



Continuous Quality Improvement Initiative Annual Report

Annual Schedule: May 2025

HOME NAME : Regency

People who participated development of this report

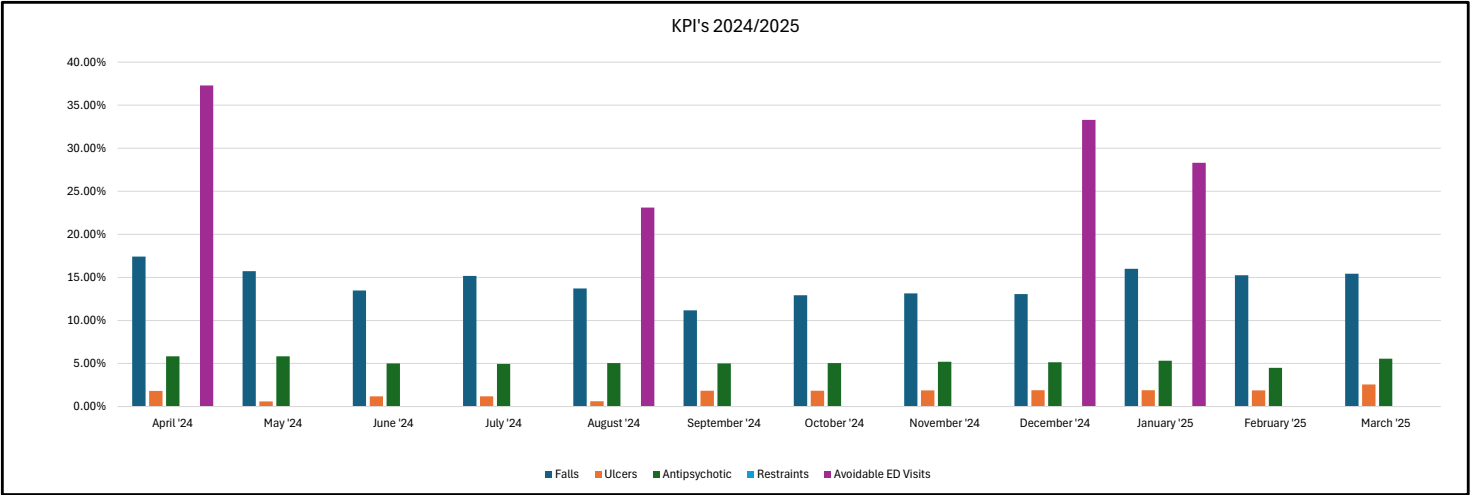
	Name	Designation
Director of Care	Rita Abou Chakra	DOC
Executive Directive	Sarah Annesley	ED
Nutrition Manager	Isha Khadela	NM
Programs Manager	Amelia Reid	PM
Assistant Director of Care	Jackie MacDonald	ADOC
IPAC Lead	Gilda Fera	IPAC Lead

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
Initiative #1 Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents to be reduced to 17%	1)Use SBAR tool to communicate with various health practitioners as it will provide clear details and understanding of resident status/concerns and assessment findings. 2)To reduce unnecessary hospital transfers, through the utilization of on-site services such Nurse practitioner; IV therapy, oxygen etc. 3)Build capacity and improve overall clinical assessment of Registered Staff 4)Advance care planning discussion during interdisciplinary care conferences	Outcome: 28.3%. Target not met, but reduction in place Date: January 2025
Initiative #2 Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	1)To improve overall dialogue of diversity, inclusion, equity and anti-racism in the workplace; 2)To increase diversity training through Surge education or live events 3)To facilitate ongoing feedback or open door policy with the management team 4)To include Cultural Diversity as part of CQI meetings	Outcome: 100% Date: December 31st 2024
Initiative #3 Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences" to be increased to 86.15%	1)Educate the staff on Residents Bill of rights and Zero Tolerance of Abuse and Neglect Policy 2)2. Continue with the "All About Me" program in the home 3)Review "Resident's Bill of Rights" more frequently, at residents' Council meetings with a focus on Resident Rights #29. "Every resident has the right to raise concerns or recommend changes in policies and services on behalf of themselves or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else" 4)Engaging residents in meaningful conversations, and care conferences, that allow them to express their opinions.	Outcome: 88.75% Date: November 30 2024
Initiative #4 Percentage of LTC home residents who fell in the 30 days leading up to their assessment will be reduced to 15.54%	1)Weekly interdisciplinary Falls meetings 2)Utilization of Fall tracker 3)Weekly Fall Huddles on each unit for high risk residents 4)Educate ALL staff to improve overall knowledge and understanding of the Falls Program	Outcome: 15.43% Date: March 31 2025
		Outcome: 5.56%

