



CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT 2025-26

DESIGNATED LEAD: Caitlyn Douglas, Director of Quality & Innovation

QUALITY IMPROVEMENT PRIORITIES 2025-26:

- Emergency Department (ED) Transfers: The Village aims to reduce potentially avoidable ED transfers and move closer to the Provincial and Organizational averages.
- Wound Care: The Village aims to move closer to the Provincial average by reducing pressure injuries that are developed internally and prevent wounds that are developed internally or externally from worsening.
- Antipsychotic Medication Use: The Village aims to move closer to the Provincial average by reviewing all residents that use antipsychotic medications for potential to decrease/discontinue and provide education on antipsychotic usage to the Village team.
- Resident Experience: The Village is working to improve the Quality of Life Survey response to “Staff pay attention to me”.
- Worsening Pain: The Village will continue to identify a resident’s worsened pain score and understand the cause of pain.

PROCESS TO DETERMINE PRIORITY AREAS:

Village performance was compared against benchmarks available for clinical indicators and our resident engagement survey. Village and organizational priorities were considered as our leadership team reviewed CIHI data from the quarter ending in September 2024 and results from our 2024 Quality of Life survey. The priorities chosen are based on the recommendations of the home’s continuous quality improvement committee. Both Residents’ Council and Family Council reviewed the priorities and were given the opportunity to provide feedback.

- ED Transfers: Performance at the end of September 2024 was 21.4%. This is slightly above the organizational average and slightly below the provincial average. The Village aims to stay below the provincial average to move closer to the LHIN average.
- Wound Care: CIHI data for the period ending September 2024 was at 5.5% and the provincial average was 3.4%. The Village has an Enterostomal (ET) nurse who visits monthly and a Nurse Practitioner on site that assists with best practice in wound care.
- Antipsychotic Medication Use: Performance at the end of the reporting period was 22.1% and the provincial average, 19.6%. The Village aims to move below the provincial average.
- Resident Experience: Residents identified an opportunity to continue the improvement related to the Quality of Life survey question, “Staff pay attention to me”. Performance at the end of 2023 was 69.6 %.
- Worsening Pain: Village performance at the end of the reporting period was 14.6% and the provincial average, 9.5%. The Village works with the Behavioural Supports Ontario program and a Pain Specialist to resolve worsening pain in residents.

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

- **Emergency Department (ED) Transfers:** Hospital transfers will be tracked and reviewed monthly. The Nurse Practitioner (NP) when available will be notified of residents decline prior to sending to the hospital. The NP will provide education to the registered team about communication with physician and families when residents decline. Information about our palliative care services will be provided at time of admission. Quality Committee meetings will be held quarterly to review and discuss data and progress.
- **Wound Care:** The Wound Care Lead will monitor the number of wounds in the Village monthly using wound tracker within our electronic medical record and make referrals as needed. CIHI data will also be reviewed as it becomes available. A designated wound care day will be implemented as well as repositioning clocks in the rooms of residents who are at high risk for skin breakdown. Education will be provided to the team about correct repositioning techniques. Quality Committee meetings will be held quarterly to review and discuss data and progress.
- **Antipsychotic Medication Use:** Residents moving into the Village with an antipsychotic medication will be reviewed/tracked for decrease and/or discontinuation. Education will be provided to the neighbourhood teams as well as the families of residents on antipsychotic medication use. CIHI data will also be reviewed as it becomes available. Quality Committee meetings will be held quarterly to review and discuss data and progress.
- **Worsening Pain:** The ADNC will audit the use of PRN pain medication use. Pain Specialist will be utilized as needed. CIHI data will also be reviewed as it becomes available. Progress is discussed at our quarterly Pain & Palliative meetings. Quality Committee meetings will be held quarterly to review and discuss data and progress.
- **“Staff pay attention to me”** will be monitored through the annual Quality of Life survey results. Neighbourhood team members will have access to Activity Pro to document time spent with residents and will be reviewed at the Quality Committee meetings. Feedback from residents will be used as opportunities for improvement related to shared and meaningful activities.

