



HCH *Here to Care.*

Holland Christian Homes Inc.  
7900 McLaughlin Road South  
Brampton, ON L6Y 5A7  
T. 905.459.3333  
www.hch.ca

# Continuous Quality Improvement – Interim Report for Faith Manor

Faith Manor is part of a larger continuum of care organization, Holland Christian Homes which is located in the City of Brampton and includes another Long-Term Care Home (Grace Manor) and six apartment towers. The mandate of Holland Christian Homes is to provide a supportive, caring, quality Christian environment in order to preserve dignity and enhance the quality of life for people who require long-term care from a team of qualified caregivers. In partnership with residents, caregivers and families, we provide a safe, professional and caring community for seniors based on traditional Christian values, offering a continuum of care and support while respecting their individuality and dignity. Our Quality Improvement Program includes in its scope, the annual development, implementation, monitoring, review, and evaluation of the following activities: Resident and Family Satisfaction Surveys, Accreditation Assessment, Results, And Action Plans; Staff Satisfaction Survey And Action Plan; Department Goals/Audits/stats tracking; Funding Agreements, Funding Indicators And Grants; Formal Program Reviews; Advocacy Initiatives (Resident And Family Engagement) – Residents Council, Family Council, Food Committee, Internal Concern Resolution Process; Legislative Requirements / Inspection Reports And Findings; Education And Training.

## **QUALITY PRIORITIES FOR 2022/23**

Faith Manor is pleased to share its 2022/23 Quality Improvement Priorities.

Our long-term strategic plan identifies “Creating a Centre of Excellence” as one of Holland Christian Homes’ 4 key strategic pillars. In 2021, Holland Christian Homes strategic plan was refreshed in response to several unprecedented factors which resulted in a fundamentally changed healthcare landscape. These factors included, amongst others, the ongoing impacts of the COVID-19 pandemic, persistent healthcare worker shortage and burnout, increased public attention on long term care, and increased regulation of an already highly regulated environment. The core pillars of the long-term strategy remain relevant, and are reflected in the refreshed strategy which outlines objectives and priorities for 2019-2022.

Faith Manor is currently working with the Holland Christian Homes Board of Directors on the creation of an updated Strategic Plan with new objectives to further enhance quality care outcomes for our residents for 2023-2026. Holland Christian Homes has engaged in Enterprise Risk Management Training for all senior leadership in preparation for the 2022/2023 Strategic Plan Refresh. The QIP is a roadmap to achieving these objectives, while navigating challenges and opportunities in our environment.

Faith Manor's QIP is aligned with our Quality Framework imbedded within Holland Christian Homes Core Values, and Success Factors. The high-level priorities for this year's QIP are informed by the quality and safety aims under the various pillars of the framework, as determined by the Holland Christian Homes' Board of Directors:

- Safe- Keeping Residents Safe
- Effective- Keeping People Healthy
- Resident Centered
- Efficient
- Accessible- Access to Long-Term Care Homes and Community Support Services
- Appropriately Resourced- Staffing
- Priorities are divided into 3 categories based on the projected scope of work anticipated for the year – focused action, moderate action and monitoring. Areas for action are included in this report.
- Our QIP Priorities are following Health Quality Ontario Performance Measures and Indicators
  - 1) Timely and Efficient Transitions
  - 2) Service Excellence
  - 3) Safe and Effective Care

