



CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT 2025-26

DESIGNATED LEAD: Navdeep Kaur, General Manager & Quality Lead

QUALITY IMPROVEMENT PRIORITIES 2025-26:

- **Improve resident engagement by increasing the number of enjoyable things to do in the evenings**
Our Village continues to focus on increasing positive responses to the Quality-of-Life Survey question: “*I have enjoyable things to do here in the evenings.*” Based on feedback from the Residents’ and Family Councils in the 2024 interRAI Survey, we recognize there are still areas to improve. We are continuing this initiative to enhance residents’ evening experiences and overall quality of life.
- **Reduce the use of antipsychotic medications:** Our Village continues to focus on identifying residents who are using antipsychotic medications and reviewing their care plans to determine if reduction is appropriate. While progress has been made, we are committed to ongoing efforts to safely reduce unnecessary antipsychotic use and support resident well-being.
- **Reduce the incidence and worsening of pressure ulcers:** Our Village continues to monitor the percentage residents who develop a new stage 2–4 pressure ulcer or experience a worsening pressure ulcer to stage 2, 3, or 4. While prevention strategies are in place, we recognize the need for continued focus. Through regular skin assessments, team member education, and individualized care plans, we aim to improve outcomes and support residents’ skin integrity and comfort.

PROCESS TO DETERMINE PRIORITY AREAS:

When determining priority areas, we reviewed Village performance against available benchmarks as it related to resident care (CIHI) and quality of life indicators. We analyzed survey results from our Resident Quality of Life, Family Quality of Life, Team Member Engagement Surveys, and Operational Scorecards for opportunities for improvement. We also reviewed feedback provided by the residents, families, and team members through our monthly neighbourhood meetings and care conferences. We sought feedback on priorities through our Councils and the Continuous Quality Improvement (CQI) Committee.

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

- “Enjoyable things to do in the evening”: We will monitor participation rates with evening programming monthly through Activity Pro. Survey results will be reviewed quarterly, and we will also seek feedback from Residents’ and the Family Council regarding programming. We will communicate progress towards this indicator during our quarterly CQI committee meetings.

- **Antipsychotic medication reduction:** The PERT team will review residents on the antipsychotic medication tracker and identify who are eligible for reduction. New move-ins taking antipsychotic medications without a diagnosis of psychosis will be on DOS monitoring to start and then plan for reduction if eligible. Progress will be reviewed monthly and communicated through the quarterly CQI committee meetings.
- **Skin and wound care improvements:** Targeted education on skin and wound care is being delivered to registered team members and PSWs across neighbourhoods, focusing on assessments, referrals, and repositioning. Monthly Skin and Wound Committee meetings are held to review wound trends and discuss prevention strategies. Residents with a PURS score of 3 or above and pressure injuries are supported with individualized turning clocks, reviewed quarterly. Progress on all three initiatives will be tracked and reported at quarterly CQI committee meetings.

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 several 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 1 – December 31, 2024) 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: Families/caregivers were provided with a copy of the survey via email on November 29, 2024, and encouraged to return a paper copy, or complete it online with a closing date of December 31, 2024.

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 5 scales, aggregating correlated statements. A snapshot of the report is included below, along with a brief overview. International benchmarks are from 2018. As village, we had 34 residents participate in the survey in 2024, the same as in 2023. Unfortunately, we experienced decreases in each of the five scales as compared to 2023. When reviewing the data, we identified that there was an increase in residents responding sometimes – a response that is neither positive nor negative. It means that the items were not happening as frequently as residents wanted. CONNECT the Dots which is our customer service training has been implemented to support. We have also taken the opportunity to review and tighten our survey process.



