



## CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT 2025-26

### *DESIGNATED LEAD:*

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### *QUALITY IMPROVEMENT PRIORITIES 2025-26:*

At Fairview Nursing Home, our 2025/26 Quality Improvement Plan (QIP) focuses on key areas that will enhance the care and well-being of our residents. We have identified three important priorities that reflect our commitment to providing compassionate, safe and resident-centered care in our Village. The priority areas identified for QIP 2025/2026 are:

- **Reducing Avoidable Emergency Department Transfer:** We are steadfast in our mission to reduce unnecessary emergency department visits ensuring our residents receive the best possible care within the comfort of our Village.
- **“I consider a staff member my friend”:** Recognizing the profound impact of meaningful interactions on the quality of life, we have implemented several innovative programs designed to foster bonding and friendship development between residents and team members.
- **Reducing the use of antipsychotics without diagnosis of psychosis:** In alignment with organizational and provincial priorities, the Village has chosen to continue its focus on reducing the use of antipsychotics for residents without a diagnosis of psychosis.

### *PROCESS TO DETERMINE PRIORITY AREAS:*

At our Village, we prioritize excellence by carefully analyzing trends, leadership insights, annual resident feedback through the InterRAI Quality of Life Survey, and team engagement surveys. Our Continuous Quality Improvement (CQI) Committee is central to this process, meeting quarterly to review data - including CIHI quality indicators and Schlegel Villages Operational Scorecards - evaluate trends, and assess progress. This collaborative, data-driven approach enables us to identify key areas for improvement and drive meaningful advancements in service quality and organizational performance. We also align our efforts with Schlegel Villages' annual Operational Planning roadmap to ensure a unified and strategic direction. On 15-Apr-2025, the CQI Committee convened to discuss the key points outlined in this report, reinforcing our dedication to enhancing resident experiences. The Committee remains committed to regularly updating practices to meet and exceed care standards.

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

At Fairview, we are committed to continuous quality improvement to enhance resident care and experience. Our approach integrates multiple data sources, including publicly reported metrics, resident and family surveys, team engagement surveys, and internal audits. These data are regularly collected and analyzed by program leads with oversight from the Director of Quality & Innovation and the Quality Lead. The Continuous Quality Improvement (CQI) Committee, which includes leadership and interdisciplinary team members, reviews these findings and

provides recommendations for priority areas based on the analysis presented. This structured process enables us to identify key quality improvement priorities each fiscal year, implement timely adjustments, and communicate outcomes transparently to residents, families, and team members. Our process to monitor the progress of our QIP priorities of 2025/2026 starting 01-Apr-2025 are:

- **Reducing avoidable emergency department transfers:** We will monitor emergency department visits for ambulatory care-sensitive conditions through monthly reviews of hospitalization trends and ensure education about avoiding unnecessary transfers is included in all care conferences. Feedback from residents, families, and team members will be analyzed to identify trends and inform improvements. Adjustments will be made as needed, and progress communicated regularly to the Care Leadership Team and the broader community.
- **“I consider a staff member my friend”:** To foster meaningful connections, we will provide educational sessions aligned with our Top 10 Board initiatives and host six Fairview MasterChef events involving residents and team members collaborate to cook meals together. Participation and feedback will be tracked and reviewed to refine engagement strategies. Updates on progress and improvements will be shared through established channels with residents, families, and team members.
- **Reducing the use of antipsychotics without diagnosis of psychosis:** We will maintain a detailed tracker of residents receiving antipsychotic medications, including medication reviews and indications. New residents’ medications will be reviewed within six weeks of admission. Quarterly education on non-pharmacological approaches will be provided to care team, targeting at least 80% participation. Eligible residents will be referred to the Geriatric Mental Health Outreach Team as appropriate. Data trends will be reviewed regularly to guide adjustments, with outcomes communicated to leadership and the wider community.

Overall, progress on all our QIP priorities is reviewed monthly by the leadership team, with targeted adjustments implemented based on data analysis and stakeholder feedback. Outcomes are communicated regularly through team huddles, newsletters, scorecards and reports to ensure transparency and continuous improvement.

#### *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, from 01-Jan-2024 to 31-Dec-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.