**QUALITY OBJECTIVES FOR 2022/23 (See the full Quality Improvement Plan (QIP) at the end of this document)**

**Focused Action:**

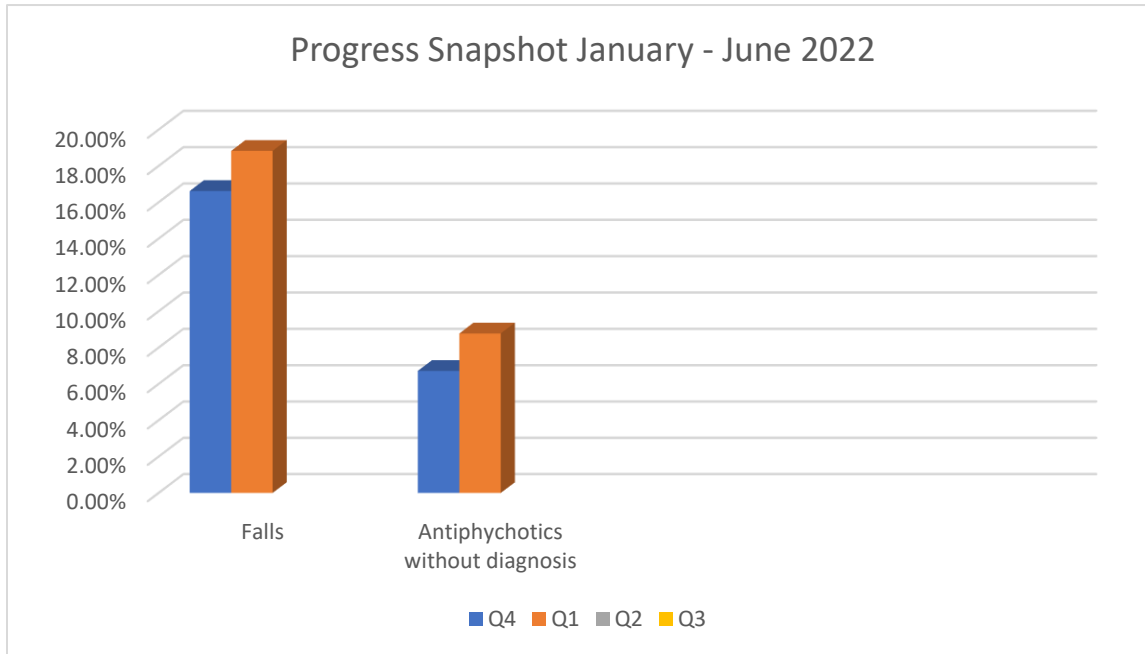
1. Continue to implement the Person-Centered Care Best Practice Guideline through the RNAO to implement our resident care philosophy statement of “Nothing About Me, Without Me”.
2. Reduce the percentage of residents who fell in the last 30 days from 16.50% to 16.20% to align with provincial average by optimizing our Falls Prevention Program Outcomes.

**Moderate Action:**

3. Ensure consistent use of the Palliative Care and End of Life Clinical Support Tools (by Think Research) to ensure optimal Palliative Care and End of Life Program Outcomes.
4. Continue to eliminate staff to resident abuse/neglect (continue to have zero substantiated incidents reported to the MLTC).
5. Continue to achieve benchmark performance of 7.17% of residents on antipsychotics without a diagnosis of psychosis, and continue to strive for improvement.
6. Enhance resident quality of life as measured by our in-house Resident/Family Satisfaction Survey by focusing on the areas of Residents responding positively

to being heard and expressing opinions without fear of consequences to maintain 95-100% overall satisfaction.

## PROGRESS SNAPSHOT JANUARY-JUNE 2022



## QIP PLANNING CYCLE AND PRIORITY SETTING PROCESS

Faith Manor has developed QIPs as part of the annual planning cycle since 2015, with QIPs submitted to Health Quality Ontario (HQP) every April (except in 2021 when this was paused due to the global COVID-19 pandemic). Faith Manor's QIP planning cycle typically begins in January, and includes an evaluation of the following factors to identify preliminary priorities:

- progress achieved in recent years;
- ongoing analysis of performance data over time available from the Canadian Institute for Health Information (CIHI); with areas indicating a decline in performance over time and/or where benchmarking against self-identified peer organizations suggests improvement required
- resident, family, and staff experience survey results;
- emergent issues identified internally (trends in critical incidents) and/or externally;
- input from residents, families, staff, leaders, and external partners, including the MHLTC.
- mandated provincial improvement priorities (e.g. HQO)

Preliminary priorities are subsequently presented and discussed at various forums to validate priorities and identify additional priorities that may have been missed. These

forums include the broader leadership team, Resident Council, Family Council, and the Care Committee of the Board of Directors. This is an interactive process with multiple touchpoints of engagement with different stakeholder groups as QIP targets and high-level change ideas are identified and confirmed. The final review of the QIP is completed by the Care Committee, which endorses the plan for approval by the Board of Directors.

