



CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT 2025-26

DESIGNATED LEAD: Andrea Walker, Director of Quality and Innovation

QUALITY IMPROVEMENT PRIORITIES 2025-26:

We have identified the following priorities, which align with our 2025-2026 Quality Improvement Plan.

1. Improving the resident experience by focusing on the Residents Quality of life (QOL) Survey, “I enjoy mealtimes.”
2. Reducing worsening wounds (pressure injuries).
3. Reducing the use of antipsychotics for residents without diagnosis of psychosis.
4. Reducing Potentially avoidable ED transfers.

PROCESS TO DETERMINE PRIORITY AREAS:

Our continuous quality improvement (CQI) committee regularly reviews CIHI indicators that are compared to the Ontario average, as well as findings from our CQI audits. We analyze quality of life survey results, comparing them to previous years to determine areas that were low and need improvement. We also review trends related to incidents and complaints to help identify areas for improvement. As part of our process, we meet with the Resident Council to review quality indicators, areas of risk, and those highlighted for improvement. We request feedback on where they would like to focus. The CQI committee then considers this feedback, along with identified improvement areas, and makes recommendations to finalize our priority areas for action. Additionally, we hold monthly risk management meetings where we discuss CQI audits and program evaluations and collaborate on strategies to improve performance in identified areas.

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

Our Village leadership team meets at least once a month, and our Continuous Quality Improvement committee meets quarterly to evaluate our progress towards quality improvement goals. Each program is systematically reported and analyzed monthly to monitor progress and identify opportunities for targeted education and quality improvement initiatives. Performance in key focus areas using CIHI data and trends to analyses performance. Our Director of Quality and Innovation conducts monthly meetings with each department leader to evaluate progress towards the goals outlined in the continuous Quality Improvement (CQI) work plans. Outcomes related to quality improvement efforts are communicated to team members during huddles, with the leadership team during joint leadership meetings, and with our Residents’ Council to residents through resident council minutes.

- We will track the percentage of team members who have completed training on creating positive and enjoyable mealtimes for residents using sign in sheets. As a leadership team, we will regularly review the number of team members who have completed the training to monitor our progress towards this goal. In addition, the leadership team will conduct weekly checks to discuss with residents to see if they are enjoying mealtimes. We will also engage the Residents’ Council regularly to gather feedback, which will be documented in the meetings.

Progress and outcomes related to this indicator will be reviewed and discussed quarterly during Continuous Quality Improvement (CQI) Committee meetings.

- The percentage of completed education related to skin and wound care will be tracked using sign in sheets. Skin and wound committee meetings have been scheduled on a quarterly basis for the remainder of the year. The number of meetings held will be documented through meeting minutes and attendance records. A repositioning clock will be implemented to help Team members focus on residents who require regular repositioning. Outcomes will be reviewed on a weekly basis and discussed during our quarterly CQI Committee meeting to evaluate progress and identify areas for improvement.
- A review of residents with orders for antipsychotic medication will be documented and monitored. Team members will receive ongoing education sessions focused on antipsychotics, including related initiatives and understanding personal expressions. These sessions will be supported by documentation in DOS charting, as well as recorded meeting minutes and attendance. Leadership will regularly review residents and collaborate to achieve the goal of reducing antipsychotic use. Progress and outcomes will be communicated quarterly at our PAC and CQI committee meetings.
- Registered team members will complete education sessions focused on emergency department (ED) transfers. These sessions will aim to equip the registered team with the knowledge and tools needed to assess each resident's situation thoroughly before making the decision to transfer to the hospital. Education will include a review of the current process and best practices for maintaining care within the long- term care setting when appropriate. Meeting minutes and attendance will be documented for all sessions. Additionally, our assistant director of nursing care (ADNC) will meet the registered team to reinforce the criteria for hospital transfers and guide them on when residents care can be safely managed within our home.

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 several 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 Schlegel Villages.

