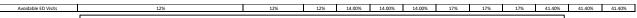
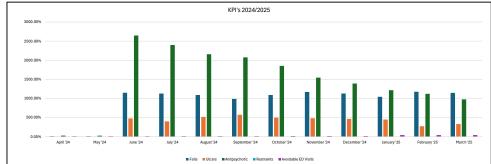
SOUTHBRIDE	Continuous Quality Improvement Initiative Annual Repo	rt Annual Schedule: May 2025
HOME NAME : Eagle Terrace	People who participated development of this report	
	Name Adam Kertesz Renny Sunny	Designation ED DOC
Director of Care Executive Directive Nutrition Manager	Renny Sunny Adam Kertesz Christina Lee	ED FSM
Programs Manager IPAC	Diane Harting Krystin Miles	Activity Director IPAC Lead
RAI	Mary Mukwaya	RAI C
	ority areas for quality improvement, objectives, policies, proc	
from previous year (2024	I/2025): What actions were completed? Include dates and ou	tcomes of actions.
Quality Improvement Objective	Policies, procedures and protocols used to achieve quality improvement	Outcomes of Actions, including dates
% of families who would positively respond to the statement "I would	Cange idea #1 Ensure familiuse are provided information on how to form a family council. Newser - Audit new admission packages quarterly to ensure "Now to form a Family Council" is included. Quarterly, this information will be reviewed at Family Fourn meetigns. Target: 100% for families will receive information on how to form a family council by may 2024. Lessons Learned: information on a family or a family council by may 2024. Lessons Learned: information hoad and is shared in monthly newsitetes. Quarterly Family Town Hall Meetings, were also being held. Change Idea 2E. Exerus families receive invitations to attend family from Hall Meetings. Measure: Complete tracking to ensure families receive invitations to attend from the Council for t	Outcome: Previous years' performance was 84.6%. Target was 85%.
recommend this home to others* on the Annual Family Experience Survey.	notifications of invitations to quarterly Family Forum meetings. Lessons Learned: Invitex as esen tout vie earnil and are posted on the communication board. Change idea #8: Family Members to be included in quarterly quality Council meetings. Measure: Family members will be called to determine if they would be interested and available to attend a Quality Council meeting, if response is positive, an invitex will be sent. Target: Family members will be in attendance at all Quality Council meetings. Lessons Learned: invites sent out to residents and families for the meetings, but not always the family member would attend.	Date: October 11, 2024
	Change Idea #1: Provide family education of "What is spirituality?" Measure:	Outcome: Previous year's performance was 44.4%. Target was 85%.
% of families who would positively respond to the statement "I am satisfied with the variety of spiritual care services" on the Family Engagement Survey.	Complete tracking tool to ensure all families receive spirituality education and the online survey. Target Increase positive responses to 57% satisfaction on the 2024 survey to the statement "I am satisfied with the timing and schedule of spiritual care services." Change leds 2P. Develop an online survey, with paper format if required, to families soliciting input about the home's spiritual services. Measure "Evaluate results from the online survey to provide further opportunities for improvement. Target: increase positive response to 75% on the statement "I am satisfied with the variety of spiritual care services".	Date: October 11, 2024
	Change Mosa #1 Provide education to families on the continence care products and program offered at home. Education will be provided through live presentation and written information. Process measures: Two live sessions will be offered during family forum meetings May and November. Written material will be provided to all families through monthly communication newsletter. Target for process measure increase positive response to 85% satisfaction on the family engagement survey to the statement 'There is a good choice of continence care products on the 2024 survey. Change Idea #2 Provide continence care program and product information to admission	Outcome: Previous year's performance was 44.4% with a target of 85%
% of families that would respond positively to the statement "There is a good choice of continence care products" on the family engagement survey.	Provide continence care program and product information to admission package and provide during annual care conferences. Process measure Audit admission packages information material to ensure inclusion of continence care program poster/brochure. Target for process measure 100% of admission packages will include information regarding the continence care program by May 2004. Change Idea 83 POA will be provided with written information when resident has a change in continence and requires continence care products. Process measure Documented communication with POA regarding continence care product education. Target for process measure 100% of residents with a change in continence care product will have a documented note regarding education.	Date: October 11, 2024
% of families that would respond positively to the statement "I am statisfied with the timing and procedure of recreation programs" on the family engagement survey	Change Idea #1 Provide education to families at Family Town Hall. The recreation department will post what they can offer to residents and families. Process measure ED and Recreation Manager will attend Family Town Hall in March and every quarter thereafter Target for process measure Increase positive response Change Idea #2 2) Solicit families for input about their expectations on the timing and schedule of recreation programs through surveys Process measure Evaluate results from online survey to provide further opportunities for improvement. Target for process measure Increase positive response to 75% Satisfaction on 2024 Survey to the statement "I am askified with the timing and schedule of spiritual care services"	Outcome: Performance was \$4.5% and Target was 85 Date: October 11, 2024
% of Residents who would respond to the statement "I would recommend this home to others" on the Annual Resident Experience Survey	Change Idea #1 Ensure all residents are given the opportunity to become involved in resident council meeting in the home monthly. Process measure Meeting times will be posted, individual residents will be invited to meetings. Target for process measure Resident positive response to the statement "I would recommend the home to others" will be maintained above 75% on the annual resident experience survey.	Outcome: Performance was 88%, Target was 75%. Date: October 11, 2024
% of Residents who would respond to the statement "My care conference is a meaningful discussion that focuses on what's	Change Idea #1 At each care conference, ask the resident and document if there are any questions or concerns Process measure All care conferences we will ask the resident and will document that the resident was asked if they had any concerns or questions about their care Target for process measure 100% of care conferences the resident will have the opportunity to ask questions or raise concerns about their care Change Idea #2 Develop an online survey, with paper format if required, to residents soliciting input about how to improve their care conference experience Process measure Evaluate results from the online survey to provide further opportunities for improvement. Target for process measure Increase positive response to 75% Satisfaction on 2024 Survey to the statement. "My care conference se as meaningful discussion that focuses on what's working well, what can be improved, and potential solutions".	Outcome: Performance was 42.9% and Target was 75% Date: october 11, 2024