## **FAITH MANOR'S APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS)**

***Every staff has a responsibility for CQI.*** Faith Manor's nursing, departmental, and administrative policies, combined with practice standards, provide a baseline for staff in providing quality care and service. Interprofessional quality improvement teams, including resident and family advocates, work through the phases of the annual quality improvements.

### **DESIGNATED LEAD**

We have employed a full-time CQI and Risk Mitigation Specialist for oversight of our risk management quality improvement activities:

**Loraine Anderson, BN, RN**

*CQI and Risk Mitigation Specialist*

[Loraine.Anderson@hch.ca](mailto:Loraine.Anderson@hch.ca)

905-463-7002 ext.5322

*\*\*\*We encourage all staff, residents, and families to get involved, join a committee, and make a suggestion. Contact Loraine for more information on how to make a difference!*

### ***Comparative Databases, Benchmarks, Professional and Best Practice Standards:***

Holland Christian Homes uses comparative data (such as but not limited to RAI-MDS, CIHI, HQO, and RNAO Best Practice Guidelines) (whenever available) to incorporate a process for continuous assessment with similar organizations, standards, and best practices. This assessment then leads to action for improvement as necessary.

### ***Continuous Quality Improvement Processes and Methodology:***

The Continuous Quality Improvement Plan is a framework for organized, ongoing, and systematic measurement, assessment, and performance improvement activities. The components of this plan include:

- A quick fix process will be used for problems that do not need a comprehensive approach to problem-solving and solution implementation (i.e. concern and suggestions forms).
- Quality assessment activities, such as quality of life resident/family satisfaction surveys and staff satisfaction surveys, infection control surveillance, utilization management, and medical record review.
- CQI Summary Report, which provides summary data about selected indicators, prepared for the Board, Continuous Quality Improvement Committee, and medical staff.
- Outside sources/comparative databases, such as RAI-MDS, CIHI, HQO, AdvantAGE, and OLTC benchmarking, professional practice standards (RNAO, etc.), will be used to compare our outcomes and processes with others, identifying areas to focus on continuous quality improvement efforts.
- Central West Local Health Integrated Network (CWLHIN) designated quality Indicators as outlined in the L-SAA Funding Accountability Agreements (note: as the LHINs have now dissolved and cease to exist, Faith Manor will be signing a new funding accountability agreement with Ontario Health, to be effective April 1, 2023).
- Quality Improvement Teams consisting of departmental and established interdisciplinary in-house committees which look at particular issues to identify opportunities to improve processes and outcomes through the establishment of goals. Goals are acted upon, monitored, reported at, and evaluated by the applicable inhouse committee and/or department(s). They are accountable to report goal outcomes annually to the CQI Committee.
- Establishment of high-level interdisciplinary priority improvement targets and initiatives to measure outcomes. This includes establishing the improvement initiative, methods, and results tracking. Such improvement targets and initiatives are measured against the previous year's actual outcome to the current year's improved targeted outcome.

**The continuous quality improvement methodology used for acting on the high-level interdisciplinary priority improvement targets and initiatives is as follows:**

**Step One - SET STANDARDS**

Standards are written statements outlining expectations, policies, procedures, and workplace rules related to a goal/improvement initiative. Each goal/improvement initiative will have a standard or a set of rules that tells everyone in Holland Christian Homes what to do, how to do it, and when. The standards determine the program and make it clear what is expected - how, when and from whom. They also clarify what employees can expect from management.

Standards provide the 'bar' or 'starting point' against which we evaluate whether what we are trying to accomplish or achieve is working. Implementing clear, effective, approved standards is an indication of the strong leadership that is essential for an effective and successful goal/improvement initiative.

## Step Two - COMMUNICATE

Communicating standards means ensuring that all appropriate people in Holland Christian Homes have a clear understanding of what is expected of them as employees, and what they can expect from others regarding the goal/improvement initiative. Communication increases awareness of the goal/improvement initiative and encourages employees to give us feedback and tell us their observations about the goal/improvement initiative and how it can be improved.

### What is communicated?

- Specific information, rules, or workplace expectations that have been set for the goal/improvement initiative to appropriate people, etc.
- Updates on improvements to meet the goal/improvement initiative.

