



Continuous Quality Improvement Initiative Annual Report

Annual Schedule: May 2025

HOME NAME : Oak Terrace

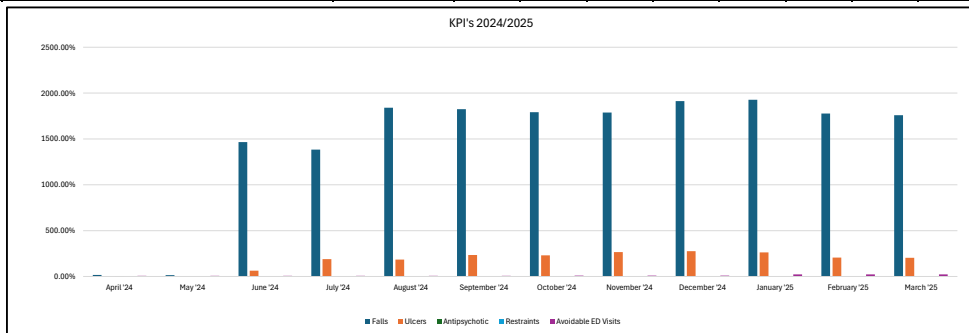
People who participated development of this report

	Name	Designation
Quality Improvement Lead	Catharine Flanagan	DOC
Director of Care	Catharine Flanagan	DOC
Executive Directive	Chad Axelrod (interim)	ED
Nutrition Manager	Doyel Ghosh	FSM
Programs Manager	Mathew Dambrosio	PM
Other	Jaclyn Goss	Clinical Consultant
Other	Christi Broderick	Regional Director

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
Improve percentage of families who respond positively to "I am satisfied with the quality of care from doctors" Current performance October 2023 Satisfaction Survey - 63.6%	Ensure families are provided education on the roles of the Physician, Physician Assistant and Nurse Practitioner in the home. This was done by have having Physician, Physician Assistant and Nurse practitioner attend family forum 2 times per year. Provided information regarding roles in family newsletters. Ensuring registered nursing staff keep families updated when there is a change of medication or treatment for a resident.	Outcome: 61.5% Date: Nov 2024
Improve percentage of families who respond positively to "I am satisfied with the quality of cleaning services" Current performance October 2023 Satisfaction Survey - 66.7%	Review and revision of Housekeeping job routines completed. Enhancements made to deep cleaning schedule. Increased auditing of cleanliness completed to monitor effectiveness of changes and provided in the moment action if concerns identified.	Outcome: 65% Date: Nov 2024
Improve percentage of families who would respond positively to "I would recommend this home" Current performance October 2023 Survey 83.3%	Encouraged family participation in Family Forums and Continuous Quality Improvement Committee.	Outcome: 77.5% Date: Nov 2024
Improve percentage of residents who respond positively to "I am satisfied with quality of care from doctors" Current performance October 2023 Survey 50%	Ensure residents are well aware of Physician and Physician Assistant roles in the home. Attendance of Physician at Resident Council meeting as invited by the council. Improved process for registered staff to notify Physician of resident requests for visits. Ensure medication changes are discussed with the resident.	Outcome: 62.9% Date: Nov 2024
Reduce the number of residents who fell in last 30 days leading up to their assessment Current performance as of March 2024, 20.83%	Interdisciplinary collaboration between nursing and programs staff to implement activities for high risk falls are peak risk times. Reviewed and revised nursing/PSW routines to optimize break times to allow more supervision on the unit during peak risk times. Engaged staff participation in collaborative efforts to reduce falls by visually posting data and information posters in break space.	Outcome: 22.10% Date: March 2025
Reduce number of residents given antipsychotic medication without psychosis Current performance as of March 2024, 18%	Implemented antipsychotic reduction program for all residents to review use of the medication, current diagnosis and potential of deprescribing. Incorporated famalies on admission by providing fact sheets on use of antipsychotics.	Outcome: 4.3% Date: March 2025
Reduce percentage of residents with worsening stage 2-4 pressure ulcers Current performance as of March 2024, 6%	Provided education in a variety of ways to increase both PSW and registered staff knowledge of preventative and mangement of skin integrity.	Outcome: 1.60% Date: March 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	16.44%	14.86%	14.65	13.84	18.4	18.24	17.92	17.88	19.13	19.27	17.77	17.59	
Ulcers	0.68%	0.00%	0.64	1.89	1.84	2.35	2.31	2.66	2.76	2.63	2.06	2.04	
Antipsychotic	1.41%	0%	0	0	0	0	0	0	0	0	0	0	
Restraints	0	0	0	0	0	0	0	0	0	0	0	0	
Avoidable ED Visits	6.80%	6.80%	6.80%	7%	7%	7%	9.90%	9.90%	9.90%	22.60%	22.60%	22.60%	



