

2025/26

CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT



Quality
Matters!

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INTRODUCTION

DESIGNATED LEAD

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INTRODUCTION:

St. Joseph's Villa is pleased to share its 2025/2026 Quality Improvement Plan (QIP). With more than 400 long-term care residents, 10 hospice residents, and a dedicated team of 700 staff and volunteers, we remain focused on making a positive impact in the lives of those we serve. This commitment is reflected in our dedication to quality service and our collaborative approach with residents and their families in designing and delivering care.

Our commitment to excellence is encapsulated in our vision statement: "On behalf of those we are privileged to serve, we will deliver an integrated high-quality care experience, pursue and share knowledge, respect our rich diversity, and remain faithful to our Roman Catholic values and traditions." Our core values: dignity, respect, service, justice, responsibility, and enquiry serve as the foundation for the work we carry out on a daily basis.

We are fortunate to be part of the St. Joseph's Health System where we share the same strategic plan structure. Currently, we are working to create another fulsome plan that will carry us through the next five years. We are thrilled as we are engaging with all stakeholders (residents, families, staff, management, volunteers, external partners etc) to create a plan that is meaningful to all. We look forward to launching our new Strategic Plan in the summer of 2025.



QUALITY IMPROVEMENT PLAN 2025/26 ~ PRIORITY AREAS

St. Joseph's Villa develops Quality Improvement Plans (QIPs) as an integral part of its annual planning process. These QIPs are submitted to Health Quality Ontario (HQO) each March, or as required. The planning cycle for St. Joseph's QIP typically commences in April each year. The chart below outlines the three confirmed priority areas for the upcoming fiscal year (2025/2026), including the associated objectives, targets, and the strategic pillar each priority aligns with.

QIP Type	Custom	Custom	Custom
Aim	Better experiences result in better outcomes. Tracking and understanding experience is an important element of quality.	A high-quality health system ensures people receive care in a way that is safe and effective.	A high-quality health system ensures people receive care in a way that is safe and effective.
Outcome Measure	<p>Improving annual Resident Satisfaction Survey scores specific to question:</p> <ul style="list-style-type: none"> Resident satisfaction with overall quality of care and services <p>To improve recreational and social opportunities with the use of volunteer services.</p> <p>To improve skill, knowledge, impact and engagement development of the Resident and Family Councils by implementing a training and mentoring program to build capacity and be healthcare quality improvement champions by December 30, 2025</p>	<p>Improving Health and Safety / Violence in the workplace specifically by adding EDI based criteria of racial and ethnic slurs in all incident reports.</p> <ul style="list-style-type: none"> resident to staff staff to staff <p>% of staff (senior leadership, management, staff) who have completed relevant equity, diversity and inclusion and antiracism education</p>	<p>Improving overall resident health comfort by decreasing pain for those experiencing "worsening pain".</p>
Dimension	Experience	Safety	Safety
Target	<ul style="list-style-type: none"> Achieve ≥80% positive response rate on overall resident satisfaction survey question. Increase number of active volunteers from 74 to 100. Increase number of volunteers for 1:1 high risk social isolation residents from 3 to 15. Create 8 new recreational activities led by volunteers (Current: Zero). To offer 2 education sessions before December 30, 2025 	<ul style="list-style-type: none"> Education will be provided to staff regarding a healthy reporting structure (Just Culture) and on the importance of reporting on racial and ethnic slurs 4x per year. To obtain data on types of incidents that occur related to racial and ethnic slurs. 20% of staff will participate in additional EDI training. 	<ul style="list-style-type: none"> Develop a pain reassessment audit tool in Q1. Complete pain reassessment of those with "worsening pain" by trialing different non-pharmacological or pharmacological interventions in identified time frame, 85% of the time (Q2-Q4).
Target justification	<ul style="list-style-type: none"> Previous resident satisfaction survey score was 79% and our target for current satisfaction is a minimum of 80%. Prior to COVID, there was a larger number of volunteers (182) offering more activities to residents. Impact: Improve resident centered care outcomes and organizational policies. Skill Development: Enhance PFA and resident council knowledge and competencies to participate effectively in committees and initiatives. 	<p>We will enhance our data collection on workplace violence that will now include psychological safety as it is related to racial and ethnic slurs.</p> <p>We will continue to support staff by offering EDI based training in addition to the mandatory education on our LMS.</p>	<ul style="list-style-type: none"> We have not collected data on ineffective pain relief with reassessment time frames but recognize the importance of reassessment in a timely manner to address resident's ongoing pain concern and to meet regulatory compliance requirements.
Campus Initiative	Villa Wide	Campus Wide	Villa Wide
Rationale	Aligns with FLTCA requirements for completing resident satisfaction surveys. With the increase of volunteerism in the home, the overall quality of care will be improved. With an increased number of volunteers, there will be more opportunities for recreational opportunities, social interactions and engagement. With an increase of PFA and resident council confidence and knowledge, there will be improvements in resident care and overall healthcare systems.	Aligns with Occupational Health and Safety Act to provide a safe workplace environment which benefits the organization as a whole. This will be year one of a multi-year initiative and therefore will obtain data on year one for comparator and improvement purposes.	Due to recent non-compliance with FLTCA regarding pain reassessments / interventions, and results received in our most recent resident satisfaction survey indicate that some residents voiced that they are living with pain that is not addressed.

