

Annual Schedule: May 2025

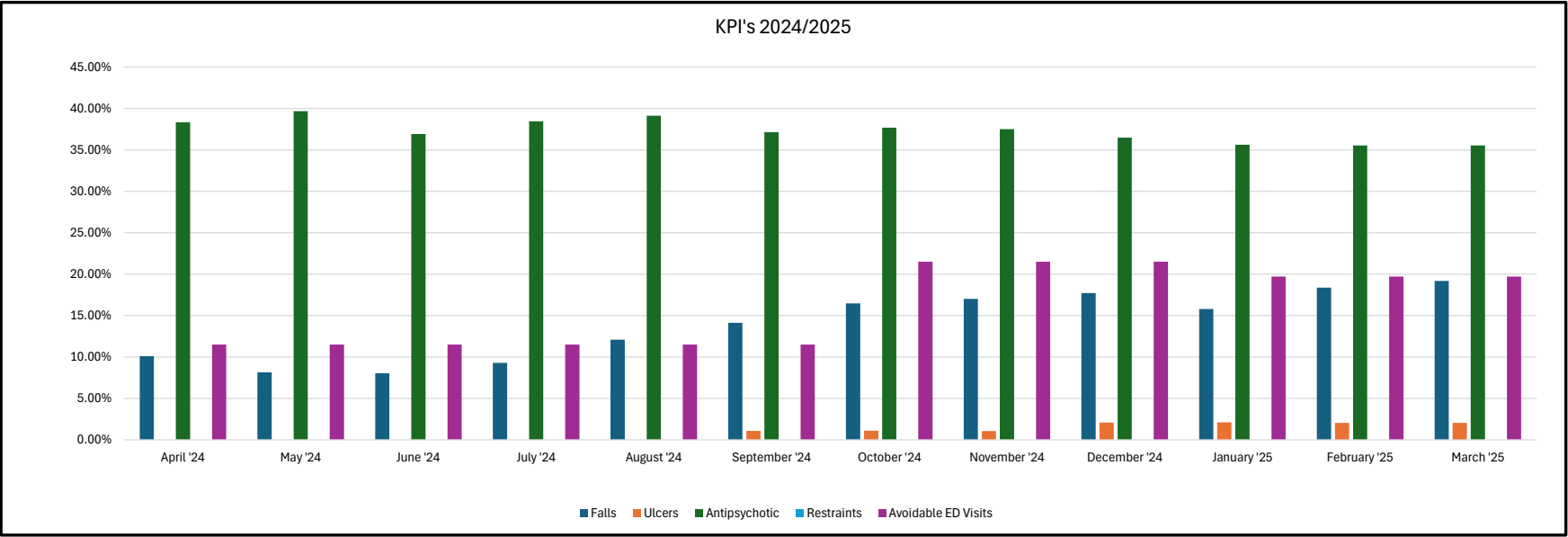
HOME NAME : Fosterbrooke

People who participated development of this report		
	Name	Designation
Quality Improvement Lead	Charlene Smith	Executive Director
Director of Care	Heather Campbell	Director of Care
Executive Directive	Charlene Smith	Executive Director
Nutrition Manager	Sophie Park	Nutrition Manager
Programs Manager	Allison Powell	Recreation Manager
Other	Alicia Bodkin	ADOC/ICM
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
Resident Satisfaction - Would Recommend	Continue to follow Client Services Response Policy and complete MBWAs. Quarterly review of all CSRs to demonstrate timely response for 100% of concerns by September 2024. Monthly MBWA will show no trends related to concerns from residents by September 2024	Outcome: All CSRs responded to timely Date: September 2024
Family Satisfaction - Would Recommend	Communicate open door policy in Resident/Family Newsletter. Attendance taken at all care conferences. Communication included in Newsletter by September 2024. Care conference audits will show all departments represented 85% of the time by Sept. 2024	Outcome: All departments attend care confernecees 85% of time. Open door Date: Sept 2024
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	Address any identified deficiencies from completed assessments of environmental assessment. Environmental risk assessments of resident spaces to identify fall risk will be completed per policy by June 2024	Outcome: All risk assessments completed by June 2024 Date: June 2024
Percentage of residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident	Medication reveiws completed for all residents currently prescribed antipsychotics without diagnosis by July 2024	Outcome: completed by July 2024 Date: July 2024
Percentage of LTC residents with worsening ulcers stage 2-4	Reveiw current bed systems/surfaces for residents with PURS score 3 or greater by August 2024	Outcome: residents Date: August 2024

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	10.09%	8.14%	8%	9.30%	12.09%	14%	16.48%	17.02%	17.71%	15.79%	18.37%	19.19%	
Ulcers	0.00%	0.00%	0.00%	0%	0%	1.09%	1.10%	1.06%	2.08%	2.11%	2.04%	2.04%	
Antipsychotic	38.33%	40%	36.92%	38.46%	39.13%	37.14%	37.68%	37.50%	36.49%	35.62%	35.53%	35.53%	
Restraints	0	0	0	0	0	0	0	0	0	0	0	0	
Avoidable ED Visits	11.50%	11.50%	11.50%	11.50%	11.50%	21.50%	21.50%	21.50%	21.50%	19.70%	19.70%	19.70%	



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	September 3, 2024 - October 11, 2024
Results of the Survey (<i>provide</i>	ied with the variety of recreation programs; In my care conference, we discuss what's going well, what could b
How and when the results of the	Resident Survey results were shared at Resident Council on December 10, 2024 and a copy provided.

Client & Family Satisfaction	Resident Survey				Family Survey				Improvement Initiatives for 2025
	2025 Target	2024 Target	2022 (Actual)	2023 (Actual)	2025 Target	2024 Target	2022 (Actual)	2023 (Actual)	
<i>Survey Participation</i>	100%	100%		68.80%	100%	100%		37.50%	
<i>Would you recommend</i>	85%	73.10%		90.9		96.60%		80%	
<i>I can express my concerns without the fear of consequences.</i>						NA		NA	

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: I am satisfied with the variety of recreation programs	Target 78.00 - Integrate specific activities, programs and strategies to include all 5 domains	70.6
Initiative #2: In my care conference we discuss what is going well, what could be better and how we can improve things	Target: 70.0 - Encourage residents to attend their annual care conference	59.1
Initiative #3: I am satisfied with the quality of care from my dietitian	Target: 70.0 - Increase awareness of role of dietitian in the Home with residents and families	62.5
Initiative #4: Percentage of LTC home residents who fell in the 30 days leading up to their assessment	Target: 13.0 - Increase awareness of residents athigh risk for falls, Increase communication during shift report for newly admitted residents and during outbreaks	14.07
Initiative #5: Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	Target:17.30 - Implement Antipsychotic Reduction program which includes Antipsychotic Decision Support Tool Enhance collarboration with Behavioral Supports Ontario Lead and interdisciplinary team	24.34
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	Charlene Smith	July 15 2025
Executive Director	Charlene Smith	July 15 2025
Director of Care	Heather Campbell	July 15 2025
Medical Director	Dr. P. McGarry	July 15 2025
Resident Council Member	S. Newton	July 15 2025
Family Council Member	Y. Skanes	July 15 2025