### How we communicate?

We use the most effective means of communication to ensure that everyone in Holland Christian Homes knows what is expected of them. This can mean notices on bulletin boards, emails, meetings, newsletters, posters, pictures, memos, or guest speakers. We have invested in software that allows us the ability to send mass messages using “One Call Now” for staff and “Cliniconex” for families, which is extremely helpful for immediate messaging. We make sure that literacy and language issues are accommodated.

One of the best ways we communicate positive messages about a goal/improvement initiative is by getting people to actively participate in achieving the goal/improvement initiative. This shows that people value the effort put into achieving the goal/improvement initiative.

### To whom we communicate?

We communicate to employees, families, residents, volunteers, and visitors as identified in our goal/improvement initiative standard. This may include all employees or a selection of them. We may need to communicate different information to employees and different information to residents and families. We think about what people need to know and when they need to know it and who needs to know it.

### We make communication two-way

We give information and ask for feedback. We make adjustments when employees offer good suggestions and then show them how we used their suggestions.

- We formulate the information in a language and manner that people will understand, and deliver it at a time and place that will maximize their comprehension.

- We vary the ways that we communicate so that new information is noticed and does not become mundane.

### **Step Three - TRAIN**

Training means that management, supervisors, and workers all attain the knowledge and skills appropriate for their jobs. For each goal/improvement initiative, we determine who needs what knowledge and skills, and how they will be developed. To meet the goal/improvement initiative requirements, training is completed, or verified, within each year (January 1 to December 31).

#### How training is done?

Workplace training can be delivered in various ways (i.e. In-services, webinars, outside training, etc.). What is important is that the knowledge and skills needed to achieve the goal/improvement initiative are learned and practiced.

#### Effective training:

- Follows adult learning principles.
- Is delivered in the way that allows employees/residents/families to benefit most. For example, classroom training works where group discussion and sharing of ideas is important.
- For specific training, practical one-to-one hands-on experience training using tools or equipment is needed.
- Computer-based training works where independent learning is needed. We include opportunities to practice and demonstrate what is learned.
- Training is relevant and applicable to the learner's duties.

#### What training is done?

Training on our standards for each goal/improvement initiative is provided to those who have responsibility and accountability for knowing and using the information. For example, orientation training is important for everyone when they are first hired, when they change locations or jobs, or after a long absence from Holland Christian Homes. Training or retraining in safe work procedures is ongoing. We keep written records of who was trained in what and when the training occurred.

- We vary the ways that we do training to help keep it interesting.
- We use visual aids and real-life case studies as tools for learning.
- We discuss our training needs with other managers to create opportunities to share resources or information.
- We consider train-the-trainer courses, so we can have a qualified trainer to deliver programs on-site.
- We provide a training checklist and sign-off sheet for the supervisor and workers so we are sure each topic is covered and acknowledged.



- We keep training records, meeting notes, sign-off sheets, attendance forms, certificates or record of training and training evaluation forms with our goal documentation.

## **Step Four - EVALUATE**

### Evaluating a goal/improvement initiative

Evaluating each goal/improvement initiative is an important process; it helps us make sure we are carrying out the standard, the goal/improvement initiative is properly communicated, and effective training has taken place. It is also an opportunity to see if the goal/improvement initiative is working — is it effective and up-to-date?

Evaluating our goal/improvement initiative helps us to see where the strengths and weaknesses are. We are then better able to make effective improvements with the feedback we receive.

Going through the process of evaluation also helps keep our goal/improvement initiative fresh and top-of-mind for residents, families, volunteers, workers and supervisors as we ask questions and check to see the status of the goal. This is a good time to give positive feedback, which will encourage more good work.

### How and when do we evaluate?

Once Steps 1, 2 and 3 have been completed, the evaluation may begin. The evaluation step is completed during the calendar year. However, it may not be practical to evaluate our goal near the end of the year if it was very recently implemented. We follow our action plan and have it implemented no later than February 1st of the following year.

### Ways we evaluate:

- Observing: walk around to see if a process or task is being completed according to the standard. This is done during our regular workplace inspections.
- Looking for trends: examine workplace records.
- Asking questions about the implementation of the standard: employees will often give the best feedback.
- Asking a third party: have them look at the work processes and give us feedback.