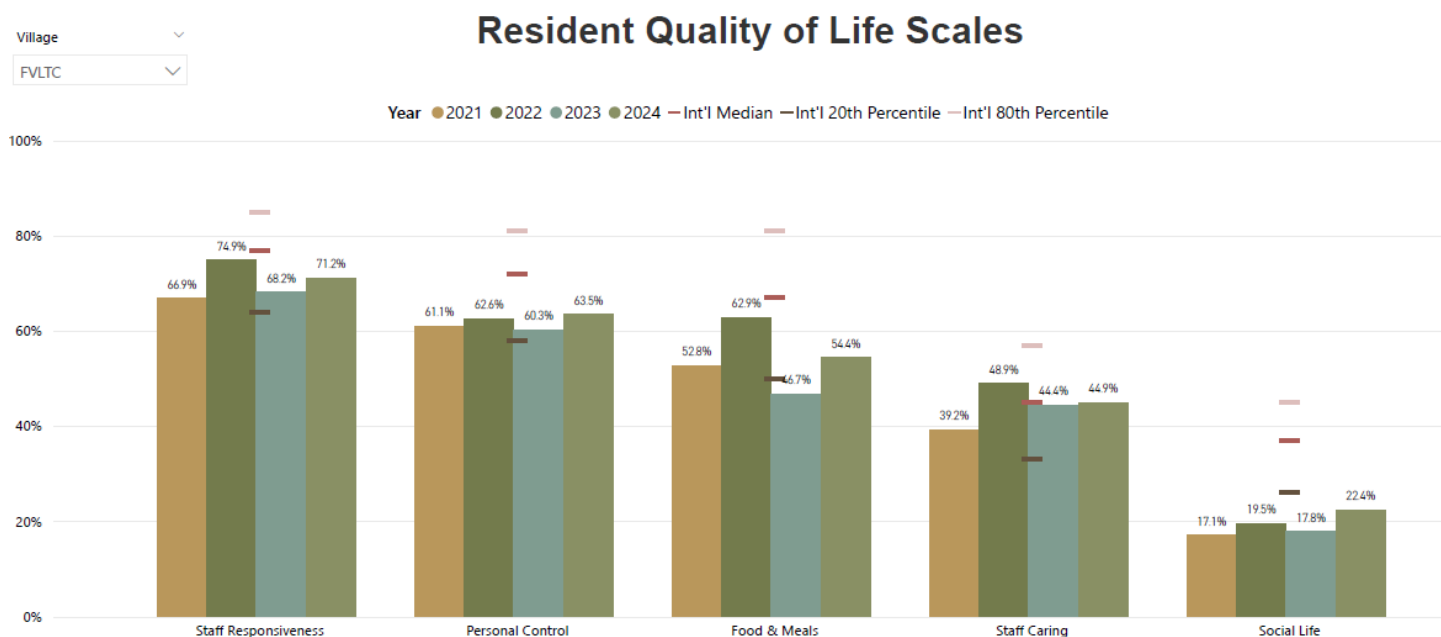
*Family survey:* This survey was launched 27-Mar-2024 and closed 27-Apr-2024 and is intended to capture the satisfaction of residents’ families with the services received in the Village. Families/ caregivers are provided a copy of the survey and encouraged to return a paper copy, or complete online.

#### *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 a village, we received 56 resident survey responses in 2024 - the highest participation in four years. Overall, we performed well in most scales and are close to or above international benchmarks in Staff Responsiveness, Personal Control, Food & Meals, and Caring Staff. In these four scales, our results are within the international band of performance (between the 20th and 80th percentiles). However, in Social Life, we are below the 2018 20th percentile, highlighting an area for focused improvement.

