



CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT 2025-26

DESIGNATED LEAD: CANDACE IRVINE, DIRECTOR OF QUALITY & INNOVATION

QUALITY IMPROVEMENT PRIORITIES 2025-26:

1. **Continuing antipsychotic medication reduction** as a core focus, the Nurse Practitioner (NP) and Personal Expression Resource Team (PERT) will support transitional planning and education to reduce antipsychotic use among new move ins without a diagnosis of psychosis.
2. **Strengthening Skin & Wound Management** with a comprehensive approach which will include weekly rounds by the Skin & Wound Lead, targeted education for PSWs, and tools such as repositioning clocks for residents at risk of pressure injuries.
3. **Reducing potentially avoidable Emergency Department (ED) transfers:** the NP will lead quarterly education sessions and work alongside charge nurses to strengthen assessment and critical thinking skills, aiming to prevent unnecessary ED transfers.
4. **Fostering Resident Engagement and Empowerment** through continued focus on enhancing well-being with CONNECT the Dots customer service training and educating residents on their rights and the whistleblower reporting process.

PROCESS TO DETERMINE PRIORITY AREAS:

Priority areas for 2025-26 were identified by the Continuous Quality Improvement (CQI) Committee through:

- Review of Canadian Institute for Health Information data and internal indicators
- Evaluation of emergency department transfer rates and antipsychotic prescribing trends
- Feedback from Resident and Family Councils
- Performance in Quality of Life indicators and resident feedback
- Results of audits and clinical team engagement

The Village and the Continuous Quality Improvement Committee reviews performance against relevant benchmarking data to determine priority areas for improvement in 2025/2026. The Continuous Quality Improvement committee also provides feedback when choosing Quality Improvement Plan indicators based on Canadian Institute for Health Information (CIHI) benchmarks.

1. Following a review of Canadian Institute for Health Information indicator results and new admission trends that continue to indicate high rates of antipsychotic prescribing, the Continuous Quality Improvement Committee has recommended that our antipsychotic reduction program remain a priority in 2025/2026.
2. We continue to prioritize the prevention of pressure injuries through several targeted strategies. Repositioning clocks are being implemented to support timely resident repositioning, team members are receiving education on repositioning and offloading techniques, with an emphasis on early intervention through practical demonstrations. Neighbourhood wound champions play a key role in promoting best practices; they attend quarterly meetings to identify risk areas and provide feedback to inform specialized training initiatives.

3. With funding received in 2023, we introduced a full-time Nurse Practitioner (NP) to our team. In 2024, our focus was to reduce potentially avoidable emergency department transfers by providing targeted education for our registered nursing team, aimed at building confidence and enhancing assessment skills. In 2025, we will continue to strengthen these competencies by facilitating quarterly training sessions for the registered team. Additionally, the NP will 'walk a mile' alongside each charge nurse, offering one-on-one mentorship to foster critical thinking and clinical skill development. This personalized approach enables the NP to identify growth opportunities for each charge nurse, empowering them to better support Registered Practical Nurses (RPNs) within their neighbourhood teams.
4. Resident experience is assessed through multiple channels, including the Resident Quality-of-Life Survey, the Family Quality of Life Survey, and Canadian Institute for Health Information metrics related to social engagement and mood. In addition, we gather valuable input from Resident Council and Family Council to evaluate whether our current strategies are effectively meeting their needs. As part of our ongoing commitment to engagement and transparency, we are conducting six 'Connect the Dots' sessions and providing whistleblowing education within the neighbourhoods to further support a culture of openness and resident-centered care.

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

1. **Antipsychotic Reduction:**

New residents prescribed antipsychotics without an appropriate diagnosis will receive 30 days of PERT (Personal Expression Resource Team) support post-move-in. Education will be provided to families at the time of move in and again during the 6-week care conference to promote understanding and reduce reliance on antipsychotics. Monitoring occurs through weekly PERT reviews, where medication use and behavioural strategies are assessed. Adjustments to interventions are made based on resident response and family input, with additional support initiated as needed. Outcomes and updates are communicated through quarterly quality meetings, interdisciplinary huddles, and family care conferences.