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:

The family survey was launched in early October 2024. Families /POA/Caregivers were provided a copy of the survey and given the opportunity to complete online. Family members were encouraged to complete the survey in one of three ways:

- Complete on paper at the village office and submit to the village administrative assistant.
- Complete electronically through the website.
- Complete electronically by scanning a QR code using a smart phone or tablet.

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 who are able are given the opportunity to complete the survey annually, around the anniversary of their move -in date. 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 had 67 residents who contributed to the results in 2024.



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. Of highlight, 84% of residents reported feeling respected by the team. They also appreciated that team members respect their likes and dislikes.

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. Residents were more positive about their control over how they spend their time, including being alone when they wished, as well as decisions they can make (bedtime & clothes).

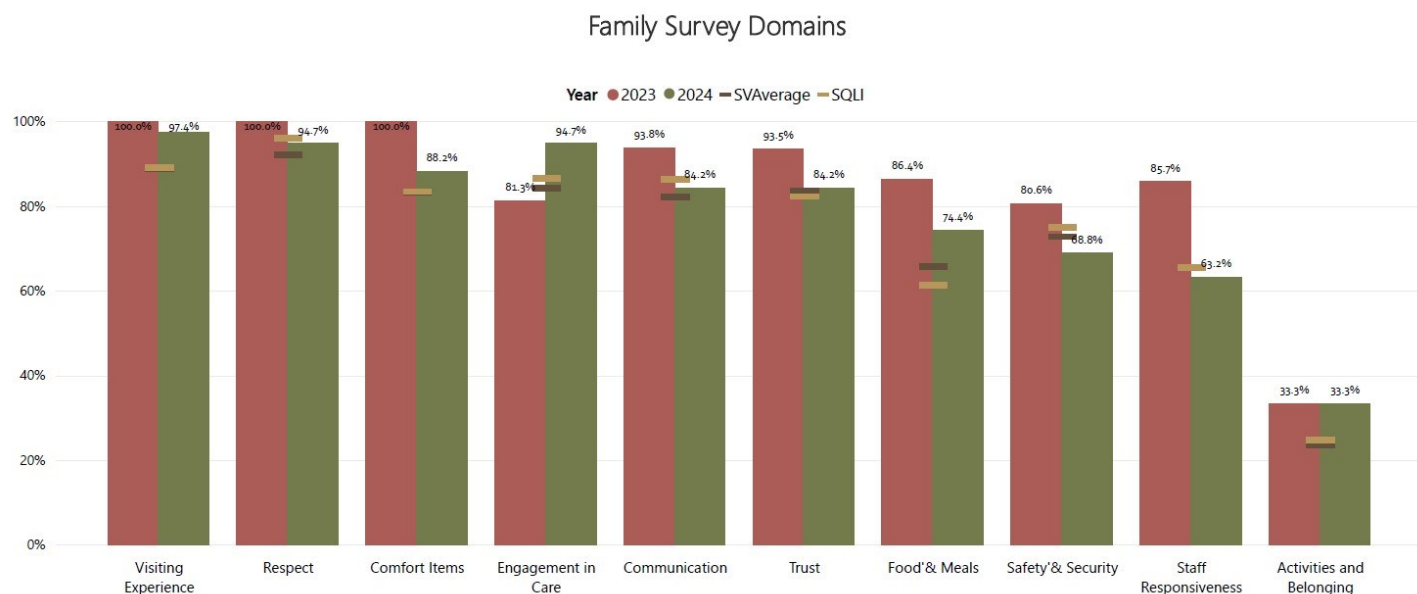
Social Life Scale (10 items; max score 30): This scale evaluates residents' social interactions and engagement, looking at aspects like participating in activities, making friends, and experiencing meaningful connections. Residents reported they had enjoyable things to do in the Village on weekends more frequently in 2024 compared to 2024 (34% versus 23).

Food Scale (3 items; max score 9): This scale gauges residents' satisfaction with food, including their favorite meals, meal variety, and enjoyment during mealtimes. We remained relatively stable with residents responding to favourite foods and variety in their meals, with an opportunity to improve with mealtime enjoyment.