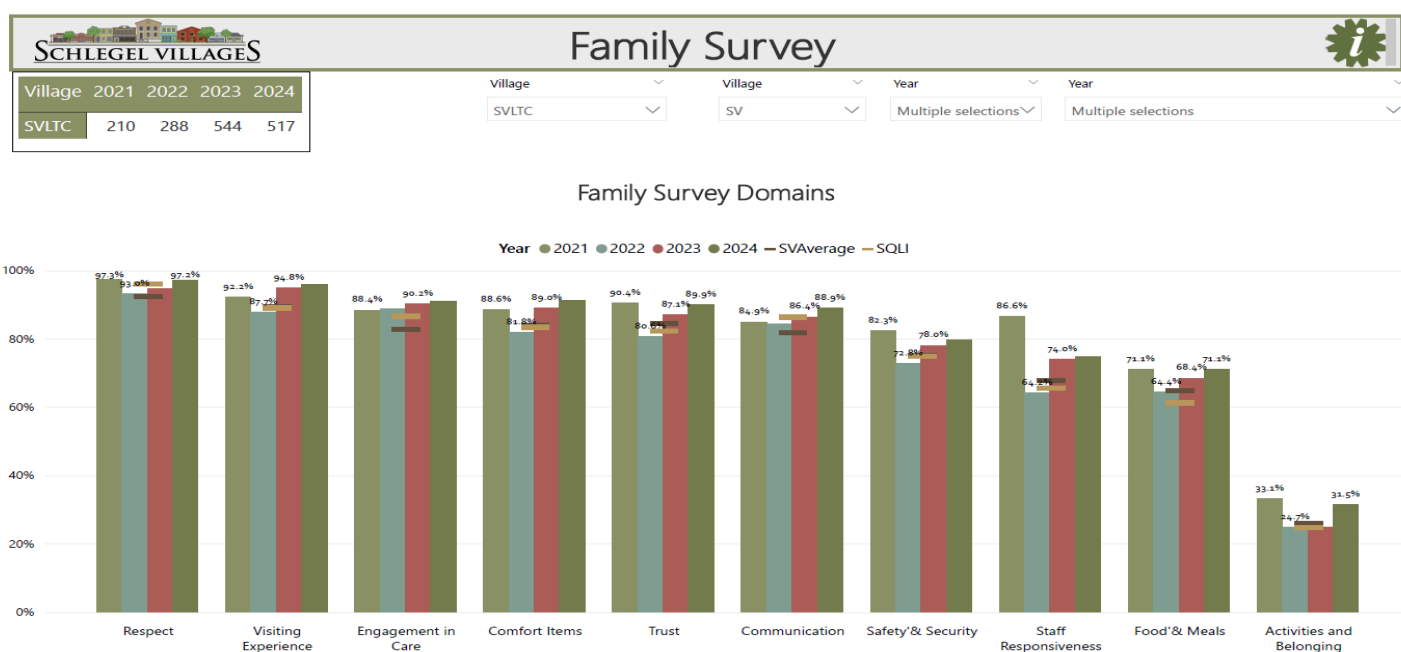


- **Staff Responsiveness Scale** (8 items; max score 24): This scale assesses how residents perceive the responsiveness of our teams, covering aspects like getting help, receiving needed services, and being treated with respect. In 2024, the overall scale was 71.2%, which was improved from 2023. Of those residents surveyed, 96.4% felt respected by the team, and 98.2% received the health services they need. It was noted that 48.2% felt they received the services they need. To address this, regular check-ins and team training on non-clinical support are planned, with progress monitored through resident feedback.
- **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, the overall scale was 63.5%, which improved from 2023. Residents felt they had strong control over bedtime (92.9%) and how they spend their time (91.1%). Access to the outdoors (53.6%) and control over who comes into their room (50%) improved. Plans include better outdoor access and more residents and families' involvement in care decisions.
- **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. In 2024, the overall scale was 22.4%, which improved from 2023. While more residents had companions and close friends, participation in weekend and meaningful activities remains low. To improve this, more social events like Fairview MasterChef and ongoing initiatives such as Summer of Awesomeness will be held to foster engagement and build connections with team members.
- **Food Scale** (3 items; max score 9): This scale gauges residents' satisfaction with food, including their favorite meals, meal variety, and enjoyment during mealtimes. In 2024, the overall scale was

54.4%, an improvement from 2023. Meal variety was strong, but enjoyment and access to favorite foods need improvement. Opportunities remain to further enhance meal enjoyment and ensure residents consistently receive their favorite 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. In 2024, the overall scale was at 44.9%, a slight improvement from 2023. Residents appreciated friendly conversations and responsiveness, however only 10.7% of residents said staff know their life story, and 32.1% considered a staff member a friend. These areas are now part of the Quality Improvement Plan for the year.

*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”.



In 2024, our Village received only four survey responses from families. The majority of these responses selected “most of the time” and “always” for survey questions, indicating overall satisfaction. However, this small sample size, representing just 5% of our resident population, limited our ability to draw meaningful conclusions at the Village level. Due to the limited family responses, even in previous years, our focus has remained on a more resident-centric approach, and we continued to engage directly with residents through our monthly Residents’ Council meetings to better understand their experiences, preferences and suggestions for improvement. As a result of the low response rate, we also decided to use the organization-wide Schlegel Villages survey results as a benchmark to better understand broader trends and performance. We also sought guidance from the Residents’ Council on strategies to enhance family participation during Residents Council meetings held on 08-Feb-2024 and 04-Jul-2024. Although no feedback was received from residents, we continued to encourage family participation through survey invitations. Across Schlegel Villages, the family survey results highlight several strengths. Our organization excels in treating family members with respect, ensuring safety, involving families in care decisions, and maintaining a clean and pleasant environment. These areas received high scores, reflecting positive interactions and a secure collaborative atmosphere. By building on these strengths, Schlegel Villages will continue to enhance the trust and satisfaction of its residents and their families.