### **Some questions we ask:**

- Has legislation changed? Are there new best practices in the industry?
- Is the goal/improvement initiative standard being implemented and met?



- Is communication about the standards, both to and from employees, clear and understood?
- Is training to the goal/improvement initiative standards being completed and are employees, residents, families, and volunteers benefiting from it?
- Are employees following the goal/improvement initiative?

### **Ways we evaluate our goal/improvement initiative:**

- We use a program evaluation template and evaluate the goal/improvement initiative as part of an applicable or associated program review.
- We keep logbooks that we refer to at evaluation time. We record the good practices, as well as those needing improvement.
- We keep notes throughout the year. For example, if we do training, audits, inspections, or if there are incidents, then we write them down as we go so that when it is time to evaluate we can refer to your notes.
- We try to build confidence by keeping expectations reasonable. Standards, and ways to evaluate them, will be improved over time.
- We are not afraid of negative results. We cannot improve if we do not try different methods and approaches. We will take action aimed at improving the goal/improvement initiative, even if the evaluation results show problems.

### **Step Five - ACKNOWLEDGE SUCCESS AND MAKE IMPROVEMENTS**

Based on the results of our evaluation, we look for opportunities for improvement and create a documented plan or recommendations to implement changes. When evaluation indicates a need for improvement, we use cooperative mechanisms to significantly improve our performance.

Our objectives include:

- Raise performance to Holland Christian Homes standards.
- Raise Holland Christian Homes standards and expectations.

### **We keep everyone informed of the plans for improving the goal/improvement initiative such as:**

- Sending a letter from the Board of Directors/department heads congratulating all staff for their contribution to meeting the goal/improvement initiative.
- Run an article in the CQI newsletter or on the website highlighting successes.
- Include commendations in the minutes of the annual general meeting.
- Acknowledge and congratulate those who have contributed to our goal/improvement initiative. We do this by publicly recognizing Holland Christian Home's overall performance and improvements and individual contributions to improved performance. We also explore employee recognition, incentive programs, and performance appraisals.

*These 5 steps are used in a repeating cycle to allow continuous reflection and improvement of the care and services provided to our residents.*

***Communication:***

The Continuous Quality Improvement Committee provides oversight and functions as the central clearing house for quality data and information collected throughout the home. The CQI Committee tracks, trends, and aggregates data from all sources to prepare reports for the Board of Directors and the medical staff. A quarterly CQI newsletter is published to update residents, tenants, families, staff, and volunteers.

***Education:***

All staff and volunteers are given the responsibility and authority to participate in our Continuous Quality Improvement Plan. To fully accomplish this, all volunteers and staff are provided with education regarding the CQI Plan during their initial orientation, and on an annual basis thereafter. This education will include a description of the CQI Plan and how they fit into the plan, based on their particular job or volunteer responsibilities. Education is also provided to contractors and agencies who are involved in resident care. We also welcome and embrace resident and family involvement in our committee(s).

***Evaluation (Monthly, Quarterly, Annual):***

Our CQI Plan is evaluated monthly during our CQI committee working groups where all CQI activities for all programs and services offered within Faith Manor are benchmarked against our set goals and action plans are revised to ensure a focus on continuous improvement. Our established CQI Committee meets quarterly with identified key stakeholders, including representation from family/resident councils where Faith Manor reviews quarterly metrics and completes a comparative analysis of all action items and sets further action priorities. Our overall CQI Plan (and all associated activities, program matrices, benchmarks) is evaluated on an annual basis for effectiveness in achieving the goal of assuring that the most appropriate quality of care and services are being provided to our residents, tenants, and clients. This will be done following the Holland Christian Homes standard template provided for this purpose. A summary of activities, improvements made, care delivery processes modified, projects in progress, and recommendations for changes to this CQI Plan, are compiled and maintained on file.

***Documentation and Reporting:***

A detailed summary of activities, improvements made, care delivery processes modified, projects in progress, and recommendations for changes to this Quality Improvement Plan, are compiled and maintained on file. In addition to regular CQI updates, a detailed formal summary highlighting the quality improvement activities for the year will be prepared and posted publicly within the home and on the Holland Christian Homes website.

