



How Annual Quality Initiatives Are Selected	
<p>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.</p>	
Summary of Resident and Family Satisfaction Survey for Previous Fiscal Year	
Date Resident/Family Survey Completed for 2022/23 year:	The survey dates were conducted between October 2nd till October 17th 2023
Results of the Survey (provide description of the results):	Our overall satisfaction results for the residents we exceeded last year % average in all departments we also exceeded the LTC Division overall benchmark. Under the family results we exceeded last year % in overall of 2 categories and unfortunately we have a slight decrease in 4 overall category. Our top 5 strenghts are under the resident survey are: I feel that the staff are friendly at 96.77% , I trust the staff in my home at 94.19%, Overall , I am satisfied with the care i receive at 93.55%, I have a good choice continence care products at 93.33%, I am satisfied with the quality of Cleaning with the residents room at 92.90%. Our top 5 opportunities are: I am updated regularly about any changes in the home at 76.43% , I am satisfied wiht the food and beverages served to me at 76.13%, I am satisfied with the temperature of my food and beverages at 76.00% , I am satisfied with the quality of care from Dietician at 74.29%, I am satisfied wiht the quality of care from Doctors at 68.00%

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 results of the survey were discussed and shared at the Family Council held on Nov 13th 2023 along with the action Plan , all of the families were sent a copy of the survey results by e-mail. It was also shared to the Resident Council on Nov 29th 2023 along with our action plan.
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Client & Family Satisfaction	Resident Survey				Family Survey				Improvement Initiatives for 2023
	2023 Target	2022 Target	2023 (Actual)	2022 (Actual)	2023 Target	2022 Target	2023 (Actual)	2022 (Actual)	
<i>Survey Participation</i>	Resident target participation is at 100%	100.00%	100.00%	100.00%	70.00%	70.00%	62.96%	45.45%	For resident participation we remain at 100% we have improved our family participation rate.
<i>Would you recommend</i>	Would recommend Overall Southbridge target rate 82.03%	80.63%	92.00%	79.30%	80.49%	71.79%	90.32%	88.00%	We have improved in both resident and Family from 2022.
<i>I can express my concerns without the fear of consequences.</i>	The Southbridge overall home target is at 82.60%	76.50%	90.97%	72.40%	83.60%	80.10%	88.48%	96.00%	We have a lower percentage under residents in comparison to the SB division however we have scored higher under family category.

Summary of quality initiatives for 2023/24: Provide a summary of the initiatives for this year including current performance, target and change ideas.

Initiative	Target/Change Idea	Current Performance
Initiative #1: Communication to Residents	<ul style="list-style-type: none"> Activities communication poster is posted daily on the Activity Board advising residents of daily programs, location of the program and time Daily and weekly menu, posted outside the dining rooms and menu calendars provided monthly to residents Month at a Glance program calendar is posted in the main lobby and handed to each residents monthly. 	going well
Initiative #2 Family Support	<ul style="list-style-type: none"> Education to families by Pharmacist when needed Medline education provided to all families virtually pertaining to Skin Care Products and Incontinence product 	going well
Initiative #3: Family Communication	<ul style="list-style-type: none"> Provide forum for family members to communicate with home through quarterly family council meeting. To ask families during resident care conference to find out is working well, what can be improved and potential solutions Zoom and Skype videos scheduled for residents/families as requested. Phone calls to families by team. Open door policy. Month at a Glance program calendar is posted in the main lobby and handed to each residents monthly. 	going well
Initiative #4: Responsive Behaviors/BSO	<ul style="list-style-type: none"> partnered with Psychiatrist from Royal Ottawa, Psychogeriatric consultant and Behavioral Therapist Monthly rounds are done by the Psychiatrist on an as need basis. Home refers any new or worsening behavior to BSO and The Royal Ottawa. Ongoing Staff education on GPA, Montessori Continue process of antipsychotic usage decrease project using the antipsychotic deprescribing algorithm to reduce usage in the home Continue with the BSO committee with monthly meeting Partnered with pharmacy and Physician to provide medication review as needed Continue relationship with The Royal Ottawa for high risk behaviors Continues with "all about me" program on admission with BSO team and Program staff in collaboration with families to identify personal expressions and stories of resident's past life Home also conducts special care conference meetings for responsive behaviors with families and residents to develop personalized care plans and meet the needs of the residents Continue with support from Medical Director and the Geriatric Support team 	going well

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	Diane Dupuis	
Executive Director	Diane Dupuis	May 17 2024
Director of Care	Julie Puterman	May 17 2024
Medical Director	Dr Rossbach	May 17 2024
Resident Council Member	Marie Claire Dubois	May 17 2024
Family Council Member	Kathleen Pelaschuk	May 17 2024