Ehatare Nursing Home

CONTINUOUS QUALITY IMPROVEMENT REPORT

October 31, 2025

Committees & Other members	Leads and members
Executive Director (ED) Administrative Assistant (AA) Director of Care (DOC) Medical Director (MD) ADOC, RAI & Quality Coordinator IPAC/BSO Activity Director Registered Dietician (RD) Food Service Manager (FSM) Environmental Service Manager (ESM) Physiotherapist PT) Home Pharmacist	Kristiina Valter (Acting ED) Praneetha Jayatunge Tiina Kumpunen Dr. Farah Ali Manjula Sivakumaran Sanith Khieu Janne Laanemaa Josie Spano Maria Victolero Brent Richardson Ramakrishnan Rajeswaran Shiela Sombilon
Programs Leads: • Fall Prevention • Continence • Pain • IPAC/BSO • Skin & wound care /Palliative • Resident council president • Family council president • Member of Personal Support Worker (PSW)	 Thava Nesarajah Pat Thani Angela Illano Sanith Khieu Manjula Sivakumaran Elizabeth Tamm _____ _____

STAKEHOLDERS ENGAGEMENT AND INTERDISCIPLINARY MEETINGS

COMMITTEES / MEETINGS	FREQUENCY OF MEETING	ATTENDEES
PROGRAMS COMMITTEES (Fall, Continence, Pain, IPAC, BSO, Skin & wound Care, Palliative, Dehydration)	MONTHLY	• DOC, Committee Leads, Departmental Managers, Nursing staff (RN/RPN/PSW
BSO COMMITTEE	MONTHLY	• SHN-BSO TEAM (GMHOT, PRC), BSO Lead, DOC, Departmental Managers, Nursing staff
IPAC HUB	Bi-WEEKLY	• SHN-IPAC HUB, IPAC LEAD
TOTAL QUALITY MEETING (TQM)	QUARTERLY (January, April, July, October)	• ED, Admin. Assistant, DOC, ADOC, RAI & Quality Coordinator, IPAC & BSO lead, Departmental Managers
CONTINUOUS QUALITY IMPROVEMENT (CQI)	QUARTERLY (February, May, August, November)	• ED, Admin. Assistant, DOC, MD, ADOC, RAI & Quality Coordinator, IPAC & BSO lead, Departmental Managers, Home Pharmacist, Resident Council President, Family Council President, Member of Personal Support Worker (PSW)
PROFESSIONAL ADVISORY COMMITTEE (PAC)	QUARTERLY (February, May, August, November)	• ED, Admin. Assistant, DOC, MD, ADOC, RAI & Quality Coordinator, IPAC & BSO lead, Departmental Managers, Home Pharmacist, RD, PT, SHN-IPAC Practitioner HUB, TPH Representative
JOINT HEALTH & SAFETY COMMITTEE (JH&S)	QUARTERLY And as needed	• ED, Chair, Co-Chair, FSM, ESM, JH&S Members
RESIDENT COUNCIL	QUARTERLY	• Residents • Invited management team members
FAMILIY COUNCIL	Twice a year	• Family council president, Family members, invited management team members
FOOD COMMITTEE	Twice a year	• FSM, Residents, other invited staff or management team members

OTHER INITIATIVES/PROJECTS

1. **QUATERLY SCORE CARD AND QUALITY INDICATORS (QI) SUMMARY**

- Adjusted QIs retrieved from CCRS report, and Score Card developed, posted on the bulletin board, and shared with ED and Board of Directors by Quality Lead

2. **Annual Quality Improvement Plan (QIP)**

- Annual QIP developed by Quality Lead and ED, approved by board of members, and submitted by April 1st of each year to Ontario Health.
- Posted on our home website.
- Printed copies of QIP posted on the bulletin board and kept a copy in the Red Nursing Home binder.
- Presented to Resident and Family Council meetings.
- Analysed, and monitored the progress of the change ideas of each QI.

3. **Quality Indicators for 2025/2026 QIP**

- Avoidable ED visits
- Residents fell within 30 days of MDS assessment
- Residents without psychosis who were given antipsychotic medications
- Residents Experience: % of residents responding positively (how wee the staff listen to you?)
- Residents Experience: % of residents responding positively (I can express my opinion without fear of consequences)
- % of staff completed relevant equity, diversity, inclusion, and anti-racism education (new)

4. **SATISFACTION SURVEY**

1. Families:

- Satisfaction Surveys will be sent to families via email in November of each year
- Results will be reviewed in the management meeting in mid of January
- Action Plan will be developed to meet the families' recommendations, complaints or concerns.

2. Residents:

- 2 Survey questions from QIP were distributed to residents whose CPS < 3, and results used in QIP each year
- Develops an Action Plan to meet the families' recommendations, complaints or concerns.

5. **RNAO – Clinical Pathways Implementation Project (Cohort 6)**

   1st part - Admission assessment, Resident and Family Cantered Care (RFCC), and Delirium:
   - Went alive on Nov. 21, 2024, and successfully implementing

   2nd part – Pain and Falls:
   - Went alive on June 26, 2025, and successfully implementing

   3rd part – Palliative and End of Life Care:
   - In progress and will go live in Spring 2026

   4th part & 5th part – Depression, Dementia and Pressure injury Continence Care will be in year 2026

6. **Long Term Care - Behavioural Support Outreach Team (LTC-BSOT), GMHOT and Psychiatric Support**

- New initiative from BSOT by Baycrest Centre to provide resident centred care for responsive behaviour residents
- First meeting held at Ehatare Nursing Home with our multidisciplinary team and BSOT in June 2024
- On going assistance receiving from GMHOT, Geriatric Psychiatrist from SHN – Centenary site and BSOT to manage our responsive behaviour residents as required

7. **Successfully transitioned from MDS RAI 2.0 to InterRAI LTCF as of July 01, 2025**
8. **Collaboratively working with SHN hub and Toronto Public Health team in Infection Prevention and Control**
9. **Also, collaboratively working with Nurse Practitioner from Ontario Health @ Home and NLOT from SHN for residents care.**