**RESIDENT AND FAMILY ANNUAL SURVEY (Please see the results of the survey at the end of this document)**

A resident and family survey is completed annually at the end of the calendar year. An action plan is developed utilizing the results from the survey, including dates actions were implemented and the outcomes of the actions taken. The data from the survey and the action plan are shared with resident and family council as well as shared on the CQI board in each Manor for staff, families, and visitors to view.

**DATE OF REVIEW OF SURVEY RESULTS BY FAMILY & RESIDENT COUNCIL:**

Family Council: February 16, 2022

Resident Council: February 7, 2022

**DATE OF THE ANNUAL EVALUATION AND WHO PARTICIPATED**

Our 2021 Annual Programs Review and Evaluation occurred on **February 24, 2022.**

The following people participated:

#	Name	Position
1.	Lisa Alcia	CEO
2.	Tracy Kamino	VP of Operations
3.	Aleksandra Grzeszczuk	Administrator
4.	Liana Chandran	ADRC
5.	Dr. A.S. Thind	MD
6.	Jenna Shaddick	Nurse Practitioner
7.	Jody Clarke	Director of Programs & Services
8.	Agnes Frankruyter	Rai Coordinator
9.	Pardeep Kaur	BSL
10.	Sorin Dorobeti	LTC HK & laundry Manager
11.	Basia Leja-Plaza	Resident Advocate
12.	Sejal Mehta	Physiotherapist
13.	Carmen Tsin	Director of HR
14.	Robert Marcinkiewicz	Environmental Manager

15.	Pastor Bodini	Pastor
16.	Judy Kirby	Dietary Manager
17.	Cyndi Nicoloff	BSO Rec Therapist
18.	Jessica Villella	BSO Rec Therapist
19.	Richard Sredzinski	Director of Finance
20.	Marlene Ragbir	Activation Staff
21.	Donya Germain	Board of Directors
22.	Urvashi Dhaliwal	Activation Staff
23.	Lynn Vanlieshout	Chair of Family Council
24.	Margaretha Dyssehof	President of Resident Council
25.	Lorraine Anderson	CQI & Risk mitigation Specialist
26.	Romayne Manners	IPAC Lead
27.	Tanushca Lala	Registered Dietician
28.	Case Geleyense	Board Member
29.	Ralph DeWolf	Board Member
30.	Andre Maharaj	Emergency Preparedness Coordinator
31.	Omer Rodgers	Maintenance Manager
32.	Jessica Miedema	Board Member

## **OVERALL SUMMARY – OUR 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. 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 compliance, etc.

Communication strategies are tailored to the specific improvement initiative. These include, but are not limited to:

- Posting on the Faith Manor Quality Improvement Boards, in common areas, and in staff lounges
- Publishing stories and results on the website, on social media, or via the CQI newsletter
- Direct email to staff and families and other stakeholders
- Handouts and one: one communication with residents
- Presentations at staff meetings, townhalls, Resident Councils, Family Councils
- Huddles at change of shift
- Use of Champions to communicate directly with peers