initiative #5 Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment to be reduced to 6.02%	1)Monthly QI meeting - Review residents with antipsychotic medication without dx for alternatives interventions 2)Responsive Behaviour education for all staff 3)Residents who are prescribed antipsychotics for the purpose of reducing agitations and or aggression will have a medication review quarterly to consider dosage reduction or discontinuation. 4)Emar Reminder for registered staff to document on behaviours, and or hallucinations during observation period	Date: March 31 2025
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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	17.42%	15.73%	13.48%	15.17%	13.71%	11.17%	12.92%	13.14%	13.07%	16.00%	15.25%	15.43%
Ulcers	1.81%	0.60%	1.19%	1.19%	0.61%	1.83%	1.84%	1.88%	1.89%	1.90%	1.88%	2.56%
Antipsychotic	5.83%	5.83%	5.00%	4.95%	5.05%	5.00%	5.05%	5.21%	5.15%	5.32%	4.49%	5.56%
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	37.30%				23.10%				33.30%	28.30%		



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 2024/25 year:	October 15th - November 11th 2024

Results of the Survey (<i>provide description of the results</i>):	<p>Average Resident Satisfaction - 87.6%</p> <p>Average Family Satisfaction - 84.76%</p> <p>Top 5 Strengths from the Resident Satisfaction Survey: I am satisfied with the quality of laundry services for linen. Overall, I am satisfied with laundry, cleaning & maintenance services. I am treated with courtesy in the dining room. I feel that the staff are friendly. I am satisfied with the quality of care from: Nursing Staff.</p> <p>Top 5 strengths from the Family Satisfaction Survey: There is someone I can talk to about the residents' medication. The care team communicates clearly and in a timely manner about the resident. I am satisfied with the quality of care from personal support staff. Overall, I am satisfied with communication from home leadership. I am satisfied with the quality of laundry services for linen.</p> <p>Top 5 Opportunities from the Resident Satisfaction Survey: I am satisfied with the quality of care from the Physiotherapist/Occupational Therapist. I am satisfied with the quality of care from the Relevance of Recreation Programs. I am satisfied with the quality of care from the variety of spiritual care services. I am satisfied with the temperature of my food and beverages. I have a good choice of continence care products.</p> <p>Top 5 Opportunities from the Family Satisfaction Survey Continence care products fit properly. I am satisfied with: the variety of spiritual care services. I am satisfied with: The timing and schedule of spiritual care services. I am satisfied with the quality of care from the social worker/social service worker. I am satisfied with the quality of care from the physiotherapist/occupational therapist.</p>
How and when the results of the survey were communicated to the Residents and their Families (including Resident's Council, Family Council, and Staff)	<p>Results from the satisfaction surveys were shared with residents during a special resident council meeting on January 27th 2025. Residents were given an opportunity to contribute to development of the action plans.</p> <p>The home hosted a special family information tea on March 27th 2025 to discuss and recruit for a family council at the home. During this meeting, the satisfaction surveys were discussed with families.</p>

