



CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT 2025-26

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QUALITY IMPROVEMENT PRIORITIES 2025-26:

Avoidable Transfer to the Emergency Department: At our Village we are committed to improving the quality of resident care by reducing potentially avoidable transfers to the Emergency Department (ED). Through proactive risk identification, enhanced in-home care service (onsite diagnostic clinic), and strong clinical collaboration, we aim to align with provincial and organizational benchmarks. Most importantly, we prioritize the well-being, comfort, and experience of our residents by ensuring care is delivered in the Village.

Fall Reduction: Keeping our residents safe is one of our top priorities and that includes reducing the risk of falls. We have made fall prevention a key focus and are taking proactive steps to make our home safer for our residents. We are educating our team members and building fall prevention into their everyday routines. By promoting awareness and safety-focused habits, we are creating a culture where everyone plays a part in keeping residents safe and supported.

Antipsychotic Medication Use Reduction: The Village of Taunton Mills is committed to supporting the health and well-being of every resident. One of the ways we are doing this is by working to reduce the use of antipsychotic medications, especially for residents who do not have a diagnosis of psychosis. By minimizing unnecessary medications, we will help reduce the risk that comes with taking multiple medications including potential side effects. This aligns with both provincial priorities and our own goals for safer, more personalized care.

Resident Experience: At our Village, enhancing the everyday experience of our residents is at the heart of what we do. We regularly listen to feedback through Quality of Life (QoL) surveys and our Residents' Council to guide our improvements. This year one key area residents have asked us to focus on is "I get my favorite food here". In response, we are launching an improvement plan to better understand what areas of concern they have and how we can make meaningful changes.

PROCESS TO DETERMINE PRIORITY AREAS:

The selection of quality improvement priorities for the upcoming year was informed by a comprehensive review of our Village's performance against established clinical and quality-of-life benchmarks. This process included an analysis of Canadian Institute for Health Information (CIHI) data for the quarter ending September 2024, as well as findings from the 2024 Resident Quality of Life Survey. Organizational and provincial priorities were also taken into account. Additionally, both the Residents' Council and Family Council were engaged in the process and provided the opportunity to review and offer feedback on the proposed priorities.

Avoidable transfer to ED: As of the end of September 2024, the Village reported avoidable ED transfer rate of 16.2%, which is below both the provincial and Local Health Integration Networks (LHIN) average. While this rate reflects a consistent trend, the village remains committed to continuous improvement. We are aiming to align more closely with organizational top performers in order to drive better outcomes and enhance resident care.

Fall Reduction: An upward trend in fall incidents was identified through analysis conducted during our monthly Risk Management meetings and results from CIHI data reports. In response to this data, fall prevention has been designated as a key quality improvement priority for this year. Targeted strategies will be developed and implemented to reduce fall risk and enhance resident safety.

Antipsychotic Medication Use Reduction: Reducing the use of antipsychotic medications among residents without a diagnosis of psychosis has been identified as a key quality improvement priority. A review of CIHI data revealed that current usage rates exceed both organizational and provincial benchmarks, highlighting a clear opportunity for improvement.

Resident Experience: In February 2025, the Quality of Life (QoL) survey results were shared with the Residents' Council. After reviewing the data, the Council chose the indicator "I get my favourite foods" as their focus for this year. This priority reflects the importance of enhancing meal satisfaction to improve overall resident well-being.

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

Avoidable Transfer to ED: Our primary focus is strengthening on-site care to reduce avoidable transfers to the Emergency Department (ED). To support this, we are enhancing staff training to ensure ongoing development in managing complex care needs, dementia, and palliative care. This will enable team members to recognize early signs of health decline promptly. There will be timely communication with families regarding any changes in a residents' health status, care decisions and overall goals of care. Avoidable ED transfers data will be reviewed monthly during Interdisciplinary Risk Management meetings, registered staff meetings, and during quarterly Continuous Quality Improvement (CQI) committee meetings. These meetings will provide opportunities to discuss what is working well, identify challenges, and implement necessary adjustments to improve resident outcomes. The resident outcomes will be communicated to residents, family members, and team using written communication in the form of e-blast, electronic internal memos, and using our newsletter.