OUR APPROACH TO CQI

POLICIES, PROCEDURES AND PROTOCOLS

St. Joseph's Villa has a policy in place that explains our approach to CQI including our procedures and protocols as explained below:

POLICY: All departments will consider the nine attributes of a high-quality health organization when planning a CQI initiative to improve care and service to residents of the Villa. The nine attributes are as follows:

Attributes of Quality	Outcomes
Accessible	People should be able to get the right care at the right time in the right setting by the right healthcare provider.
Effective	People should receive care that works and is based on the best available scientific information.
Safe	People should not be harmed by an accident or mistakes when they receive care.
Patient-centred	Healthcare providers should offer services in a way that is sensitive to an individual's needs and preferences.
Equitable	People should get the same quality of care regardless of whom they are and where they live.
Efficient	The health system should continually look for ways to reduce waste, including waste of supplies, equipment, time, ideas and information.
Appropriately Resourced	The health organization should have enough qualified providers, equipment, supplies and facilities to look after people's health needs.
Integrated	All parts of the organization should be organized, connected and work with one another to provide high-quality care.
Focused on Population Health	The health organization should work to prevent sickness and improve the health of the people in the community (Ontario)

PROCEDURE/PROTOCOLS

The general steps involved in implementing a Quality Improvement Process is as follows:



Define Opportunity for Improvement

- a) Describe the current process
- b) Identify additional problems or opportunities and select a problem to be addressed
- c) Gather data to better understand the problem
- d) Develop a problem statement and goals
- e) Review team composition



Establish a Team

Form a team that represents all groups affected by the opportunity.

- a) Select a leader
- b) Identify members based on preliminary understanding of the involved process



Analyze

Teams use various QI methodologies to understand some of the root causes of the problem and identify opportunities for improvement. This work can include process mapping, an analysis of relevant data and completion of a gap analysis against relevant Best Practice Guidelines. In brief:

- a) Analyze the problem b) Determine the root causes c) Collect data on identified root causes



Select and Implement Solutions

Once teams have a better understanding of the current system they aim to improve as well as an understanding of what is important to the resident, an overall improvement aim is identified. This aim will be used to evaluate the impact of the change ideas through implementation and sustainability. Define and implement an action plan to selected proposed solutions.

- a) Identify anticipated results b) Brainstorm alternative solutions c) Prioritize solutions
- d) Identify sources of resistance e) Select solutions f) Define an action plan g) Identify measures and methods of measurement



Evaluate Results to meet the target for improvement

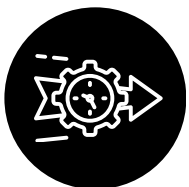
- a) Collect data on measures
- b) Analyze results (within this process stage, it is with hope that the problem has been corrected and its root causes have been eliminated).



Standardize

Make the improvement part of daily work.

