Continuous Quality Improvement Report
Mariann Home

Jia-Ling Yuan, CQI Coordinator
DESIGNATED LEAD - Quality Improvement

Introduction to Mariann Home

Mariann Home is committed to providing high quality services to all the residents living at Mariann Home. Our Quality Improvement plan demonstrates that we are dedicated to providing compassionate, holistic and resident focused services that align with our Mission, Vision and Philosophy statement. Our Mission remains the same: "To provide excellent long-term care in a Catholic environment that reflects the healing ministry of Jesus to those vulnerable people entrusted to our care." We are committed to ensuring the safety of each resident which is why we have decided, as an organization, to focus on these safety initiatives.

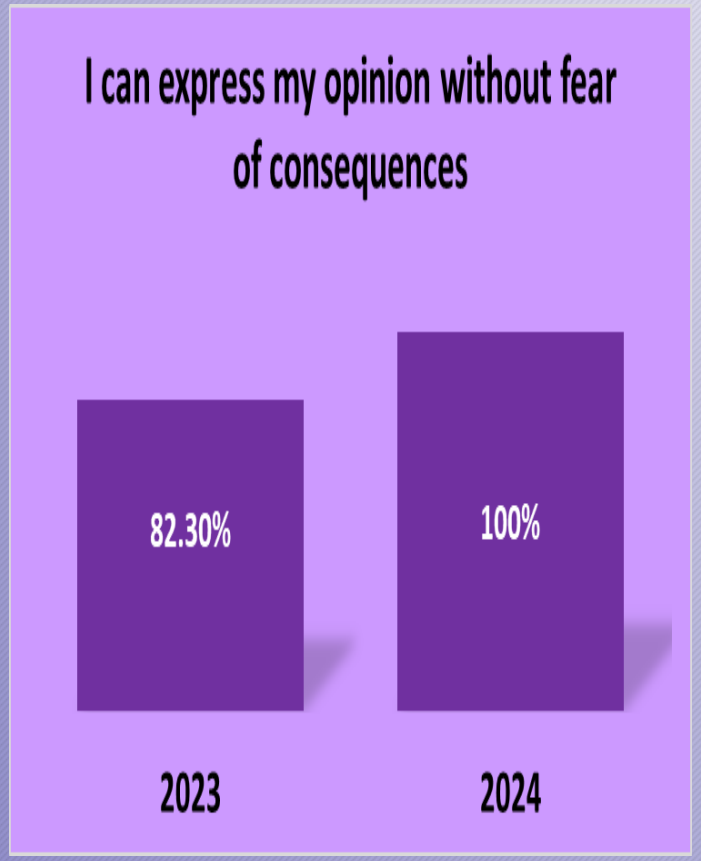
Quality Improvement Outcomes from 2023-24

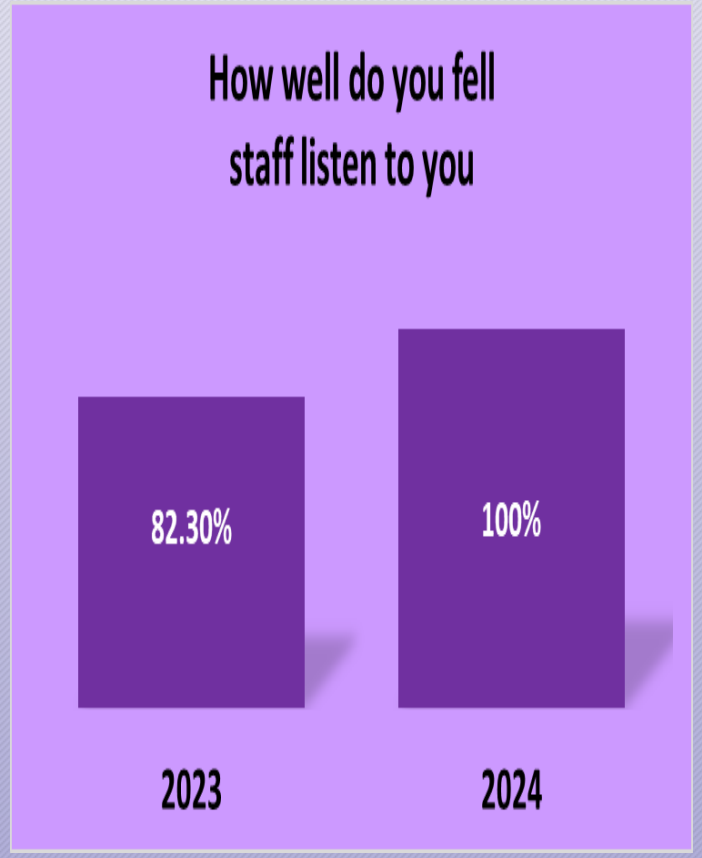
Quality Indicator	Performance Identified in 2023	Current Performance Indicator in 2024
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences“.	82.35%	100%
Percentage of residents who responded to "how well do you feel staff listen to you".	82.35%	100%
Percentage of residents who responded to "Are staff open to your feedback regarding care or services".	80%	91.3%

