

CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT 2025-26

DESIGNATED LEADS:

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QUALITY IMPROVEMENT PRIORITIES 2025-26:

1. **To enhance our Skin and Wound Care program and reduce worsening wounds** by increasing awareness of monthly wound trends, the importance of repositioning to reduce pressure injuries, and proper usage of continence products.
2. **Reduce the use of antipsychotic medication for residents without the diagnosis of psychosis**, by collaborating with our external partners to support nonpharmacological approaches to care, reviewing medications and medical history and discussing the possibility for reduction if the resident is taking antipsychotic medication.
3. Increase the percentage of residents who responded positively to the statement **"I get the services that I need"** by implementing dedicated care assignments across all our neighbourhoods and reviewing care services available in the village during move-in care conferences.

PROCESS TO DETERMINE PRIORITY AREAS:

To identify our key priorities for enhancing resident care, we conducted a thorough review. This involved comparing our latest CIHI outcomes against our past performance, organizational results, and Ontario benchmarks. We also delved into survey feedback regarding resident and family quality of life and team member engagement. Furthermore, our internal Operational Scorecards helped us identify areas needing improvement based on internal standards. Finally, we gathered valuable insights through discussions at our Residents' and Family Council meetings and our Continuous Quality Improvement Committee.

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

1. Internal monthly wound data will be analyzed, and we will continue reviewing our quarterly CIHI statistics to determine improvement based on provincial skin and wound indicator benchmarks. All skin and wound-related education will capture team members' attendance to track compliance.
2. The Personal Expression Resource Team (PERT), Pharmacist, and external BSO partners will meet monthly to review residents receiving antipsychotics and discuss the appropriateness of reducing or nonpharmacological approaches to care. CIHI statistics will be reviewed quarterly to assess improvement based on Ontario benchmarks, conduct internal CQI audits, and analyze the results.

3. We will review the village's services during move-in care conferences and engage residents in conversations to identify the impact of dedicated care assignments. Progress will be monitored quarterly using the 2025 Quality-of-Life Survey's quarterly results.

We will review the progress of all quality improvement priorities towards achieving our objectives and discuss supplementary findings with the Residents' and Family Councils and the Continuous Quality Improvement Committee. Ongoing communication will be achieved through neighbourhood team huddles, quarterly updates to team members, residents and families via memos and email, and monthly progress reviews conducted by the leadership team at Quality Risk Management 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 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 – 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: In November 2024, we implemented a survey campaign to gather valuable insights from families and caregivers. The Directors of Quality and Innovation communicated this via email on November 05, 2024, and November 25, 2024, with a link to the online survey. To ensure all families had an opportunity to respond, we also made the survey accessible through QR codes located around the Village and paper copies available in the office until its closure on 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. Our Village's performance across all five scales is within the international benchmarks. Notably, Social Life is above the 80th percentile and Caring Staff is just under the 80th percentile. We received 42 resident surveys in 2024.

