

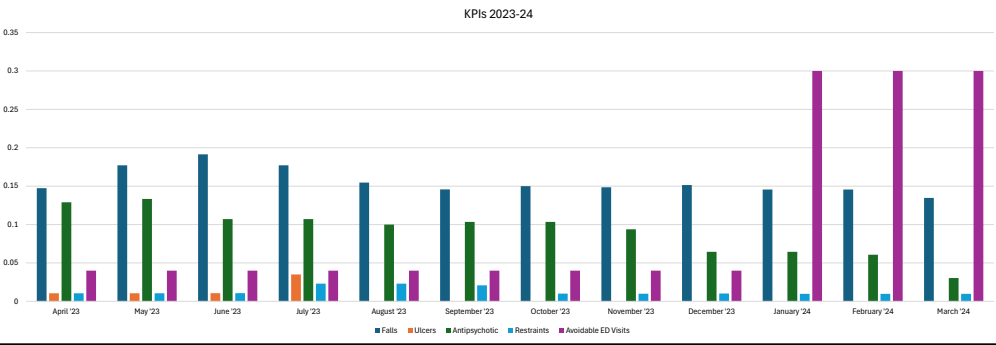
Annual Schedule: May

HOME NAME: Country Lane		
People who participated development of this report		
	Name	Designation
Quality Improvement Lead	Karen Bailey	RPN
Director of Care	Joseph Manu	RN
Executive Directive	Karen Bailey	
Nutrition Manager	Wendy Copland	
Life Enrichment Manager	Amber Russell	

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
Reduce the number of resident falls current performance was 21.74%	Education was completed with all direct care staff on fall prevention and use of fall prevention equipments, hourly safety rounds completed for resident identified as high risk falling. Changes may effect in reducing number of falls	Outcome:13.46% Date: March 31, 2024
Reduce the number of infection current performance was 47.83%	Staff education completed on pericare techniques , toileting schedules and disinfection process for communal items, focused education inresident and staff hand hygiene. Changes may effect in reducing the number of reducing infections.	Outcome:33.98% Date: March 31, 2024
Reduce the number of resident with worsening symptoms of depression, current performance was 34.78 %	Resident specific intervention such as emotional and socila support provided daily. Staff education on GPA, Use of Stop and go Technique promoted.	Outcome:35.58% Date: March 31, 2024
Reduced avoidable ED visit, Current performance was 11.10%	Education on Fall prevention completed on staff. New equipments such as bladder scanner purchased.Hospital transferes are tracked and reviewed. The first Qtr ED visit was less than 4%. Reducing Avoidable ED visit will continue to be a focus for 2024- 2025	Outcome: 30% Date: March 31,2024

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	14.74%	17.71%	19.15%	17.71%	15.46%	14.58%	15.00%	14.85%	15.15%	14.56%	14.56%	13.46%	
Ulcers	1.05%	1.04%	1.06%	3.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Antipsychotic	12.90%	13.33%	10.71%	10.71%	10.00%	10.34%	9.38%	6.45%	6.45%	6.06%	6.06%	3.03%	
Restraints	1.05%	1.04%	1.06%	2.30%	2.30%	2.08%	1.00%	0.99%	1.01%	0.97%	0.97%	0.97%	
Avoidable ED Visits	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	30.00%	30.00%	30.00%	



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/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.

Summary of Resident and Family Satisfaction Survey for Previous Fiscal Year	
Date Resident/Family Survey Completed for 2023/24 year:	Oct 2/2023 to Oct 17/ 2023
Results of the Survey (provide description of the results):	Over all 93% of residents and families would recommend this home to others.Over all satisfaction for 2023 was 86.6% for resident and 80.49% for family which was an improvement from the 2022 results. Action plan was created for 2023 result for : Rresidents- " I have access to a hairdresser when needed-72%," My care conference is a meaning full discussion that focuses on what's working well, what can be improved, and potential solutions-70%," My goals and wishes are considered and incorporated in to the plan of care-70%," For families- "I am stisfied with the quality of care from socialworker-80%," " Overall, I am stisfied with the continence care products-80% ", and " The resident has input into the recreation programs available : recreation programs-73.33%"
How and when the results of the survey were communicated to the Residents and their Families (including Resident's Council, Family Council, and Staff)	Posted on Activation board, discussed at resident council, communicated during town hall, action plan posted and reviewed at all staff meeting.

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		84.62%	100.00%	100.00%	32.00%	95.00%	95.00%	25.00%	32.00%	Incontinence product education for staff
Would you recommend		93.33%	86.40%	100.00%	93.00%	95.00%	95.00%	83.30%	93.33%	Resident input in recreational programs
I can express my concerns without the fear of consequences.		90.91%	90.90%	91.70%	95.00%	95.00%	95.00%	83.30%	95.00%	Maintenance of physical Building

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, Reduced the number of av	Implementing SBAR tool and improved communication with physicians , identifying the resident at risk for the ED visit early to support improved treatment and communication with family. Improved clinical assessment skill of registered staff through conducting needs assessments and providing registered staff education.	30%
Initiative #2, Percentage of staff who h	Staff training and education will be provided , diversity and inclusion will be introduced as part of new employee onboarding. CLRI diversity and inclusion calendar will be used to culture and diversity events in the home. Culture diversity will be added as a agenda item at quality meetings .	Establishing base line.
Initiative #3,Percentage residents who r	Resident right number 29 as a standing agenda item at monthly resident council meeting. Education for all staff resident bill of rights, Resident right number 29 as a standing agenda item for family town hall meetings. whisile blowers policy will all so be reviewed at resident council and family meetings.	95.24%
Initiative #4, Reducing the number of re	Complete monthly meetings with staff on fall prevention, Meeting should be interdisciplinary including physio therapy	13.46%
Initiative #5, Reduce residence receiv	Monthly meeting with interdisciplinary team to review resident on antipsychotic medications and potential to reduce as appropriate. BSO lead and nursing team will ensure Qtr medication reviews for potential for reduction or discontinuation of antipsychotics. Registered staff education on antipsychotic medication will be completed.	3.30%

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:	<i>Print out a completed copy - obtain signatures and file.</i>	Date Signed:
CQI Lead		
Executive Director		
Director of Care		
Medical Director		
Resident Council Member		
Family Council Member		