Residents: The 2024 Resident Quality of Life survey results were shared with the Village on 16-Jan-2025 via email and reviewed by the leadership team on 14-Feb-2025, during which an action plan was finalized. The results and action plan were then communicated to families on 28-Mar-2025 via letters and memos and posted on the Village Main Street communication board for residents and team members. On 09-Apr-2025, the Resident Support Coordinator and Director of Quality & Innovation presented the findings and action plan during the Residents' Council meeting, where we also sought resident input; however, no feedback was received. For residents with a known interest who do not regularly attend council meetings, the information was shared through one-on-one discussions with the Resident Support Coordinator.

### *QUALITY IMPROVEMENT IN 2024-2025:*

**QIP Goals:** The 2024/25 Quality Improvement Plan (QIP) has been a valuable opportunity for learning and growth for our Village. Our efforts this year have deepened our understanding of how to enhance resident well-being by prioritizing meaningful relationships, personalized care, and enriching daily experiences. Throughout the year, the Resident Council and Continuous Quality Improvement (CQI) Committee played essential roles in shaping and supporting key initiatives. On 08-Feb-2024, the Resident Council reviewed QIP priorities and endorsed our planned efforts to reduce avoidable emergency department transfers. Council members supported continued education and communication around transfer risks, reinforcing the importance of informed, resident-centered decision-making. The Council also expressed strong support for the "Know the Story of My Life" initiative, recognizing the value of ME forms and Top 10 boards in helping team members deliver more personalized care. Additionally, the Council agreed with the ongoing reduction of antipsychotic medications, advocating for non-pharmacological approaches and affirming that these efforts should continue. The CQI Committee provided structured oversight through quarterly meetings held on 03-Apr-2024, 23-Jul-2024, 21-Nov-2024, and 14-Dec-2024. These meetings were instrumental in monitoring progress, evaluating trends, and ensuring that all initiatives - including reducing hospital transfers, enhancing person-centered care, and promoting safe, appropriate medication use - were aligned with our quality improvement goals. The committee's guidance helped sustain momentum, support re-education efforts, and embed improvements into daily practice.

#### **QIP Progress Highlights:**

- **Reducing avoidable emergency department transfers:** SBAR documentation improved from 0% in April 2024 to 66% by September 2024. Although SBAR documentation was discontinued due to inconsistent use, we learned the value of ongoing education and communication about transfer risks. This led to embedding transfer risk education in all care conferences and regular hospitalization reviews, improving awareness and decision-making for the care team. Education was integrated into all care conferences from April to October 2024, and monthly trend reviews occurred from April 2024 to December 2024, with re-education on 30-Aug-2024.
- **"Some of the staff know the story of my life":** "My Experience" forms were completed for new residents in April, May, and July 2024. By September 2024, 19 "Top 10" picture boards were installed, and resident story huddles were maintained. These initiatives fostered deeper connections between residents and team members.
- **Reducing Antipsychotic Medication Use:** In reducing antipsychotic medication use, full tracking was achieved by June 2024. Team education on non-pharmacological interventions reached 100% in June, July, August, and October 2024, with GMHOT referrals and medication reviews within six weeks of move-in. This approach resulted in safer, more individualized care and supported a continued decrease in unnecessary antipsychotic use.

Our Village's 2024/25 Quality of Life (QoL) initiatives focused on enhancing resident well-being by fostering meaningful relationships, personalizing care, and enriching daily experiences. These priorities were shaped by

resident survey results and guided by ongoing engagement with the Resident Council and oversight from the Continuous Quality Improvement (CQI) Committee.

