



## Continuous Quality Improvement Initiative Annual Report

Annual Schedule: May 2025

HOME NAME : Country Lane

### People who participated development of this report

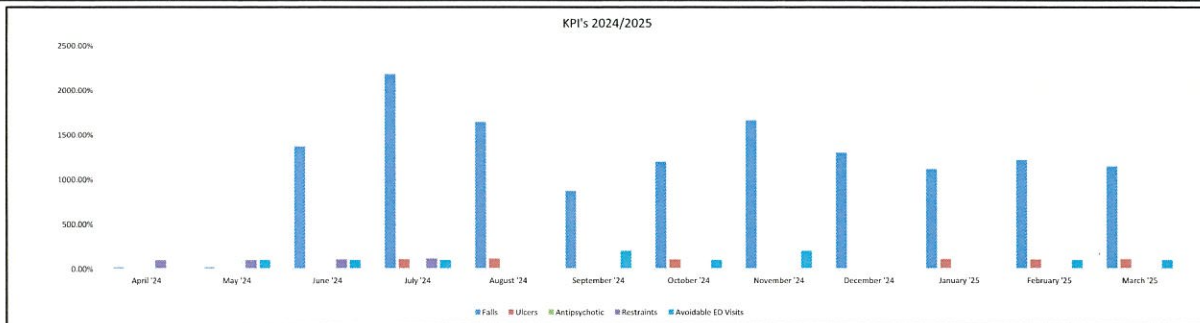
	Name	Designation
Quality Improvement Lead	Karen Bailey	ED/Quality Manager
Director of Care	Allison Lewis	DOC/PAC
Executive Directive	Karen Bailey	ED/Quality Manager
Nutrition Manager	Wendy Copland	FSM/ESM
Programs Manager	Olivia Henderson	PM/SW
Other		
Other		

### 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
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents	Implementation of SBAR tool, early recognition with assistance of NP and Physician, All registered staff to be trained for IV administration and improve clinical nursing skills.	Outcome: ED visits decreased and All registered staff received IV education.  Date: March 1, 2025
Percentage of staff (executive level, management, or all) who have completed relevant equity, diversity, and inclusion, and antiracism education	Increase training and discussions regarding culture and diversity for all staff and residents. Include cultural diversity at CQI meetings. To improve overall communication of diversity, inclusion, equity and anti-racism in the workplace	Outcome: 100 % of staff educated yearly. Included in all CQI meetings.  Date: January 31st, 2025
Do residents feel they can speak up without fear of consequences?	Engaging all residents in meaningful conversations, Increase staff and family awareness of resident's bill of rights (specifically #29). Provide additional education to residents and family members on whistleblower policy.	Outcome: Education provided to staff and family on bill of rights. Discussed during family town hall meetings and monthly resident council meeting.  Date: March 31st, 2025
Percentage of long term care resident who fell in the last 30 days	Improve discussion and education regarding falls. To work with external resources for ideas to prevent falls	Outcome: 0% of residents  Date: March 31st, 2025
Percentage of long-term care residents not living with psychosis who were given antipsychotic medication	The anti-psychotic team will meet monthly and review any residents on anti-psychotic medication.	Outcome: QI decreased to 8.79%  Date: April 31st, 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	16.35%	16.35%	13.68	21.81	16.48	8.7	12	16.67	13.04	11.2	12.24	11.46
Ulcers	0.00%	0.00%	0	1.09	1.11	0	1.04	0	0	1.06	1.05	1.08
Antipsychotic	0.00%	0%	0	0	0	0	0	0	0	0	0	0
Restraints	0.96	0.96	1.05	1.14	0	0	0	0	0	0	0	0
Avoidable ED Visits	0	1	1	1	0	2	1	2	0	0	1	1

KPI's 2024/2025



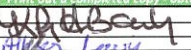
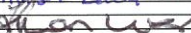




