



## CONTINUOUS QUALITY IMPROVEMENT REPORT: 2026-27

**DESIGNATED LEAD** Kate Faria, Quality Improvement Coordinator

### PROCESS TO IDENTIFY PRIORITY AREAS

Sprucedale Care Centre uses a structured, resident-centred approach to identify priority areas for quality improvement. This process is guided by the Continuous Quality Improvement (CQI) Committee and informed by a comprehensive review of resident, family, caregiver, and team member feedback, as well as organizational performance data.

In the first calendar quarter of the year, the home reviews performance from the previous calendar year and conducts a fulsome evaluation of programs across all departments. This includes reviewing resident and family/caregiver satisfaction survey results, CQI meeting minutes, audit results, performance indicators, Ministry of Long-Term Care reports, and Accreditation feedback to identify trends, gaps, and opportunities for improvement. Based on this analysis and CQI Committee recommendations, priority areas are established and translated into targeted, measurable action plans for the upcoming fiscal year.

These priorities are aligned with the home's operational plan and broader quality improvement frameworks, and are implemented across departments with defined accountabilities. Progress is continuously monitored through regular program meetings, audits, and quarterly CQI Committee reviews, ensuring that improvement efforts remain responsive, evidence-informed, and focused on enhancing resident outcomes and experience.

### QUALITY IMPROVEMENT PRIORITIES

Based on the recommendations from the home's CQI Committee, the home is committed to improving the following priority areas.

#### **Resident Experience**

Focused on improving the lived experience of our residents.

- To improve the resident & family/caregiver satisfaction survey results for:
  - Percentage of residents responding positively to: "What number would you use to rate how well the team members listen to you?"
  - Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".

### **Resident Access and Flow**

Focused on ensuring residents receive the care they need, when and where they need it.

- To reduce the rate of potentially avoidable emergency department visits.

### **Resident Safety**

Focused on improving the quality of care for our residents, and ensuring that it is safe and effective.

- To reduce the rate of residents not living with psychosis who were given antipsychotic medication.
- To reduce the rate of residents who have fallen.
- To reduce the rate of residents who have had a stage 2 to 4 pressure injury that has worsened.

### **Equity**

Focused on advancing equity, inclusion and diversity, and addressing racism.

- To ensure all team members have completed relevant equity, diversity, inclusion, and antiracism education.

## **PROCESS TO MONITOR, MEASURE, AND COMMUNICATE QUALITY IMPROVEMENT**

Setting goals for improvement is essential, but continuous action, monitoring, and measurement are critical to sustaining progress and celebrating successes. The home ensures that all quality improvement goals are specific, measurable, achievable, relevant, and time-bound.

Rigorous audits and data collection occur across all departments and priority areas, including critical incidents, complaints, focused audits, and standardized assessments such as the Resident Assessment Instrument (RAI-MDS/LTCF). Performance indicators, satisfaction survey results, and team feedback are reviewed to determine whether goals are being met and whether quality-focused care is being fostered.

The home utilizes Lean methodology, root cause analysis, and other evidence-based improvement tools to systematically identify inefficiencies, underlying issues, and opportunities for change. These approaches allow the team to target interventions effectively, reduce variability in care processes, and implement sustainable solutions that enhance resident safety, experience, and outcomes.

Progress is monitored through monthly summaries presented at care team meetings and reviewed quarterly by the Continuous Quality Improvement (CQI) Committee. Interdisciplinary team members, including resident and family representatives, are actively engaged in these reviews to evaluate the effectiveness of current interventions. When goals or interventions are no longer effective or attainable, the team collaboratively develops adjustments to ensure continuous improvement.

Transparent communication is a cornerstone of the home's quality improvement process. Outcomes, successes, and updates on initiatives are shared with residents, families, and team members through Resident and Family Councils, town halls, and committee meetings. This ongoing feedback loop ensures accountability, encourages engagement, and promotes a culture of continuous, resident-centred quality improvement throughout the home.

## RESIDENT AND FAMILY/CAREGIVER EXPERIENCE SURVEY

**Survey Dates** | September - October 2025

At Sprucedale Care Centre, resident and family/caregiver experience surveys are a key component of the home's continuous quality improvement process, providing valuable insight into the lived experiences of those receiving care. The home utilizes Perceptyx to administer these surveys, enabling the collection of reliable, standardized data to inform decision-making. Survey results help identify strengths and opportunities for improvement related to communication, engagement, and overall quality of care. This feedback is essential to ensuring that care remains resident-centred, supports safety, and reflects the needs, preferences, and voices of residents and their families/caregivers.

