SOUTHBRIDGE HEALTH CARE LP

Continuous Quality Improvement Initiative Annual Report

Annual Schedule: May 2025

HOME NAME : Forest Heights LTC

People who participated development of this report

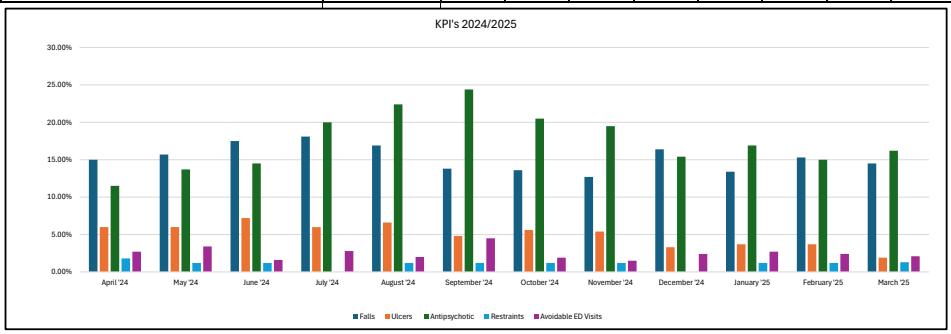
	Name	Designation
Quality Improvement Lead	Nancy Longley	ED
Director of Care	Kamaljit Dhillon	DOC
Executive Directive	Nancy Longley	ED
Nutrition Manager	Mary Jane/ Apoorva Sharma	FSM
Programs Manager	Julie Streit	RM
Assistant Director of Care	Leanne Condon	ADOC
Behavioural Support Lead	Feben Habete	BSO

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
Antipsychotics without Antipsychotic Diagnosis	BSO Lead meeting with RAI Coordinator on a monthly basis prior to releasing monthly quality indicator data. RAI Coordinator assisting BSO Lead to review documentation to create accurate diagnoses related to schizophrenia, bipolar disorder, delusions, hallucinations, or any other psychotic diagnosis.	Outcome: The delay in reducing the QI relied upon MDS assessments. Date: December 2024
% of Residents who fell in Last 30 Days	Create a falls meeting on a monthly basis to identify root cause and trends. This meeting was interdisciplinary, meeting with PT, BSO Lead, Restorative team, frontline staff members. Falls meeting was eventually updated to weekly meetings to review and address the root cause in a timely manner. Initiate falls risk assessment started quaterly to get an accurate score on the falls score and updated the care plan.	Outcome: Outcomes were ultimately reduced overall, and communication was improved through the entire interdisciplinary team. Date: September 2025
% of Residents with daily Physical Restraints	No changes required at this time. QI met within target the entire year.	Outcome: N/A Date: March 2025
% of Residents with Pressure Ulcer Stage 2-4	QI was met within target through the entire year, however in June 2024, we had a resident with a palliative wound and there was a coding issue. After deceased and error was fixed, no further changes required at the time.	Outcome: N/A Date: December 2025
% of Avoidable ED Visits	NLOT assisting with education, educating on the top reasons of ED transfers	Outcome: N/A Date: December 2025

Key Performance 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	15.00%	15.70%	17.50%	18.10%	16.90%	13.80%	13.60%	12.70%	16.40%	13.40%	15.30%	14.50%
Ulcers	6.00%	6.00%	7.20%	6.00%	6.60%	4.80%	5.60%	5.40%	3.30%	3.70%	3.70%	1.90%
Antipsychotic	11.50%	14%	14.50%	20.00%	22.40%	24.40%	20.50%	19.50%	15.40%	16.90%	15.00%	16.20%
Restraints	1.80%	1.20%	1.20%	0.00%	1.20%	1.20%	1.20%	1.20%	0.00%	1.20%	1.20%	1.30%
Avoidable ED Visits	2.70%	3.40%	1.60%	2.80%	2.00%	4.50%	1.90%	1.50%	2%	2.70%	2%	2.10%



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 inccorporated 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:	September 2, 2024 to October 11, 2024. These were compilted various times through the "open" time frame
Results of the Survey (*provide description of the results*):	**<u>Top Successes</u> A) Resident Survey 1) I am aware of the recreation programs offered in the home 74.8% 2) The staff are friendly 71.8% B) Family Survey 1) If I have a concern I feel comfortable raising it with the staff and leadership 89.3% 2) In the resident's care conference, we discuss what's going well, what could be better and how we can improve things 87.0% C) Staff Survey 1) Goal Setting 8.5 (0.4 above benchmark) 2) Peer Relationships 7.7 (0.4 above benchmark <u>Areas to Improve</u> A) Resident Survey- I am satisfied with the schedule of religious and spiritual care programs 41.7%- I have input into the recreation programs available 42.7% B) Family Survey - The resident has input into recreation programs available 38.1% - I am satisfied with the quality of laundry services for personal clothing and linens 44.4% C) Staff Survey- Recognition 6.2 (0.9 below benchmark), Openness 6.6 (0.9 below benchmark)- Strategy 6.3 (0.6 below benchmark) [Our organization does a good job communicating goals and strategies set by senior leadership]**
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 staff survey results were shared during a Town Hall on March 4, 2025 . The survey results were shared with resident and family councils on January 27, 2025

Client & Family Satisfaction	Resident Survey				Family Survey				Improvement Initiatives for 2025
	2025 Target	2024 Actual	2022 (Actual)	2023 (Actual)	2025 Target	2024 Actual	2022 (Actual)	2023 (Actual)	
Survey Participation	100%	100%	n/a	100%	76%	73.80%	n/a	37.90%	Also inviting more people to the family council by introducing them at our tea and games for New Residents
Would you recommend	70%	56.30%	n/a	70.00%	61%	58.90%	n/a	60.30%	Request feedback during meetings for programming and scheduling ideas. Captured in their minutes

I can express my concerns without the fear of consequences.	75%	58.3%%	n/a	70.90%	90%	89.30%	n/a	82.80%	Family Council thought, the answers to the questions from the survey would be more accurate if family were more educated on what the home offers. Family council wants to make a "what you need to know" from the families side for new admissions. A pamphlet stating: Did you know we have a café? You can use it with the resident Did you know you are allowed to take the resident outside Laundry – please ensure you keep all valuables at home What it means when we say communal living Etc.

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
Initiative #1: Fallen within the last 30 days	Falls prevention weekly meetings continue with interdisciplinary team	14.10%
Initiative #2: Antipsychotic without a diagnosis of Psychosis	BSO Lead working closely with RAI Coordinator to create accurate documentation	15.20%
Initiative #3: Reduction of avoidable ED Transfers	Ongoing involvement of NLOT Nurse Christy along with Recruitment for NP for the Home. Education for use of SBAR.	7
Initiative #4: Worsened Stage 2-4 pressure injuries	Wound care champion to complete education course with SWAN. WCC to receive in-depth knowledge relatd to wound management. Plan for ET Nurse to start within the home for unmanageable wounds and ongoing	1.90%

Process for ensuring quailty 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	Nancy Longley	28-Jul-25
Executive Director	Nancy Longley	28-Jul-25
Director of Care	Kamaljit Dhillon	28-Jul-25
Medical Director	Dr. Seibel	28-Jul-25
Resident Council Member	Mary Koebel	28-Jul-25
Family Council Member	Donna Shea	28-Jul-25