Fall Reduction: To address fall risk, the Falls Team will identify one high-risk resident from each neighbourhood to be placed on the "5 Ps" protocol. This approach is based on focusing on: Pain, Position, Personal Needs, Personal Expressions, and Possessions. This supports monitoring and targeted prevention strategies for residents at elevated risk of falling. Ongoing observation and data collection will be maintained for these residents, enabling the falls team to track the effectiveness of interventions. Based on individual outcomes and trend analysis, interventions will be adjusted to better meet each resident's unique needs. Interdisciplinary collaboration will be significant to ensure that each care plan is updated to the residents' specific risk factors. Findings and updates will be reviewed at Monthly Falls Committee Meetings, Interdisciplinary Quality and Risk Management Meetings, and Quarterly Professional Advisory Committee (PAC) meetings. The resident outcomes will be communicated to residents, family members, and team members using written communication in the form of eblast, electronic internal memos, and using our newsletter.

Antipsychotic Medication use Reduction: The percentage of residents prescribed antipsychotic medications will be monitored quarterly, using data from the LTCF assessment tool (formerly the RAI-MDS). Residents who may be appropriate for a reduction or discontinuation will be identified through clinical assessments and ongoing tracking of personal expressions. These cases will be reviewed with families during annual care conference or at move-in care conferences, ensuring that decisions are made collaboratively and with a focus on person-centered care. Progress, challenges, and outcomes related to antipsychotic medication use. Outcomes will be

communicated with the team during monthly interdisciplinary Quality and Risk Management meetings, registered staff meetings, as well as during quarterly CQI committee meetings. These reviews will help guide adjustments to care approaches and ensure alignment with best practices and organizational goals. Resident and families will receive communication on our outcomes via e-blast and newsletter communications

Resident Experience: To enhance resident satisfaction with their meals, the Village dietary team will collaborate closely with residents, and team members on the neighbourhood to identify favourite foods and preferences. This will be achieved through regular menu reviews, resident focus groups, and meal satisfaction surveys. Based on the feedback gathered, menu adjustments will be made to better reflect residents' tastes and cultural preferences. The Village will work on implementing a monthly theme meals and resident choice days to address individual favourites and integrate them into the regular menu cycle. Outcomes will be communicated with the team during monthly interdisciplinary Quality and Risk Management meetings, Family and Residents' Council meetings, and during quarterly CQI committee meetings. Additional communication will go out to the broader group via e-blast communication and our newsletter.

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 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: Family members are asked and encouraged to complete Quality of Life surveys once per year. The survey was open for participation from October to December 2024. Final results of the Family Quality of Life surveys were shared with the Family Council in February 2025.

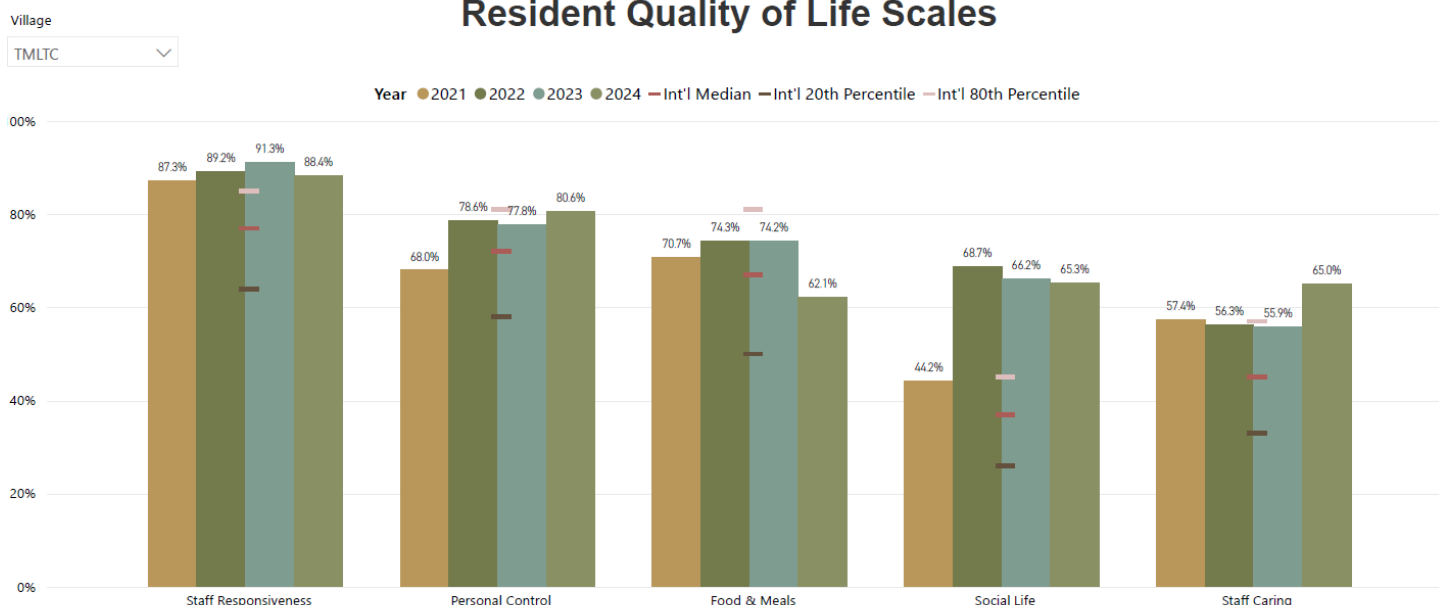
Results of the surveys: The results of the surveys were shared with the Family Council on February 19, 2025, and Residents' Council on February 21, 2025. A snapshot of the report is included below, along with a brief overview.