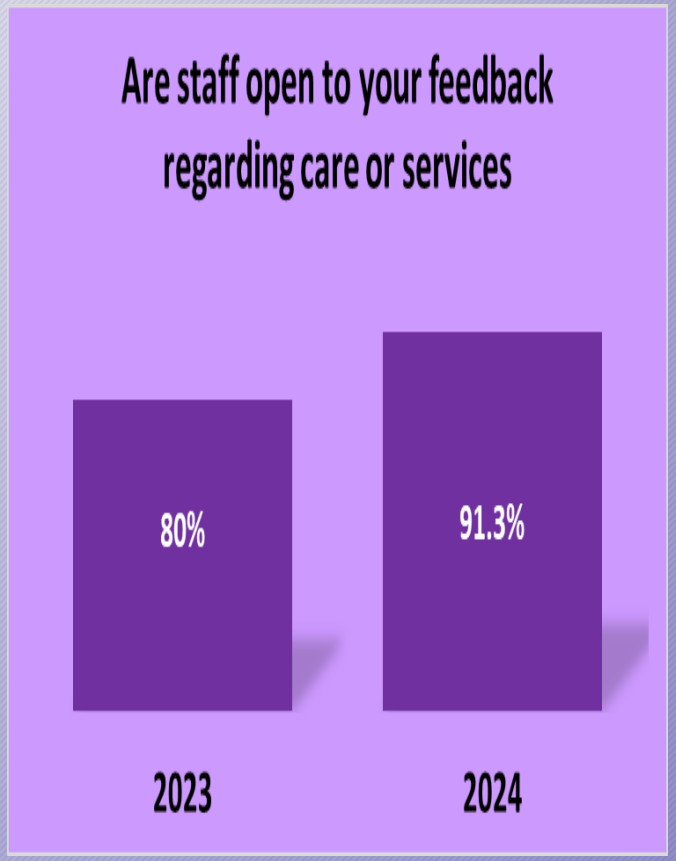
High-Level overview of successes and objectives achieved in 2024:

- Achieved target of 100% on residents who responded positively to the statement: "I can express my opinion without fear of consequences“.
- Achieved target of 100% on residents who responded to "how well do you feel staff listen to you" .
- Increase Percentage of residents who responded to "Are staff open to your feedback regarding care or services" to 91.3%. Will continue to work to achieve 100% target.

Quality Improvement Outcomes from 2023-24







QUALITY PRIORITIES FOR 2025/26

Mariann Home is pleased to share its 2025/26 Continuous Quality Improvement Plan Report. Mariann Home is committed to quality improvement and is reflected in our mission and strategic plan. Person and Family Centred Care remains a top priority to ensure residents and their families are supported to achieve their personal goals for their health and quality of life. Our care and services are tailored to the resident's values, beliefs, wishes and preferences. We remain committed to fostering culturally safe environments for our residents, family members, staff and visitors. We will continue to apply best practices and aim to sustain positive outcomes

Meeting the requirements of the Fixing Long Term Care Act 2021 and Ontario Regulations 246/22, respecting Residents' Bill of Rights, maintaining an environment that supports evidence based practices and innovation remain high priorities for Mariann Home. Our Continuous Quality Improvement Plan is a roadmap to integrating excellent care, collaboration and enhanced quality of life for residents in our Home.