RESIDENT & FAMILY/CAREGIVER EXPERIENCE SURVEYS:

Schlegel Villages measures resident and family/ caregiver experience using the interRAI Self-Reported Quality of Life Survey and the interRAI Family Survey on Quality of Life. The survey is made up of a number of statements, and participants are asked to respond with how frequently the statement is true for them – Never, Rarely, Sometimes, Most of the Time or Always. The validated surveys are used internationally and allow for benchmarking across organizations and countries.

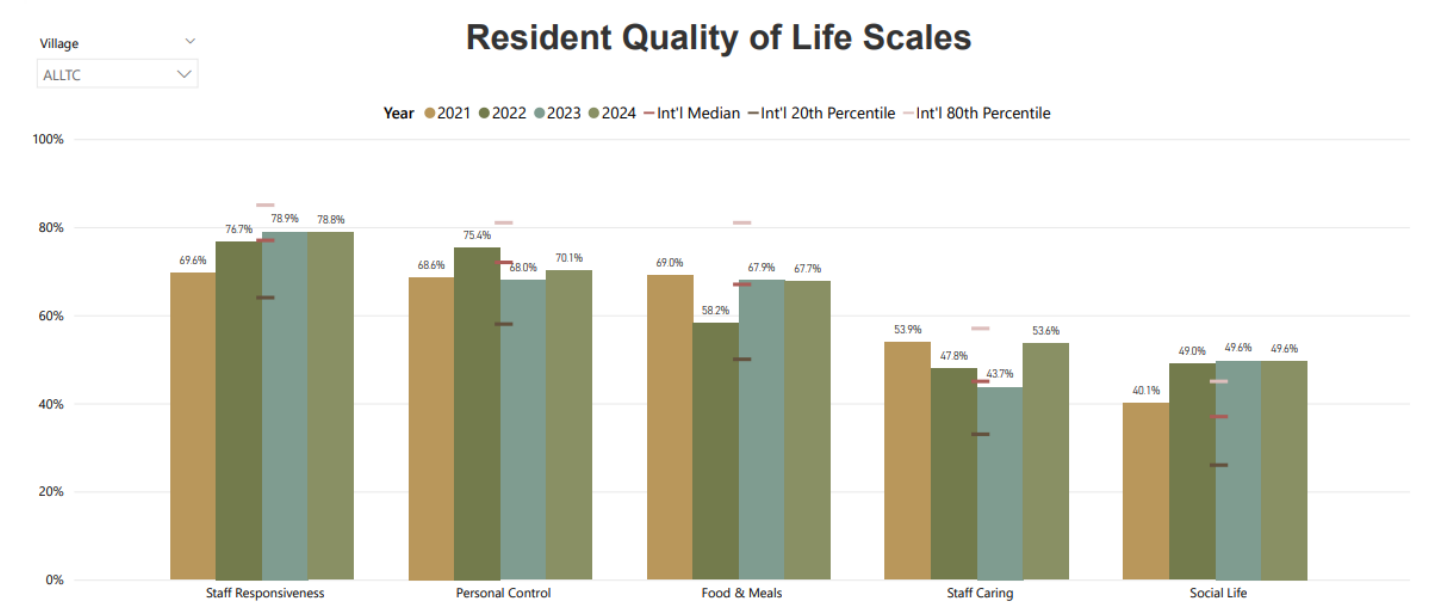
Resident survey: Residents who are able, are given the opportunity to complete the survey annually, around the anniversary of their move-in date. Surveys are run year-round (January to December) to help eliminate bias. New residents moving into the Village are ideally offered a survey twice in their first year; three months after moving in and then again around their anniversary.

Family survey: Family interRAI surveys in 2024 were provided throughout the months of November - December. The surveys were sent out by email on November 19, 2024. Families had the option of completing the surveys online or by picking up a paper copy at the front entrance and dropping it off.

