



CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT 2025-26

DESIGNATED LEAD: Tracy King, Director of Quality & Innovation

QUALITY IMPROVEMENT PRIORITIES 2025-26:

Our Quality Improvement priorities identified through our Quality Improvement Plan include:

- Reducing potentially avoidable hospital transfers
- Improving our skin & wound program to reduce the incidents of new and worsened pressure injuries
- Improving the resident experience by collecting resident feedback about meal temperatures to ensure an enjoyable dining experience for everyone
- Reducing the number of residents receiving antipsychotic medication

Additional areas of focus include:

- Strengthening our Continence Care program through:
 - Implementation of Tena champions on each neighbourhood,
 - Initiating the TENA check pilot program
 - Ongoing TENA education on proper application of incontinence products

PROCESS TO DETERMINE PRIORITY AREAS:

When determining our priority areas, we reviewed Village performance related to resident care and quality of life indicators against available benchmarking – organizational, provincial and international. Reports reviewed included quality indicators available through Canadian Institute for Health Information, as well as hospital transfer data, Resident Quality of Life survey results, Family survey. Team Member Engagement Surveys were analyzed for opportunities to improve team member experience which in turn will positively influence resident quality of care. When identifying our priorities, we also considered alignment with organizational and provincial priorities.

We included feedback from our Resident Council and Family Council and the Continuous Quality Improvement Committee. When reviewing our resident experience indicator for our QIP, residents voiced their wish to focus on “My food is the right temperature” for 2025-2026.

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

- We will measure progress on our resident experience priority by ensuring the team are educated on proper steam table procedures for consistency of equipment, understand how to maximize the longevity of hot foods reaching the residents with minimal heat loss and the importance of thermometer calibration.
- We will track and trend wounds through our clinical software to identify improvement. We will also review weekly audit reports, and quarterly CIHI wound indicator results for improvements.
- We will review continence indicators through Canadian Institute for Health Information (CIHI), to evaluate outcomes. At our quarterly continence committee meetings, we will focus on attendance growth for increased team engagement in the continence program within the Village. Monthly, we will track the number of team members educated on proper application of incontinence products.
- Wounds, continence, emergency department transfers and antipsychotic use will be reviewed at our monthly risk management and quality improvement meetings, and quarterly at our CQI meeting.

- For team member engagement, we will monitor results on our engagement surveys to identify the effectiveness of our quality improvement strategies and/or initiatives. We will utilize feedback from our team member wellness survey to monitor and measure progress, identify and implement adjustments, and communicate outcomes. Additionally, we will monitor our retention rates and continue to share our progress quarterly with our Continuous Quality Improvement Committee.

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 calendar year of January to December. An email was sent to all residents' families about the distribution process on February 3, 2025, along with the results from the 2024 surveys which closed December 31, 2024. Surveys were offered digitally through a QR code, and a paper copy was handed out at annual care conferences by our Neighbourhood Coordinators.

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 had 90 resident surveys completed in 2024, compared to 103 in 2023. Improvements were made on all 5 scales in 2024 as compared to 2023, and all are performing within international benchmarks. We exceeded international median for both caring staff and social life.



| | | | | |
|---------|------|------|------|------|
| Village | 2021 | 2022 | 2023 | 2024 |
| GCLTC | 91 | 81 | 103 | 90 |

Village: GC | Setting: LTC | Year: Multiple selections | Year: Multiple selections

Resident Quality of Life Scales



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. Our highest rated question within the scale was, “I am treated with respect by the staff”, improving from 89% in 2023 to 94% in 2024. Other notable increases include “Staff pay attention to me” (66% to 81%), “Staff respect what I like and dislike” (70% to 81%) and “I get the health services I need” (60% to 76%).

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 improved on questions such as residents feeling “I decide how to spend my time” (increased from 79% in 2023 to 91% in 2024), “I can be alone when I wish” (increased from 72% to 82%) and “I decide which clothes to wear” (increasing from 74% to 82%).

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, we saw significant improvements in “I have opportunities to spend time with other like-minded residents” (33% in 2023 to 46% in 2024) and “it is easy to make friends here” (30% in 2023 and a staggering increase to 53% in 2024) we performed similar to the organizational and international averages for “people ask for my help or advice” (14.4%) and “another resident is my close friend” (43%). We continually work together with our residents to identify opportunities to provide programs and supports for improvement to the area of “religious activities of meaning”.

Food Scale (3 items; max score 9): This scale gauges residents' satisfaction with food, including their favourite meals, meal variety, and enjoyment during mealtimes. While we had a focus on food & meals in 2024, it isn't yet reflected on the results of the survey. Improvement opportunities continue with all items within this scale. Responses from residents of Glendale Crossing increased from 2023 to 2024 in both “I get my favourite foods

here” (26% to 28%) and “I have enough variety in my meals” (44% to 46%) but remain below international median and organizational average.

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 scored significantly above both international median and organizational average in “I consider a staff member my friend” (59%), “some of the staff know the story of my life” (47%), “staff take the time to have a friendly conversation with me” (59%) and “staff respond to my suggestions” (70%).

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 a village, we received 17 responses in 2024, compared to 29 the previous year. We improved in 9 of 10 domains and are at or above available benchmarks. The largest area with opportunity for improvement is the “staff responsiveness” domain (88% in 2023 to 73% in 2024).



