



Continuous Quality Improvement Initiative Annual Report

Annual Schedule: May
2025

HOME NAME : Hillside Manor LTC.

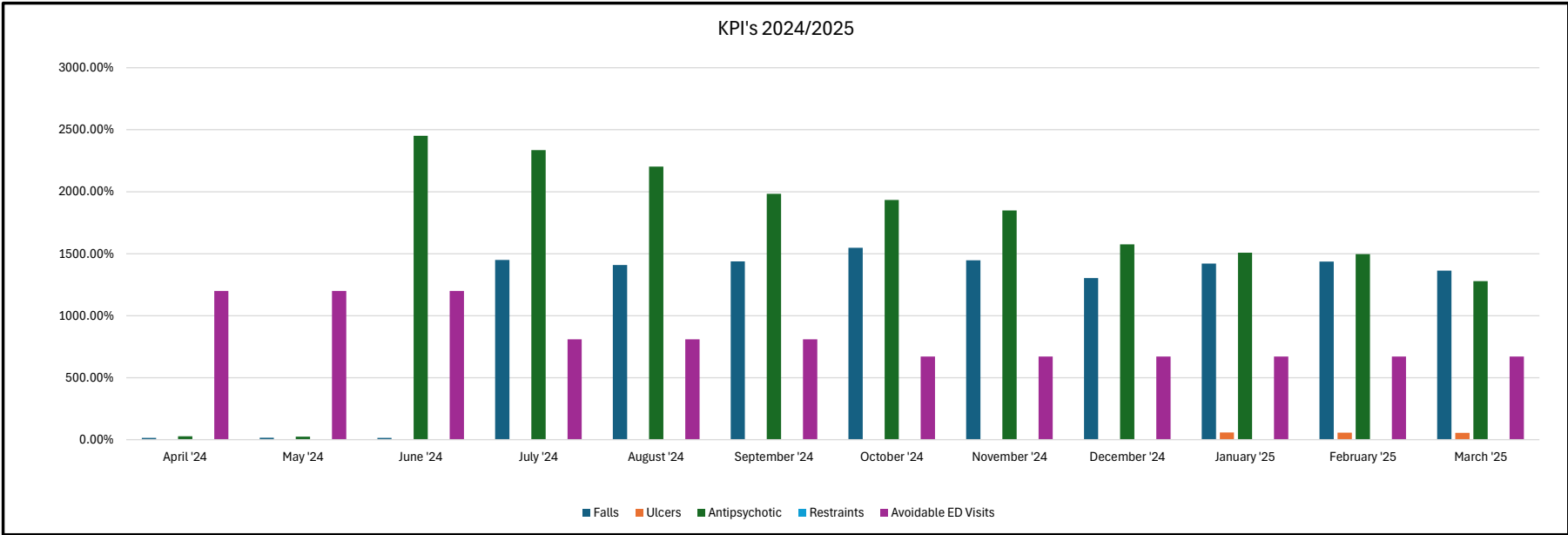
People who participated development of this report

	Name	Designation
Quality Improvement Lead	Shannon Balasso	Executive Director
Director of Care	Sandra Blacklock	Director of Care
Executive Directive	Laura Roy	Associate Director of Care
Nutrition Manager	Michael Gervais	Food Service Manager
Programs Manager	Janet Good	Program Manager
Environmental Service Manager	Zoltan Nemes	Environmental Service Manager
IPAC Manager	Ashwini Single	IPAC Lead
Office Manager	Amanda Feeney	Office Manager