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. Over 50% of residents surveyed experienced relationships with our team – considering a team member their friend, and reporting that the team take the time for friendly conversations.

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. We received 20 responses from families in 2024. We had significant improvement with engagement in care and stability in the activities and belonging domain. Top domains remain the visiting experience and respect.

When reviewing results from both surveys, we have identified opportunities for improvement. These include enhancing the quality of food and mealtimes to create a more enjoyable and quieter dining atmosphere for residents. We also aim to improve recreational activities and foster a greater sense of belonging by offering more meaningful engagement opportunities. Additionally, we will focus on educating PSWs to provide more dedicated care in these areas. Lastly, we plan to strengthen staff responsiveness and communication with both residents and their families to better meet their needs.



How the results were shared:

The results from the resident Quality of life surveys were shared with the Resident Council on January 9th, and included in the meeting minutes, which are posted on Main Street for the residents, families, and team members to access. Currently, there is no active Family Council at the Village. The survey results were also reviewed during our Continuous Quality Improvement (CQI) committee meeting held on January 24th, 2025. We have requested feedback from the Residents' Council and hope that families will become more engaged in our community. We held Family Council information sessions, both in person and virtually, in January, March, April and September 2024, encouraging Families to create a council.

QUALITY IMPROVEMENT IN 2024-2025:

In 2024 we implemented several improvements throughout the village to enhance the experience of everyone living, visiting, and working in the Village. We replaced the carpets in the hallways of two neighbourhoods on Rymal and Scotsdale with durable, easy to clean laminate flooring.

In our secure neighbourhoods, we repaired fencing around the outdoor patios on our secure neighbourhoods, addressing gaps and openings that could raise safety concerns for our residents. In Carrington neighbourhood we replaced the carpet in the lounge, and we upgraded the kitchen in the survey area by installing a stainless-steel countertop, both functionality and cleanliness. We also focused on creating more welcoming and engaging spaces. Additional recreational activities have been introduced in each neighbourhood, encouraging meaningful interaction among residents, team members and families. Our Gardens both in the backyard and in our secure neighbourhoods have been refreshed rebuilt for the residents to enjoy planting and spending time outdoors. In addition, we have implemented new guidelines in our secure neighbourhoods by adding a 5th PSW to support the rollout of dedicated care. This approach allows each PSW to consistently care for the same residents, fostering stronger relationships, trust,

stability, and a deeper understanding of individual needs. Our goal is to enhance the overall quality of care by providing a more personalized and consistent experience for our residents.

Based on feedback from our residents, we were inspired to place a stronger focus on completing our resident ME forms. These forms allow us to better understand each resident's background and individuality, ensuring that their voices are truly heard and respected. We've continued to engage families in helping us complete these ME forms regularly at care conferences and when moving in. We have worked directly with residents who are able to participate and answer the questions. We're proud to say we have made significant progress in our completion rates, but also in adding meaningful personal touches in their care plan and in their poet. For example, residents now have the option to choose a favourite song for their dignity walks and request a personalized bedside blessing if they wish. Our ongoing goal is to maintain this momentum by consistently completing these forms. Doing so will help us foster deeper, more meaningful connections and relationships with all our residents and families.

In January 2024 following our Residents' Council meeting and results of the resident quality of life surveys, meaningful conversations with residents to understand what matters most to them. One key area they highlighted was the importance of enjoying their dining experience. They expressed a desire for a quiet, relaxed atmosphere and more personalized choices during mealtimes. In response we have taken steps- to enhance their dining experience. Placemats were introduced to help reduce noise from cutlery and dishes, creating a more peaceful setting at the tables. We held team huddles to remind team members to use inside voices, ensuring a calmer, more comfortable dining space. During meals, staff are encouraged to offer drinks and meal choices in a personalized way rather than assuming preferences are the same each day. In addition to the standard two choices, residents can choose freely between either menu or request a third option. These changes have been made to ensure residents feel heard, respected, and more in control of their dining experience.