2. **Skin and Wound Program**

The Skin & Wound Lead coordinates weekly rounds and team education. Repositioning clocks will be implemented for residents at risk of pressure injuries, and all PSWs will complete offloading education by year-end. Monitoring includes weekly wound reviews, monthly audits, and quarterly skin and wound committee meetings. Adjustments are made based on audit findings, such as modifying prevention strategies or retraining team members in targeted areas. Outcomes and program changes are communicated through team huddles, quarterly skin & wound committee meetings and risk management meetings where program updates are communicated.

3. **Emergency Department (ED) Transfers**

The Nurse Practitioner (NP) will deliver quarterly clinical education to the registered team and conduct "walk-a-mile" mentorship shifts with all charge nurses. Monitoring involves tracking ED transfer trends and correlating them with education needs. Adjustments to the education content will be made based on trend data, allowing for timely and relevant learning. Outcomes and progress are discussed during team education days and shared with leadership through Risk Management meetings and the quarterly Continuous Quality Improvement meetings.

4. **Resident Wellbeing and Empowerment**

CONNECT the Dots sessions will continue through November 2025 to enhance resident engagement. Education on whistleblower protection will be delivered through town halls, newsletters, and Residents' Council meetings. Monitoring is achieved via resident satisfaction surveys offered through out the year, engagement feedback, and Council meeting input. Adjustments are made based on survey themes and resident feedback. Outcomes are communicated back to residents through follow-up meetings and infographics posted in the neighbourhoods.

Overall, this structured approach ensures that all quality initiatives are actively monitored, adapted as needed, and transparently communicated to residents, families, and team, supporting a culture of safety, inclusion, and continuous improvement.

RESIDENT & FAMILY/CAREGIVER EXPERIENCE SURVEYS:

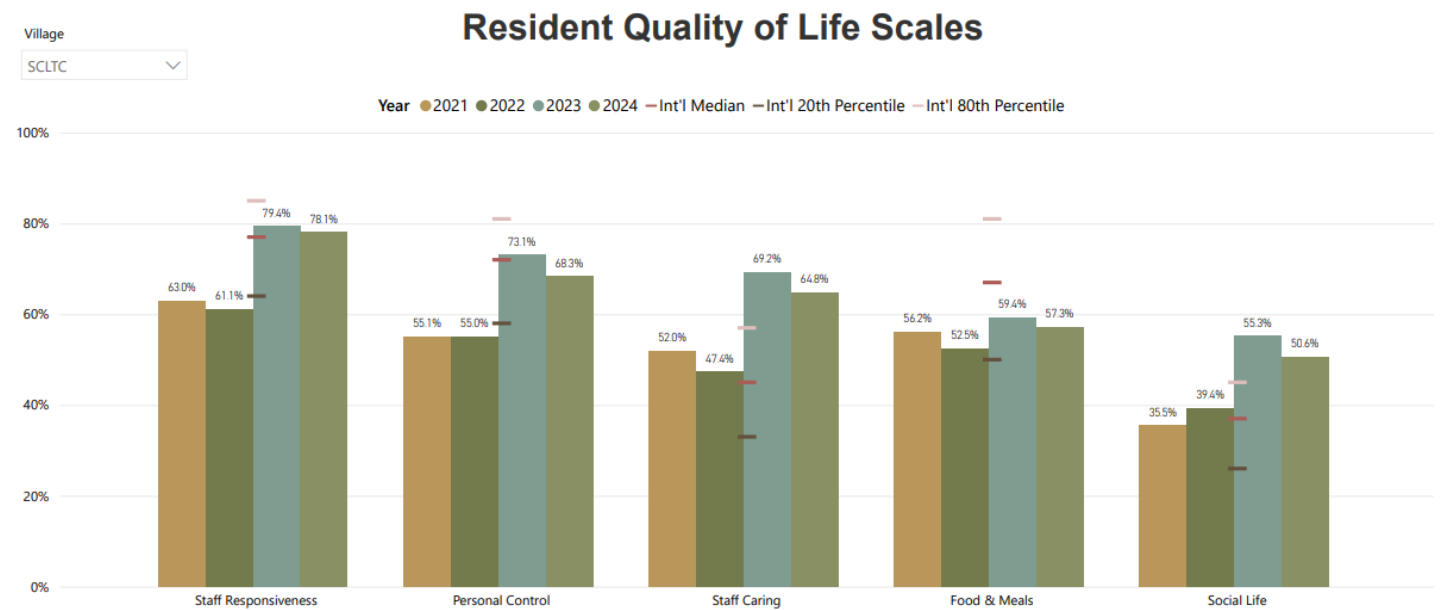
Schlegel Villages measures resident and family/ caregiver experience using the interRAI Self-Reported Quality of Life Survey and the interRAI Family Survey on Quality of Life. The survey is made up of a number of statements, and participants are asked to respond with how frequently the statement is true for them – Never, Rarely, Sometimes, Most of the Time or Always. The validated surveys are used internationally, enabling 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 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: The Family Satisfaction Survey was conducted between October 1 and October 31, 2025. Before the survey was distributed, the Director of Quality and Innovation (DQI) connected with the Family Council on September 24, 2024 to gather input on how Family Council would prefer to receive and complete the survey. The Council agreed unanimously that it should be shared via email, giving families the flexibility to respond online or print a paper copy if preferred. In addition to the email option, paper copies were also made available in the Village Office and in each neighbourhood, as recommended by the Council. These details were clearly outlined in the initial email sent to families. To help encourage participation, the Director of Quality & Innovation followed up with reminder emails throughout the month.