Results of the surveys:

Residents: The interRAI Self-Reported Quality of Life Survey is designed to capture residents’ perspectives of life within long-term care. This survey is recognized globally and helps us compare our performance over time and against others. In the survey, residents answer questions about how often certain statements are true for them. InterRAI has created

five scales, aggregating correlated statements. A snapshot of the report is included below, along with a brief overview. International benchmarks are from 2018. As a village, 125 residents contributed to the survey process in 2024 which is up from 111 residents in 2023. We surpassed the international median for 4 out of 5 of the scales with our greatest improvement being in Staff Caring (54% up from 44%). For Social Life, we are in the top 80th percentile. We also saw an increase in the Personal Control scale (68% to 70%).



Staff Responsiveness Scale (8 items; max score 24): This scale assesses how residents perceive the responsiveness of our teams, covering aspects like getting help, receiving needed services, and being treated with respect. In 2024, we improved or maintained on 7 of the questions within this scale. Of highlight, 96% of our residents felt they received the health services they need. 95% of our residents felt they get the care and support to help them live their lives the way they want. 90% of our residents felt they were treated with respect by the team and 84% felt the team respected what they like and dislike. 86% of our residents felt that if they need help right away they can get it. One opportunity for improvement is “Staff pay attention to me”. Positive responses were 69.6% (up from 60% in 2023) and our goal for 2025 is 75%.

Personal Control Scale (8 items; max score 24): This scale measures how much control residents have over their daily activities, including going outdoors, choosing activities, and deciding on personal matters. In 2024, we made improvements on daily decisions such as “I can easily go outdoors” (46% up from 38%), “I can go where I want on the spur of a moment” (36% up from 22%) and “I can have a bath or shower as often as I want” (45% up from 32%). We scored above the organizational average for “I decide how to spend my time” with 93%, “I decide when I go to bed” with 86% and “I can be alone when I wish” with 98%.

Social Engagement/Life Scale (10 items; max score 30): This scale evaluates residents' social interactions and engagement, looking at aspects like participating in activities, making friends, and experiencing meaningful connections. In 2024, we met or exceeded the international median for a majority of questions related to social life. Some highlights include that 72% of residents feel that they have the opportunity to explore new skills and interests and 64% of residents feel that they have opportunities to spend time with like minded residents. There was also a large improvement in enjoyable things to do on weekends with the positive responses going from 17% to 30%. An opportunity for improvement is “People ask for my help or advice” (14%) although this is still above the international average.

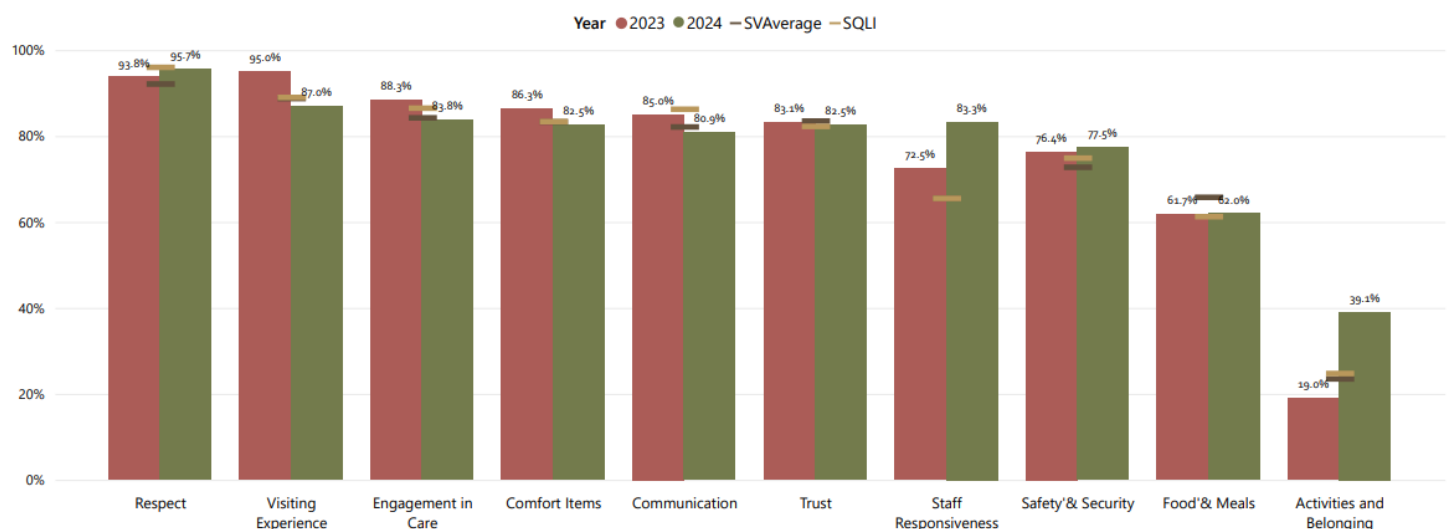
Food Scale (3 items; max score 9): This scale gauges residents' satisfaction with food, including their favorite meals, meal variety, and enjoyment during mealtimes. We increased in all questions within this scale in 2024.