Family Survey



| Village | 2022 | 2023 | 2024 |
|---------|------|------|------|
| GCLTC | 24 | 29 | 17 |

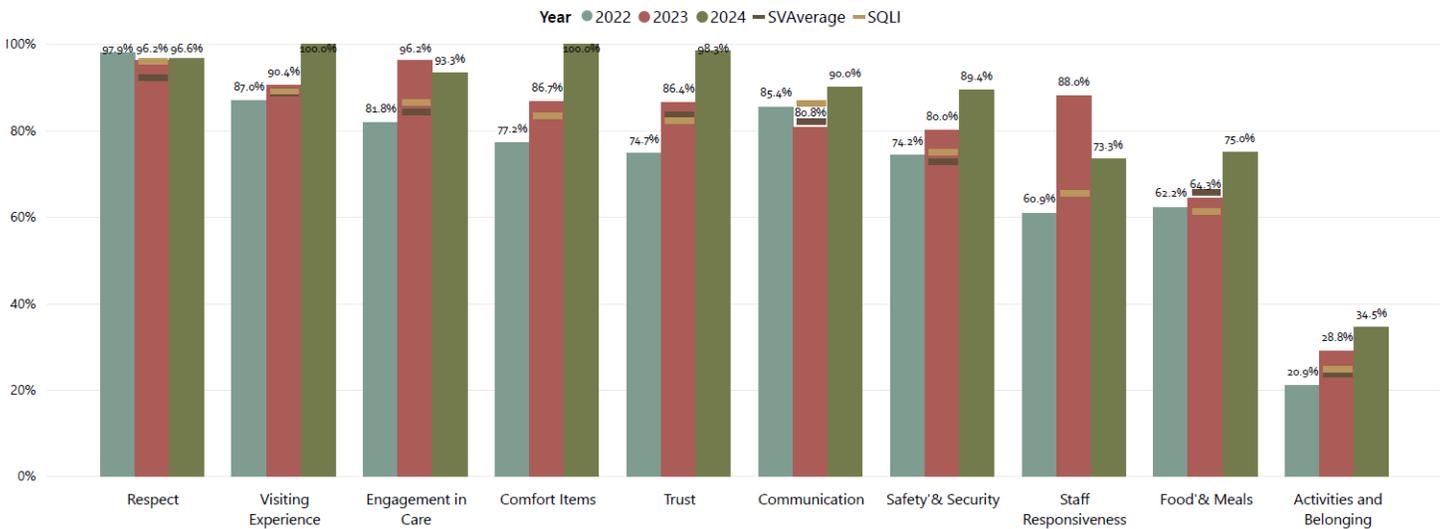
Village

Village

Year

Year

Family Survey Domains



How the results were shared:

Results of the surveys were shared with Residents’ Council, by way of information packages shared with Council President and accessible on Mainstreet during February 2025 in place of Residents’ Council meetings that Council chose to cancel due to Outbreaks throughout the months of January and February. Results were shared with Family Council via email on February 3, 2025, Village families through email February 3, 2025, and with Village Team members on February 4, 2025, via our Crossroads communication system.

QUALITY IMPROVEMENT IN 2024-2025

*Improvements based on results of QoL survey from **2023***

Through consultation with Residents' Council in February 2024, they wanted us to work on "I have enough variety in my meals". Starting April 2024, we offered "variety in my meals meetings" on our four non secure neighbourhoods to discuss what variety meant to our residents. We broke down the menu from fall/winter 2023-2024 into food groups and discussed how often they would want to see each item in a 4-week menu cycle. We were able to adjust the fall/winter menu for 2024-2025 to reflect the frequency requested for 90 of the 116 items reviewed.

We observed active engagement from residents who were passionate about their dining experience, and many came with suggestions for improvement outside of just variety. As a result, we experienced improvements in QoL indicators such as, "variety in my meals" (44%-46%), "I get my favourite foods here" improving from 26% in 2023 to 29% in 2024. These results were shared with Residents Council February 27, 2025, Family Council January 17, 2025. QIP progress was reviewed with the CQI Committee quarterly from May – December 2024.

*Other improvements made in **2024***

We opened our Retirement home on October 23, 2023, making us a full continuum of care, which provides additional space and opportunities for residents to make connections through Village-wide programming and events. In 2024 we took full advantage of our continuum with Village-wide gatherings building community, such as Celebrations of Life, where we honour residents who have passed, concerts and bazaars. Our Volunteer & Student Coordinator has also started a bridging program to encourage RH residents to volunteer in LTC and vice versa. It continues to be an extraordinary way to bring people together for shared experiences.

Connect The Dots Education – Our customer service program that was reintroduced in October of 2023 remained active in 2024 with 9 sessions run from Jan-Dec with a total of 191 team members trained to focus on our 5 credos related to giving our residents the best customer service experience and building authentic relationships through, "Know Me, Earn Trust, Be Present, Follow Through & Walk in my Shoes" which gives our teams the tools to build on our vision of resident centred care. Since October we have been able to train 110 team members and continue monthly. Impact on residents is evident in 2023 QoL results for caring staff. We saw improvements in "Some of staff know that story of my life" 52% in 2022 and 55% in 2023, (Know me) "Staff respond to my suggestions" 43% in 2022 to 64% in 2023 (Walk in my shoes).