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 are within the international benchmarks for 3 scales and above the 80th percentile for both caring staff and social life. As a Village, we received 94 surveys in 2024 compared to 88 in 2023.



Staff Responsiveness Scale (8 items; max score 24): This scale assesses how residents perceive the responsiveness of our teams, including getting help, receiving needed services, and being treated with respect. We performed at or above the international median on three questions within the scale – “I am treated with respect by staff” (94%), “Staff pay attention to me” (85%) and “Staff respond quickly when I ask for assistance” (76%).

Personal Control Scale (8 items; max score 24): This scale measures how much control residents feel they have over daily activities, such as choosing what to do, going outdoors, and making personal decisions. We improved on 4 questions within this scale. Notably, 87% of residents surveyed felt they could decide how to spend their time, while 86% felt they could be alone when they wished.

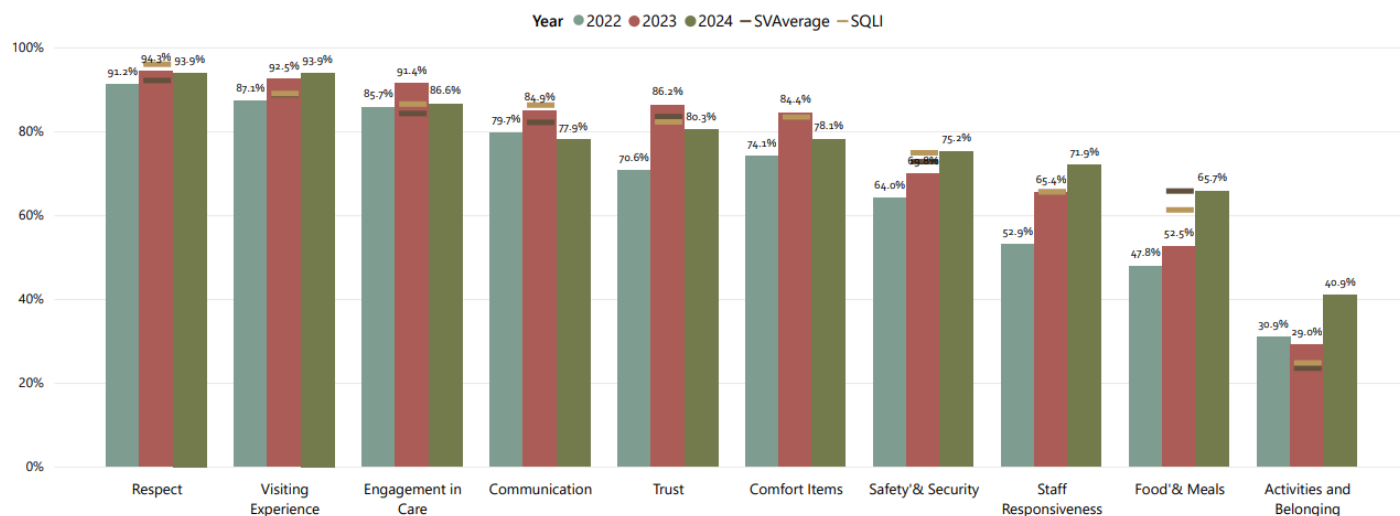
Caring Staff Scale (5 items; max score 15): This scale reflects residents’ experiences of staff friendliness, communication, and responsiveness. The Village exceeded both international and organizational median on all 5 questions within this scale. Of note, residents identified a significant increase in team members taking the time to have friendly conversations with them – 72% responded positively in 2024 compared to 64% in 2023.

