Outcome: 100% of staff completed this education in 2023
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment.	1) *Pharmacist Consultant will provide a list of residents on prescribed antipsychotic and will be reviewed monthly by the medication management team via antipsychotic reduction meeting. 2) Educate staff on the use of de-prescription algorithm. 3) BSO lead uses tracking tool of all residents taking an antipsychotic, tracks diagnosis, dose, behavior. 4) review tracking tool at Monthly meetings with antipsychotic deprescribing team which includes BSO team recommendation; 4) Educate registered staff on the risk of using antipsychotics medications. . Physicians & Pharmacy consultant to be involved in the review of newly admitted residents on antipsychotics by the time of the admission care conference. 5) If appropriate, Pharmacy consultant will make recommendations for tapering antipsychotics. * Further education to be provided by qualified GPA coaches to the Nursing/front line staff to facilitate resident centered care. Involve resources such as Behavioral Supports Ontario BSO, Alzheimer Society and Psycho Geriatric resource team to assist in managing behaviors prior to medications.	Outcome: 37.11% as of March 2023 to 39.88% as of March 2024. There is an increase of this Quality Indicator due to our resident population's needs which are unique to our Home with a younger demographic and existing mental health condition Date: May 15, 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	17.08%	18.80%	16.32%	16.94%	20.08%	13.85%	18.07%	19.67%	17.34%	18.33%	19.11%	25.00%
Ulcers	1.73%	1.33%	1.72%	1.69%	0.85%	3.63%	2.95%	1.72%	2.53%	3.75%	2.95%	3.36%
Antipsychotic	33.14%	33.53%	35.09%	34.71%	33.73%	35.33%	34.91%	35.37%	37.35%	37.35%	38.41%	39.88%
Restraints	0.42%	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	11.10%	0.00%	0.00%	0.00%	18.80%	0.00%	19.70%	0.00%	0.00%	27.50%	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: The 2023 resident and family surveys were conducted from October 2nd to October 17th, 2023

Results of the Survey (provide description of the results):	The 2023 Resident & Family Satisfaction Survey revealed several key insights. An impressive 90.00% of residents feel that the staff are friendly. Satisfaction with the relevance and timing of recreation programs is high, at 89.41%. However, there are areas for improvement: satisfaction with the dietitian is at 72.86%, and only 71.43% feel communication from home leadership is clear and timely. Additionally, while 88.42% of residents feel they can express concerns without fear of consequences, only 67.14% believe they can get immediate help when needed, and 64.29% feel regularly updated about changes in the home. Lastly, satisfaction with the social worker/social service worker stands at 88.00%, but access to a hairdresser is low, with only 50.00% satisfied, as noted at the time of the survey we had no in-home hairdresser.  The results for the family Survey underscores several notable aspects of care provision. Impressively, 92.73% of families affirm the availability of Continence Care Products when needed, and a similar percentage (92.50%) acknowledge having access to someone for discussing resident medications. Furthermore, 92.31% feel comfortable raising concerns with staff and leadership. Satisfaction with the resident's meal experience in the dining room is high at 92.00%. However, there are areas identified for improvement, including satisfaction with laundry services for personal clothing (71.67%) and linens (70.00%). Additionally, awareness of spiritual care services (70.00%) and the resident's input into recreation programs (69.09%) indicate room for enhancement. Notably, only 54.00% express satisfaction with the resident's access to a hairdresser when needed.
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 of the 2023 Resident & Family Satisfaction Survey were shared with residents, families, and staff during the week of November 20th, 2023. The results were communicated through emails to families, paper copies available in the front lobby, and discussions at weekly staff huddles

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	100.00%	100.00%	100.00%	76.00%	100.00%	100.00%	100.00%	25.49%	Conduct a focus group with a small sample of residents and family members to understand the barriers preventing survey participation (e.g., lack of awareness, time constraints, perceived lack of impact)
Would you recommend	85.00%	80.00%	71.40%	83.75%	85.00%	80.00%	77.80%	84.44%	Foster a Resident-Centered Culture by ...  Implement regular training programs for staff focusing on empathy, communication, and personalized care. Encourage staff to take the time to understand each resident's personal history, preferences, and needs, ensuring that care plans are tailored accordingly. Promote a welcoming and inclusive environment where residents feel valued and respected.
I can express my concerns without the fear of consequences.	100.00%	100.00%	71.40%	88.42%	100.00%	100.00%	83.30%	90.00%	Set up anonymous suggestion boxes in easily accessible locations throughout the facility

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 Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	Target for 2025 is 21% -> Change idea # 1: Introduce educational pamphlet/ conversation on admission outlining to residents* and families the in-home treatment that are offered versus hospitalization; Change idea # 2: Ongoing education to all Registered staff on improving Nursing process and SBAR communication tool Change idea #3 Education for registered staff to develop their skills on physical assessments via education sessions through Nurse Practitioner Change idea #4 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	As of January 2024, the current performance is 27.5%
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity inclusion, and anti-racism education	Target is 80%. Change idea 1: To improve overall dialogue of diversity, inclusion, equity and anti-racism in the workplace; Change idea 2: To increase diversity training through Surge education or live events; Change idea 3: To facilitate ongoing feedback or open door policy with the management team; Change idea 4: To include Cultural Diversity as part of CQJ meetings.	96.19% as of December 2023
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	Target is 100%. Change idea 1: To increase our goal from 91% to 93%. Change idea 2: 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"; Change idea 3: Staff to receive education through Surge learning platform on Resident Bill of Rights #29. Change idea 4: Create a post admission survey that will ask residents 2 questions - "Did you feel comfortable during your admission expressing your opinions openly?" and "Do you feel that your opinions were included into your plan of care?"	As of October 2023 Resident Satisfaction Survey - 91.30%
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	Target is 15%. Change Idea #1 Improving the documentation process for falls; Change Idea #2 Improving the identification of high risk residents' in the home; Change Idea #3 Review residents' medication regime to identify medications that may in crease the risk for falls; Change Idea #4 RN in charge will audit the floor every shift to review possible environmental fall factors.	18.11% as of March 2024
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	Target is 17.30%. Change Idea #1 Continue to review use of antipsychotic medications monthly, including behavioral charting and observation; Change Idea #2 Educate Registered staff on the algorithm and the risks associated with use of antipsychotic; Change Idea #3 Upon admission, full medication review conducted for residents' receiving antipsychotics; Change Idea #4 Residents who are prescribed antipsychotics for the purpose of reducing agitation and or aggression will have received medication reviews quarterly and as appropriate, in collaboration with their care team; that being, physician, pharmacist, NP, nurse etc..., to consider dosage reduction or discontinuation.	35.44% as of March 2024
<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>Print out a completed copy - obtain signatures and file.</b>	<b>Date Signed:</b>
CQJ Lead	Kaitlyn Pearson	13-May-24
Executive Director	Kaitlyn Pearson	13-May-24
Director of Care	Megha Chellappan Nair	13-May-24
Medical Director	Dr. Fiona Halliday	13-May-24
Resident Council Member	John Deaker	13-May-24
Family Council Member	N/A	13-May-24