

Continuous Quality Improvement Initiative Report

For the Year Ending March 2026

Designated Lead – Lisa Maynard, Administrator

Quality Improvement Initiatives for 2025-2026:

Resident Experience Metrics

- **Staff listening score:** Residents feel heard and respected by staff, fostering trust and satisfaction.
 - **Freedom to express opinion:** Residents feel safe voicing concerns or opinions without fear of retaliation.
 - **Comfort of living environment:** The home provides a safe, welcoming, and comfortable place for residents to live.
 - **Food variety satisfaction:** Residents enjoy diverse food options that meet nutritional and cultural preferences.
 - **Recreational input:** Residents have meaningful opportunities to influence recreational and social programming.
 - **Family visitation space:** Families experience comfortable, pleasant spaces to connect with loved ones during visits.
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Resident Care & Support

- **Mealtime support:** Residents consistently receive appropriate assistance during meals to maintain dignity and nutrition.
 - **Activity availability:** Residents have access to a wide range of engaging activities that support wellness and socialization.
 - **Care needs rating:** The home demonstrates effectiveness in responding to the health and personal needs of residents.
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Health Service Utilization

- **Emergency department visit rate:** Minimizing ER visits reflects proactive, high-quality care within the home.
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Staff Education & Clinical Practice

- **Equity, diversity, and inclusion training:** Staff are equipped with knowledge to promote inclusive, respectful care.
- **Antipsychotic medication use:** Clinical practices reflect restraint in prescribing antipsychotics to residents without psychosis, promoting safer medication use.

Admission Process

- **Denied admission applications:** Tracking rejections informs policy alignment and capacity planning.
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Cognitive, Emotional & Physical Health Indicators

- **Worsened cognitive ability:** A decrease may reflect unmet clinical needs or progression of chronic conditions.
 - **Use of restraints:** Lower rates suggest a commitment to least-restrictive practices and resident autonomy.
 - **Worsened mood (depression):** Identifies gaps in mental health support and opportunities for intervention.
 - **Infection prevalence:** Indicates the effectiveness of infection prevention and control measures.
 - **Deaths in hospital:** Reflects end-of-life care preferences, transitions, and hospital reliance.
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Mobility & Safety Outcomes

- **Recent falls:** Tracks safety risks and effectiveness of fall prevention strategies.
 - **Worsened pressure ulcers:** Signals the quality of wound care and skin integrity protocols.
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Behavioral and Pain Management

- **Worsened behavioral symptoms:** Highlights the need for personalized behavioral care and support.
 - **New BSO referrals:** Responsive behavior referrals reflect behavioral care needs and access to specialized resources.
 - **Worsened pain:** Pinpoints areas for improved pain assessment and management.
 - **Worsened bladder continence:** Guides interventions to maintain continence and resident dignity.
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Engagement & Quality of Life

- **Low engagement levels:** A high percentage indicates missed opportunities for meaningful resident interaction and participation.

How these priority areas were identified:

- Strategic Quality Plan
- Quality Improvement Plan through Health Quality Ontario
- A collaborative informed engagement process to identify desired outcomes
- Provincial indicators, organizational indicators, compliance to legislation and critical incidents
- Resident and family survey results

How we monitor and measure progress:

Targets are established through internal and external processes. Once the targets have been established, ranges are set around that target to track our progress on a quarterly basis. The quarterly results are reviewed by the McCormick Care Group Board, and our interdisciplinary Quality Advisory Team, which consists of representatives from Resident and Family Councils, external service providers and all the different departments within the home. These groups review actions that have been taken to improve the indicators and offer feedback and suggestions.

How we communicate outcomes:

The Quality Monitoring Plan is posted within the home on a quarterly basis, along with the minutes from the quarterly Quality Advisory Team Meeting. The Continuous Quality Improvement Initiatives Report is reviewed with Resident and Family Councils annually.

How we communicate reviews:

Minutes from the following meetings indicate the attendance of the meetings and what was reviewed:

- Quality Advisory Team
- Quality Committee of the McCormick Care Board
- Resident Council
- Family Council