

HOME NAME :Humber Valley Terrace

People who participated development of this report

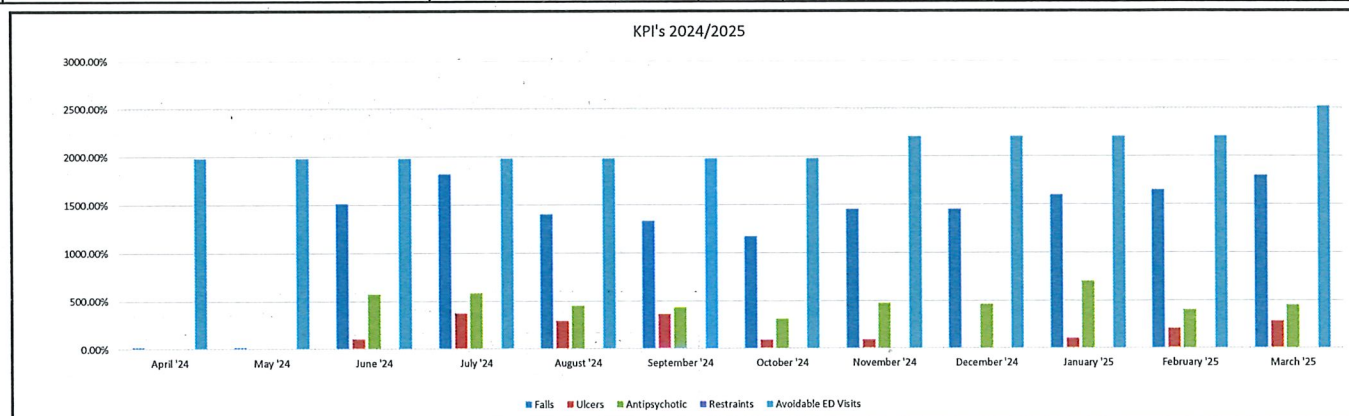
	Name	Designation
Quality Improvement Lead	Caroline Shemilt	Registered Nurse - Director of Care
Director of Care	Caroline Shemilt	Registered Nurse - Director of Care
Executive Directive	Astrida Kalnins	Registered Nurse - Executive Director
Nutrition Manager	Kelsey Morewood	Food Service Manager
Programs Manager	Domenika Klusek	Program Manager
RSC	Isha Patel	Resident Service Coordinator
ADOC	Kirandeep Nijjar; Ravinder Randhawa	Registered Nurse - Associate DOC
Others	Melissa Green	Registered Nurse - Clinical Consultant

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
If I need help right away I can get it	Resident Safety is the upmost priority for the team at Humber Valley, ensuring the residents needs are met the team will review and analysis data to ensure timely response to a request. The team will review this data by pulling the call bell report randomly through out the month and identify any risks or trends. By reviewing response times to the call bell will allow the team to focus on potential issues for any given area. Once the root cause has been determined the team is able to follow up and create action plans to deal the the issue that are presented.	1. DOC to pull call bell reports randomly through out the month. 2. Review with the leadership team any trends identified 3. Investigate root causes of trends 4. DOC and ED to compare complaints and call bell report to look for any similarities 5. DOC/ED create an action plan and follow through Date: May 2025
In my care conference, we discuss what's going well , what could be better and how we can improve things.	Humber Valley is committed to ensuring residents not only are included in their care but actively take part in their plan of care. Residents are encouraged to have a voice and give direction in the care that is being provided for them. Our team is dedicated to collaborating annually and when the need arises to gather together to discuss the plan of care for each individual resident, which includes the resident, family, and the leadership team, as well as any outside providers.	1. Schedule the care conference ahead to allow resident and family to attend. 2. Formalize a standard process/agenda that is followed with each conference. 3. Ensure the resident/family have the opportunity to have the floor to express how their care is going, and what they feel needs to improve. Date: May 2025
Communication from home leadership (administrator, Executive Director and Managers) is clear and timely	Humber Valley is committed to transparency and open, effective communication between all sectors of health care. Effective communication is the key to building a strong foundation and enables the home to move forward in an united effort to be able to provide the best quality care for our residents.	1. The home is committed to sending out newsletters on regular basis to allow residents, families and team to be informed of up coming and important events. 2. A discussion board was reviewed with Residents council and placed in accessible to all. 3. Announcements are posted in a timely mannor. Date: May 2025