## 2022/23 Quality Improvement Plan for Ontario Long Term Care Homes

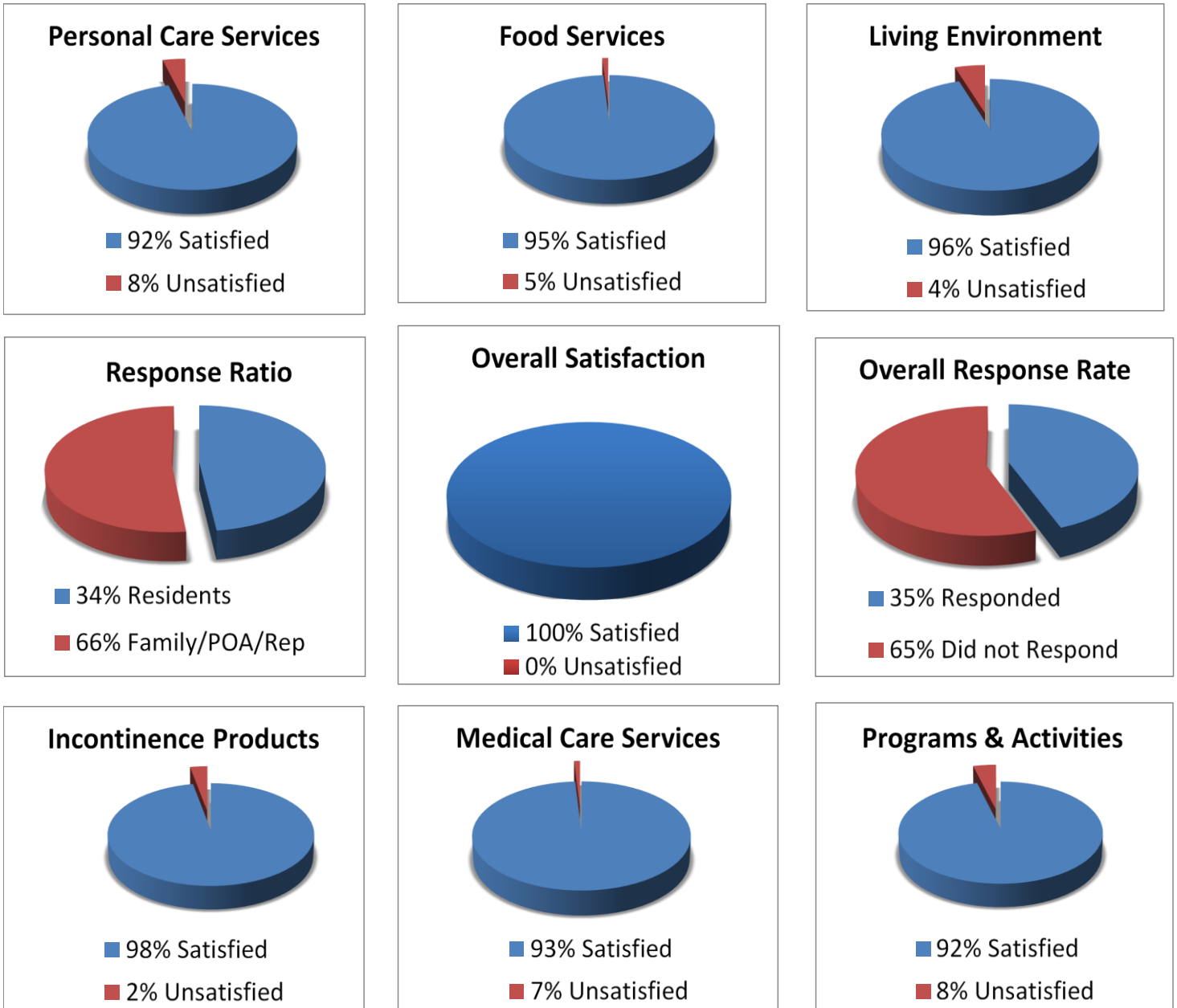
### "Improvement Targets and Initiatives"