Village 2023 2024
TWLTC 52 42

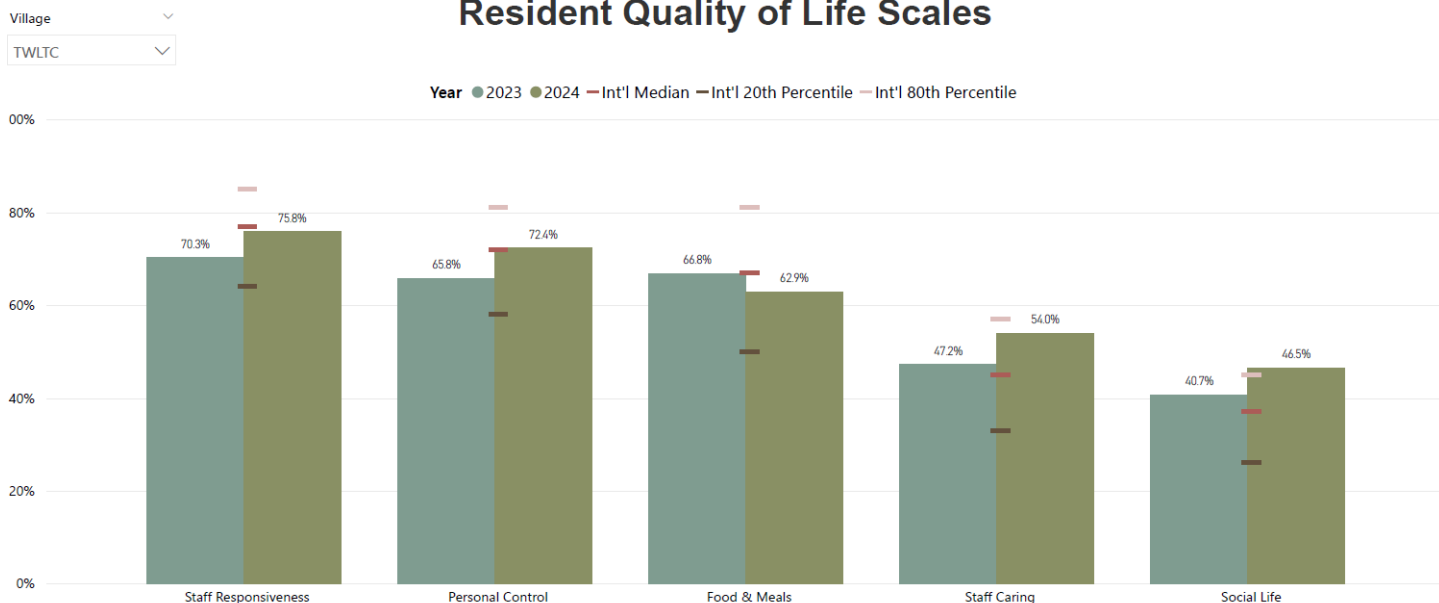
Village
TW

Setting
LTC

Year
Multiple selections

Year
Multiple selections

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. In 2024, we improved on or maintained performance for 7 of 8 questions within this scale. Our highest rated questions within this scale were “I am treated with respect by staff” and “staff respect what I like and dislike” with the score of 88% for both questions. We recognize that an area for opportunity within this scale is “I get the services I need” which is included in our quality improvement priorities for 2025.

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. We demonstrated improved personal control scores across the board in 2024 compared to 2023. A significant increase was seen in the agreement with having a choice in clothing (95%, up from 76%).

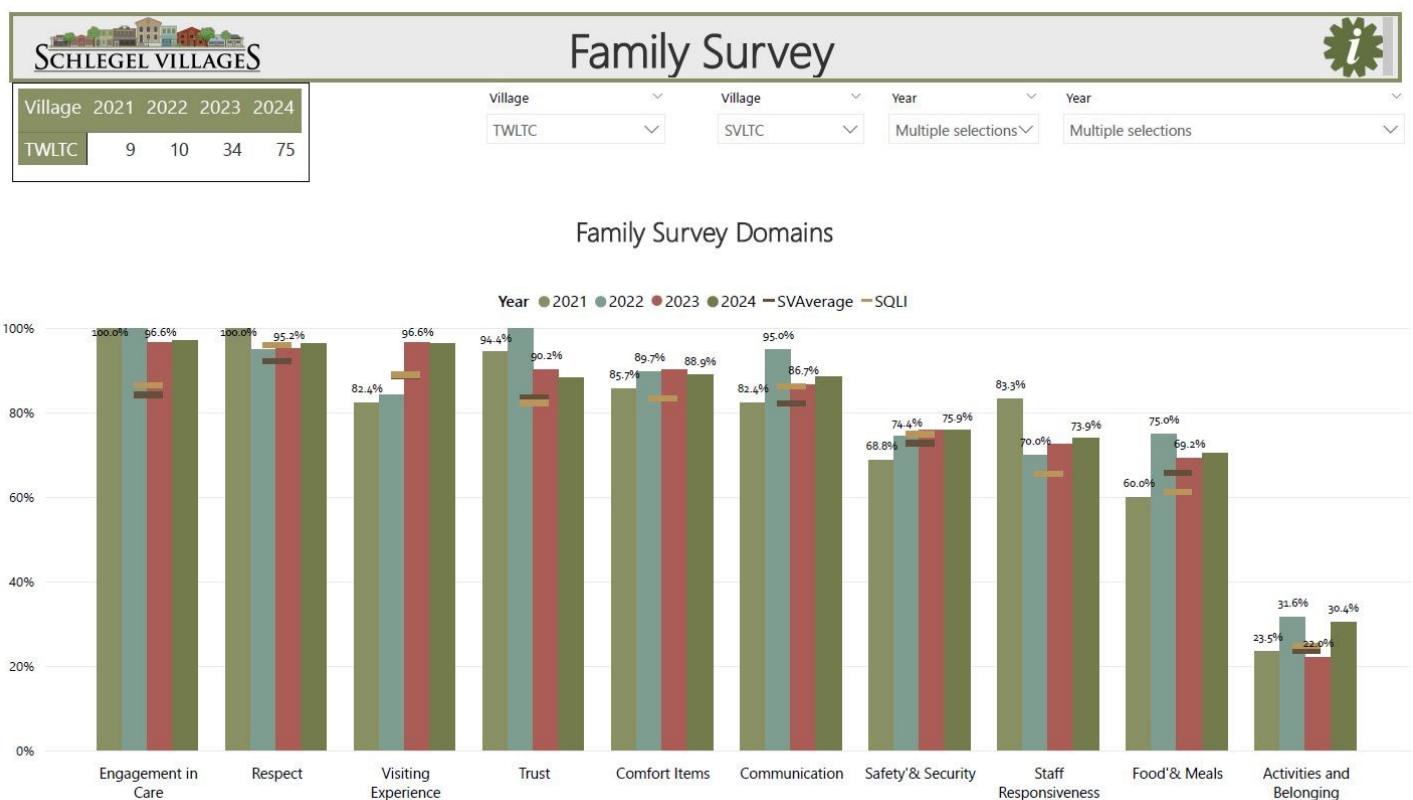
Social Life Scale (10 items; max score 30): This scale evaluates residents' social interactions and engagement, looking at aspects like participating in activities, making friends, and experiencing meaningful connections. In 2024, we improved on 9 of 10 questions within this scale. We exceeded the organizational average for 7 questions including, "religious activities that have meaning to me" (69%), "it is easy to make friends here" (64%) and “enjoyable things to do here on weekends” (62%).

