



CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT 2025-26

DESIGNATED LEAD: Mithila Vidwans, Director of Quality & Innovation

QUALITY IMPROVEMENT PRIORITIES 2025-26:

- To reduce avoidable Emergency Department (ED) transfers by analyzing each transfer to determine gaps, by conducting debrief huddles with nurses to build capacity and confidence and by discussing the strengths and opportunities of each transfer with them.
- To reduce the number of residents receiving antipsychotics by tracking residents taking antipsychotics to determine those triggering for potential deprescribing as well as by conducting an antipsychotic medication review for new residents within one month after moving into the Village.
- To reduce new and worsening pressure injuries by auditing new skin assessments completed for new residents and for residents returning from hospital for accuracy as well as by completing weekly repositioning audits for total care residents with pressure injuries of stage 1 and above.
- To reduce the level of noise in the Village by focusing on resident responses to the statement, "I am bothered by the noise here," by raising team member awareness on the impact of excessive noise on residents as well as on the impact of a relaxing and enjoyable dining experience and by monitoring the noise level on Main Street during the morning to afternoon shift exchange.

PROCESS TO DETERMINE PRIORITY AREAS:

Areas of priority were determined through an interdisciplinary analysis of gaps emerging from audits, program evaluations and recommendations from the Residents' Council as well as our Continuous Quality Improvement (CQI) committee.

- We identified Emergency Department transfers as a priority based on a review of our data against organizational benchmarks and previous Village performance.
- We identified reducing the number of residents receiving antipsychotics without a diagnosis of psychosis as a key priority this year based on a review of our CIHI data against organizational and provincial benchmarks.
- We chose to continue our work on reducing worsening pressure injuries in our Village in order to move toward the organizational average.
- We chose to work on reducing the excessive noise in our Village based on the annual Quality of Life survey data from 2024 as well as on the feedback received from our Residents' Council on this indicator.

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

Outcomes for each indicator will be communicated to the team during monthly interdisciplinary Quality and Risk Management meetings, Residents' Council meetings as well as during quarterly Professional Advisory Committee (PAC) and Continuous Quality Improvement (CQI) committee meetings. Other methods of communication of outcomes include the Village newsletter, updates on Quality boards on the neighbourhoods as well as through email updates by the Assistant General Manager.

- All Emergency Department transfers will be tracked as they occur and will be analyzed monthly. Post-Emergency Department transfer debrief huddles will be tracked quarterly and the percentage of full-time and part-time Registered team members attending education sessions will also be tracked quarterly.
- The number of residents taking an antipsychotic medication who are identified on the tracker as eligible for deprescribing and the number of new residents who have an existing prescription who have been reviewed will be tracked monthly.
- The number of new pressure injuries audited following admission and readmission as well as the number of repositioning audits completed will be reviewed monthly.
- The number of education sessions on neighbourhoods on the impact of noise and the number of checks conducted on Main Street to monitor noise levels will be tracked quarterly.

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 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. We collected 51 resident surveys in 2024.


Family survey: The survey was offered to the residents' families by Neighbourhood Coordinators (NCs) during care conferences between January and December of 2024. Information about the survey including a corresponding QR code was shared with the families during periodic email communication by the Assistant General Manager (AGM) as well as in the August 2024 iteration of the Village newsletter. We collected 18 survey responses from residents' family members in total.

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. We completed 51 surveys in 2024 and overall, improvements were noted on every scale in comparison to our performance in 2023. As a Village, we are within the international band of performance for three of the five scales – Staff Responsiveness, Personal Control and Food & Meals. We are within the top 20th percentile for both Social Life and Caring Staff.