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	Sept 2 - Oct 11, 2024
Results of the Survey (provide description of the results):	Both residents and families shared positive feedback around the nursing care and rate staff as very friendly. Staff are trusted. Incontinence care products meets resident needs. Residents and families feel they are able to raise concerns and talk to staff when they have questions. Areas for improvement identified regarding physician services, dietitian services and food/beverages served.
How and when the results of the survey were communicated to the Residents and their Families (including Resident's Council, Family Council, and Staff)	Results of the survey were shared with resident council in December 2024 and posted in the home on the quality board. The home does not currently have a family council at the time however results shared in family newsletter in December 2024 and at Family Forum meeting in Feb 2025. Survey results are posted in the home.

Client & Family Satisfaction	Resident Survey				Family Survey				Improvement Initiatives for 2025
	2025 Target	2024 (Actual)	2022 (Actual)	2023 (Actual)	2025 Target	2024 (Actual)	2022 (Actual)	2023 (Actual)	
<i>Survey Participation</i>	95%	88%	NA	87.50%	85%	80%	NA	42%	Continue to request feed back from residents and families on how they would like the survey conducted. Adversitising for awareness leading up to survey distribution.
<i>Would you recommend</i>	95%	94.60%	NA	77.90%	95%	77.50%	NA	74.10%	Current results were satisfactory. Continue with all continous quality improvmnets commitee to drive quality care and customer satisfaction.
<i>I can express my concerns without the fear of consequences.</i>	95%	94.60%	NA	100%	95%	92.50%	NA	92%	Current results were satisfactory. Will continue to make whistle blower policy known to residents, staff and visitors.

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 Improve resident experience "I am satisfied with the food and beverages served to me"	Conduct food tastings prior to new menu roll outs. Continue with Food Comittee Monthly and ensure standing agenda item for resident counclil to bring forth any concerns regarding food or beverage.	75.70%
Initiative #2 Improve resident experience "I am satisfied with the quality of care from dietician"	Invite Dietitian to participate in 2 Family forums per year. Conitnue have Dietitian participate in Continuous Quality Improvement meetings.	72.20%
Initiative #3 Improve resident experience "I am satisfied with the quality of care from doctors"	Track physician visits to ensure all resident recieve at minmum quaterly visit from physician. Provide Physicians with name tags and post on communication boards on site schedule.	61.50%
Initiative #4 Reducing percentage of LTC residents with worsened ulcers stages 2-4	Provide education for registered staff on wound staging. Provide education for PSW staff on turning and repositioning. Implement night shift auditing of turning repositioning program.	4.70%
Initiative #5 Reducing percentage of residents who fell in the last 30 days	Re-assess Falling Star program and re-educate staff on the program. Implement 4 P's rounding to ensure staff are all checking to ensure resident comfort and needs are met prior to leaving a room.	21.53%
Initiative #6 Reducing percentage of residents without psychosis who were given antipsychotic medication	Provide GPA education for staff training for responsive behaviours related to dementia. Education for registered staff on antipsychotics.	3%
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	Chad Axelrod (interim)	28-Aug
Executive Director	Chad Axelrod (interim)	28-Aug
Director of Care	Catherine Flannagin	28-Aug
Medical Director	Kelly Wright / Michael Peirone	28-Aug
Resident Council Member	David Goreski	29-Aug-25
Family Council Member	Michelle Rowe	29-Aug-25