



CONTINUOUS QUALITY IMPROVEMENT ANNUAL REPORT 2024-2025

Dundas Manor has consistently had a strong Continuous Quality Improvement program to improve the care and services provided to our residents. Quality of Care & Resident Safety is a key strategic priority in our home.

In our home, our RAI MDS Coordinator is the CQI Lead and chairs the quarterly committee.

Each quality indicator is reported monthly by an assigned Most Responsible Person (MRP).

Monthly, each quality indicator is submitted using the ***ADM-05-003 Monthly Quality Indicator Reporting Template*** (see attached) for review and discussion by the Continuous Quality Improvement Committee.

These committee minutes are available internally and assist our Leadership Team to set quality priorities for the next month.





TITLE: Monthly Quality Indicator Reporting Template	POLICY #: ADM 05-003 PAGE: 2 of 2
MANUAL: General Administration ORIGINAL ISSUE: Jan 2018 PAST REVISIONS: CURRENT REVISION: Jan 2022	APPROV. AUTH: Administrator SCOPE: All Departments

MONTHLY QUALITY INDICATOR REPORT TO THE QUALITY COMMITTEE

Month: _____ Year: _____

Reported prepared by: _____

QUALITY INDICATOR:

Falls ☐

Worsening Stage 2-4 Pressure Injuries ☐

Antipsychotic Use without Dx ☐

Other (detail) _____ ☐

- Current Unadjusted PCC Rolling Quarter % _____ %
- Dundas Manor Target % _____ %
- Is this indicator on our Quality Improvement Plan? Yes _____
No _____
- Is this indicator a priority indicator? Yes _____ No _____

PROVIDE AN ANALYSIS OF THE INDICATOR BEING REPORTED ON:

- If our home is meeting our target, explain audits and/or follow up required to maintain the stat at this desirable level.
- If our home is not meeting our target, explain action plan, audits, education, communication etc that you will implement to make improvements in this quality indicator.



- **If a working group and/or small project team is required to meet, please arrange to set this up with appropriate staff to put the action plan into place**

ANALYSIS, FOLLOW UP, ACTION PLAN DETAILS TO QUALITY COMMITTEE:

(Attach any additional documents on this Quality Indicator with this report for review by the Committee; attach information that is pertinent to the indicator ie: supplement usage, supplement reduction, falls by shift D-E-N (time), antipsychotic reduction plan by resident/RHA etc...)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The following are Dundas Manor's priority objectives for the 2024/25 Quality Improvement Plan:

Maintain or Improve	Quality Framework Dimension	Indicator	Proposed 2024/25 QIP Target	Current Performance (end of 2023)
M	ACCESS and FLOW	Percentage of potentially avoidable emergency department visits for LTC residents	4.0%	4.6%
I	SAFE and EFFECTIVE CARE	% of residents who fell during the 30 days preceding their resident assessment	16.0%	17.5%
I	SAFE and EFFECTIVE CARE	% of residents who were given antipsychotic medication without psychosis in the 7 days preceding their resident assessment	24.5%	25.7%
I	SAFE and EFFECTIVE CARE	% of residents whose Stage 2-4 Pressure Injury has worsened	3.5%	4.2%
M	RESIDENT EXPERIENCE	Percentage of residents who responded positively to the question: " Would you recommend this nursing home to others? "	95.0%	100%
M	RESIDENT EXPERIENCE	% of residents responding positively to: " I feel I have a voice and are listened to by staff "	95.0%	96%
M	RESIDENT EXPERIENCE	% of residents who responded positively to the statement: " I can speak up without fear of consequences "	95.0%	100%
I	EQUITY	% of Leadership Team members who have completed relevant equity, diversity, inclusion, and anti-racism education	100%	N/A



Annually, at the February Board of Directors meeting, these Indicators and Quality Improvement Plan are presented, discussed, and approved by the board.

Dundas Manor has added to its Quality Improvement Plan monitoring formally of Worsening Stage 2-4 Pressure Injuries and Education for the Leadership Team on Diversity, Equity, Inclusivity and Anti-Racism.

We have specific “leads” to support each quality indicator monthly:

- ✓ Nurse Practitioner Lead ~ **Antipsychotic Reduction & ER transfers**
- ✓ RAI-Coordinator Lead ~ **Falls Reduction**
- ✓ ADOC ~ **Pressure Ulcer Prevention**

Dundas Manor determines where to focus our quality efforts with input and support from Dundas Manor staff considering past results of our indicators, results of Ministry Inspections and resident satisfaction levels.

Annually, Dundas Manor completes a **Resident & Family Satisfaction Survey** that is sent out each fall to all Powers of Attorney for each resident and to any resident who is interested in and capable to complete the survey. The same survey with minimal adjustments is sent out annually to the



above people to compare year over year the satisfaction with care & services in our home.

The Departmental Results over the ***past 5 years*** are as follows:

	2024	2023	2022	2021	2020
Communication	94	98	99	94	98
Nursing	95	99	98	98	99
Activities	98	95	99	96	97
Dietary	96	94	93	95	97
Physician/Nurse Practitioner	90	89	94	94	98
Housekeeping	98	98	97	98	98
Laundry	98	95	99	95	90
Maintenance	99	99	100	99	99
Office	98	99	100	100	100
<i>Overall Satisfaction Rate</i>	<i>96%</i>	<i>96%</i>	<i>97%</i>	<i>96%</i>	<i>97%</i>

Results of our survey taken each year are shared with:

- ✓ Residents' Council
- ✓ Families (through our monthly newsletter) and Family Education and Engagement Meeting format
- ✓ Staff members
- ✓ Board of Directors

A copy of the survey results (hard copy) is available outside the front office for any staff, resident or family member who wishes to view the document.



Dundas Manor prepares an **Annual Operational Plan** which includes all our Quality Indicator targets and other areas for improvement(s) as themed from our annual survey, recent inspections, or suggestions/comments from stakeholders.

The Operational Plan is prepared by the Administrator of the home for the upcoming calendar year and all projects are themed into one of our **4 Strategic Priorities**:

- ✓ Improve Quality of Care & Resident Safety (Quality Indicators fall under this strategic priority)
- ✓ Prepare for the new Dundas Manor
- ✓ Support our People
- ✓ Promote Dundas Manor as a LTC Home of Choice

The Operational Plan and its projects/targets are managed by the Administrator of the home. Each project has a timeline to complete & status updates are provided monthly by the Most Responsible Person (MRP) for the project at our Leadership Meeting. The document is available outside the front office (hard copy) for any staff, resident, or family who wishes to view the document & project status ongoing.

Project updates and areas of resident care/safety/services are provided at Residents' Council meetings. Residents are asked to provide their input or suggestions to the projects underway.

Currently, the **Quality Improvement Committee (March 2024)** consists of the following membership:



- ✓ Administrator
- ✓ Director of Care
- ✓ Associate Director of Care
- ✓ Nurse Practitioner
- ✓ Director of Support Services
- ✓ RAI MDS Coordinator
- ✓ Activity Director
- ✓ A resident representative
- ✓ A family representative (2)
- ✓ Registered Dietician
- ✓ Pharmacist
- ✓ EA to the Administrator (minute taker)

Note: Dundas Manor does not currently have a formal Family Council, but if one is established, a member of the Family Council would be added to this committee as well.

At the beginning of each calendar year, the required program evaluation is assigned to MRPs for all programs by the Administrator. This is an important part of the review of all programs and plans to improve our quality improvement program for the upcoming year. Any questions about our quality program at Dundas Manor are to be directed to the Administrator of the home.

Respectfully submitted,
Susan Poirier RN BScN
Administrator