- a) Revise work process
- b) Provide training as required
- c) Establish on-going monitoring



Plan for the Future

Plan what to do about any remaining problems. Evaluate and celebrate team effectiveness.

- a) Analyze any remaining problems b) Plan further actions if required
- c) Evaluate “lessons learned” d) Communicate findings and recommendations

Process Used to Identify Priority Areas for Quality Improvement

The Continuous Quality Improvement (CQI) Team, in collaboration with relevant stakeholders, is consistently engaged in reviewing outcomes through various channels, including reports, newsletters, meetings, the Residents' Council, the Family Council, the Quality Committee of the Joint Board of Governors, and the SJHS Board of Directors. Each manager is responsible for reporting on the CQI Team's activities and presenting any initiatives that require review or prioritization to the Committee.

St. Joseph's Villa employs a comprehensive approach to evaluate and identify priority areas for each year. These areas are informed by a variety of data sources and methods, including:

- Priority indicators
- Annual program evaluations
- Annual resident and family satisfaction surveys
- Accreditation Canada survey and standards
- Trends identified through incidents, complaints and compliance
- Annual recommendations from Ontario Health
- CIHI performance indicators
- Focused audits
- Infection control metrics

These priorities are reviewed at CQI/Management meetings in alignment with the Annual CQI Team Work Plan and as needed.

The CQI group, which includes resident and family representatives, collaboratively assesses the current situation. Based on recommendations from Health Quality Ontario (HQO) for long-term care (LTC), feedback from the Ministry of LTC, and an evaluation of current challenges, the group determines focus areas for the upcoming year. These proposed priorities are then presented to the Residents' Council, Family Council, and staff for feedback and approval. Once finalized, the priorities are submitted to the Joint Board of Governors for review and final approval.

Description of Process to Monitor/Measure Progress, Identify/Implement Adjustments

The following chart outlines each quality priority area and specifies how each will be measured on a monthly basis. Regular reporting enables the early identification of any metrics that may be off target, allowing for timely corrective action prior to the release of quarterly results. If a target is found to be off track, the CQI Team promptly reviews the data and determines whether adjustments or additional tracking are necessary to achieve our objectives.

Planned improvement initiative (Change Ideas)	Methods	Process measures	Target for process measure
Provide a forum (survey) for residents to express satisfaction with quality of care.	Continue to include question on annual survey: Are residents satisfied with quality of care services?	Number of surveys conducted annually	To complete one resident satisfaction survey before Dec 30, 2025
Promote volunteer services through internal and external communication.	Post seeking/request for volunteers through internal communication memos, posters throughout building and requests at post secondary schools and through social media.	Number of postings per year promoting volunteer services	To post 5 notices per year
Identify residents that are at high risk for social isolation and identify volunteers interested in volunteering one on one with residents in isolation.	Identify residents with no family as risk for isolation. Connect with volunteers to determine interest in working with residents that scored high risk for isolation.	Number of interested volunteers identified to visit high risk isolation residents	To recruit 15 volunteers to visit high risk isolation residents
Survey residents and volunteers for preferred, new recreational activities	Connect with residents and volunteers to determine: Residents, which new recreational activities would you like to see? Volunteers, which new recreational activity would you be interested in running?	Two surveys conducted annually to then match volunteers leading activities and residents interested in activities	To complete 2 surveys to identify preferred activities and volunteers by February 2026.
Survey residents and families on education topics that will help them gain skill, knowledge and confidence in participating in initiatives and projects.	Connect with residents and families, through councils and other, to determine: •which education sessions would you like to know more about in order to build skill, engagement and confidence level in your involvement with quality improvement initiatives?	Number of surveys conducted to identify topics of education/ interest to develop resident/family engagement.	To complete 2 surveys to identify education topics by October 30, 2025
Provide education sessions and mentorship program for resident and families.	Develop curriculum based on resident/family input and feedback and offer sessions.	Number of education sessions provided to residents/families	To provide 2 education sessions to residents/families by Dec 31, 2025
Provide education and build staff confidence on the importance of reporting workplace violence specifically racial and ethnic slurs.	•Develop "Importance of Reporting workplace violence-psychological safety" (ethnic and racial slurs) education module • Staff participate in education module •Develop education module session feedback survey	Number of education sessions to staff on the importance of reporting ethnic and racial slurs	To provide 4 education sessions to staff on the importance of reporting racial and ethnic slurs
Collect data on types of staff incidents that are related to racial and ethnic slurs	•Revise staff incident reports to include racial and ethnic slurs •Update database to include new type of incidents •Complete investigations regarding ethnic and slur incidents •Review data at health and safety committee, manager and leadership meetings	Percentage of documented resident behaviours regarding ethnic and racial slurs are reported on staff incident reports.	25% of documented resident behaviours regarding ethnic and racial slurs are reported on staff incident reports.
Identify appropriate EDI and antiracism education for different roles.	•Research appropriate EDI training and education sessions •Identify training for the different roles (staff and management) •Identify training to be either in-person, on-line or a mix of both	Percentage of staff attending additional EDI and antiracism training.	20% of staff will complete additional EDI and antiracism training.
Enhance resident pain comfort by completing audits to ensure compliance with process.	•Run a focus group with pain leads and identified clinical members to identify audit questions and framework •Trial audit on 1 unit, request feedback and then roll out audit on 2 units	Number of pain audits created	1 pain audit created
Develop a pain assessment process to capture assessment and reassessment timeframes.	•Run a focus group with clinical team to develop timeframes according to best practice •Provide education on timeframes and referrals, to clinical team involved with assessing and reassessing pain, recommending interventions and treating •Review at high risk rounds those identified with worsening pain	Percentage of assessment/reassessment timeframes being met.	Achieve 85% compliance with reassessment process in Q2-Q4.

