SOUTHBRIDGE HEALTH CARE LP

Continuous Quality Improvement Initiative Annual Report

Annual Schedule: May 20, 2025

HOME NAME : Westside

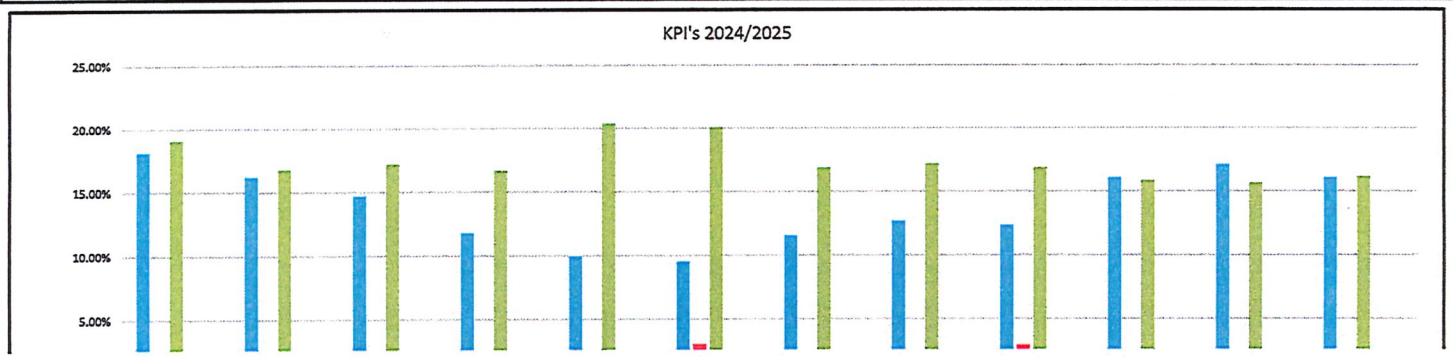
People who participated development of this report		
	Name	Designation
Quality Improvement Lead	Robert Campbell	Executive Director
Director of Care	Ramanjeet Kaur	Director of Care
Executive Director	Robert Campbell	Executive Director
Nutrition Manager	Nelofer Rashidi	Nutrition Manager
Programs Manager	Sabrena Chunu	Programs Manager
Other (RAI/MDS Coordinator)	Abhi Bhatt	Rai/MDS Coordinator
Other		

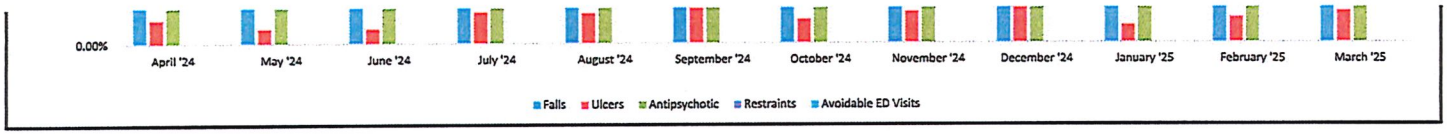
Summary of the Home's priority areas for quality improvement, objectives, policies, procedures and protocols from previous year (2024/2025): What actions were completed? Include dates and outcomes of actions.

Quality Improvement Objective	Policies, procedures and protocols used to achieve quality improvement	Outcomes of Actions, including dates
Maintain Residents Satisfaction with services in the home	Review menu at monthly food committee & residents' council meetings, residents expressed what the don't like on the menu so that it can be replaced with an item they like. The Recreation team planned and implemented a variety of food programs throughout the year. Offer more spiritual programs in the home in addition to the current spiritual programs.	Outcome: Residents would reccommend 87.3% Date: Survey results December 11, 2024
Maintain Family Satisfaction with service in the home	New Envirnomental manager started in June 2024 as results several changes were made in the laundry and audits were completed .	Outcome: Family would recommend 95.4% Date: Survey results December 11, 2024
Safety: To enhacne resident safety and reduce the incidence of falls, the home conducted a number of assessments and root casue anaylsis to enable an understaind of potential risk and timely intervention.	Environmental assessment was complted and was succssful in helping us identify potential fall risk areas, falls champion idenitfy root cause of the falls. The team was able to action any potential risk in a timely manor to help prevent futher incidents.	Outcome: 12.32% which is below the coorpate and provianal average. The home will strive to further reduce this KPI. Date: December 31, 2024

Safe and Effective Care: The home focused on improving safe and effective care by addressing the use of antipsychotic medications . amoung all residents. The goal was to reduce inappropriate prescribing through interdisciplinary collaboratioin, gradual tapering and staff eduction.	The continuous collaberation of the Charge nurse, BSO, Interim DOC, and the interdisciplary team were effective in decreasing the KPI for Anitpsychotic usage within the home. This was accomplished through huddles with the front line team, labs, medical professionals, Dementi Ability (montessouri) and constant review.	Outcome:18.7% which is below the provincial average, however the home conitnues to decrease this KPI Date: December 31, 2024
Safe and Effective Care: The home was committed to striving for a safe and effective home by ensure the resident recieve qualitly care related to skin integrity and optimal wound care.	The interdisciplanary team did a review for the data tracked from the skin and wound care application and was able to determine that making some essentional team changes, skin and wound education and effective evaluation. This enabled the team to achieve decreasing the skin/wound issues with in the home. The team strives to continuely decrease the number of wounds in the home as well as skin care issues.	Outcome:The home was successful in decreasing the KPI of 2.34% which is below the provincial average. The home continues to strive to bring this number down. Date: December 31, 2024