There is someone I can talk to about my medications	Humber Valley is committed to ensuring our residents and families are well informed especially when it comes the medications and treatments that are required to provide quality care. Transparency is essential in providing quality care. The home will endeavour to ensure that residents and families are made aware of changes and allowed the opportunity to be informed of any medications changes as well as education about the medication and the reasons for the change.	<p>1. The registered team will bring forward any changes and concerns to the physician.</p> <p>2. The physician will review and order any changes needed.</p> <p>3. The registered team will communicate these changes to the resident/family with an explanation and education about the medication changes.</p> <p>4. If the resident/family have further questions for the physician the team will communicate this to the physician so that there can be a discussion.</p> <p>5. The resident/family will give the approval for the changes prior to the changes commencing.</p> <p>Date: May 2025</p>
I would recommend this home to others	Humber Valley strives to provide a safe and enriching environment for our residents, families and health care providers. The home takes pride in the best quality of care is being provided, by constantly reviewing, analyzing and making adjustments. The home is committed to ensure the wellbeing of all residents, family and health care providers by developing a culture and social atmosphere that is engaging and enriching.	<p>Outcome: The home have provided education on abuse and neglect to ensure that safety is maintained for our residents, families and health care providers. The home has ensured that all concerns have been followed up in a timely manner and have communicated the outcomes. The home has gone to great strides to provide activities that are both engaging and enriching that promote cultural diversity. The home continues to provide opportunities for feedback from the residents, families and health care providers by offering platforms such as resident council, family council, team meetings to allow for open discussion.</p>

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	15.30%	14.50%	15.1	18.2	14	13.3	11.7	14.5	14.5	16	16.5	18	
Ulcers	2.70%	1.80%	1	3.7	2.9	3.6	0.9	0.9	0	1	2	2.8	
Antipsychotic	5.10%	6%	5.7	5.8	4.5	4.3	3.1	4.7	4.6	7	4	4.5	
Restraints	0	0	0	0	0	0	0	0	0	0	0	0	
Avoidable ED Visits	19.8	19.8	19.8	19.8	19.8	19.8	19.8	22.1	22.1	22.1	22.1	25.2	



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 7 to October 11
Results of the Survey (provide description of the results):	<p>Family participation rate 100% would recommend 66%</p> <p>Top 5 strengths: bladder care products comfortable 80.9%, Bladder care products are available 78.7%, I am comfortable raising a concern to staff and leadership 78.4%, I am satisfied with the quality care from nursing 77.8%, I am satisfied with the quality care from doctors 76%</p> <p>Top 5 opportunities: I am satisfied with the quality of care from the physiotherapist 55.6%, I am satisfied with the quality care from the occupational therapist 57.5%, I am satisfied with the quality of maintenance of the physical building and outdoor spaces 58.5%, I am satisfied with the timing and schedule of spiritual care services 59.6%, communication from the home leadership is clear and timely 60.8%.</p> <p>Resident participation rate 100% Would recommend 65.4%</p> <p>Top 4 strengths: I am satisfied with the quality of care from the occupational therapist 100%, the staff are friendly 86.5%, I am aware of the recreation programs offered 84.9%, I am satisfied with the quality of care from the physiotherapist 84.2%, I trust the staff in my home 83%</p> <p>Top 5 opportunities: If I need help right away I get it 54.7%, In my care conference we discuss what's going well and what could be better and how we can improve things 58.1%, Communication from the leadership is clear and timely 62.2%, There is someone I can talk to about my medications 64.3%, I would recommend this home to others 65.4%</p>
How and when the results of the survey were communicated to the Residents and their Families (including Resident's Council, Family Council, and Staff)	The 2024 feedback survey for residents and families took place between September 2 and October 11. The participation rates are calculated by taking the number of people who completed the survey (top number) and dividing it by the number of people who were eligible to participate (bottom number)

Client & Family Satisfaction	Resident Survey				Family Survey				Improvement Initiatives for 2025
	2025 Target	2024 actual	2023 (Actual)	2022 (Actual)	2025 Target	2024 actual	2023 (Actual)	2022 (Actual)	
Survey Participation	100%	100	100	NA	100%	100	48.3	NA	The Home is committed to maintain both Resident and Family Satisfaction Survey Participation of 100%.
Would you recommend	70%	65.4	63.9	NA	70%	66	69.6	NA	The Home is committed to have increase engagement with the Resident and Family by improving communication and follow up with any concerns forwarded.
I can express my concerns without the fear of consequences.	83%	81.8	73.5	NA	83%	78.4	76.8	NA	The Home is committed to have increase training and education to staff regarding Zero Tolerance of Resident Abuse and Neglect, Therapeutic Relationship - Power Imbalance, Customer Service and Complaints. This will help with Resident and Family relations and increase trust within the Home

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
------------	--------------------	---------------------