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
To improve the satisfaction of the temperature of food. 47.3%.	Our Food Service Manager conducted random checks on the steam carts. Steam carts were checked to ensure they were plugged in.	Outcome: Our 2024 survey did not reflect the same question, however it did reflect Residents were satisfied overall with food and beverages. Date: October 2024 70.6%
Resident has input into the Recreation programs available. 35.3%	Progress was tracked via feedback from Family Council meetings and Resident care conferences. Increasing our communication during these meetings and tracking the feedback has enhanced our scores.	Outcome: 57.6% Date: October 2024
Residents have input into the recreation programs available. 48.3%	We continued with calendar planning program and offered more exercise programs. Residents were asked what kind of programs they would like to participate in. Feedback was obtained from Residents during Resident Council meetings and Care Conferences.	Outcome: 57.6% Date: October 2024
Family would recommend: 85.7%	Maintain positive relationships with Family members. Take the time to meet with family members upon admission. Attend resident Care conferences and encourage family attendance.	Outcome: 87.5% Date: October 2024
Resident Satisfaction would recommend: 88.90%	Build positive relationships with residents upon admission. respond promptly to resident concers. Encourage Residents to participate in decision making.	Outcome:85.3% Date: October 2024 70.6%

Residents who fell in the last 30 days, leading up to their assessment. 14.29	Review of residents who are at risk for falls, identify individual needs, establish recreation preferences. Implement falls documentation buddies.	Outcome: 14.05 Date: October 2024										
Residents who are on antipsychotic medications without a diagnoses, in the 7 days preceding their assessment.	Medication reviews for Residents currently prescribed antipsychotics. Careplans were reviewed for diagnoses supporting use of the medication.	Outcome: 12.78 Date: March 2025										
Residents with worsened ulcers stages 2-4.	Review of therapeutic surfaces for residents who have a PURS score of greater than 3. Enhance staff knowledge on early identification of wounds and staging	Outcome: 0.55 Date: March 2025										
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	14.84%	16.03%	14.05%	14.49	14.08	14.38	15.48	14.47	13.04	14.2	14.37	13.64
Ulcers	0.00%	0.00%	0	0	0	0	0	0	0	0.58	0.57	0.55
Antipsychotic	27.08%	25%	24.51	23.36	22.02	19.83	19.33	18.49	15.75	15.08	14.96	12.78
Restraints	0%	0%	0	0	0	0	0	0	0	0	0	0
Avoidable ED Visits	12	12	12	8.1	8.1	8.1	6.7	6.7	6.7	6.7	6.7	6.7



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 incorported 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	Surveys took place between September 2nd and October 11th 2024
Results of the Survey (<i>provide description of the results</i>):	Satisfied with the care recieved 91.2%, Satisfied with the quality of care from nursing 88.2%. Aware of recreation programs offered 85.3%. Satisfied with maintenance in the home 85.3%, Would recommend to
How and when the results of the survey were communicated to the Residents and their Families (including Resident's Council, Family Council, and Staff)	Survey results were shared with Staff in a general Town Hall meeting helod January 28th 2025. The survey results were shared with Residents via Resident Council meeting on January 27th 2025. Survey results were shared with our Family Council on January 14th 2025. Staff, Residents and Families had the opportunity to express their feedback on the survey results and to share their ideas.

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%		90.00%	100%	30.20%		52.80%	Communicate survey dates ASAP with reminders
<i>Would you recommend</i>		85.30%		88.90%	95%	87.50%		85.70%	Engage families in celebrations and be transparent
<i>I can express my concerns without the fear of consequences.</i>		82.40%		83.30%	100%	87.50%		86.90%	validate Residents/families concerns and provide reassurance

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 the quality of care from Physicans.	Increase communication to Residents by Physicians informing them in advance when they are away. Enhance privacy during rounds.	55.90%
Initiative #1 Input into the Recreation programs available.	Monthly calendar program meetings. Highlight Resident selected activities on the calendar to identify their chosen programs.	52.20%
Initiative #3 Satisfied with religious & spiritual programs	Review current programs offered, gather feedback from Residents.Action feedback revise schedule based on feedback at council meetings	57.00%

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:	Print out a completed copy - obtain signatures and file.	Date Signed:
CQI Lead	Shannon Balasso	
Executive Director	Shannon Balasso	Aug 9th 2025
Director of Care	Sandra Blacklock	Aug 9th 2025
Medical Director	Dr. Kalra	Aug 5th 2025
Resident Council Member	Wally N	Aug 9th 2025
Family Council Member	Kathy B	(out of the home ill)