Key Perfomance 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	18.10%	16.20%	14.70%	11.80%	9.90%	9.50%	11.60%	12.70%	12.40%	16.10%	17.10%	16.10%
Ulcers	1.90%	1.20%	1.20%	2.50%	2.40%	3.10%	1.90%	2.50%	3.00%	1.40%	2.00%	2.50%
Antipsychotic	19.10%	17%	17.20%	16.70%	20.40%	20.10%	16.90%	17.20%	16.90%	15.90%	15.70%	16.20%
Restraints	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Avoidable ED Visits	This indicated was not measured in 2024											





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 inccorporated 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	September 2 to October 11, 2024
Results of the Survey (*provide*	100% of Residents completed the survey; 93.1% of families completed the survey
How and when the results of the	Residents and Family Council Meeting and Staff Town Hall & Departmental Meetings.

Client & Family Satisfaction	Resident Survey				Family Survey				Improvement Initiatives for 2025
	2025 Target	2024 Target	2023 (Actual)	2022 (Actual)	2025 Target	2024 Target	2023 (Actual)	2022 (Actual)	
Survey Participation	100%	100%	91.70%	42.00%	100%	50%	57.50%	28%	To acheive 100% participation rate for residents and family survey
Would you recommend	75%	75%	93.10%	96%	85%	85%	100%	97%	To meet or exceed target
I can express my concerns without the fear of consequences.	80%	This question was not measured 2024	na	na	80%	na	na	na	To meet or exceed target set out by our Coroprate benchmark

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 - Percentage of LTC home residents who fell in the 30 leading up to their assessment - target is from 14.42% to 10%.	The home is committed to reducing the risk of falls and ensuring the safety of all residents. The team will collect data to track and trend falls to review and analyze the data collected. The team will strive to understand root cause to action interventions for reduce the risk of harm from falls. The home will take a collabative approach to review and ensure that each resident has specific plan of care with intervetions that contiuously reviewed for effectiveness by hosting a falls committee meetings each month, by intiating falls huddles with the team weekly to identifiy high risk fall residents, as well as huddle post fall to reivew root causes and interventions.	14.42% The home will continue to strive to stay below the coorprate benchmark of 15% and the provincial average of 15.4% over this year.
Initative #2 - Percentage of LTC resident without psychosis who were given antipsychotic medication in the 7 days preceding their assessment - target from 17.7% to 15%.	1. The home is committed to the reduction of antipsycotic medication by holding a deprescribing meeting at least monthly with NP, pharmacy consultant, BSO champion and BSO lead. 2. The home will utilize the BOMR program from CareRx pharmacy to flag new residents on antipsycotic medications prior to coming in the home to review by the NP/MD. 3. The home will ensure that appropriate diagnosis for psychosis is assigned to residents that have pschotic sysmptom on quarterly medication review and or as becomes relavent from the deprescribing meetings.	17.7% the cooprate average is 17.3% and provincal average is 20.4%, the home will strive to decrease below the coorprate average.
Initiative #3 - Percentage of LTC home residents that have altered skin integrity and/or an exisiting wound during the assessment period - target from 2.35% to 2.0%	1. The home will ensure the skin and wound tracker is up to date information to ensure accurate data anaylsis. 2. The home will ensure the team is educated on turning and repositioning, to relieve pressure to areas and avoid skin breakdown. 3. Iniate the new skin care products and the new wound care products from medline. 4. The leadership team will audit routinely to ensure wound assessments and skin inpairments are completed	The current KPI is 2.08% which is lsigthly above the cooprate average of 2.0% and the provincal average of 3.40%
Initiative #4 - Patient Centre - I am satisfied with the food and beverages served to me.	1. The Food Service Manage will endevour to be present during meal times persiodically to ensure the quailty of the pleasurable dining is accomplished. 2. The team will ensure that the residents are happy with the food and fluids that are being served and strive to provide and alternative if not satisfactory. 3. The team will provide oppurtunties at resident's council for feedback and suggestions to be heard and accknowledged.	78.4% was the result of the resident survery Dec 2024. The home will strive to increase this outcome by the 2025 survey.

Process for ensuring quailty 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	Robert Campbell	Aug 19/2025
Executive Director	Robert Campbell	August 19 2025
Director of Care	Ramanjeet Kaur	Aug 19/2025
Medical Director	Dr. Anita Aghabagheri	Aug 19/2025

	Resident Council Member	Barbara Bird	Barbara Bird Aug 19/2025
	Family Council Member	Deborah Adair	Deborah Adair Aug 19/2025