The high-level priorities for Mariann Home's 2025 Continuous Quality Improvement are enhancing care outcomes and empowering frontline staff with knowledge and skill by implementing best practice guidelines as a Designate Best Practice Spotlight Organization, supporting innovation in data integration, and maintaining Resident and Family Satisfaction :

- Enhance Quality of Life for residents in our Home
- Enhance Resident's Comfort
- Supporting Resident's Transition in our Home
- Meeting Resident's needs, wishes and choices
- Supporting Point of Care Decision Making
- Enhancing screening, assessment and prevention of risk
- Data Integration
- Enhance Residents' and Staff Satisfaction

QUALITY OBJECTIVES FOR 2025/26 RELATED TO UPTAKE AND SUSTAINABILITY OF BEST PRACTICE GUIDELINES

1. Enhancing Quality of Life for residents in our Home through addressing gap analysis and sustainability of Person and Family Centered Care (PFCC) and Alternative to Restraints Best Practice Guideline and the Palliative Approach to Care Guideline
2. Enhancing Resident's Comfort through addressing gap analysis and sustainability of Pain Assessment and Management Best Practice Guideline and the End of Life Care Guideline
3. Supporting Resident's safety in our Home through the process of addressing gap analysis and sustainability the Preventing Falls and Reducing Injury from Falls Guideline
4. Meeting Resident's needs, wishes and choices through the implementation of Clinical Pathways (Person and Family Centred Care, Pain Assessment and Management, Palliative Care and End of Life Care) and integration of goals of care discussions during resident care conferences
5. Data Integration through sustainability of AMPLIFI for the continuous updating of resident's information in both hospital and LTC Home record with transition exchanges
6. Supporting screening, assessment, prevention of risk and point of care decision making through the use of Assessment Tools and Clinical Pathways that integrate with Plan of Care through electronic platform for residents' assessment
7. Enhancing Resident and Staff Satisfaction through Response and Action

QUALITY IMPROVEMENT INITIATIVES CYCLE AND PRIORITY SETTING PROCESS

Mariann Home has developed an annual planning cycle for their Continuous Quality Improvement Report and Quality Improvement Plan (QIP).

Quality Improvement planning includes an evaluation of the following factors to identify preliminary priorities:

- Progress achieved in past year based on previous QIP;
- Ongoing analysis of performance data over time available from the Canadian Institute for Health Information (CIHI) and Health Quality Ontario (HQO) public reporting; with areas indicating a decline in performance over time and/or where benchmarking against self-identified peer organizations suggests improvement required
- Quality Indicators Raw Data Reports available in Point Click Care (PCC) Electronic Documentation System
- Resident, family and staff experience survey results;
- Identified priorities through program evaluations and recommendations from the homes continuous quality improvement committee
- Results of care and service audits
- Emergent issues identified internally (trends in critical incidents) and/or externally;
- Feedback and collaboration with residents, families, staff, leaders and external partners.
- Mandated provincial improvement priorities
- Acts and Regulations for Long Term Care Homes, other applicable legislations and best practice guidelines

- Priorities are discussed within different committees and councils by interprofessional and interdisciplinary team members.
- These committees and councils include the Leadership Team, Residents' Council, Family Council, CQI Council and the Board of Directors Committee, such as Quality Care Committee. The process is interactive and engages different stakeholder groups.
- QIP targets and practice change ideas are identified and confirmed by Board of Directors.

MARIANN HOME APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS)

- Mariann Home's Policies and Procedures, electronic documentation platform setup and practice standards, provide a baseline for staff in providing quality care and services, while maintaining safety. Mariann Home has adopted the Model for Improvement to guide quality improvement activities. Interprofessional quality improvement teams, including resident and family advisors, work through the phases of the model to:

1. Complete Trends Analysis

- Teams use various QI methodologies to understand some of the root causes of the problem and identify opportunities for improvement. This work can include process mapping, Plan-Do-Study-Act (PDSA) cycles, etc. Also included in this work, is an analysis of relevant data and completion of a gap analysis against relevant Best Practice Guidelines.