Faith Manor Nursing Home 7900 MCLAUGHLIN ROAD SOUTH, Brampton, ON, L6Y5A7

AIM		Measure								Change					
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
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) A= Additional (do not select if you are not working on this indicator) C = Custom (add any other indicators you are working on)															
Theme I: Timely and Efficient Transitions	Efficient	Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 2020 - September 2021	53424*	13.3	13.30	The home will continue to strive to maintain current performance, and strive for continuous improvement.		1) Interdisciplinary team members will attend an 8-hour All-In Palliative Care: The Team Approach to LTC training program in	10 Interdisciplinary team members will attend an 8-hour All-In Palliative Care: The Team Approach to LTC training program on February 22, 2022.	# of staff successfully completing of the 8-hour training program in order to champion palliative care best practices.	10 interdisciplinary team members will successfully complete the 8-	10 staff successfully completed the All-In Palliative Care: The Team
											2) Continue to operationalize the Prevention of Error-based Transfers Project in order to reduce avoidable ED	Utilization of individualized summaries; a form that helps ensure that decision making is aligned with Ontario's Health Care Consent Act and provides instructions on obtaining consent as well as information about that resident's goals of care,	% of new admission residents and % of residents at Annual Care Conferences that receive a conversation and individualized summary on goals of care, wishes, values and beliefs.	100% of new admission residents and 100% of residents at Annual Care	
											3) Interdisciplinary team members will attend a LEAP training program offered through Pallium Canada to enhance	10 Faith Manor interdisciplinary team members will be registered for LEAP Training on July 18, and 19, 2022.	# of team members successfully completing the LEAP Training program through Pallium Canada, offered onsite at Holland Christian Homes in partnership with Ontario Health.	10 Faith Manor interdisciplinary team members will successfully complete and	
Theme II: Service Excellence	Patient-centred	Percentage of residents responding positively to: "What number would you	P	% / LTC home residents	In house data, NHCAHPS survey / April 2021 - March 2022	53424*	CB	100.00	The home strives to continue to ensure 100% of residents		1) Continue to implement the Person Centered Care Best Practice Guidelines through the RNAO.	The home will continue to implement the resident care philosophy of "Nothing About Me, Without Me" and consistently engage the residents in care conferences, and committees that steer care programming.	% of residents participating in care conferences meetings.	100% of capable residents invited to participate in care conference meetings.	
											2) To educate residents on the updated Fixing Long-Term Care Home Act and the enhanced Resident Rights.	The home will engage the education coordinator in delivering education on the Fixing Long-Term Care Home Act changes to the Resident Rights.	# of residents engaged in education through residents council meetings.	All resident council members.	
															Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".
Theme III: Safe and Effective Care	Effective	Percentage of long-term care home residents who fell in the last 30 days	C	% / LTC home residents	In house data, interRAI survey / April 1-March 31	53424*	16.5	16.20	The home is striving to achieve provincial average, or better.		1) Continue to implement the Fall Prevention and Management Best Practice Guideline through the RNAO.	Nursing staff will continue to perform purposeful rounding for all residents and document completion on all shifts.	% of residents receiving purposeful rounding.	100% of residents will receive purposeful rounding by December 31,	
											2) Faith Manor will establish Fall Prevention Champions on all Resident Home areas that will participate in monthly Fall	Faith Manor will ensure 5 Fall Prevention Champions are established on all homes that will participate in monthly Fall Prevention Program committee meetings and assist in the monthly analysis of falls trends and action items to reduce the frequency of	# of Fall Prevention Program Champions	5 Fall Prevention Program Champions will participate in monthly	
											3) The Faith Manor Fall Program Lead will collaborate with the Education Coordinator in ensuring purposeful	The Fall Program lead will deliver education sessions in collaboration with the Education Coordinator on Purposeful Rounding, following the RNAO Best Practice Guidelines on Fall Prevention.	# of Education Sessions	5 Education sessions will be completed by December 31, 2022	
											4) To optimize the Nursing Rehab program to compliment the Falls Prevention Program as an initiative to enhance	The Falls Program Lead will collaborate with the Nursing Restorative Lead monthly to assess eligibility of residents to be enrolled into Nursing Rehab programming.	% of residents referred to Nursing Rehab by the Falls Program Lead	All residents with recurring falls due to functional decline that meet the Nursing Rehab	
	Safe	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7	P	% / LTC home residents	CIHI CCRS / July - September 2021	53424*	7.17	7.17	The home will continue to maintain baseline and strive for		1) Continue to review and monitor new admissions and current residents that are on antipsychotic medication to determine	BSL will lead the review and monitoring of newly admitted and current residents that are on antipsychotic medications to determine proper indication for usage. Recommendations are given to MD for review.	% of new admissions that are on antipsychotic medications will be reviewed and monitored to determine proper indication for usage.	100% of new admissions that are on antipsychotic medications will	

## HOW ARE WE DOING AT FAITH MANOR?

### 2021 LONG TERM CARE RESIDENT / FAMILY SATISFACTION SURVEY RESULTS



HQO Questions	Yes	No
Do staff listen to you?	97%	3%
Do you feel comfortable expressing your opinions without fear of reprisal?	94%	6%
Would you recommend our home to others?	100%	0%
Response Rate (Total # of Surveys Received)	32/92 (35%) 21 Families / SDM 11 Residents	

Other	Yes	No
Contracted and Volunteer Services	90%	10%
Communication	90%	10%
Participation	94%	6%