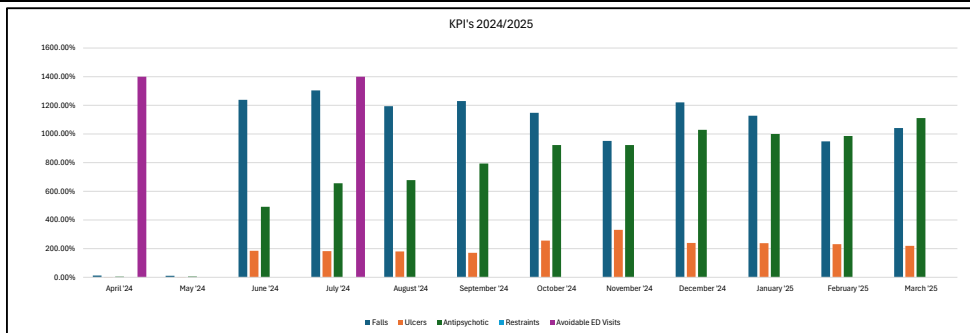


HOME NAME : The Village Seniors Community		
People who participated development of this report		
	Name	Designation
Quality Improvement Lead	Mariah Sachs, Danielle Cameron	RPN, RN
Director of Care	Danielle Cameron, interim Jason Liddle	RN, RN
Executive Director	Danielle Cameron, interim Jason Liddle	RN, RN
Nutrition Manager	Nikita Shaw	FSM
Recreation Manager	Amber Foyston	Programs Manager
Office Manager	Darlene Beltz	OM
Other		

Summary of the Home's priority areas for quality improvement, objectives, policies, procedures and protocols from previous year (2024/2025): What actions were completed? Include dates and outcomes of actions.

Quality Improvement Objective	Policies, procedures and protocols used to achieve quality improvement	Outcomes of Actions, including dates
Resident stated satisfaction with physiotherapy services will improve as shown on results from annual resident survey.	Weekly multi-disciplinary meetings conducted including physiotherapy and other disciplines to address emerging and ongoing resident needs. PT attendance required in quarterly Quality and PAC meetings. Physiotherapy hours, contact and process information distributed to families, and posted at front entrance with sign-in binder.	Outcome: improved from 56% to 100% Date: January 2024.
Improve family stated satisfaction with laundry services offered in the facility room 55% to 70%	Laundry job routines remade in early 2024, complaint logs reviewed quarterly and as needed. Root cause analyses completed on any laundry related complaints to determine trends. New stain remover procured to assist with cleaning clothing.	Outcome: 2024 result 83.3% Date: October 2024
Residents utilizing restraints to remain below benchmark of 17.3% with priority to reduce and discontinue restraint use	Reviewed any present restraints and re-trialed alternatives for each resident, provided family and resident education regarding restraints, completed restraint-specific education with all staff	Outcome: reduced from 9% to 0% use Date: September 2024
Percentage of residents who fell in the last 30 days to remain below benchmark	Monthly falls meetings initiated including multidisciplinary membership to review all falls and complete root cause analyses of falls. Physiotherapist newly contracted and providing reports to quarterly quality meetings for review. Care planning audits implemented to capture gaps in post-fall assessments	Outcome: reduced from 12.09% to ~10% Date: November 2024
Residents with worsened stage 2-4 pressure injuries	Focused on sleep surfaces and wheelchair suitability- PURS audit completed, sleep surface audit completed, sleep surfaces quoted and purchased and put into place, and education provided to all staff regarding pressure offloading devices	Outcome: maintained at or below benchmark 4.10% Date: March 2025

KPI	Key Performance Indicators											
	April '24	May '24	June '24	July '24	August '24	September '24	October '24	November '24	December '24	January '25	February '25	March '25
Falls	12.04%	10.94%	12.39	13.04	11.94	12.3	11.48	9.52	12.21	11.28	9.49	10.42
Ulcers	1.94%	1.90%	1.85	1.83	1.8	1.71	2.56	3.31	2.4	2.38	2.31	2.19
Antipsychotic	4.76%	5%	4.92	6.56	6.78	7.94	9.23	9.23	10.29	10	9.86	11.11
Restraints	0	0	0	0	0	0	0	0	0	0	0	0
Avoidable ED Visits	14			14								



How Annual Quality Initiatives Are Selected

The continuous quality improvement initiative is aligned with our mission to provide quality care and services through innovation and excellence. The home has a Continuous Quality Improvement Committee comprised of interdisciplinary representatives that are the home's quality and safety culture champions. An analysis of quality indicator performance with provincial benchmarks for quality indicators is completed. Quality indicators below benchmarks and that hold high value on resident quality of life and safety are selected as a part of the annual quality initiative. Emergent issues internally are reviewed for trends and incorporated into initiative planning. The quality initiative is developed with the voice of our residents/families/POA's/SDM's through participation in our annual resident and family satisfaction survey and as members of our continuous quality improvement committee. The program on continuous quality improvement follows our policies based on evidence based best practice.