2. Set Improvement Aims

- Once there is a better understanding of the current system or practice challenges, the aim is expressed and documented. The aim includes information regarding the actual indicator target for improvement, the resident and family experience and satisfaction of outcomes, staff adherence to practice change and work satisfaction and, use of resources. This aim will be used to evaluate the impact of the change ideas through implementation and sustainability. Aim Statements are Specific Measurable, Attainable, Relevant, Timeline-Bound.

- The aim statement includes the following parameters - "How much" (amount of improvement – e.g., 30%), "by when" (a month and year), "as measured by" (indicator or a general description of the indicator) and/or "target population" (e.g., residents, residents in specific area, etc.)

APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS CON'D)

3. Developing and Testing Practice Change(s)

- As a principal, Mariann Home will identify practice changes to implement current evidence based recommendations established by the published best practice guideline(s)
- With the completion of the gap analysis, and program evaluation as required, areas for improvement are identified by various teams that will move Mariann Home towards meeting its aim statement (s).
- Mariann Home will monitor and track outcomes of practice changes through observation, auditing and data collection

4. Implementation, Dissemination, Sustainability

- Improvement teams consider the following factors when developing implementation of practice change plan:

➢ Outstanding work to be completed prior to implementation (e.g., final revisions to change ideas, embedding changes into existing workflow, updating relevant Policies and Procedures, work flow charts, documentation systems etc.)

➢ Education required to support implementation, including key staff resources (e.g., Best Practice Champions, Best Practice Liaisons and Co-liaisons).

➢ Communication required to various stakeholders, before during and after implementation

➢ Approach for spread across Mariann Home, (to residents, families, staff)

➢ Dissemination at monthly Best Practice Change meetings, conferences, webinars, Best Practice Symposium, etc.)

Measures includes the following types:

Outcome Measures:

- Measures what the team is trying to achieve (the aim)

Process Measures:

- Measures key activities, tasks, processes implemented to achieve aim

Structure Measures:

- Measures systems, and processes to provide high-quality care.

PROCESS TO MONITOR AND MEASURE PROGRESS, IDENTIFY AND IMPLEMENT ADJUSTMENTS AND COMMUNICATE OUTCOMES

- A key component of the sustainability plan is the collection and monitoring of the key project measures over time.
- Run charts and Statistical Control Charts, with established rules for interpretation, are essential to understanding if there has been an improvement or decline in performance.
- Analysis of the Outcome measure(s) will be used to identify if the Home is achieving the desired outcomes or not.
- If not achieving desired outcomes, the team can review the Process measure(s) over time to either confirm compliance with key change ideas (suggesting the change idea may not be as effective at improvement outcomes) or identify gaps in compliance that need to be addressed.
- Based on the results of this analysis, the team may consider alternative change ideas, provide coaching to staff to enhance compliance, engage with staff to better understand gaps in adherence to compliance.

At An Organizational Level

- Mariann Home is using different reports to monitor and measure progress on strategic aims such as reports and Quality Improvement modules, best practice indicators based on guideline and clinical pathway implementation, and different analysis tools available within different programs.
- Communication strategies are tailored to the specific improvement initiative. These include, but are not limited to:

  - Posting on unit Continuous Quality Improvement and Best Practice Boards, in common areas and in staff lounges
  - Publishing stories and results via the newsletter, presenting at practice change webinars, social media
  - Direct email to staff and families and other stakeholders
  - Handouts and one: one communication with residents, families and staff
  - Presentations and collaborations at at staff meetings, Resident Councils, and Family Council
  - Change of shift reports
  - Use of Best Practice Champions (35 Champions at home currently) as role models to communicate directly with peers and get feedback to make the practice change

Resident and Family/Caregiver Experience Survey

- Resident and Family/Caregiver Experience Surveys are provided.
- The results of the experience surveys are communicated to the residents and their families, the Residents Council (RC) and Family Council (FC), and members of the staff of the home through communication strategies (RC meeting, FC meeting, staff meetings, posters, newsletters etc.)
- Mariann Home completes a review of all the responses and establishes goals on the CQI action plan for any areas identified as needing improvement in collaboration with residents and their families, Residents Council, Family Council, CQI committee members and staff members of the home