Food & Meals Scale (3 items; max score 9): This scale gauges residents' satisfaction with meals, including taste, variety, and the overall dining experience. Performance remained relatively consistent for “I enjoy mealtimes” and “I have enough variety in meals”, while improvements were made in “I get my favourite foods here” (42% in 2024 compared to 28% in 2023).

Social Life Scale (10 items; max score 30): This scale captures the quality of social interactions and engagement opportunities. We improved or maintained performance on 8 questions within this scale. 66% of residents responding felt that it is easy to make friends here which is well above the average of approximately 50%. Over 50% of residents also felt that they could participate in meaningful activities and have enjoyable things to do here on weekends the majority of the time (well above average).

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. Like 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 36 responses in 2024 compared to 61 in 2023. We perform well in the majority of domains and are at or above available benchmarks. Opportunities exist within the communication, trust, engagement in care and comfort items domains

Family Survey Domains



Results of the family survey and resident quality of life survey have been shared at council meetings on March 26, 2024. All survey results available on main street in the Village for residents, families and team members to access. An infographic summarizing the results family experience survey has been created, highlighting the top three areas of strength and the bottom three areas identified as opportunities for improvement. The infographic also includes a clear and actionable plan to address the areas for growth. It has been made available on Main Street for families to view, shared via email with all families, and presented at the Family Council meeting on April 29, 2025, for feedback and approval of the proposed action plan. A similar process was followed for the resident experience survey. Resident feedback was actively sought and incorporated into the development of the corresponding action plan to ensure it reflects their perspectives and priorities.

QUALITY IMPROVEMENT IN 2024-2025:

Quality Improvements made in 2024:

- 1) In 2024, the Village surpassed its Quality Improvement Plan (QIP) target of 65% for the indicator “Percentage of residents responding positively to the statement: ‘If I need help right away, I can get it.’” Starting from a baseline of 60%, the Village achieved a final result of 67%. This improvement was the result of focused efforts to enhance resident experience through improved call bell response times and the delivery of CONNECT the Dots customer service training. A total of 62 team members participated in this training across five dedicated sessions.
- 2) Family Survey was implemented through consultation with Family Council. On March 5, 2024, the Director of Quality & Innovation met with the Family Council to discuss the results of the family experience survey conducted from October 1-October 31, 2024. An action plan was reviewed, and feedback was sought on priority areas at the March 26 meeting. The Family Council highlighted the home’s cleanliness, communication and opportunities for their loved one to make friends as areas of priority. This led to the development and implementation of an action plan presented at the family council meeting on April 29, 2025. Family Council approved the plan. The plan was then communicated to neighbourhood team through huddles from May 5 to May 19, 2025, by the Neighbourhood Coordinators.
- 3) In 2024/25, the Village saw a positive reduction in the percentage of residents without a diagnosis of psychosis who were administered antipsychotic medication in the seven days prior to their resident assessment. The rate decreased from 43.20% to 39.38%, marking an 8.84% improvement. This encouraging progress reflects the ongoing efforts of the PERT Team, our NP and our Physicians in partnership with our Pharmacy team to ensure appropriate use of medications through regular interdisciplinary reviews, family engagement and education, and enhanced behavioural support strategies using PERT approaches and community resources.

Improvements made in 2024 were communicated to the Village teams through neighbourhood huddles between May 5, 2025, and May 19, 2025. Additionally, Quality Improvement updates are posted on Mainstreet in the Village, available to resident and families. They are also posted in the team area on the Quality Board for the team to review along with all survey results and action plans.