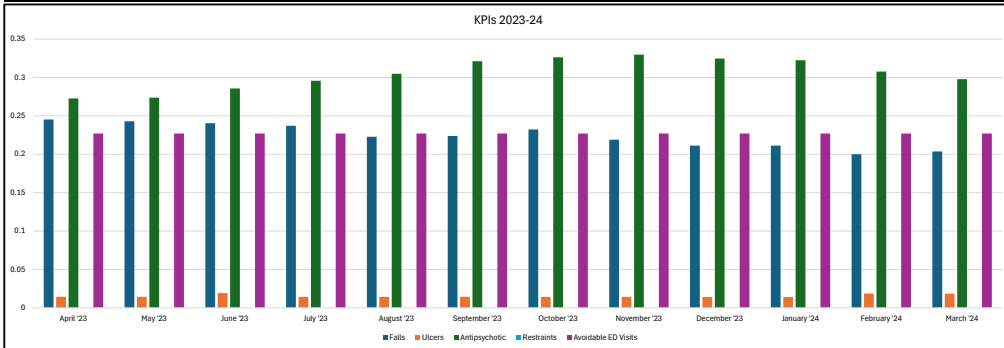
 Continuous Quality Improvement Initiative Annual Report		
Annual Schedule: May		
HOME NAME: Pinecrest		
People who participated development of this report		
	Name	Designation
Quality Improvement Lead	Caroline Guimond	
Director of Care	Bridget Lahaie	RN
Executive Directive	Caroline Guimond	
Nutrition Manager	Vacant	
Life Enrichment Manager	Netta Ussyshkin	
Other	Davina Dowdall, RN	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
To decrease the % of residents without psychotics who were given antipsychotic medication in the 7 days preceding their resident assessment	1) Provide education to staff on documentation of responsive behaviours such as hallucination and delusion. 2) Review an verify the data on the number of residents prescribed antipsychotics, including new starts, prns, and administration rates. Identify residents using antipsychotic medications who could potentially use alternative medications. Check for underlying infections.	Outcome: Audit of diagnosis and coding by DOC to ensure documentation is accurate. Date: March 2024
To maintain the home's IPAC program to ensure alignment with the best practice guidelines and regulatory standards	1. Recruit IPAC Lead 2. Continue with IPAC Lead and Regional IPAC Specialist and Southbridge Corporate Epidemiologist for support at the home 3. Continue to utilize safety Officer to complete daily audits on PPE donning and doffing, hand hygiene, cleaning and disinfection 4. Education to all new hires upon start and annually for all other staff. IPAC video for all hires to view before start of work. In-class IPAC education continues with all staff 5. In-house Vaccine clinic for residents and staff for covid vaccine(booster) and flu shot. 6. Ongoing daily IPAC huddles 7. Education to essential caregivers on a monthly basis on IPAC via BSW	Outcome: IPAC Lead Recruited Date: april 2024
Develop mechanisms to ensure care plans are updated every 3 months, and upon a significant change in a resident's health status	1) DOC or delegate to roll out and re-educate all registered staff on the completion of the resident admission checklist. 2) Re-educate staff on policy: RC-05-01-03- Care Planning: highlights, roles and responsibilities 3) DOC or delegate to be responsible for the education. 4) DOC to review and sign off on all admission checklists within the required time frames 5) DOC or delegate to complete QMR Name: RC-1A Plan of Care / Care Plan monthly, randomly select 10 % of resident charts (including all admission within the month)	Outcome: Ongoing Date: TBD
Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	1) Support early recognition of residents at risk for ED visits; 2) Educate residents and family during admission and resident/family council meeting of reducing ED visits; 3) Re admission and updated yearly, discuss end-of-life and do-not-resuscitate (DNR) orders to ensure LTC residents, families, and caregivers are provided education around end-of-life care and that their wishes are documented; 4) Review Advance Care Directives annually with families at care conferences, providing education on hospital transfers and impact on residents.	Outcome: DNR reviewed at annual care conferences with families/residents Date: November 2023 and ongoing
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	1) Develop mechanisms to ensure that the resident council is meeting at a frequency prescribed by the Act or more frequently. During Resident Council meetings, provide the members with opportunities to discuss and provide input on a variety of areas that impact their care and wellbeing. 2) Provide education to the resident council regarding the process for making a complaint, as well as escalating a complaint that has not been addressed. 3) Ensure that Surge training on the Bill of Resident Rights is maintained at 100% consistently throughout the year.	Outcome: Regular resident council meetings occurring in the Home. Date: Aug 2023 and ongoing

