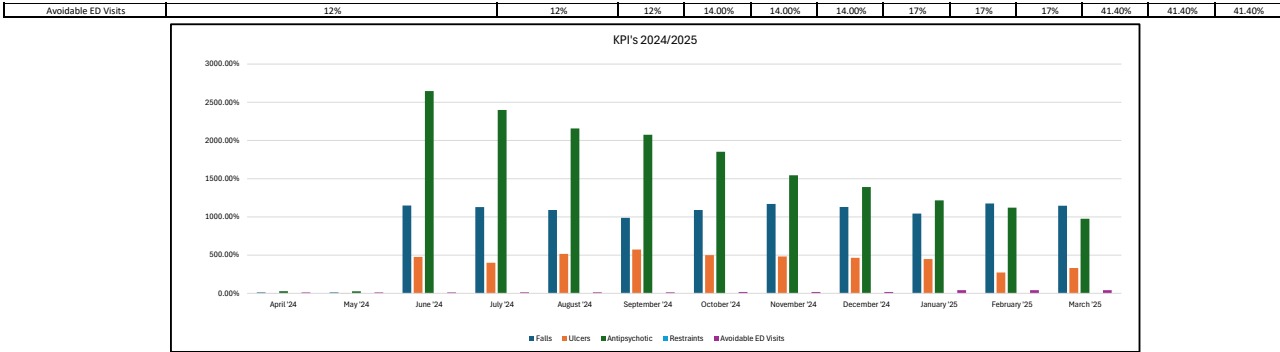


| | | |
|--|---|--|
| <div><div><div><div><div><div></div><div>SOUTHBRIDGE</div></div></div><div><div><div>HEALTH CARE</div><div>LEAF</div></div></div></div><div></div></div><div>Continuous Quality Improvement Initiative Annual Report</div></div> | | |
| Annual Schedule: May 2025 | | |
| HOME NAME : Eagle Terrace | | |
| People who participated development of this report | | |
| | Name | Designation |
| Quality Improvement Lead | Adam Kertesz | ED |
| Director of Care | Benny Sunny | DOC |
| Executive Directive | Adam Kertesz | ED |
| Nutrition Manager | Christina Lee | FSM |
| Programs Manager | Diane Harting | Activity Director |
| IPAC | Krystin Miles | IPAC Lead |
| RAI | Mary Mukways | RAI C |
| Summary of the Home's priority areas for quality improvement, objectives, policies, procedures and protocols from previous year (2024/2025): 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 |
| % of families who would positively respond to the statement "I would recommend this home to others" on the Annual Family Experience Survey. | <p>Change Idea #1 Ensure families are provided information on how to form a family council. Measure: Audit new admission packages quarterly to ensure "How to form a Family Council" is included. Quarterly, this information will be reviewed at Family Forum meetings. Target: 100% of families will receive information on how to form a family council by May 2024. Lessons Learned: Information located on the Family Information Board and is shared in monthly newsletters. Quarterly Family Town Hall Meetings were also being held.</p> <p>Change Idea #2: Ensure families receive invitations to attend Family Town Hall Meetings. Measure: Complete tracking to ensure families receive invitations to quarterly Family Forum Meetings. Target: 100% of families receive notifications of invitations to quarterly Family Forum meetings. Lessons Learned: Invites are sent out via email and are posted on the communication board. Change Idea #3: 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 invite 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.</p> | <p>Outcome: Previous years' performance was 84.6%. Target was 85%.</p> <p>Date: October 11, 2024</p> |
| % of families who would positively respond to the statement "I am satisfied with the variety of spiritual care services" on the Family Engagement Survey. | <p>Change Idea #1: Provide family education of "What is spirituality?" Measure: Complete tracking tool to ensure all families receive spirituality education and the online survey. Target: Increase positive responses to 75% satisfaction on the 2024 survey to the statement "I am satisfied with the timing and schedule of spiritual care services". Change Idea #2: 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".</p> | <p>Outcome: Previous year's performance was 44.4%. Target was 85%.</p> <p>Date: October 11, 2024</p> |
| % of families that would respond positively to the statement "There is a good choice of continence care products" on the family engagement survey. | <p>Change Idea #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 measure: 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."</p> <p>Change Idea #2 Provide continence care program and product information to admission package and provide during annual care conferences. Process measure Audit admission package 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 2024.</p> <p>Change Idea #3 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</p> | <p>Outcome: Previous year's performance was 44.4% with a target of 85%</p> <p>Date: October 11, 2024</p> |
| % of families that would respond positively to the statement "I am satisfied with the timing and schedule of recreation programs" on the family engagement survey | <p>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</p> <p>Change Idea #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 satisfied with the timing and schedule of spiritual care services"</p> | <p>Outcome: Performance was 54.5% and Target was 85 Date: October 11, 2024</p> |
| % of Residents who would respond to the statement "I would recommend this home to others" on the Annual Resident Experience Survey | <p>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.</p> | <p>Outcome: Performance was 88%, Target was 75%. Date: October 11, 2024</p> |
| % of Residents who would respond to the statement "My care conference is a meaningful discussion that focuses on what's working well, what can be improved, and potential solutions." on the Annual Resident Experience Survey | <p>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</p> <p>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 is a meaningful discussion that focuses on what's working well, what can be improved, and potential solutions".</p> | <p>Outcome: Performance was 42.9% and Target was 75%. Date: October 11, 2024</p> |



| 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 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 5, 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. |

| Client & Family Satisfaction | Resident Survey | | | | Family Survey | | | | Improvement Initiatives for 2025 |
|---|---|-------------|---------------|---------------|---------------|-------------|---------------|---------------|---|
| | 2025 Target | 2024 Target | 2022 (Actual) | 2023 (Actual) | 2025 Target | 2024 Target | 2022 (Actual) | 2023 (Actual) | |
| 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 assistance 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 improvement initiatives in the home through participation 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. |

| Summary of quality initiatives for 2025/26: Provide a summary of the initiatives for this year including current performance, target and change ideas. | | |
|--|---|---------------------|
| Initiative | Target/Change Idea | Current Performance |
| 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 witin 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% |
| 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: | Print out a completed copy - obtain signatures and file. | Date Signed: |
| CQI Lead | Adam Kortez | Aug. 1 |
| Executive Director | Adam Kortez | Aug. 1 |
| Director of Care | Benny Sunny | Aug. 1 |
| Medical Director | Gary Weinstein | Aug. 1 |
| Resident Council Member | Linda Jones | Aug. 1 |
| Family Council Member | Joe Oppenauer | Aug. 1 |