Village	2022	2023	2024
EMLLTC	12	34	34

Village
EML

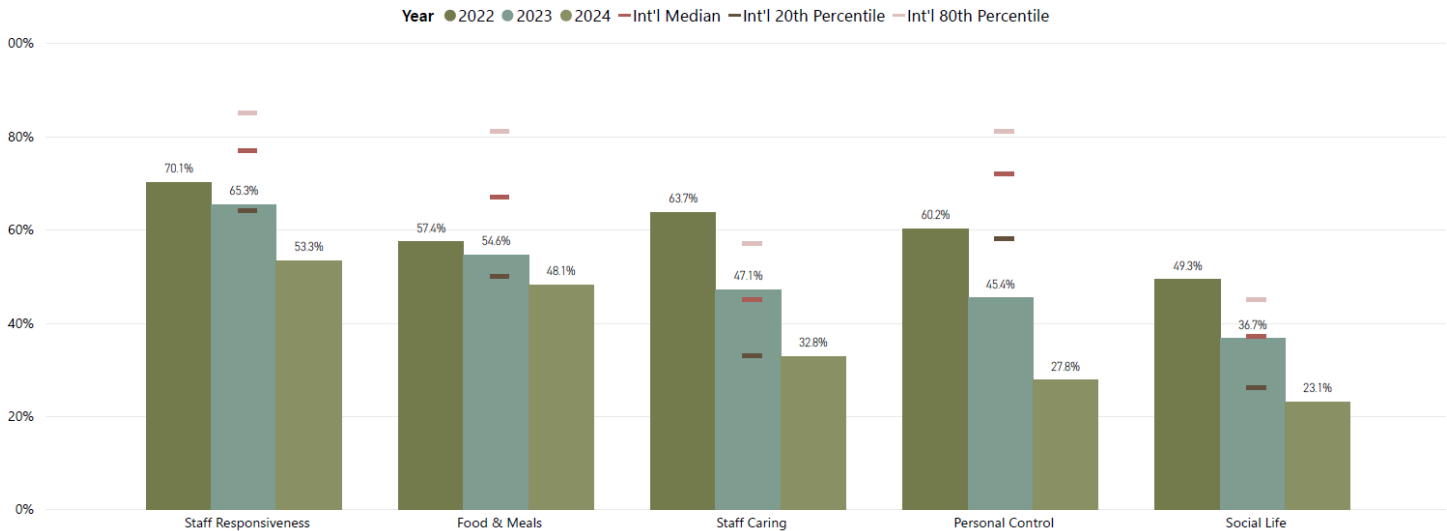
Setting
LTC

Year
Multiple selections

Year
Multiple selections

Village
EMLLTC

Resident Quality of Life Scales



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. We saw improvement in residents feeling respected by our team (82% up from 76%) and residents getting the services they need (79% up from 76%). However, opportunities remain with the delivery of services when residents want them.

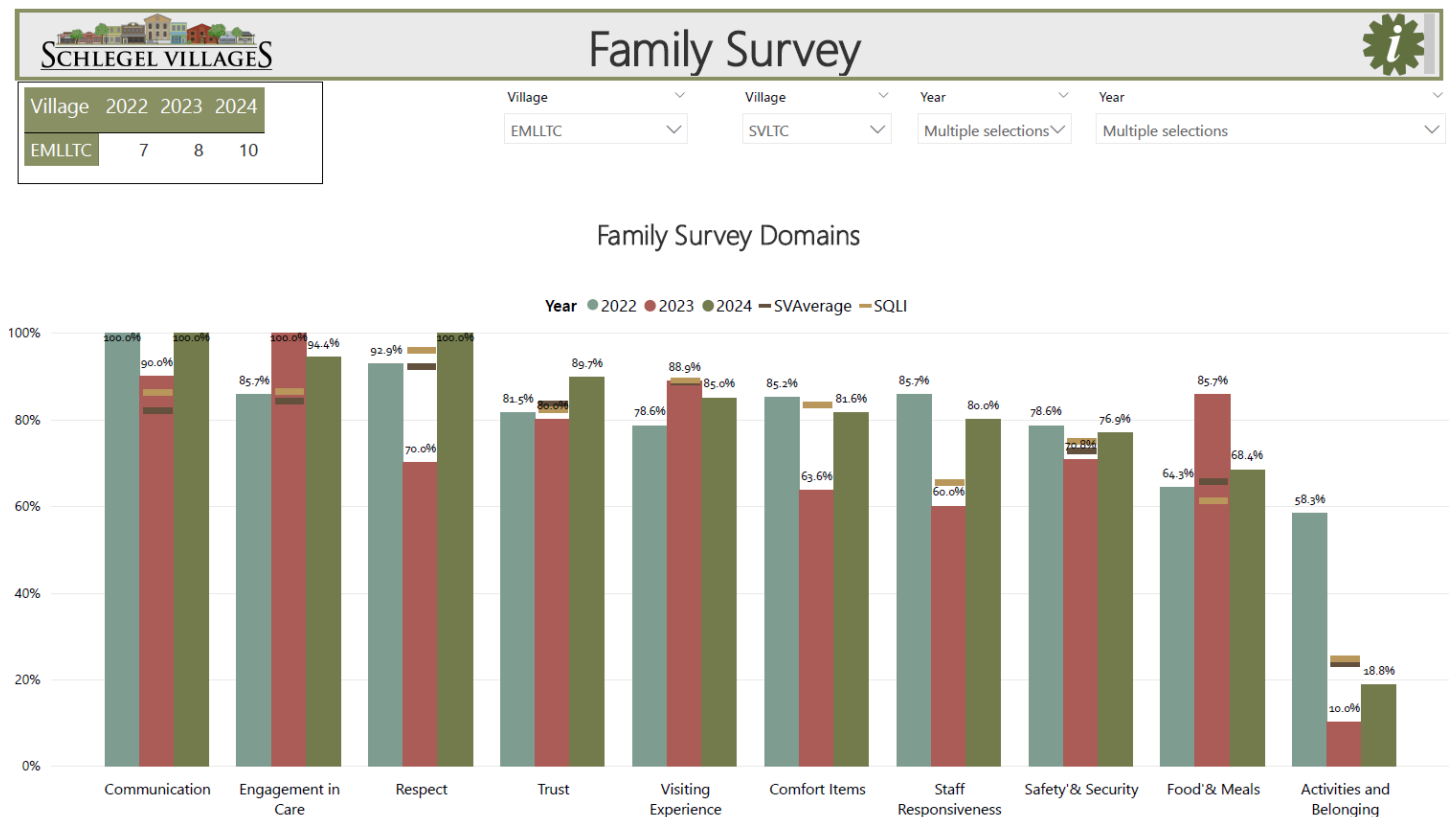
Personal Control Scale (8 items; max score 24): This scale measures how much control residents have over their daily activities, including going outdoors, choosing activities, and deciding on personal matters. Overall, we have an opportunity to improve our residents' sense of autonomy as each item has resulted in a decrease compared to the previous year.

