



Continuous Quality Improvement Initiative Annual Report

Annual Schedule: May

HOME NAME: Maitland Manor

People who participated development of this report

	Name	Designation
Quality Improvement Lead	Teresa Driver	RN/ADOC
Director of Care	Tom Johnson	DOC/RN
Executive Directive	Sherry McCardle	Executive Director
Nutrition Manager	Lisa Durkin-Ralitt	FSM
Life Enrichment Manager	Ashleigh Hay	PM

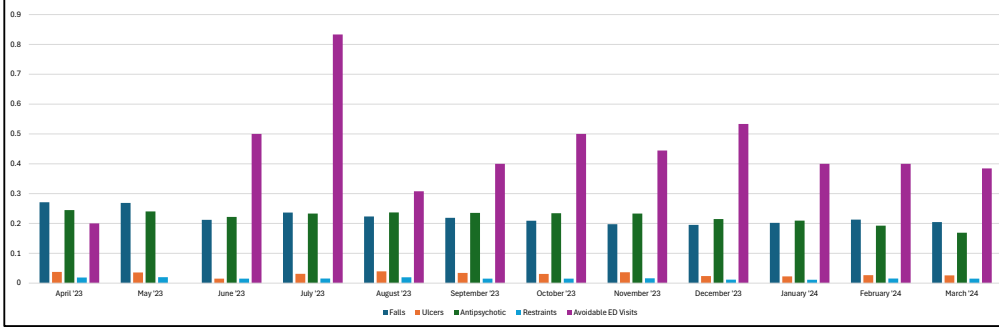
Summary of the Home's priority areas for quality improvement, objectives, policies, procedures and protocols from previous year (2023/2024): What actions were completed? Include dates and outcomes of actions.

Quality Improvement Objective	Policies, procedures and protocols used to achieve quality improvement	Outcomes of Actions, including dates
Reduce unnecessary hospital transfers through the use of onsite Nurse Practitioner	Hired Nurse Practitioner for 3 days a week, who started in early December 2023. Collaboration with team and participating in huddles, reviewing med changes as needed, and assessing residents prior to hospital transfer	Outcome: reduction in avoidable ED visits to be within provincial average Date: March 31, 2024, 38.46%
Reduction of falls	Charge staff to have a fall huddle with all available staff after a fall occurs, falls team meetings held weekly to review falls and interventions that were in place and make any necessary adjustments to plan and care plan, medication review done on residents with increased falls, education provided by Education Consultant related to Falls Prevention in April 2024.	Outcome: reduction in falls by 2% to achieve closer to corporate goal of 15% Date: March 31, 2024, 20.45%
Reduction in use of antipsychotic medication without diagnosis	Audit of resident diagnosis and medications related to antipsychotic usage, NP and Physicians to review diagnosis from hospital transfers and utilize BBO to assist with external support services and implementation of DOR charting as needed	Outcome: reduction of use of antipsychotic medication by 2%, which has been achieved current percentage is 16.89% Date: March 11, 2024
Improving Nutrition and Hydration Services	Resident choice meals have been added to the menu. Resident food comtee meetings occur monthly, BBQ meals have been added at resident request.	Pending results from this years annual satisfaction survey.
Increase Spiritual programming	A variety of faith based programs have been added to the program calendar including hymn sing along, church services and Sunday faith programs held on TV in activity lounge.	Pending results from this years annual satisfaction survey.

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	27.10%	26.88%	21.20%	23.64%	22.35%	21.89%	20.91%	19.76%	19.53%	20.22%	21.29%	20.45%
Ulcers	3.76%	3.57%	1.50%	3.11%	3.95%	3.42%	3.07%	3.66%	2.96%	2.26%	2.67%	2.61%
Antipsychotic	24.48%	24.02%	22.20%	23.31%	23.71%	23.55%	23.43%	23.32%	21.49%	20.94%	19.28%	16.89%
Restraints	1.88%	1.99%	1.50%	1.56%	1.98%	1.52%	1.53%	1.64%	1.19%	1.15%	1.56%	1.51%
Avoidable ED Visits	20.00%	0.00%	50.00%	83.33%	30.77%	40.00%	50.00%	44.44%	53.33%	40.00%	40.00%	38.46%

KPIs 2023-24



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 2-17, 2023
Results of the Survey (provide description of the results):	Results of the survey showed improvement in most domains from the previous year.
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 survey link was emailed out to POA and family members to participate, the residents of the home were encouraged and assisted to complete the survey with staff who utilized iPad's to assist with the survey. The QR code was also posted in the home for families to participate. Results of the survey were shared at resident and family council meetings and posted in the home on our quality board and resident/family information board.

Client & Family Satisfaction	Resident Survey				Family Survey			Improvement Initiatives for 2024
	2024 Target	2023 Target	2022 (Actual)	2023 (Actual)	2023 Target	2022 (Actual)	2023 (Actual)	
Survey Participation	60.00%	65.00%	82.05%	57.14%	40.00%	33.90%	33.33%	To encourage families personally to participate in survey, offer iPad use here at facility for them to use to complete
Would you recommend	85.00%	80.00%	80.70%	84.57%	83.00%	80.00%	80.00%	To maintain current satisfaction and improve on recommendation of Maitland Manor to other in the community
I can express my concerns without the fear of consequences.	90.00%	82.60%	86.20%	85.45%	85.00%	80.00%	83.64%	To maintain current trust in resident and families that they can bring their concerns forward without fear of consequences and have them that leadership will handle their concerns in a timely manner.

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 - Reduce Avoidable ED visits	The home's attending NP will review and collaborate with the registered staff on the residents who are at high risk for transfer to ED, based on clinical and psychological assessment. Target to reduce by 4% to get to provincial average.	Current as of April 30, 2024 we were at 25.0%
Initiative #2- Reduce number of falls	Complete a weekly meeting with unit staff regarding ideas to help prevent risk of falls or injury related to falls. Target to get to corporate benchmark of 15%	Current as of April 30, 2024 was 21.95%
Initiative #3- Reduce antipsychotic use without diagnosis	Monthly meetings held with the interdisciplinary team. A 2% decrease of Antipsychotic medications will have been reduced as a result of monthly meetings. Quarterly meetings will be held with PAC, where discussion and reviews on strategies have resulted in decrease of antipsychotic medication usage. Target to stay below corporate benchmark 17.5%	Current as of April 30, 2024 was 16.06%
Initiative #4- Residents respond positively to "I can express my opinion without fear of consequence"	Add resident right #29 to standing agenda for discussion on a monthly basis by Program Manager during resident council meetings. Re education and review to all staff on Resident Bill of Rights specifically #29 at department meetings monthly by department managers.	Current as of Oct 23 85.46%

Initiative # 5 'Improve Diversity, Inclusion and Anti-racism education	Surge learning education for all staff, WPHV education provided by Education Consultant in April 2024, celebration of special days dedicated to individuals/groups of minority	Currently establishing baseline, goal to maintain 80-100% education for staff related to diversity, inclusion and anti racism
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		