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. In 2024, 41 residents participated in the survey, results demonstrated strong performances across key measures.

- Staff Responsiveness, Staff Caring, and Social Life: We exceeded the international 80th percentile, reflecting significant performance and resident satisfaction in these areas.
- Personal Control: we were at the 80th percentile.
- Food and Meals: we performed within the international benchmarks; however, we have highlighted as an opportunity for improvement due to a decline from 2023 to 2024.

We will continue working to enhance engagement and maintain our high standard of care and Village life

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. We continue to be leaders, scoring 92% to 100% for 7 questions within this scale. An opportunity identified to relate to how we communicate services provided in the Village.

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. The results reflect encouraging progress. Overall performances: Responses were overwhelmingly positive, with 7 out of 8 items scoring above both international and organizational averages. Notable improvements were in the areas of “I can have a bath or shower as often as I want” Increased from 34.5% in 2023 to 56.1% in 2024, “Comfort items easily go outdoors”, improved from 86.3% to 95.1%. These improvements highlight our continued efforts to support resident independence and comfort and confirms that our initiatives to enhance personal choice are being recognized and appreciated.

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. The results indicate strong performances and positive trend in Village engagement. Areas of improvement “There are enjoyable things to do here on weekends” (a score of 100%) and “It is easy to make friends here” (from 49.1% in 2023 to 65.9% in 2024). These results underscore the vibrant social environment within our Village and the effectiveness of efforts to foster inclusion and social well-being.

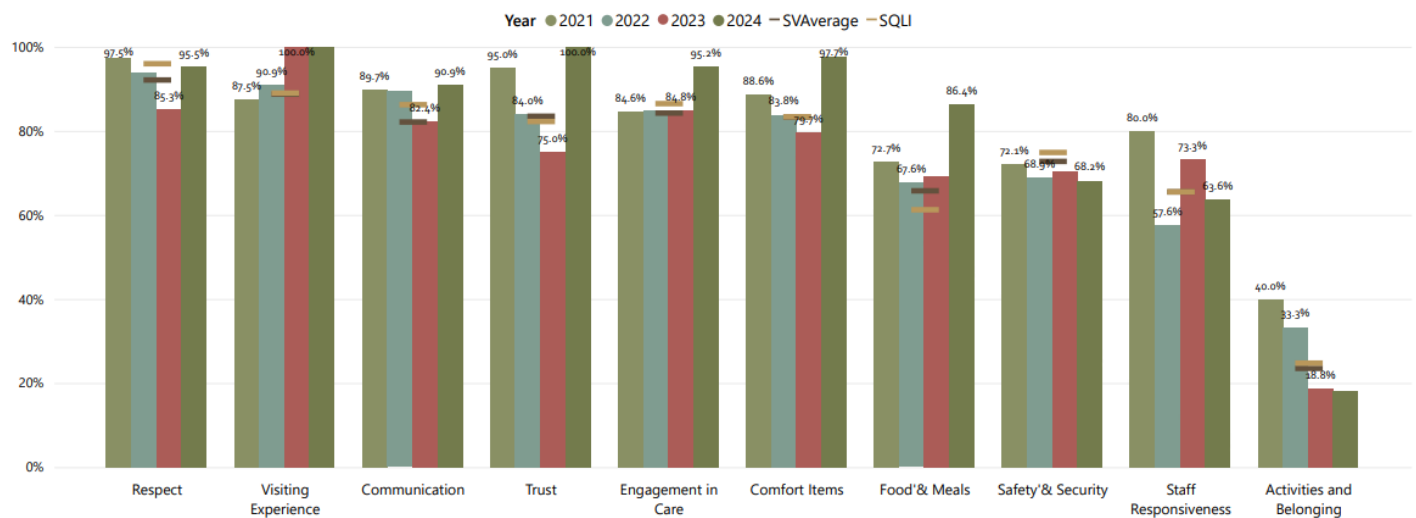
Food Scale (3 items; max score 9): This scale gauges residents' satisfaction with food, including their favorite meals, meal variety, and enjoyment during mealtimes. While performance within this scale is just below international median, the survey has highlighted an area for improvement. “I get my favourite foods here”, saw a notable decline from 47.3% to 22.0%. This feedback points to an opportunity to better align meal offerings with resident preferences.