Social 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. 38% of residents surveyed responded positively to participating in meaningful activities, which is in line with organizational average. Responses remain relatively consistent year over year with regards to access to religious activities that have meaning.

Food Scale (3 items; max score 9): This scale gauges residents' satisfaction with food, including their favorite meals, meal variety, and enjoyment during mealtimes. 59% of residents surveyed responded positively to enjoying mealtimes. There are opportunities to support residents with more variety, as well as their favourite foods.

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. 38% of residents responding to the survey reported that team members take time to have friendly conversations with them.

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. In 2024, we received 10 responses, an increase from 8 in 2023 and 7 in 2022. We made improvements in the communication, engagement in care, respect, and staff responsiveness domains. Opportunities for improvement were identified in activities and belonging, comfort items, and food & meals, where scores declined compared to the previous year.



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

The 2024 Resident Survey results were presented at the Quality Improvement Committee meeting on January 22, 2025 and shared with the Residents' Council on January 30, 2025. The 2024 Family Survey results were presented to the Quality Improvement Committee on February 27, 2025, and a copy was also shared with the Family Council. Both survey results were posted on the Quality and Innovation Board to ensure transparency and accessibility for residents, families, and team members.

QUALITY IMPROVEMENT IN 2024-2025:

- Recreation Master Schedule Update:** As part of our response to feedback from the Quality-of-Life Survey—particularly the statement *"I have enjoyable things to do in the evening"*—we identified an opportunity to enhance evening recreation programming. In May 2024, adjustments were made to the Recreation Master Schedule to support team coverage and program consistency. Internal shifts were made following a full-time placement on Hazel, with one part-time staff departure supported. Schedules were rebalanced to ensure consistent evening and weekend coverage, allowing for regular evening programs to promote resident engagement and quality of life. These changes received positive feedback from the team. Updates were shared with Residents' and Family Councils in May/June 2024, and a follow-up memo was sent on June 24, 2025.

- We successfully continued the implementation of our **Customer Service Training (*Connect the Dots*)** and trained an additional 44 active team members from March to December 2024, compared to 81 team members trained from February to December 2023. This brings the total number of trained team members to 125 over the two-year period. Team members received customer service training based on the Quality-of-Life Survey and a recommendation from the Residents' Council. The Progress Report was communicated to the Quality Improvement Committee on April 9, 2025.
- **Paraglide Sheets Implementation** In 2024, we implemented *Paraglide repositioning sheets* across the home to enhance resident comfort and safety. These innovative sheets reduce friction during repositioning, supporting skin integrity while helping to prevent injuries for both residents and team members. This initiative was discussed with the Residents' Council on January 30, 2025, to gather feedback and ensure alignment with residents' needs and preferences. A follow-up memo outlining the benefits and ongoing use of Paraglide sheets was shared with families and the Council on June 24, 2025.
- **Continence Care Improvements**
In 2024, continence care was enhanced through focused team member education and ongoing support from external continence care partners. Education sessions were held on April 24 and 25, followed by an on-site clinical consultation on August 26. A total of 22 support visits took place throughout the year. These efforts have improved product selection and sizing, resulting in greater resident comfort, better skin integrity, and increased staff confidence in continence care. A summary of these improvements was shared with families and councils in a letter dated June 24, 2025.