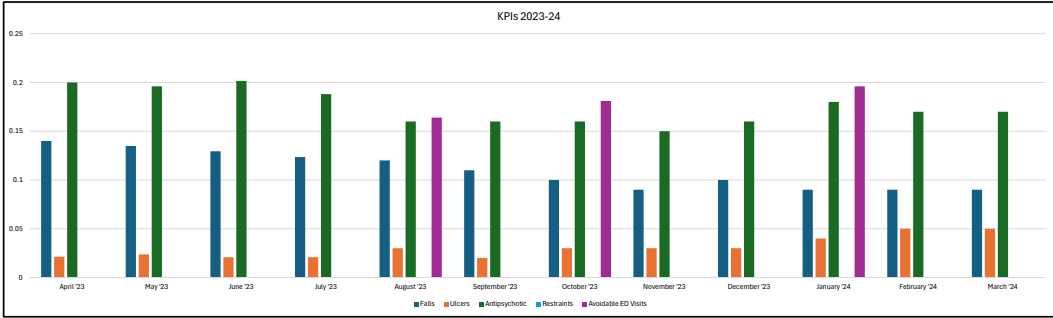


HOME NAME: Port Perry Place		
People who participated development of this report		
	Name	Designation
Quality Improvement Lead	Martha Moritz	RPN
Director of Care	Sheeza Mirza	RN
Executive Director	Tisha Peers	
Nutrition Manager	David Lumies	
Life Enrichment Manager	Leslie Kowek	
Clinical Consultant	Moises 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
Reduce number of resident on antipsychotropic drugs without a diagnosis to support	HQO- percentage was at 18%, target meet as of Dec 2023 was 17.04%. 2024 target will be for 15% currently home is engaging in pharmacy reviews on admission, care conferences and also BSO reviews of risk managements and follow-ups with MD. Continued approaches for 2024 will include increase use of cannabis and homeopathy remedies. NP to be part of the BOOKER project	Outcome : 20% Date : April 23 Outcome:17.27% Date: March 31, 2024 Change idea resulted in an overall improvement over the year of 2.73 %
Percentage of residents who responded positively to the statement: "I can express my opinion without	Reviewed Resident/family survey feedback at last resident council, discussed representation at care conferences, activities in the food committee and other ways to attend meetings to provide input. Review of resident Bill of Rights posted at front entrance. Routine invite to CQI meetings.	Outcome: 75% Date : December 22 Outcome: 77.62% Date: March 31, 2024 Implementation of change idea resulted in an overall improvement in resident satisfaction of 2.62%
Potentially Avoidable ED visit	Decrease the number of avoidable ED visit by 5% from 18.1% to 17.2%, introduction of mobility xrays at the home and also Nurse Practitioner- as part of medical services	Outcome : 20% Date : April 23 Outcome: 14.7 % Date: March 31, 2024 Implementation of change idea led to a remarkable improvement of over the year of 5.3%

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	14.00%	13.49%	12.84%	12.35%	12%	11%	10.00%	9.00%	10.00%	9.00%	9.00%	9.00%
Ulcers	2.13%	2.37%	2.08%	2.08%	3%	2.00%	3.00%	3.00%	3.00%	4.00%	5.00%	5.00%
Antipsychotic	20.00%	18.60%	20.16%	18.80%	16.00%	16.00%	16.00%	15.00%	16.00%	18.00%	17.00%	17.00%
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	20%	0.00%	0.00%	0.00%	16.40%	0.00%	18.10%	0.00%	0.00%	19.60%	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 practice.

Summary of Resident and Family Satisfaction Survey for Previous Fiscal Year	
Date Resident/Family Survey Completed for 2023/24 year:	Sep-23
Results of the Survey (provide description of the results)	Resident Survey- Able to speak freely about care- attended resident council and explain the contacts in the home- ie. management team and care conferences; also resident bill of rights reviewed
How and when the results of the survey were communicated to the Residents and their Families (including Resident's Council, Family Council, and Staff)	posted on the communication board on the first floor of the home- public access, also shared at resident and family council

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	82.63%	82.63%	80.00%	100.00%	82.60%	80.49%	3.33%	42.50%	Increase resident and Family participation in Surveys
Would you recommend	82.63%	82.63%	74.76%	83.75%	80.49%	80.49%	75.54%	77.68%	Follow up on recommendations made by families and residents.
I can express my concerns without the fear of consequences.	82.63%	82.63%	75.00%	77.62%	80.49%	80.49%	83.75%	85.63%	Provide education for residents and families regarding the process for bringing forward complaints, concerns, and suggestions.

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 conditions* per 100 long-term care residents.	Target : 16% To reduce unnecessary hospital transfers, through the use of on-site Nurse practitioner 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. 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. Discussion with residents and families, about role of NP's in LTC, re-education of registered staff, regarding assessment skills, and become part of standing nurse practice monthly meetings review Build capacity and improve overall clinical assessment to Registered Staff;	14.7% (March 24)

Initiative #2-Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	<p>Target : 100 %. To improve overall dialogue of diversity, inclusion, equity and anti-racism in the workplace.</p> <p>To increase diversity training through Surge education or live events</p> <p>To facilitate ongoing feedback or open door policy with the management team</p> <p>To include Cultural Diversity as part of CQI meetings</p>	14% (April 24)
Initiative #3-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. 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.</p>	77.62% (December 23)
Initiative #4- Percentage of LTC home residents who fell in the 30 days leading up to their assessment	<p>Target : 15 %. To facilitate a Weekly Fall Huddles on each unit.</p> <p>To improve overall knowledge and understanding of Falls Program.</p> <p>To collaborate with external resources of ideas to help prevent further resident increase of falls or injury related to falls.</p>	10.06% (April 24)
Initiative #5-Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	<p>Target : 17.3%. The MD, NP, BSO (including Psychogeriatric Team), with nursing staff will meet monthly to review all new admissions for diagnosis and medications related to inappropriate prescribing of antipsychotics. This is also part of PAC quarterly meeting agenda, which also includes the pharmacy for further analysis and improvement strategies.</p> <p>Residents who are prescribed antipsychotics for the purpose of reducing agitations 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.</p>	17.16% (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 committee quarterly.		
Signatures:	<i>Print out a completed copy - obtain signatures and file.</i>	Date Signed:
CQI Lead	Sheeza Mirza-DOC	May 16, 2024
Executive Director	Tisha Peers	May 16, 2024
Director of Care	Sheeza Mirza-DOC	May 16, 2024
Medical Director	Amita Dayal	May 16, 2024
Resident Council Member	Peter Joyner	May 16, 2024
Family Council Member	Gerry Iantomasi	May 16, 2024