- **Strengthening Resident-Team Bonding:** On 08-Feb-2024, the Resident Council reviewed the QoL survey results and identified meaningful relationships and team bonding as key priorities. Council members supported initiatives that promote connection and recognition, including the “Top 10” boards and team appreciation events. On 02-May-2024, they emphasized the importance of recognizing team members and celebrated the launch of the Resident Council Award to honour team member who make a meaningful impact. From July to October 2024, 19 “Top 10” boards were installed across three neighbourhoods, celebrating resident stories and achievements while promoting social connection and community pride. Between July and December 2024, programs such as Fairview MasterChef brought residents and team members together through six collaborative cooking events. To ensure all residents were informed, the Resident Support Coordinator held one-on-one discussions with those who had a known interest but did not attend Council meetings. Families were updated through bi-monthly email newsletters, and team members were informed via posters on the Village Main Street communication board and through email.
- **Personalizing Resident Experiences:** “My Experience” (ME) forms were completed for new residents in April and May 2024, with ongoing follow-up raising the overall completion rate to approximately 43% by October 2024. These forms helped ensure that each resident’s story and preferences were integrated into their care. On 08-Feb-2024, the Resident Council discussed the ME forms and expressed satisfaction with how they were being used to inform care planning and team interactions. On 04-Apr-2024, Council members provided valuable feedback on how they interpret the term “services” in the QoL survey, offering insights that helped shape more personalized and inclusive approaches to care. As with other initiatives, families were kept informed through bi-monthly email updates, residents not attending Council were engaged through one-on-one conversations, and team members received updates via posters and email.
- **Fostering Social Engagement:** On 07-Mar-2024, Resident Council members requested more outdoor activities, such as walks and outings, as the weather improved. On 08-Aug-2024, the Council celebrated participants of the Schlegel Olympics, with three resident Olympians sharing their experiences, reinforcing the value of community pride and connection. From 07-Jun-2024 to 12-Sep-2024, the Summer of Awesomeness series brought residents together for a vibrant array of social and cultural events, including BBQs, outdoor picnics, garden parties, and themed lunches. These events enhanced engagement, enjoyment, and a sense of belonging within the community. Updates on these events and related initiatives were shared with families through email newsletters, with non-council residents through one-on-one discussions and with team members via posters and email.

On 09-Apr-2025, the Resident Council received a full update on QoL priorities and progress, providing an opportunity for further feedback and discussion. The Continuous Quality Improvement (CQI) Committee monitored progress throughout the year, ensuring that all QoL initiatives remained aligned with broader organizational goals and that resident feedback was meaningfully integrated into planning and practice.

**Improvements made to accommodations, services and programs:** Throughout 2024, our Village introduced several initiatives to enhance resident comfort, care and daily experience. Each initiative was shared with the Resident Council at scheduled monthly meetings, conveyed to families via bi-monthly newsletters and relayed to team members through posters, communication boards, and team huddles. Details for some initiatives are outlined below.

- **Cephied Canada PCR Machine:** Started on 15-Jul-2024 to provide faster diagnostics and treatment. The Resident Council was briefed on this advancement at the 08-Aug-2024 meeting. Families and team members were apprised of the new technology on 07-Aug-2024 via newsletters and internal communications systems.
- **Revamped Laundry Process:** Started on 18-Jan-2024 to ensure consistent and reliable laundry service. Updates were brought forward to the Resident Council on 22-Jan-2024, and additional resident



perspectives were gathered on 04-Apr-2024. Families and team members received notification of this via the newsletter and team updates on 24-Jun-2024.

- **High Walkers:** Implemented on 01-Mar-2024 to support resident mobility. The availability and purpose of high walkers were highlighted with the Resident Council during the 20-Mar-2024 meeting. Families and team members were informed about this on 11-Dec-2024 through newsletters and internal communications.
- **Painted Queen Dining Room:** Completed on 08-Mar-2024 to enhance the dining atmosphere. The project was reviewed with the Resident Council on 18-Mar-2024, with further feedback on its impact discussed on 04-Apr-2024. Families and team members were updated about the refreshed dining space on 24-Jun-2024 via newsletters and communication boards.
- **Robotic Range of Motion Glove:** Started on 01-May-2024 to support hand mobility. This innovation was discussed with the Resident Council at the 08-Aug-2024 meeting, where members shared their appreciation and feedback. Announcements were sent to families and team members on 24-Jun-2024 through newsletters and established communication channels.
- **WendyLett Sliding Sheet:** Introduced on 12-Jan-2024 to improve repositioning and wound care. Details were presented to the Resident Council at their meeting on 15-Jan-2024, with further positive feedback discussed at the 08-Aug-2024 meeting. This initiative was conveyed to families and team members through the newsletter and communications posters respectively on 11-Dec-2024.
- **Outdoor VanRam Bikes:** Launched on 24-May-2024 to enable outdoor recreation. The initiative was outlined to the Resident Council at the 27-May-2024 meeting, with further appreciation for outdoor and garden improvements noted at the 04-Jul-2024 and 08-Aug-2024 meetings. Families and team members were notified about the new bikes on 07-Aug-2024 through newsletters and team meetings.