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. There were meaningful improvements in several key areas, highlighting growing trust and connection between residents and team members. “Staff respond to my suggestions” increased from 81.8% to 95.1%, “I consider staff members my friend”, rose significantly from 38.2% to 63.4% and “Staff ask how my needs can be met” increased from 18.2% to 41.5%. These improvements

suggest strengthened relationships and more personalized care, supported by increased care hours and the addition of nursing students and new team members.

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. In 2024, our Village received 11 family responses, a decrease from 20 responses in 2023. We continue to perform strongly across most domains, with results at or above available benchmarks.

Family Survey Domains



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

The 2024 Resident Experience Survey results were shared with residents, families, and team members through

- Residents' and Family Councils: Results were reviewed in February 2025 during monthly meeting. Both councils were invited to provide feedback and suggest actions for improvement. The results and related discussions were documented in meeting minutes and made accessible to all residents and families via binders located on Main Street.
- Team communication: Survey results were shared during neighbourhood monthly meetings throughout February and March 2025.

QUALITY IMPROVEMENT IN 2024-2025:

In addition to enhancing resident engagement, key improvements for 2024-2025 included

- Reducing avoidable Emergency Department (ED) transfers improved from 16.43% to 15.8%.
- Decreasing the number of worsening pressure injuries improved from 4.7% to 1.7%.
- "Staff ask how my needs can be met" improved from 18.2% to 41.5%.
- These results were shared with Resident Council on February 21, 2025 with Family Council on February 19, 2025 and Quarterly Professional Advisory Committee (PAC) meeting on May 6, 2025. Huddles were held for team members between March and April 2025.

Reducing Emergency Department Transfers:

Education for Registered team members were delivered during monthly staff meetings, which helped increase awareness and early interventions. The introduction of an on-site Nurse Practitioner in the Village significantly improved our ability to detect early signs of health decline among residents. Prompt assessments and timely communication with both families and primary care physicians played a major role in reducing unnecessary hospital transfers.

Worsening of Pressure Injuries:

To address worsening pressure injuries, we implemented several focused strategies:

- Education sessions were held for team members on accurate wound staging.
- Monthly visits from the Enterostomal (ET) nurse supported proactive wound care.
- The Nurse Practitioner provided immediate intervention for wounds showing signs of deterioration or infection.
- One-on-one follow-up sessions were conducted with Registered team members to improve wound assessments, referrals, and treatment accuracy.

As a result, we observed a significant increase in the accuracy of referrals and early identification of skin concerns. The Skin and Wound Lead conducted weekly rounds to support this initiative, which led to

- Greater confidence among the Registered team in identifying skin issues
- More effective and timely interventions
- Earlier referrals to the Skin and Wound Lead when wounds appear to be deteriorating.

Collaborative Feedback and Continuous Improvement

We held regular meetings with interdisciplinary team members during monthly Quality and Risk Management Committee sessions and quarterly Continuous Quality Improvement (CQI) meetings. The feedback gathered led to several meaningful improvements across the Village.

Other initiatives in 2024, which supported our Village to make significant strides in enhancing resident engagement and deepening relationships between residents and team members through targeted programs and training include:

- Living in My Today was successfully rolled out across all four neighbourhoods. Team members received comprehensive training to integrate this approach into daily interactions, promoting personalized and meaningful engagement. Each neighbourhood was also equipped with the necessary Living in My Today resources to support this action.
- The Connect the Dots program continued to positively impact both residents and team members by fostering deeper understanding and connection. This initiative directly contributed to the notable improvement in the Caring Staff Scale, which increased from 81.8% in 2023 to 95.1% in 2024.