Mariann Home 2024 Resident & Family Satisfaction Survey

2024 Resident and Family Satisfaction Surveys was completed on Aug 2024.

Summary of Areas home is performing well:

- 100% satisfaction with expressing resident's opinion without fear of consequence
- 100% satisfaction with the staff listening to resident
- 91.3% satisfaction with feeling opinions/suggestions/concerns being acted upon

Summary of Areas for Improvement identified:

- 41.66% satisfaction with outing experience

Mariann Home Quality Improvement Priority Indicators

1. Reduce emergency department visits

Indicator	Current Performance	Target Performance
Rate of potentially avoidable emergency department visits	24.66%	23.42%

2. Reduce antipsychotic medication Usage

Indicator	Current Performance	Target Performance
Percentage of residents not living with psychosis who were given antipsychotic medication	22.81%	20.7%

3. Fall prevention to reduce fall

Indicator	Current Performance	Target Performance
Percentage of residents who fell in the last 30 days	7.83%	7.4%

Supporting Quality Improvement Initiatives and Sustainability

1. **Clinical Pathway Sustainability:**
- Auditing Process for Admission Assessment, RFCC and Delirium Clinical Pathway
- Fall Prevention and Management
- Pain Assessment and Management
- Palliative Care and End of Life Care
- Feedback provided to RNAO and Point Click Care

2. **Data Integration (AMPLIFI Project)**
- Integration of resident electronic health records between Mariann Home and hospital software systems

3. **Safety and Technology:**
- Automated Dispensing Cabinets (ADC) use
- Barcode Scanning for Medication Safety
- Blood Glucose Monitoring Data Integration
- Electronic Auditing for Infection Control Program

4. **Improved Staff Experience:**
- Supporting Point of Care Decision Making: Clinical Pathways, ADC machine, electronic Skin and Wound Program, data integration electronic programs and medication safety
- Satisfaction Survey and Outcome
- Capacity development through partnerships with Colleges/Universities

5. Residents and Family/Caregiver Experience Survey:
- Experience Survey and Outcome
- Residents' Council Feedback
- Actions for improvement

2025/26 Quality Improvement Plan for Ontario Long Term Care Homes
"Improvement Targets and Initiatives"