% of Residents who would respond to the statement "I am attified with the quality of care from doctors" on the Annual Resident Experience Survey	Request invitation to Residents' Council to discuss: Resident experiences with MDs and the role of the NP. Process measure DOC will attend Resident Council in March and again in July 2024 Target for process measure in Council in March and again in July 2024 Target for process measure in Council in March and again in July 2024 Target for process measure in Council in March and again in July 2024 Target for process measure in Council in March and Council in March and Again in July 2024 As each care conference, ask the resident and document if there are any questions or concerns for the physician while the physician while the physician while the physician and resident in present. Process measure All care conferences we will ask the resident and will document that the resident was asked if they had any concerns or questions for the physician. Target for process measure 100% of care conferences the resident will have the opportunity to ask questions or traise concerns for the physician (Conge idea 38 Care Conference lead to follow-up with residents after a MD/NP visit for feedback weekly, tracked and discussed during monthly Quality Days Care Conference lead to follow-up with residents after a MD/NP visit for feedback weekly, tracked and discussed during monthly Quality Days Target for process measure increase positive response to 75% satisfaction on 2024 Survey to the statement "I am addition."	Performance was 57.1% and the Target was 75%. Date: October 11, 2024	
% of Residents who would respond to the statement "I have good choice of continence care products" on the Annual Resident Experience Survey	Change Idea #1 Provide education to residents on the continence care products and program offered at home. Education will be provided through live presentation and written information. Process measure Process measure Increase positive response to 75% satisfaction on the resident engagement survey to the statement. These is a good choice of continence care products on the 2024 survey. Change Idea #2 Provide continence care program and product information to admission package. Process measure Live and L	Outcome: Performance was 58.3% and the Target was 75% Date: October 11, 2024	
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	Change Idea #1 Conduct environmental assessments of resident spaces to identify potential fall risk area and address areas for improvement Process measure #1 derivinonmental assessments completed monthly # of identified deficiencies from assessments that were corrected monthly Target for process measure Environmental risk assessments of resident spaces to identify fall risk will be completed by June 2024	Outcome: Performance was 12.9% and Target was 15%. Target met.	
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	Change Idea #1-Medication review and ensure diagnosis is correct for all residents currently prescribed antipsychotics. Process measure—in of residents reviewed monthly if of plans of care reviewed that have supporting diagnosis for electrion strategies implemented monthly. Target for process measure—All residents currently prescribed antipsychotics will have a medication review completed by buly 2024. Change Idea #2. Provide educational material to families and/or residents on antipsychotics and the importance of minimizing use. Process measure—of a families provided with best practice information on reducing antipsychotics monthly #0 for our and admission packages provided with antipsychotic reducinformation included monthly. Target for process measure—Educational material will be provided to families and/or residents on antipsychotics and important of minimizing use by Sept 2024. Change Idea #3 - Ensure that for any responsive behaviour the first interventions are non-pharmacological. Process measure—Percentage of residents with responsive behaviours that have non-pharmacological interventions. Target for process measure—100% of residents with responsive behaviours will have non-pharmacological interventions.	Outcome: Performance was 28.57% and Target was 17.30%. Not Met.	
Percentage of long-term care home residents in daily physical restraints over the last 7 days	Change Idea #1 Educate new residents and familles on the restraint policy and use of alternatives to restraints upon admission Process measure 9% of new residents and family members who received the education upon admission Target for process measure 100% of new residents and family members will receive education on the restraint policy and alternatives to restraints upon admission	Outcome: Performance was 0% and Target was 2.5%. Target met.	
Percentage of LTC residents with worsened ulcers stages 2-4	Change Idea #1 Review current bed systems/surfaces for residents with PURS score 3 or greater Process measure in of residents with PURS score 3 or greater #1 of reviews completed of bed surfaces/mattresses monthly #0 fb ed surfaces/mattresses measure A review of the current bed systems/surfaces for residents with PURS score 3 or greater will be completed by August 2024 Change Idea #2 Improve Registered staff knowledge on identification and staging of pressure injuries Process measure Percentage of registered staff who will have received education on the correct dentification and staging of pressure injuries Process measure Process measure will have received education on identification and staging of pressure injuries by Sept 2024 Change Idea #2 Improve PSW knowledge on identification and staging of pressure injuries Process measure Percentage of PSW staff who will have received education on the correct identification and staging of pressure injuries Process measure Percentage of PSW staff who will have received education on the correct identification and staging of pressure injuries Process measure Percentage of PSW staff who will have received education on the correct identification and staging of pressure injuries Process measure Percentage of PSW staff who will have received education on the correct identification and staging of pressure injuries Process measure Percentage of PSW staff who will have received education on identification and Staging of pressure injuries Process measure	Outcome: Performance was 3.7% and the Target was 2%.	