Food Scale (3 items; max score 9): This scale gauges residents' satisfaction with food, including their favourite meals, meal variety, and enjoyment during mealtimes. Our 2024 results indicate a positive trend in "variety in my meals," achieving 73%, which is above our organizational average and an increase from our 2023 score of 63%. We have an opportunity to improve "I get my favourite foods here" where we scored 47%.

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 66% for residents considering a staff member their friend which exceeds both the organizational average and the international median. We saw an impact on our quality initiative last year “staff respond to my suggestions” which improved from 21% in 2023 to

38% in 2024. However, there's an opportunity to improve in the area of staff knowing the residents' life stories (35%).

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. We saw a significant increase in participation in 2024, receiving 75 responses compared to 34 in 2023. This robust response rate indicates most domains exceed available benchmarks. Our 2024 results revealed strong performance in areas related to respect and visiting experience. Families rated us highly for staff treating them with respect, their ability to visit when they choose, and their participation in care decisions for their family member. We've identified opportunities for improvement within the activities and belonging domain.



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

In our commitment to transparency, the survey results were shared widely. The Continuous Quality Improvement (CQI) Committee reviewed them on January 28th, 2025. Subsequently, the Family Council received the information via email on February 19th, 2025, and the Residents' Council discussed it at their meeting on February 27th, 2025. We shared the results with team members in neighbourhood huddles on February 6th, 2025 and with the leadership team on February 26th. Furthermore, for the benefit of all, the survey outcomes for both families and residents were made available on the Main Street information board.

QUALITY IMPROVEMENT IN 2024-2025:

Improvements based on results of QoL survey from 2023

The 2023 QoL survey results identified that staff responsiveness decreased from the previous survey as well as below international median. In a meeting with the Residents' Council on February 29th 2024, it was highlighted that "staff respond to my suggestions" would be a good focus for 2024. To address this feedback, we implemented dedicated resident care assignments for team members on two neighbourhoods effective in June 2024 and we saw a notable improvement with this indicator in 2024. Our 2024 survey results show that the percentage of residents who reported that staff responded to their suggestions increased to 38%. This 17-point increase aligns with our efforts to enhance resident-staff communication and responsiveness through dedicated support structures.

Other improvements made in 2024:

- In May 2024 we increased the Director of Quality and Innovation role from 15 hours per week to a full-time position (37.5 hours per week), providing more continuity and consistency in workflow and enhanced team collaboration for our quality improvement program. A memo was included in the May 2024 Village Newsletter and the CQI committee was informed at the July 23rd 2024 meeting. The Residents' Council was informed at the August 29th 2024 meeting.
- On June 17th 2024 we implemented an additional (5th) PSW team members on all neighbourhoods in the day and evening and an additional PSW team member to all neighbourhoods during the night shift, thus improving resident care and safety, and adding more time for resident-centered care. We shared this with the Continuous Quality Improvement Committee on July 23rd 2024. Family Council was informed via e-mail June 18th 2025 and Residents' Council was informed at the June 26th 2025 meeting.
- In alignment with the addition of new team members, we implemented dedicated resident care assignments in two neighbourhoods on June 17th 2024, with plans to expand this approach to the remaining neighbourhoods in 2025. This model enhances continuity and consistency in care by assigning specific team members to the same residents on an ongoing basis, contributing to better care outcomes and overall quality of service. Family Council was informed via e-mail June 18th 2025 and Residents' Council was informed at the June 26th 2025 meeting.
- Responding to feedback from families and caregivers, we introduced two new email memos in November 2024: one for general information and updates, and a separate one for outbreak communications. Family Council was informed via e-mail June 18th 2025 and Residents' Council was informed at the June 26th 2025 meeting.
- In December 2024, we successfully trained our team and implemented new Arjo mechanical lifts on two neighbourhoods as part of a pilot. This project was designed to enhance resident and team member safety. We plan to expand this to the entire building in 2025. This update was shared at the Continuous Quality Committee meeting on January 28th. Family Council was informed via e-mail June 18th 2025 and Residents' Council was informed at the June 26th 2025 meeting.
- In September 2024, the Recreation Team facilitated huddles with the Leadership Team and PSW team members to introduce Meaningful Engagement Activity Resources aiming to empower the team to use these tools within the neighbourhood and foster more meaningful interactions with the residents. This was shared with the Continuous Quality Committee on October 22nd 2024. Family Council was informed via e-mail June 18th 2025 and Residents' Council was informed at the June 26th 2025 meeting.