Mariann Home 9915 YONGE STREET, Richmond Hill , ON, L4C1V1

AIM		Measure									Change					Actions & Outcomes				
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments	Date Action was Taken	Outcomes of Actions Completed	Role of Resident/ Family Council in Actions Taken	Role of CQI Committee in Actions Taken	Description of how and when actions taken were communicated to: 1) Residents 2) Families 3) Resident's Council 4) Family Council (if any) 5) Staff of the Home
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) O= Optional (do not select if you are not working on this indicator) C = Custom (add any other indicators you are working on)																				
Access and Flow	**Efficient**	Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 1, 2023, to Sep 30, 2024 (Q3 to the end of the following Q2)	53266*	24.66	23.42	Mariann Home will attempt to reduce number of avoidable ED visits through tracking ED visits, utilizing Nurse Practitioner from NLOT in assisting, making appropriat resident's goals of care, and educating nursing staff on avoidable ED visits.	Nurse Practitioner from NLOT	1)Continue to track all ED visits (symptoms, hospital interventions, return diagnosis) on 24 hour report, progress notes and census.	1) Registered staff will document on the 24 hour report, progress notes, and census every ED visit. 2) CQI Coordinator to ensure all ED visits are documented with all required information. 3) Discuss in Nursing Practice Meeting monthly to identify areas with recurring transfers or avoidable transfers, refer to and compare with HQO's list of conditions that are considered to be avoidable transfers.	Number of ED visits are documented, audited, and reviewed in Nursing Practice Committee.	100% of ED visits are documented, audited, and reviewed in Nursing Practice Meeting.		01-Apr-25	Ongoing	Resident Council provided input into this action plan and will be updated regularly on the progress of this action plan, audit results and corrective action taken. Home currently does not have Family Council and continue to promote one in the Home.	CQI committee provided input into this action plan and will be regularly updated on the outcomes, provide guidance into addressing the gaps identified via the action plan. Audits summary will be presented and discussed for further evaluation or corrective action as needed.	1) Residents - Resident's Council meeting in March 2025 2) Families Family Council meeting in March 2025 3) Resident's Council - meeting in March 2025 4) Family Council - meeting in March 2025 5) Staff of the Home - CQI committee meeting in May 2025
											2)Continue to utilize Nurse Practitioner (NP) from NLOT in assisting registered staff to reduce avoidable ED visits.	1) Set up NP visiting schedule in advance to ensure registered staff are aware that NP is available for re-assessing non-emergency situations. 2) Meet with NP quarterly to review ED visits. NP to do chart review and prepare details on transfers for these meetings.	Number of ED visits are analyzed with NP quarterly to identify high risk areas of ED visits.	100% of ED visits are analyzed with NP quarterly.		01-Apr-25	Ongoing			
											3)Ensure resident's goals of care (ED transfer and DNR) is made appropriately.	1) Discuss goals of care with resident/POA at admission, annual care conference, and change of resident's health condition. 2) Provide information to resident/POA regarding the medical services can be offered at Long Term Care Home and the process of ED transfer. 3) Offer resident/POA opportunities to ask any questions or clarifications to ensure an informed and educated decision is made according to their wishes.	Number of residents with up-to-date goals of care.	100% of residents with up-to-date goals of care		01-Apr-25	Ongoing			
											4)Continue to educate nursing staff on avoidable ED visits.	1) Identify areas of education for NP to provide for nursing staff, based on trends. For example, if there are a lot of pneumonia transfers- education on respiratory assessment and early detection of pneumonia. 2) Nursing staff to communicate with families during admissions, care conferences, significant change in resident's condition and annually thereafter on avoidable emergency department visits. 3) Review medical conditions as per hospital definition, identify high risk residents, and focus in this area. Educate and create registered staff awareness of preventable, early detection of some of these common reasons residents are transferred to hospital.	Number of educational in-services offered to registered staff on the avoidable ED visits.	At least 1 in-service will be offered to registered staff on the avoidable ED visits in 2024.		01-Apr-25	Ongoing			
Safety	**Safe**	Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	53266*	7.83	7.40	Mariann Home in consultation with the Best Practices committee has set the goal based on industry standards. Mariann Home is currently under the MOH average and experienced a slight decrease in the numbers over the past year and would like to further	PT/OT/PTA	1)To prevent any injury related to falls resulting to CIS (fracture, or any injury resulting in resident being sent to hospital).	To implement fall interventions based on resident condition and needs. Proper huddle with all the frontline staff. Identify the risk factors that may lead to falls. Properly document/report on risk management. Care plan review on residents who are high risk of fall/repeat fallers to address and understand the reason of their fall and to provide updated interventions based on their needs.	Analyze resident who are high risk of falls and document on the PCC. Ensure all interventions are reflected in the care plan including any changes, interdisciplinary fall case study done .	To reduce injury from falls resulting in critical incident (injury, fracture or those sent to hospital for treatment).		01-Apr-25	Ongoing			
											2)To decrease number of incurring falls in the home.	Interdisciplinary collaboration; fall huddle done to discuss and analyze specific risk factors/cause of fall, interventions and proper implementations of fall strategies to potential risk residents. Care plan must reflect the trend of fall to have action plan for interventions. Close monitoring to those who have behaviours and has decline health condition.	Residents who are high risk and frequent fallers should have a quarterly review on acute or chronic medical conditions and the side effects of medication causing drowsiness, behaviour or any side effects that may cause fall. Assess new admission with secondary condition. Repeat fallers needs more close supervision and monitoring on each shift.	5% decrease on the number of residents incurring falls.		01-Apr-25	Ongoing			