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	24.52%	24.29%	24.04%	23.70%	22.27%	22.38%	23.22%	21.90%	21.13%	21.13%	20.00%	20.37%	
Ulcers	1.44%	1.43%	1.92%	1.42%	1.42%	1.43%	1.42%	1.43%	1.41%	1.41%	1.86%	1.85%	
Antipsychotic	27.27%	27.37%	28.57%	29.57%	30.48%	32.11%	32.63%	32.98%	32.46%	32.24%	30.77%	29.78%	
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	22.70%	22.70%	22.70%	22.70%	22.70%	22.70%	22.70%	22.70%	22.70%	22.70%	22.70%	22.70%	



How Annual Quality Initiatives Are Selected	
<p>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/SOM'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.</p>	
Summary of Resident and Family Satisfaction Survey for Previous Fiscal Year	
Date Resident/Family Survey Completed for 2023/24 year:	October 2nd to October 17th, 2023
Results of the Survey (provide description of the results):	The results from the 2023/24 survey were generally very positive. Most families and residents (88.65% and 86.92% respectively) would recommend Pinecrest Nursing Home to others. The overall satisfaction of residents was 92.1% which is in line with Southbridge's LTC division. The overall rate of satisfaction of families was 85.7% which was approx. 5% higher than the SB LTC division.
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 participation rates for the 2023/24 survey were shared at the family meeting on October 24, 2023 and with the resident council on December 12, 2023. The results from the survey and the action plan are posted on the bulletin board in the Home.

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%	37.50%	93.94%	100.00%	100.00%	11.32%	69.64%	Broader communication strategies using resources such as our Facebook page and new family bulletin.

<i>Would you recommend</i>	100.00%	100.00%	86.70%	86.92%	100.00%	100.00%	100.00%	88.65%	Offer additional support for families by delivering education sessions and community partnerships.
<i>I can express my concerns without the fear of consequences.</i>	100.00%	100.00%	93.30%	81.94%	100.00%	100.00%	83.30%	85.64%	Continue to build a trusting rapport with the families and residents, through clear, timely and consistent communication as well as transparency.

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	The Home will leverage the newly recruited DOC Clerk position to provide support to the Medical Director and DOC for the planning and delivery of care conference meetings for residents. This will help increase the score for the question "My care conference is a meaningful discussion that focus on what's working well, what can be improved and potential solutions"	37.90%
Initiative #2	The Program Team will be receiving some Welbi training to support more fultsome documentation related to resident goals and wishes. This way, during care conferences, the clinical teams will have the ability to integrate that information into the care plan. This will help increase the score for the question "My goals and wishes are considered and incorporated into the care plan".	64.00%
Initiative #3	The Home will having Prevail conduct a visit and assess the residents and provide recommendations for the appropriate brief size. The new DOC Clerk will be taking over the incontinence program and conducting audits to ensure that that the appropriate supplies are purchased. This will help improve the score for the question "I have a good choice of continence care products".	70%
Initiative #4	The Home will upgrade the call bell system to improve the timeliness of responses to call belts by making them more visible and audible for the staff. This will help improve the score for the question "If I need help right away, I can get it".	71.60%
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	Caroline Guimond	13-May-24
Executive Director	Caroline Guimond	13-May-24
Director of Care	Bridget Lahaie	13-May-24
Medical Director	Dr. Marie-Josée Forgues	13-May-24
Resident Council Member	Melanie Turpin	13-May-24
Family Council Member	n/a	