QUALITY IMPROVEMENT COMMUNICATION

Quality Improvement is communicated through a variety of strategies, each tailored to the specific initiative and its outcomes. These communication methods include, but are not limited to:

- Posting information on unit communication boards, in common areas, and staff lounges
- Sharing stories and results on the website and social media platforms
- Distributing updates through the Friday Flyer and/or weekly "In the Loop" communications for staff, residents, caregivers, and families
- Sending direct emails to staff, families, and other stakeholders
- Providing handouts and engaging in one-on-one communication with residents
- Delivering presentations at staff meetings, town halls, Residents' Council, Family Council, and Board meetings
- Conducting huddles at shift changes
- Conducting General Staff meetings
- Engaging Champions and educators to communicate directly with peers

These approaches ensure that Quality Improvement efforts are effectively communicated to all relevant parties.

RESIDENT & FAMILY/CAREGIVER EXPERIENCE SURVEY

In accordance with the Long-Term Care Homes Act (FLTCA) 2021, Section 43 (1), every licensee of a long-term care home is required to conduct an annual survey of residents, their families, and caregivers to assess their experiences with the home, including the care, services, programs, and goods provided, unless otherwise directed by the Ministry.

These surveys are a key component of our engagement with residents and families. The feedback we gather is invaluable, as it helps us identify areas of strength and opportunities for improvement. To ensure accessibility for all participants, we offer the survey in both electronic and printed formats. Additionally, students are available to assist residents throughout the survey process. We actively promote participation by highlighting the survey in our weekly "In the Loop" newsletter, displaying posters, and discussing it during town hall meetings, as well as at Residents' and Family Councils. This approach helps to encourage a high participation rate.

The most recent resident and family/caregiver experience surveys were completed in July and August of 2024. Below are some key results from the surveys. A full report is available upon request.

Overall Satisfaction - If 24-hour care were needed for another family member or friend, would you recommend St. Joseph's Villa?								
Year	2017	2018	2019	2020	2021	2022	2023	2024
Resident Survey Results	73.00%	84.00%	85.00%	87.00%	89.00%	82.00%	93.00%	90%
Family Survey Results	73.00%	94.00%	93.00%	N/A	94.00%	83.00%	91.00%	92%

Overall Satisfaction – How would you rate the quality of care and services you receive here?								
Year	2017	2018	2019	2020	2021	2022	2023	2024
Resident Survey Results	84.00%	75.00%	82.00%	86.00%	89.00%	82.00%	85.00%	79%
Family Survey Results	73.00%	96.00%	87.00%	N/A	93.00%	83.00%	84.00%	88%

Based on "Good" or "Excellent" response
 **Annual target is 80%

We acknowledge that our current family result of 79% for the measure “Overall Satisfaction – How would you rate the quality of care and services you receive here?” is slightly below our target. While this indicates a generally positive level of satisfaction, we recognize the importance of continuously striving for improvement in the quality of care and services we provide.