Client & Family Satisfaction	Resident Survey				Family Survey				Improvement Initiatives for 2025
	2025 Target	2024 (Actual)	2023 (Actual)	2022 (Actual)	2025 Target	2024 (Actual)	2023 (Actual)	2022 (Actual)	
<i>Survey Participation</i>	85%	82.25%	86.67%	76.00%	70%	58.82%	25.00%	83.30%	<p>1)To increase our goal from 92.31% to 95%. Engaging residents in meaningful conversations, and care conferences, have forums that allow residents to express their opinions. Review "The Resident's Bill of Rights" more frequently, at residents' Council meetings monthly, with a focus on Resident Rights #29. "Every resident has the right to raise concerns or recommend changes in policies and services on behalf of themselves or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else";</p> <p>2)Review of the Whistleblower policy with all staff, at resident council and family townhalls</p> <p>3)Review the complaint process of the home on admission and during the annual care conference with residents and SDM's</p>
<i>Would you recommend</i>	90%	87.50%	83.08%	60.00%	90%	85.53%	85.71%	70.00%	
<i>I can express my concerns without the fear of consequences.</i>	95%	88.75%	86.15%	84.40%	95%	93.21%	95.56%	70.00%	

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 - Efficient Care: Reduce Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents to 22% or less.	1)Build capacity and improve the overall clinical assessment of the Registered Staff; through education on the most common frequent reasons for transfers to the ED 2)Establish partnership/collaboration with the Community Paramedicine program - provide, in home support, to avoid ED transfers. 3)DOC to review ED tracker, for the common reasons for transfer to ED - review in Nursing practice meetings, to develop strategies to prevent future ED visits 4)Advance care planning discussion during interdisciplinary care conferences	28.30%
Initiative #2 - Equitable: Increase Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education to 100%	1)To increase diversity training for staff through Surge education and live events 2)All employees to be trained in relevant equity, diversity, inclusion, and anti-racism in the year. 3)The home will partner with external stakeholders to assist with equity, diversity, inclusion, and anti-racism education.	94%
Initiative #3 - Patient Centred: Increase Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences" to 95%	1)To increase our goal from 92.31% to 95%. Engaging residents in meaningful conversations, and care conferences, have forums that allow residents to express their opinions. Review "The Resident's Bill of Rights" more frequently, at residents' Council meetings monthly, with a focus on Resident Rights #29. "Every resident has the right to raise concerns or recommend changes in policies and services on behalf of themselves or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else"; 2)Review of the Whistleblower policy with all staff, at resident council and family townhalls 3)Review the complaint process of the home on admission and during the annual care conference with residents and SDM's	92.31%
Initiative #4 - Safety (falls): Reduce Percentage of LTC home residents who fell in the 30 days leading up to their assessment to 10%.	1)Complete Weekly Fall Huddles after each fall for each unit with the interdisciplinary team 2)In collaboration with the Falls committee, the Falls lead, and the interdisciplinary team will meet monthly to review medium to high-risk residents and review both non-clinical and clinical interventions. This review will also include the resident's plan of care, environmental assessment, Pharmacist/MD/NP for medication reviews, and PT for physio regimen. Residents and SDMs will be active participants in this process. 3)Purposeful rounding (4 Ps), for residents at medium and high risk for falls 4)Resident list of FRS of 3 or greater, offer fracture and injury prevention medication	15.43%
Initiative #5 - Safety (Antipsychotic Medications): Reduce Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment to 5%.	1)The MD, NP, BSO internal and external (including the Psychogeriatric Team), and other members of the interdisciplinary team, will meet monthly to review newly admitted and existing residents on antipsychotic medication for diagnosis and indication for use. This will also be a standing item in the CQI/PAC quarterly meeting agenda. 2)Residents 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. Utilization of tracking tool (antipsychotic) 3)Development of plans of care, with non-pharmacological approach - identification of triggers and interventions	5.56%

Initiative #6 - Safety (Worsened Pain): Reduce Percentage of LTC residents who develop worsening pain to 7.5%	1)Utilization of the pain tracker, to monitor the use of prn analgesic 2)For all new admissions, the home's pain lead will monitor the completion of a comprehensive pain assessment as per policy. The comprehensive assessment will include the resident's previous history of pharmacological and non-pharmacological pain management interventions to better address the resident's pain needs 3)Enhancement of the end of life, palliative care program	11.32%
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	Rita Abou Chakra	May 30th 2025
Executive Director	Sarah Annesley	May 30th 2025
Director of Care	Rita Abou Chakra	May 30th 2025
Medical Director	Dr Rina Daskaloupolos	May 30th 2025
Resident Council Member	Courtney Goodmurphy	May 30th 2025
Family Council Member	N/A	May 30th 2025