								improve on those numbers.		3)To increase staff's awareness on residents who are high risk of fall and implementation of fall intervention program.	Ongoing education to all staff and family the risk of falls. Educate staff on fall interventions program by identifying high potential risk of falls especially those high risk. PT/OT to provide in-service to all staff regarding the fall prevention program available and it's proper implementation, compliance in applying those interventions to residents , following recommendations on safe transfers and when assisting during ambulation; properly use of assistive device. To have front line staff understands their big role in identifying resident high risk base on the change of their condition and decline functional mobility.	Education and training provided on all frontline staff. Monitoring tools to resident with behaviours that may lead to falls. Collaborate with pharmacy on medication that may cause any drowsiness.	At least 1-2 in-service will be offered to all staff in a year and as needed. Provide training and in-service to newly hired staff.		01-Apr-25	Ongoing			
		Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	53266*	22.81	20.70	This target represents a 9.25% reduction from the current performance. Target was set in collaboration with the Medical Director and Clinical Consultant Pharmacist. We would like to continue our efforts of reducing antipsychotic usage at the home as per best practice recommendations.	CareRx pharmacy Clinical Consultant Pharmacist	1)Continue to ensure that residents with a diagnosis of psychosis (schizophrenia, Huntington's, delusions or hallucinations) have this diagnosis clearly documented in their profiles and properly coded in MDS. Ensure that residents with a diagnosis of hallucinations or delusions are reviewed on a regular basis to see if these symptoms are ongoing and documented in the progress notes when present.	Report of residents on antipsychotics will be generated from the pharmacy database as well as RAI-MDS each quarter. Antipsychotic review meetings will be held with QI Nurse and Clinical Consultant Pharmacist at minimum on a quarterly basis to review residents for opportunities for deprescribing. Assessments of residents on antipsychotic medications will also continue to be completed by the prescriber during the quarterly medication reviews. Number of residents on antipsychotics without a diagnosis of psychosis will be tracked and reported during the interdisciplinary Professional Advisory Committee on a quarterly basis.	Percentage of residents diagnosed with psychosis who have this diagnosis clearly documented in their profile and MDS.	100% of residents who have a diagnosis of psychosis will have the specific diagnosis documented in their profile and coded correctly in MDS.		01-Apr-25	Ongoing			
											2)Continue to complete assessments of residents on antipsychotic medications without a diagnosis of psychosis on a quarterly basis. The appropriateness and safety of antipsychotic therapy will continue to be assessed and dose reduction and discontinuation will be trialed where appropriate. Reviews will be completed by the physician with input from the interdisciplinary team, including nursing and pharmacy.	Report of residents on antipsychotics will be generated from the pharmacy database as well as RAI-MDS each quarter. Antipsychotic QIP meetings will be held on a quarterly basis to review residents for opportunities for deprescribing. Number of residents on antipsychotics who were reviewed will be tracked and audited by registered staff and the RAI-MDS coordinator/ QI Nurse. Number of residents on antipsychotics without a diagnosis of psychosis will be tracked and reported during the interdisciplinary Professional Advisory Committee on a quarterly basis.	Percentage of residents without a diagnosis of psychosis reviewed on a quarterly basis.	100% of residents without a diagnosis of psychosis will be reviewed. Assessment will be completed by the prescriber during the quarterly medication reviews.	Antipsychotic medication utilization continues to be a key focus at Mariann Home. The home will continue to monitor and assess these medications on a regular basis as per the Best Practice Guidelines.	01-Apr-25	Ongoing			
											3)Continue to educate registered staff on the appropriate vs. inappropriate use of antipsychotic medications, their safety profiles and monitoring parameters with a focus on when dose reduction may be appropriate.	Education to be provided for registered staff on the appropriate and safe use of antipsychotic medications. RAI coordinator/ QI Nurse to keep track of attendance at the education sessions. Educational tools and resources related to the use of antipsychotics will be provided to registered staff.	Number of educational in-services offered to full-time registered staff on the appropriate and safe use of antipsychotic medications. Number of resources provided to registered staff about antipsychotic medication use and reduction.	At least 1 in-service will be offered to full-time registered staff in 2025. 100% of full-time registered staff will receive educational resources related to antipsychotic medication use and reduction.		01-Apr-25	Ongoing			