

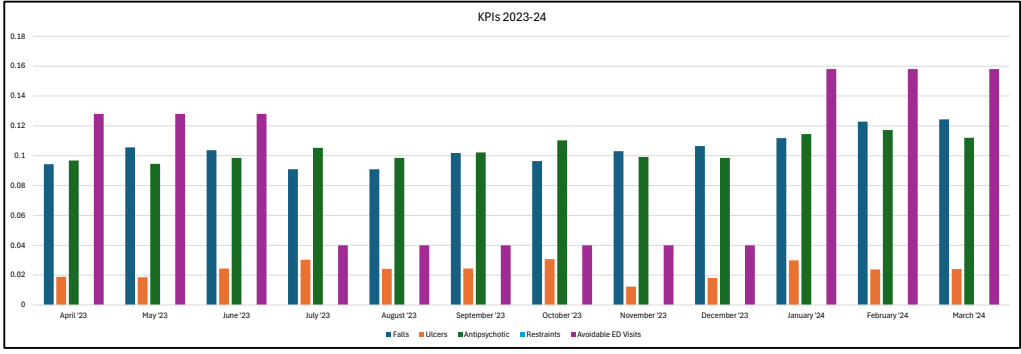
Annual Schedule: May

HOME NAME: People who participated development of this report		
	Name	Designation
Quality Improvement Lead	YASMINE STEPHENS	Assistant Director of Care
Director of Care	MARIANA KUZMICH	Director of Care
Executive Director	STACEY ROOYAKKERS	Executive Director
Nutrition Manager	BAHAAR HUNDAL	Nutrition Manager
Resident Service Manager	HEATHER WILSON	
Life Enrichment Manager	SARAH BROWN	
Other	Jenny Allison, 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
Enhancing of Resident Outdoor Spaces	To improve resident quality of life through a holistic approach, the home is focusing on providing an outdoor space that contributes to a peaceful and therapeutic environment. The home will be updating landscaping in the resident courtyard, as well as updating the front flower beds to be more aesthetic and appealing.	Outcome: Unmet, currently in progress Date: March 2024
Enhancing the indoor space for Resident comfort and Enjoyment	With the input from the Residents, the home will see an update to the decor, including new decor as well as a fresh paint in common areas such as halls, the family room, the living room as well as the spa rooms.	Outcome: Unmet, currently in progress Date: March 2024
Delivering Safe and Reliable Care	Shelburne Long Term Care will conduct a suicide screen on each resident quarterly, to recognize situations early and then with follow up from our staff in the form of referrals to our in house Social work as well as utilizing the external resources.	Outcome: Met, 100% completion for all Residents and new Admissions Date: March 2024
Foot care	Foot care is an identified area of need in the population of people we serve. Shelburne Long Term Care Home has two dedicated registered staff that received education and training, resulting in certification that equips them with the skills and knowledge necessary to provide safe and efficient care.	Outcome: Met, 2 foot care staff successfully hired and providing foot care services. Date: March 2024

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	9.43%	10.56%	10.37%	9.09%	9.09%	10.18%	9.64%	10.30%	10.65%	11.18%	12.28%	12.43%	
Ulcers	1.86%	1.86%	2.44%	3.03%	2.42%	2.44%	3.07%	1.23%	1.81%	2.99%	2.38%	2.41%	
Antipsychotic	9.68%	9.45%	9.85%	10.53%	9.85%	10.22%	11.03%	9.92%	9.85%	11.45%	11.72%	11.20%	
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	12.80%	12.80%	12.80%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	15.80%	15.80%	15.80%	



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:	OCTOBER 1-17, 2023
Results of the Survey (provide description of the results):	Resident satisfaction increased this year from 80.63% to 82.6%. Family Satisfaction increased from 71.79% to 80.49%. Family Participation increased from 28.89% to 56.67%. Shelburne's top identified strengths included our continence care program and use, the friendly staff here that support our Residents, and awareness of recreation services available to all Residents. Priority areas for 2024 will include communication strategies, enhancing Resident specific programming, as well as a focus on spiritual care within the Program Department.
How and when the results of the survey were communicated to the Residents and their Families (including Resident's Council, Family Council, and Staff)	Survey results are shared and discussed with our Residents during the monthly Resident's Council Meeting on November 6, 2023. Families, as well as staff are always aware of the Satisfaction survey results as they receive regular email updates from the home, and have access to the homes Quality Improvement Board in the home. Both Residents and families are invited and encouraged to participate in the homes Continuous Quality Improvement Committee that occurs quarterly, where the Survey results are also reviewed.

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%	100.00%	100.00%	100.00%	100.00%	56.67%	28.89%	Facilitate conversations with our residents and their loved ones that
Would you recommend	100.00%	100.00%	93.30%	89.60%	100.00%	100.00%	94.10%	83.08%	to be further communicated during care conferences, Residents Council, Fam
I can express my concerns without the fear of consequences.	100.00%	100.00%	78.60%	84.00%	100.00%	100.00%	100.00%	93.85%	

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- Potential Avoidable ED Visits	Building capacity regarding resident needs is an important part of reducing visits to the Emergency department and this will be a focus for the home in 2024. Increasing assessment skills, building on communications with health care providers is an area that will be of focus for the home this year. The home will also be utilizing tools that identify trends and implementing strategies to mitigate risks associated with transfers from the home to hospital. With each resident transfer, the home assesses the contributing factors to allow for enhanced care planning in the future to ensure that resources are appropriately allocated to improve care received in the home.	Current Performance as of Jan 2024: 15.8% Goal: To remain below provincial average of 16%
Initiative #2 Equity/Diversity	Providing opportunity to engage in education related to equity and inclusion is important to ensure that staff are equipped with the knowledge to support our home. Shelburne Long Term Care Home requires that all staff take part in diversity and culture training activities.	Current Performance as of April 2024: 41% staff completion Goal: 100% staff completion
Initiative #3 Safety-Antipsychotic use without a Diagnosis of Psychosis	Resident safety is our top priority and Shelburne Long Term Care Home ensures that all residents receive only the appropriate medications for their health conditions. In partnership with our Nurse Practitioner, Behavioural Supports team, and our physicians, residents that are admitted on inappropriate medications are assessed promptly and medication changes are implemented if appropriate. The home puts special focus on resident on antipsychotics without a diagnosis that indicated the use of this class of medication.	Current Performance as of April 2024: 11.2% Goal: to remain below Corporate Benchmark 17.3%
Initiative #4 Resident Experience	Shelburne Long Term Care Home has an open door policy for residents, their loved ones and all that are involved in care delivery. Encouraging conversations is part of our approach to care and will be further communicated during care conferences, residents council, family council and day to day interactions. We understand and respect that we work in our residents home, and will further support this with meaningful dialogue that helps to build trust and rapport.	Current Performance for Resident Satisfaction Survey: 84% Goal: To have 100% satisfaction
Initiative #5 Falls in last 30 days	Early intervention and identification of risk is part of our strategy to reduce falls in the home. Building staff and resident capacity related to how & why falls happen, as well as how to prevent them is a key area that will contribute to an decrease in falls. An interdisciplinary approach that includes residents in necessary to establish the root cause of each fall, and this occurs with our homes fall rounding.	Current Performance as of April 2024: 12.42% Goal: To remain below the Corporate Benchmark 15%

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		
Executive Director		
Director of Care		
Medical Director		
Resident Council Member		
Family Council Member		