### Survey Results

Category Result	My Group	Overall
Privacy	97%	91%
Safety & Security	94%	92%
Respect by Staff	94%	90%
Staff Listening	90%	83%
Participation in Care	88%	81%
Comfort	82%	81%
Assistance	82%	82%
Personal Relationships	81%	81%
Daily Decisions	79%	82%
Food & Meals	78%	77%
Staff Responsiveness	76%	80%
Activities	76%	73%
Personal Funds	75%	60%
Recommend to Others (NPS)	62%	49%

Our home achieved an overall response rate of 93%, demonstrating strong engagement and meaningful participation from residents and families/caregivers. While improvements were observed across several areas, opportunities remain to further enhance the lived experience of the residents in 2026-27.

### **Survey Communication**

The survey results and related action plan were shared with residents at the Residents' Council on 06/01/2026, and with families at Family Council on 22/01/2026. These results were also posted on the Resident' Council Board on 06/01/2026 for all residents, families, visitors and team members to review. Survey results and related action plans were shared with all team members on 15/01/2026 via email through One Call.

## **CQI ACTION PLAN 2025-26**

### **Actions Taken Based on Survey Results**

In 2025, the home focused on improving the care, services, programs and goods based on the results of the survey. The home identified 2 priority survey questions to work on:

1. When I need help, I get it right away
  - a. Auditing phones that receive the call alerts from Residents by the NCL position first thing in the morning and evening to ensure all team members have them turned on and the volume up to receive calls and that the battery is in working condition.
  - b. We are working with the head office to receive a new nurse call system that will replace the current aging system. This is in review and should be done this year.
2. Team members have enough time for me
  - a. The nurse Nursing Care Lead (NCL) position will help with education on response times, and talking with residents about any concerns they may have. The NCL will review any complaints along with the Director of care (DOC) about time management

Residents' Council was consulted on 06/01/2026 and Family Council was consulted on 22/01/2026 for implementation feedback. No feedback regarding questions of concerns were received.

The CQI Committee was regularly engaged in the implementation of the survey actions. The CQI Committee met quarterly on 01/23/2025, 04/17/2025, 07/26/2025, and 10/16/2026 to review the current state, assess progress, evaluate actions taken, and determine next steps.

### **Survey Action Communication**

The actions taken related to the survey were shared with the Residents' Council on 06/01/2026, and with Family Council on 22/01/2026. These results were also posted on the Resident' Council Board on 06/01/2026 for all residents, families, visitors and all team members to review.

The actions taken were shared with Team Members on 15/01/2026 via email through One Call.

## Other Actions Taken

In addition to improving the results of our survey, the home implemented several other initiatives targeted at enhancing the quality of care and quality of life of our residents:

- Aiming to reduce ED transfers through rapid access to in home diagnostics
  - Community Paramedicine: Through collaboration with community paramedicine our residents will have access to 24/6/365 access to a non-emergent mobile response team with specialized training and advance directives to support long-term care settings. They can perform stat blood work, ultrasounds that could be completed by physicians in emerg, start IVs and complete a comprehensive assessment to determine if a resident should be sent to emergency department
  - STL Imagine: Our residents have access to in home STAT x-rays so they do not need to leave the home for non-emergent situations
  - Our CQI committee reviews the number of ED transfers per month to analyse trends and areas of improvement. The NLOT team also provides comprehensive assessment training to all team members in order to reduce ED transfers. All actions from the CQI meetings are shared with team members via the Quality Improvement Board in Centre Court & also provided in person to our resident and family councils
  - All of our registered team members receive annual education surrounding the Consent and Capacity board, the Health Care Consent act as well as tools for Prevention of Error Based Transfers (POET)
  
- Quality of Interaction Schedules (QUIS)
  - Every month our Leadership team & QUIS trained team members complete a minimum of 4 hours of QUIS observations monthly.
  - This observational tool measures the culture of care by assessing the nature and quality of interactions between residents and team members. QUIS supports a shift from task-focused care toward meaningful engagement and person-centred practices, helping to inform improvements that enhance residents' lived experiences.
  - Education: we host an annual QUIS education and have over 45 team members trained in QUIS observations since 2025
  - Our Resident and Family councils are provided with opportunities for social connection, creative expression, spiritual support, and community engagement promote inclusion and quality of life.
  
- Pain and Palliative Care Programs
  - Education: PSW's are provided educational opportunities through the PACE Program offered by Hospice Palliative Care Ontario (HPCO), enhancing their ability to recognize and respond to palliative needs. Registered team members are supported in completing Comprehensive Advanced Palliative Care Education (CAPCE) and Fundamentals of Pain and Palliation training.
  - The CQI committee meets monthly to review the progress towards our goals and interventions surrounding our Pain & Palliative Care Programs. Any action plans

that are derived from these meetings are shared with resident and family council during their meetings as well as team members.

- Resident and Family Council: Sprucedale supports our residents and families in making informed decision-making and early advance care planning through structured education and communication
- Sprucedale implemented the POET (Prevention of Error- Based Transfers) Project to support early, values-based conversations regarding goals of care, health care directives, and informed consent.