### How Annual Quality Initiatives Are Selected

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	Oct-24
Results of the Survey (provide description of the results):	100% of residents participated, and 84.62% of families participated in the survey. Overall satisfaction for residents improved from 86.62% in 2023 to 87.60% in 2024. The overall family satisfaction decreased from 90% in 2023 to 84.76% in 2024. Action plans were created for both residents and families, 5 top opportunities. These are reviewed at the resident council meetings and bi-annually during the town hall meetings which are held in lieu of family council.
How and when the results of the survey were communicated to the Residents and their Families	Action plan created and discussed during town hall meeting (in lieu of family council), posted on program board in hallway for all resident and families to see. Action plan discussed during resident council.

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	90	100	100	84.62	85	95	25	32	For the resident satisfaction survey- action plan was created for : I have friends at the home, I am satisfied with the temperature of my food and beverages, If I need help right away, I can get it, I am satisfied with the food and beverages served to me, and Noise is at an appropriate level during the day.
Would you recommend	90	93	100	93	85	95	83.3	93.3	For the family satisfaction survey- action plan was created for : Continence care products keeps the resident dry, I am satisfied with the quality of laundry services for personal clothing, Overall, I am satisfied with laundry, cleaning, and maintenance services, I am satisfied with the quality of maintenance of the physical building and outdoor spaces, and I am satisfied with the quality of cleaning within the residents room
I can express my concerns without the fear of consequences.	90	90	91.7	95	90	95	83.3	95	

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: Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents	Target: 16.4 Change Idea: Review fall-related ED visits by providing preventative care and early interventions. Review potentially avoidable ED visits. Provide back-to-back education for registered staff to improve clinical skills and assessments. Development of IR program in the home. Care plan for resident with responsive expressions, activities of daily living, and interventions.	33% (May 2025) 39.29% from HQO-QIP Report
Initiative #2: Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	Target: 100% Change Ideas: Increase diversity training through Surge education or live events. To facilitate ongoing feedback or open door policy with the management team. To include culture based programs for residents and families. To implement culture and diversity information on Wellness board for residents, families and staff.	100% completion for 2025
Initiative #3: Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences"	Target: 100% Change Ideas: To maintain or justify the home provides a safe, engaging, residents in meaningful conversations and care conference. Review "Residents' bill of rights" monthly at resident's council meeting. Review the admission process in the home on admission and during annual care conference.	87.5% on the 2024 resident satisfaction survey
Initiative #4: Percentage of LTC home residents who fell in the 30 days leading up to their assessment	Target: 10% Change Ideas: Establish the restorative care program in the home. Offer fracture prevention medication to all residents. Education and re-education provided to registered staff on the completion of post fall analysis. During admission process, review with resident and history of falls, and intervention implemented.	8.79% (May 2025) 11.54% from HQO-QIP Report
Initiative #5: Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	Target: 17.20% Change Ideas: Resident who are prescribed antipsychotics for the purpose of management of responsive expressions, will have a quarterly review, for the potential of reduction or the discontinuation of medication. Development of plans of care, with non-pharmacological approaches, identification of triggers and interventions. GPA education/training to establish GPA trainees/educators in the home. BSO admission process, responsive expressions, the initiation of the DDS to establish baseline. BSO team to coordinate related antipsychotic medication.	0% (May 2025)
Initiative #6: Percentage of LTC residents who develop worsening pain	Target: 7.5% Change Ideas: Enhancement of the end of life palliative care program. Education of pain tracker to monitor the use of analgesics. Admission of responsive expressions, management of pain that has been managed previously and the goal for pain management. Consultation with MD/ND/BSO/Phys PT for new and responsive pain.	Worsened pain Qi is currently at 9.2% quarterly average (May 2025) 8.89 % from HQO-QIP Report
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		May 29 / 25.
Executive Director		May 29 / 25
Director of Care		May 29 / 25
Medical Director		May 29 / 25
Resident Council Member		May 29 / 25
Family Council Member		May 29 / 25