Summary of Resident and Family Satisfaction Survey for Previous Fiscal Year	
Date Resident/Family Survey Completed for 2024/25 year:	September and October 2024
Results of the Survey (provide description of the results):	Generally, residents remained satisfied with their care and services provided in the home with 70% of qualified residents participating in the survey. There were notable areas for growth with regards to satisfaction with physiotherapy services and resident participation in choices for recreation activities, both of which were action planned to significant improvement. Family survey indicated good satisfaction with the communication to and from the home and services, but room for improvement with regards to satisfaction with laundry services, which was also actioned to significant improvement.
How and when the results of the survey were communicated to the Residents and their Families (including Resident's Council, Family Council, and Staff)	Results were shared with residents council at their next meeting following when the results were shared with leadership (early 2024). Results of all surveys shared with staff at weekly huddles and discussed at the PAC/Quality Council meeting following when results were delivered, including action items and plans for evaluation. A poster was made describing the top 3 action plans and posted in the home - there has been no active family council in the facility for several years.

Client & Family Satisfaction	Resident Survey				Family Survey				Improvement Initiatives for 2025	
	2025 Target	2024 Actual	2022 (Actual)	2023 (Actual)	2025 Target	2024 (Actual)	2022 (Actual)	2023 (Actual)		
Survey Participation	70%	70%	85%	unknown	67	80%	18.00%	unknown	73%	o provide survey access information to families in multiple formats to facil
Would you recommend	80%	80%	79%	unknown	89	80	100	unknown	81	Continue with aesthetic and staffing improvements to the home
I can express my concerns without the fear of consequences.	80%	80%	79	unknown	88	80	100	unknown	96.8	quality care conferences; continuing with involvement with residents and

Summary of quality initiatives for 2025/26: Provide a summary of the initiatives for this year including current performance, target and change ideas.

Initiative	Target/Change Idea	Current Performance
Initiative #1: Improving resident satisfaction	Reinstitute care planning schedule and complete care plans with all residents on schedule per requirements	ongoing
Initiative #2: Improve family satisfaction	Physiotherapist to be engaged with families and residents via family council, resident's council, and quarterly quality meetings, to improve family conceptualization of physiotherapist services in the home	ongoing
Initiative #3: Maintain benchmark for pressure injuries	Reducing stage 2-4 worsening pressure injuries - continued education regarding sleep surfaces, increase in wound care champion hours, refresher staff wound education, review of continence and skin protective product use	ongoing
Initiative #4: 100% completion of required DEI and anti-racism education for all staff	100% completion of required DEI and anti-racism education for all staff	complete Sept 2025
Initiative #5: Improve percentage of residents who call response times monthly or as indicated, incorporate on-the-spot	Review call bell response times monthly or as indicated, incorporate on-the-spot	ongoing
Initiative #6: maintain below benchmark for falls	Continued monthly falls committee meetings; review and audit of all beds for	ongoing
Initiative #7: meet target for percentage of residents who are free of antipsychotic use	pharmacist and medical director review of residents triggering for antipsychotic use on assessment to reduce off-label use, if appropriate; engage internal GPA coaches to provide education to staff in the home	ongoing

Process for ensuring quality initiatives are met

Our quality improvement plan (QIP) is developed as a part of our annual planning cycle, with submission to Health Quality Ontario. The continuous quality team implements small change ideas using a Plan Do Study Act cycle to analyze for effectiveness. Quality indicator performance and progress towards initiatives are reviewed monthly and reported to the continuous quality committee quarterly.

Signatures:	Print out a completed copy - obtain signatures and file.	Date Signed:
CQI Lead	Danielle Cameron	July 31 2025
Executive Director	Danielle Cameron	July 31 2025
Director of Care	Jason Liddle	July 31 2025
Medical Director	Dr. Bob Basilii	July 31 2025
Resident Council Member	Jayne Schiestel	July 31 2025
Family Council Member	N/A	