Strengthening Clinical Communication and Transition Planning: Reduce the unnecessary hospital transfers by improving the team communication, enhancing the teams clinical decision-making, and utilizing resources available onsite/offsite.	<p>1. SBAR Education and Implementation: Education provided to the Registered Team on when and how to utilize the SBAR. Encouraging the team to be able to actively review the resident history and assessments prior to sending out to emergency.</p> <p>2. NP and MD Collaboration: Ongoing collaboration with the NP to assess resident's clinical status and determine appropriate interventions have been emphasized. The team are encouraged to use the SBAR tool to clearly communicate changes in condition to both the NP and MD. This approach will help strengthen clinical decision-making and build team confidence in escalating resident concern through structured communication.</p> <p>3. Hospital Tracking Logs and Data Analysis: Ed transfer will be logged and analyzed each quarter to identify patterns and inform future strategies. Transfer data included reason (uncontrolled pain, falls, responsive behaviours) and the number of hospital admission per month.</p>	Humber Valley's Ed transfer rate was 25.2 % above the provincial average of 24%, a difference of 1.2%. With the increase the home has transitioned to new policies/procedures, new physician's and new nurse practitioner. With these changes implemented the home will endeavour to decrease this KPI
Service and Excellence: Promote equality, inclusion, and person centered service by fostering a culturally aware, engaged and responsive care environment for residents, families and team.	<p>1. The home will endeavour to develop a team comprised of Residents, Team and Families to provide opportunities, events, activities that can be promoted in the home. The home is very excited to promote equality and cultural diversity as the home has a wide range of cultures, and the home is eager to learn.</p> <p>2. The home will strive for 100% completion of SURGE education on culture and diversity, as the home has new technology to facilitate learning for the team. This will enable the team to have easy access to the education.</p> <p>3. To enable the team to keep eye on the progress this will be reviewed monthly at the quality program meetings and quarterly at the CQI/PAC meetings, ensuring that the home stays on target for completion.</p>	Our home strives to promote cultural diverse environment by having programs that celebrate special occasions/events/holidays in the home. Which has improved the resident quality of engagement. We will continue to explore opportunities to foster a culturally aware, engaged care environment.
Safe and Effective Care: The home is focused on improving safe and effective care by addressing the use of antipsychotic medications for residents with out a diagnosis. Through an interdisciplinary approach, team education and gradual deprescribing we will continue to reduce unnecessary antipsychotics.	The home takes pride in ensuring that antipsychotic medication usage is at a minimum. Over 2024 we have successfully implemented the baby doll program which helps with not only our responsive behaviours but also our residents that have mental illness. We have widely educated the team with GPA training that is being utilized daily with our residents to ensure the best quality of care is given. This year we have changed over pharmacy's which offers the BOMR program that actively reviews all new admissions to ensure that antipsychotic medication is reviewed prior to entering in the home. The team also collaborates with NP, Pharm Rep, BSO and clinical leads to review and actively reviews all current residents that receive antipsych medication and titrates down where applicable.	Outcome: This past quarter KPI is 11.1% which is under the provincial average of 20.4%, by having regular meetings and reviewing antipsychotic usage in the home without a diagnosis. The home has also changed pharmacy's which reviews all new admissions for antipsychotic medication prior to coming into the home.
Safety: The home is committed to the safety of our residents by reducing the number of falls through a collaborative interdisciplinary team approach. With identifying risk factors, reviewing interventions and focusing on prevention, we strive to achieve our residents safety.	The home has reviewed the falls program and currently sitting just above the provincial average for falls. The falls committee are actively looking and reviewing falls interventions for all of our residents that have high risks to ensure that each one is safe and receiving the highest level of care. The falls champion and lead engage the team and receive feedback for interventions that are working and not working to make the necessary changes to the plan of care. We have new physician's that have started on and are excited to be an active part of the residents care. The policies, and data analysis are reviewed each month and every quarter to keep consistent input on the program.	Outcome: The previous quarter the KPI is 17% which is over the provincial average of 15.4%. Success even though the KPI is above average the consistent review of interventions and prevention continues to help decrease the number of falls.

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	Caroline Shemilt	
Executive Director	Astrida Kalnins	
Director of Care	Caroline Shemilt	
Medical Director	Dr. Gaurav Bhattacharya	
Resident Council Member		
Family Council Member		
Others	Kelsey Morewood; Domenika Klusek; Isha Patel; Kirandeep Nijjar; Ravinder Randhawa; Melissa Green	

Aug. 19, 2025
Aug. 19, 2025
Aug. 19, 2025
Aug. 19, 2025

[Signature] Aug 19, 2025

Kiran Nijjar, Aug 14, 2025

Randhawa Aug 19, 2025

[Signature] Aug 19, 2025