Residents responded that they enjoy their mealtimes (75% up from 73%) and that they have variety in their meals (78%). We also saw improvement in favourite foods for the second year in a row as we increased from 57% to 61%.

Caring Staff Scale (5 items; max score 15): This scale focuses on residents' perceptions of the team's friendliness, communication, and responsiveness to their needs. In 2024, we were successful in increasing the positive responses to the statement “Staff take the time to have a friendly conversation with me” (50% up from 40%). This was an indicator chosen for last year’s CQI and we are now above the international median in this category. One success is that 49% of residents feel that staff know the story of their lives compared to 30% organizationally. One opportunity for further improvement is the statement “I consider a staff member my friend” which is currently at 46% (up from 34%), but below organizational and international medians.

Family: The interRAI Family Survey on Quality of Life was developed to measure family members’ experiences and perspectives. Families are asked 25 questions, 12 are core items which are similar with the resident survey, and 13 are unique to the family experience. Similar to residents, families are asked how often the statements are true. Positive response rates are “most of the time” and “always”. Results are summarized by domain. As village, we received 36 responses in 2024. We perform well in the majority of domains and are at or close to most available benchmarks. Opportunities exist within the Activities and Belonging domain although we saw an improvement from last year (39% up from 19%).

Family Survey Domains



How the results were shared with residents, their families, Residents’ & Family Councils and team members:

The Village received quality of life survey results in the first quarter of 2025. The Quality of Life survey results were shared with Residents’ Council on April 8th and with Family Council on April 17th of this year. Results were also shared with the Quality Council Committee on April 16th, 2025. The results of the family survey were shared with Family Council on April 17th and with Residents’ Council on June 3rd of this year. The results of both surveys can be found in the minutes of Residents’ Council which are available for everyone to view on Main Street. Results were shared and feedback was sought from each committee.

QUALITY IMPROVEMENT IN 2024-2025:

Improvements based on results of QoL survey from 2023

In 2024, we focused on the QoL indicators “Staff pay attention to me” and “Staff take the time to have a friendly conversation with me”. The positive responses to both indicators increased by 10% from the previous year. The Neighbourhood teams were given access to Activity Pro and encouraged to document shared and meaningful activities like friendly conversations with residents. This may have impacted the responses as well as an increase in the number of team members per neighbourhood. After speaking with the Residents’ Council, we have chosen to continue working on the indicator “Staff pay attention to me” with an updated percentage goal for 2025.

We also saw increased positive responses to having enjoyable things to do on weekends (30% up from 17%) and having enjoyable things to do in the evenings (25% up from 19%). This is likely due to increased activities planned by the recreation team members during these times as well as the return of many activities and events since the pandemic.

Other improvements made in 2024

The Village of Aspen Lake first piloted Dr. Al Powers’ Well Being approach in 2023 on our secured neighbourhood. The goal of this program is to minimize personal expressions and decrease the use of antipsychotic medication use through a proactive approach using the 7 domains of well being. These domains include: Identity, Connectedness, Meaning, Autonomy, Security, Growth and Joy. Since then, we have successfully implemented this approach on our 5 other neighbourhoods in the village as well. In 2024, our antipsychotic usage went from 27.3% in the first quarter to 19.4% in the last quarter. This was shared with the Quality Committee on April 16th, 2025.