Key Perfomance 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	11.76%	11.19%	11.49	11.29	10.9	9.88	10.91	11.7	11.3	10.44	11.76	11.46
Ulcers	3.70%	4.23%	4.76	4	5.16	5.73	5	4.82	4.65	4.49	2.73	3.31
Antipsychotic	28.13%	27%	26.47	24	21.57	20.75	18.52	15.45	13.91	12.17	11.21	9.76
Restraints	0	0	0	0	0	0	0	0	0	0	0	0





quality improvement initiative is aligned with our mission to provide quality care and services through innovation and excellence Continuous Quality improvement Committee comprised of interdisciplinary representatives that are the home's quality and hampions. An analysis of quality indictor performance with provincial benchmarks for quality incliators is completed. Quality we benchmarks and that hold high value on resident quality of life and safety are selected as a part of the annual quality initiative, is internally are reviewed for trends and incorporated into initiative planning. The quality initiative is developed with the voice of amilies/POA's/SDM's through participation in our annual resident and family satisfaction survey and as members of our continuous

Summary o	of Resident and Family Satisfaction Survey for Previous Fiscal Year						
Date Resident/Family Survey Completed for 2024/25 year:	Available to complete from September 3, 2024 to October 11, 2024						
Results of the Survey (provide description of the results):	81.8% of resident and 72.4% of families would recommend this home to others. 100% of residents and 54.5% of family members completed the survey.						
How and when the results of the survey were communicated to the Residents and their Families (including Resident's Council, Family Council, and Staff)	Results of the survey were communicated to residents at the Resident Council on December 3, 2024, and the families at Family Forum on December 6, 2024. The home shared the survey results and requested feedback, working with the Councils to create an action plan. Results of the surveys were shared with staff at the Staff Town Hall on January 9, 2025.						

	Resident Survey		Family	Survey					
Client & Family Satisfaction	2025 Target	2024 Target	Target 2022 (Actual)		2025 Target	2024 Target	2022 (Actual)	2023 (Actual)	Improvement Initiatives for 2025
Survey Participation	100	100	Unknown	100	50	54.5	Unknown	22.8	Feedback on how they would like the survey conducted will take place. Survey will be available in both electronic and hard copy. Support will be provided as needed for those who requires assinance to complete Adversiting will take place to make sure it is well known about.
Would you recommend	80	81.8	Unknown	88	80	72.4	Unknown	84.6	Engaging resident and families in quality improvment initiaties in the home through particpation in quarterly meetings, annual survey and consulted on action plans to adress areas for improvement.
I can express my concerns without the fear of consequences.	This question was not asked on the surveys.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	This question will be included on 2025 survey. Whistler blower policy posted visible to all and discussed with residents and families on admission.

Initiative	Target/Change Idea	Current Performan		
Satisfaction with Eating Meals in the Dining Room	Target: 75% 1. Enhance the environment. 2. Provide education on improving the resident experience during mealtimes.	67.90%		
Satisfaction with the Quality of Care from doctors	Target: 74% 1. Communicate roll of MD and physicians and give opportunity for feedback. 2. Provide residents and families with information specific to the MD and attending physician so that they are aware of the expectations. 3. Improve visibility of the physicians with the home.	63.30%		
Satisfaction with the Quality of Care rom the Physiotherapist	Target: 75% 1. Improve visibility and awareness of the physio program in the home. 2. Provide restorative treatment through collaboration with nursing and recreation	69%		
% of LTC home residents who fell in the 30 days leading up to their assessment	Target: 12% 1. Re-implement falls huddle. 2. Increase awareness of fall hazards in residents' environment	12.95%%		
% of LTC home residents without psychosis who were given antipsychotic medication in the 7 days preceding their assessment	Target: 17.30% 1. GPA education to staff for responsive behaviours/personal expressions 2. Education to staff on antipsychotics	20.31%		
% of LTC residents who had a pressure ulcer that recently got worse	Target: 2% 1. Education for all registered staff on correct staging of pressure ulcers 2. Turning and repositioning education	3.90%		

Signatures:	Print out a completed copy - obtain signatures and file.	Date Signed:
CQI Lead	Adam Kertesz	Aug. 1
Executive Director	Adam Kertesz	Aug. 1
Director of Care		Aug. 1
Medical Director		Aug. 1
Resident Council Member	Linda Janes	Aug. 1
6 3 6 344 1		