Quality of Life

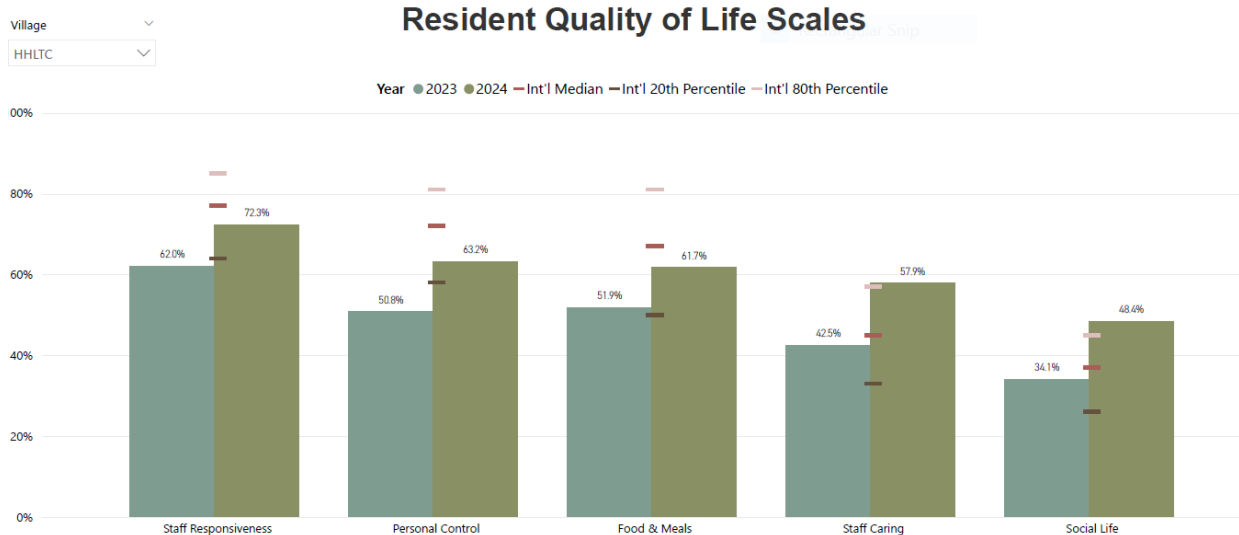


Village
2023
2024

HH LTC
66
51

Village
Setting
Year
Year

HH
LTC
Multiple selections
Multiple selections



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 were above organizational average on being treated with respect by staff (90.2%) and staff paying attention to residents (84.3%). The presence of a Nurse Practitioner and an additional PSW are contributors to high-scoring items such as receiving help right away (72.5%) and receiving required health services (84.3%). Opportunities for improvement lie in terms of residents receiving the services they need (43.1%).

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 were above organizational average on residents being able to go outdoors easily (70.6%) and deciding which clothes to wear (80.4%). Opportunities for improvement lie in terms of resident ability to have a bath or shower when desired (49.4%) and deciding when to go to bed (66.7%).

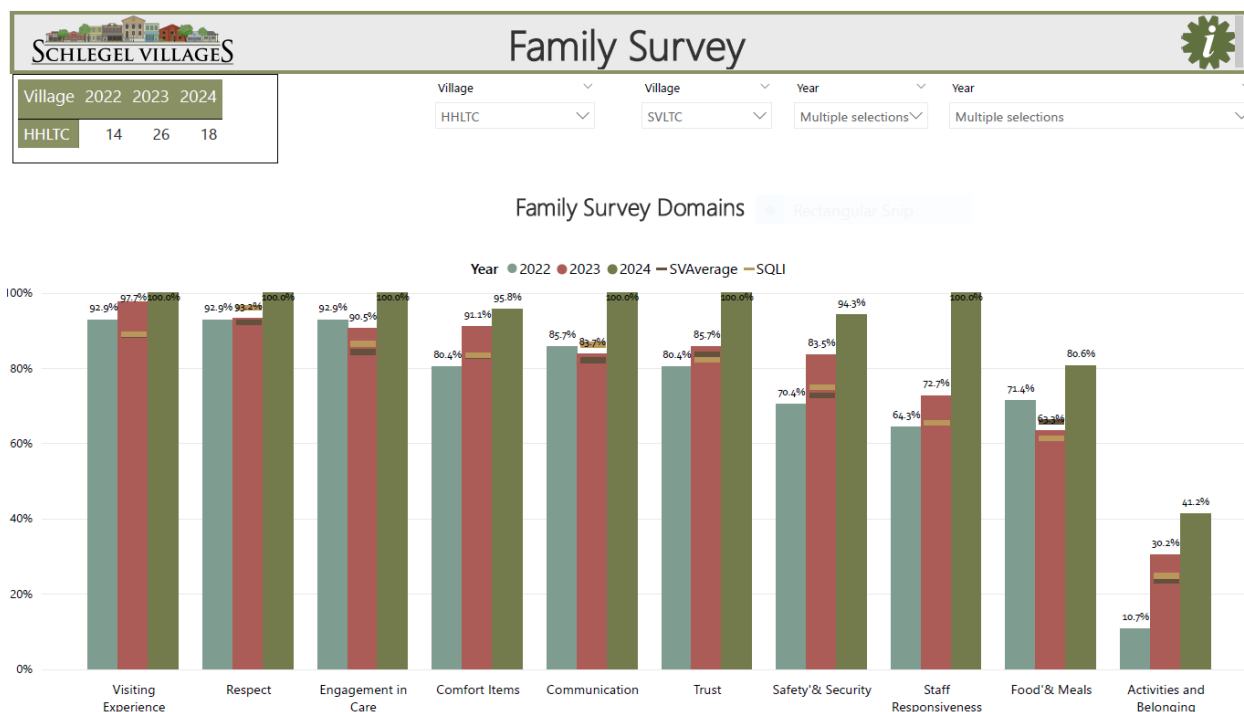
Social Engagement/Life Scale (10 items; max score 30): This scale evaluates residents' social interactions and engagement, looking at aspects like participating in activities, making friends, and experiencing meaningful connections. In 2024, we scored above the organizational average on every item and above the international median in terms of residents having enjoyable things to do on weekends (62.7%) and participating in meaningful activities (58.8%). Our work toward improving social activities in 2023 continues to contribute to high scores on this indicator. Opportunities for improvement lie in residents participating in meaningful religious activities (60.8%). Improvement has already been seen on this survey item due to change in staffing in 2024.