After the survey responses were collected, the results were carefully analyzed to ensure that all suggestions were considered, particularly the comments provided in the open-ended questions throughout the survey.

The survey findings were shared with the:

- CQI Team on September 5, 2024 (which includes resident and family representatives)
- Residents' Council on October 9, 2024
- Family Council on November 25, 2024
- General staff meeting on October 9, 2024

In collaboration with residents, program leads, and CQI committee members, an action plan was developed for areas where performance fell below the target. This collaborative approach ensures that our improvement strategies are informed by everyone’s practical perspectives and experience. This action plan was subsequently presented at the:

- Informed resident and family council of completed action plan and posted at three main entrances in October 2024.

The following are key areas identified for improvement (questions scored below 80%):

Survey question	Improvement Action Plan
Do you participate in choosing when to get up and when and how to bathe?	<ul style="list-style-type: none"> Review choices during annual conference meetings, add to agenda Education/refresher on "Customer Service" -improving communication between front line staff and resident (ongoing dialogue/ interaction) with focus on resident care vs task focus, building positive relationships/therapeutic rapport Preceptor checklist to include manager signature after review of document and include if any further training required, concerns etc. Interview questions to trigger customer service/resident engagement
Do you participate in any of the activity programs here?	<ul style="list-style-type: none"> Dedicated TR manager to review each calendar for approval and recommendation for creativity TR staff to build rapport with PSWs Review activities to analyze if scheduling conflicts Quarterly TR unit meetings to ask for feedback
Do the organized activities meet your interests?	<ul style="list-style-type: none"> Complete Home area attendance through Activity PRO database Continue asking for resident feedback through council, unit TR meetings
Are there activities offered on the weekends, including religious events?	<ul style="list-style-type: none"> During TR unit meetings to ask residents to differentiate between activities on weekends separate from activities offered for religious events and address based on responses Evaluate possibility of "resident led activities", what that would it look like/type of supervision/teaching etc. Evaluate if possible to reduce 1:1 specific resident support on weekend and provide group activity
Are there activities available in the evenings?	<ul style="list-style-type: none"> Reduce 1:1 specific resident activity in evenings and aim for more special group events Consider inviting both units together for TR activities
Have there been any concerns or problems with a roommate or any other resident?	<ul style="list-style-type: none"> Provide residents with interactive learning/group activity regarding topic of accepting resident differences/challenges and respecting how to live with one another. Ask for resident feedback after session Reminder to managers of timely response to concerns and after concern is addressed, managers to ask resident if satisfaction with outcome and document
Do you feel there is enough staff available to make sure you get the care and assistance you need without having to wait a long time?	<ul style="list-style-type: none"> Managers to ensure staffing levels are in place (target 4 hrs direct care/day) Part of "Customer Service" training to include discussion of how to prioritize tasks during shift, having compassion and respect and explaining what is happening Manager on unit to be more proactive during TOA in reviewing/ discussing priorities/triaging/ creating culture of problem solving
Have you ever noticed anyone being rough with, talking in a demeaning way or yelling at your family member or any other resident?	<ul style="list-style-type: none"> Including in "Customer Service" training staff professionalism and self-awareness of presentation/ emotions/asking for staff to assist if feeling overwhelmed Management refresher on providing feedback in the moment Unit supervisor's training/refresher on shift responsibilities, how to give feedback and document Reminder during admission process or annual case conference about reporting concerns Documentation required for response time and investigation
Have you had any missing clothing or laundry?	<ul style="list-style-type: none"> Admission process to include review of clothes labeling process, box location with label forms and review how to report missing information EVS to create a database for missing clothing/follow-up/ completion/ timeframes EVS to create audit to ensure clothing is labeled properly through EVS and if items are in place according to resident chart Admissions to make labels for "personal items" such as denture containers (need labeling machine) on arrival Friday Flyers to include: Nursing/PSW to ensure bed sheets and laundry bags do not include items such as denture containers, TV remotes EVS database will help to monitor tracking of missing items and if follow-up completed "In the Loop" that goes to families/residents to include clothes labeling process, reporting process and labeling only to occur within Villa EVS department to ensure proper label fixation
Do you have any discomfort now with no relief? For example, pain, heaviness, burning, or hurting with no relief?	<ul style="list-style-type: none"> Nursing newsletter/memo to review importance of documentation, follow-up assessment (15 min check-in) and timely responding to discomfort concerns
Does the food look appetizing and taste good?	<ul style="list-style-type: none"> Meals Matter" program with goal of 1 resident per unit per month surveyed during meal time Introduce "Meals Matter" program at resident council, perhaps Nov 2024 Update resident council on "Meals Matter" program/findings sometime in June 2025 Minimum once annually have a "Taste Test Panel" with small group of residents for feedback on different menu choices/and taste test samples
How often are your teeth/dentures/mouth cleaned (routine oral hygiene)?	<ul style="list-style-type: none"> Ensure all residents have oral hygiene supplies Ensure audits are capturing "supplies available" and nursing flow chart-mouth care Incorporate "oral hygiene" training into person care training
Were you given notice before a room change or a change in roommate?	<ul style="list-style-type: none"> Informing resident of new roommate moving in without disclosing health info Include "moving resident" in discussion if own decision maker or informing POA and asking POA if resident can be informed