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, we were below both the organizational and international averages in terms of enjoyable mealtimes (68.6%), frequency of favourite foods (43.1%) and variety in meals (62.7%). With conducting regular food committee meetings, we strive to improve on this indicator in 2025.

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 above both the organizational and the international median on residents considering a staff member a friend (66.7%) as well as staff taking time to

have a friendly conversation with residents (62.7%). Our work on improving staff and resident bonding in 2024 has led to an increased score on this indicator. We intend to improve further on staff asking how resident needs can be met (49%).

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 18 responses in 2024. Overall, we performed better on every single domain and are mostly above available benchmarks. However, opportunities exist in the domains of visiting experience as well as respect. We also aim to collect more family survey data in 2025.



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

The results of the resident Quality of Life surveys were shared with the Residents' Council on January 23rd, 2025 and with the CQI committee on January 21st, 2025. They were also posted on all neighbourhoods on February 1st, 2025 for team members and other residents to review. The family Quality of Life survey results were shared with the Residents' Council on April 24th, 2025 and will be shared with the CQI committee on July 15th, 2025. They were also shared with neighbourhood team members from all departments during monthly meetings between April and June of 2025. Results were shared with families in the June 2025 newsletter.

QUALITY IMPROVEMENT IN 2024-2025:

Four areas of focus were chosen as quality improvement initiatives for 2024-2025 which were communicated to the Residents' Council on January 18th, 2024 and to the CQI committee on January 30th, 2024. The three clinical indicators were chosen based on provincial recommendations and the area of focus for resident engagement for 2024 was decided based on the feedback sought from the Residents' Council on January 18th, 2024. The Residents' Council recommended that we work toward improving team member and resident bonding by particularly focusing on the survey item, "Staff take the time to have a friendly conversation with me" and as a result, we proposed an appropriate action plan for 2024. The CQI committee was also informed of the Council's decision on January 30th, 2024 and the action plan was

communicated to the committee on April 30th, 2024. On June 21st, 2024, the Residents' Council was informed of the CQI Initiative Report for 2024 being posted on the website including a review of the action plans for each of the indicators. Based on the Council's recommendation, a copy of the report was placed in the Residents' Council Meeting Minutes binder on Main Street.

Through diligent work on our change ideas for the resident engagement indicator, we managed not only to achieve our target but surpass it. We tracked the "My Experience" (ME) forms on a quarterly basis and had 80% of all residents' ME forms completed in 2024. We also worked toward creating moments of meaningful engagement between team members outside of the Recreation department and residents. We also held sessions with team members on the neighbourhood with the lowest resident engagement in May of 2024 to discuss ways in which we can all engage with our residents. As a result, our data show that from 42% positive responses on this survey item in 2023, we scored 62.7% in 2024. The results of the survey were communicated to the Residents' Council on January 23rd, 2025 and to the CQI committee on January 21st, 2025.

In addition to resident engagement, other quality improvement priorities from 2024-2025 included reducing the number of avoidable Emergency Department transfers, reducing the number of worsening pressure injuries as well as reducing antipsychotics. For reducing avoidable Emergency Department transfers, the Nurse Practitioner tracked every Emergency Department transfer and provided education to Registered team members on identifying signs of conditions causing Emergency Department transfers, confident interaction with healthcare providers and proactive care during meetings in May and September of 2024. Over 75% of the Registered team members attended the education sessions. In terms of reducing worsening pressure injuries, three education sessions were provided by the Skin & Wound Lead covering relevant topics related to skin health including wound staging to Registered team members. We also achieved completion of 75% of scheduled repositioning audits by September and reviewed 100% of the residents with a PURS score of 3 and above. With reducing the number of residents taking antipsychotics without a diagnosis of psychosis, a tracker was maintained by the Nurse Practitioner. A review of residents taking antipsychotic medication was conducted on a more ad-hoc basis. The improvements and opportunities on each of the priorities were communicated to both the Residents' Council on January 23rd, 2025 as well as to CQI Committee on January 21st, 2025.

In the summer of 2024, we hosted a "Focus on Quality" week where frontline team members were invited to participate in a discussion on issues of high risk including worsening wounds, resident falls, pain and resident engagement for quality improvement. Positive feedback was received from the attendees who appreciated having a safe space to voice their concerns and discuss the barriers they face in their role. Additionally, marked improvement has been noted on each indicator discussed during Quality Week. The Residents' Council was informed about this initiative on May 16th, 2024 and the CQI committee, on July 30th, 2024.

Our Village also launched the PSW Medication Administration program in the summer of 2024 whereby the scope of practice for PSWs was expanded to be able to provide certain medications. The development of the program as well as strengths and opportunities of having PSWs administering medications to residents were discussed with the Residents' Council on June 21st and with the CQI committee on July 30th, 2024.

We continue to hold scheduled and ad-hoc meetings and huddles to gather feedback from team members and residents on a regular basis which has led to a number of improvements around the Village. Our commitment to quality care for our residents and the focus we place on resident choice inspire us each day to develop and implement practices that put residents first and help them to live life to the fullest.