OTHER PROJECTS COMPLETED

At St. Joseph's Villa, we prioritize resident and family engagement in all aspects of our operations. We actively encourage feedback beyond the annual satisfaction and experience surveys, recognizing the importance of giving residents and families a meaningful voice in shaping the changes we implement. Over the course of the year, we have successfully completed several initiatives that have contributed to notable improvement in quality of care, including:

Initiatives created based on the feedback received at **Residents Council**:

- Improved wayfinding signage at main entrances.
- Included resident membership on committees such as IPAC, Falls, Restraints and PASDs, DEI, and Spiritual Care.
- Engaged residents in seasonal menu planning and recommendations.
- Appointed residents "Welcome to my home" greeter to welcome new staff.
- Incorporated a "Resident Story" shared by a family member along with a poem into the orientation package for new hires.
- Designated resident "cheerleaders" to promote the flu vaccine during IPAC week.
- Promoted monthly Diversity, Equity, and Inclusion calendars and information sessions.
- Installed mirrors in elevators to assist with entering and exiting.
- Added automatic door openers to the resident home areas.
- Shared stories to be added into the Spiritual Care Newsletters.

Initiatives created based on the feedback received at **Family Council**:

- Created a Spiritual Care newsletter and brochure.
- Identified educational opportunities for families and caregivers on topics such as palliative care, end-of-life, MAiD.
- Enhanced communication during case conferences.
- Contributed to Café improvements by assisting with the creation of a survey and action plan.
- Approved and participated in various research studies, including the Geras Fracture Prevention Study.
- Led the Resident Christmas Gift Giving Tree initiative.
- Provided feedback on designated smoking areas.
- Offered recommendations for more user-friendly "Wayfinding".
- Promoted Volunteer Services at the Villa.

CONCLUSION

St. Joseph's Villa is committed to advancing the quality of care we provide, prioritizing a strong focus on customer service for residents, families, visitors, staff, volunteers and external partners. We recognize that a sustained focus on quality improvement initiatives is essential to enhancing overall experience for all stakeholders. By actively engaging residents and their families in these initiatives, we foster an environment of collaboration and feedback that not only improves the quality of care but also drives greater efficiency, productivity and teamwork across all levels. We are dedicated to a culture of excellence and continual improvement. Through our dedication to these principles, we will continue to deliver the highest standards of care and foster a positive and supportive environment for all.