

Continuous Quality Improvement Report



DESIGNATED LEAD

William A. Krever

President and Chief Executive Officer

June 30, 2025



A. Overview of Quality Improvement Report – 2025

Victoria Village Manor is pleased to share its 2025 Quality Improvement Plan (QIP). Our QIP plan is based on our mission.

***Victoria Village is a vibrant community providing person-centred care
with the goal of an individualized aging experience***

Our organization is built around and prioritizes the following five pillars or beliefs:

				
We believe in outstanding quality and innovation.	We believe in the power of our people.	We believe in person-centred care.	We believe in the strength of our community.	We believe in collaboration and dynamic partnerships.

Each year, our quality priorities are guided by these five pillars and represent our commitment as an organization to provide the best care possible to our residents.



Review of Quality Improvement Activities for 2024 _____

#	Area of Focus	Change Idea	Target	Results
1	Quality and Innovation	To improve the skin and wound care program through better processes, education and technology.	<ul style="list-style-type: none"> • Education to PSW staff on head-to-toe assessments and recognizing changes in skin condition • Trend and analyze wounds including cause, onset and required treatment • Review and redevelop referral process to wound care nurse • Education to registered staff to ensure that staff are following skin and wound care protocols • Explore PCC wound care program 	<ul style="list-style-type: none"> • PCC Wound care module implemented • Staff education completed
2	Power of our People	Improve feedback and recognition for all employees.	<ul style="list-style-type: none"> • Ensure all employees receive a performance evaluation • Re-implement staff recognition activities • Continue to benchmark employee engagement with administration of annual survey 	<ul style="list-style-type: none"> • Performance evaluations completed for staff • Staff recognition event held Nov. 15, 2024 • Employee survey administered August 2024 with a 45% response rate (98 staff)
3	Person Centred Care	Meeting the age-related needs of our residents, specifically the younger population that we have seen	<ul style="list-style-type: none"> • To provide staff training on the specific needs of younger residents • Plan and implement 	<ul style="list-style-type: none"> • “Young and the Rest of Us” social/outings group formed • Ongoing group



		being admitted much more frequently over recent years.	programs geared to the stated interests of the younger residents.	sessions with social worker for younger residents
		Enhancing the palliative and end-of-life care offerings and discussions for residents of Victoria Village.	<ul style="list-style-type: none"> • To hold goals of care conversations, including end-of-life wishes, with each resident of the Home. • To further individualize end-of-life care for residents and their families. 	<ul style="list-style-type: none"> • Social worker initiating discussions at admission and regularly scheduled care conferences. • Involvement from all departments through the interdisciplinary palliative care committee
4	Strength of our Community	Increasing diversity of experience in our staff, as well as enhancing community involvement.	<ul style="list-style-type: none"> • Recruitment of international workers transitioning to Canada and working toward their Canadian nursing license 	<ul style="list-style-type: none"> • 4 international workers recruited through 2024. Assisted with local housing, transit etc. in Barrie
5	Collaboration and Dynamic Partnerships	Enhanced connection to the Royal Victoria Hospital (RVH)	<ul style="list-style-type: none"> • Implement Project Amplifi to improve timeliness and accuracy of reporting between Victoria Village and RVH • Introduce LTC diagnostics program to streamline access to emergency x-rays, imaging services etc. 	<ul style="list-style-type: none"> • Implemented in 2024, varying level of uptake by team • Initial implementation of the diagnostic program in 2024. Nurse Practitioner sits on the steering committee for the program • Aim to introduce IV support in diagnostics program in 2025



Quality Improvement Activities for 2025 _____

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 1, 2023, to Sep 30, 2024 (Q3 to the end of the following Q2)	24.03	20.00	CIHI provincial average	

Change Ideas

Change Idea #1 PreviewED program

Methods	Process measures	Target for process measure	Comments
with PreviewED the psw will document daily on all residents through POC. this documentation will provide an alert to the registered staff, that the residents baseline has changed. the nurse will then complete an assessment and refer to MD or NP in order to prevent an ER transfer	100% of residents will have daily PreviewED documentation completed and registered staff will address all alerts.	decrease in ER transfers related to PreviewED program which include: UTI's, Pneumonia and CHF	

Change Idea #2 collaborate with NP to address health concerns/ change in status in facility, early detection and intervention

Methods	Process measures	Target for process measure	Comments
the registered staff will refer residents that require further assessment and or interventions to in house NP in order to be address and prevent further decline and ER transfer. the NP will also complete staff education.	number of residents referred to and assessed by NP	100% of residents referred to NP will be assessed	if in house NP not available - NLOT program to be utilized

Change Idea #3 purchase of equipment through specialized funding

Methods	Process measures	Target for process measure	Comments
equipment such as IV pump purchased and implemented in order to deliver IV medications/hypodermoclysis within the home	number of residents receiving IV therapy in the home	100% of residents that qualify will receive IV therapy in the home	

Change Idea #4 review, trend and analyze all hospital transfers

Methods	Process measures	Target for process measure	Comments
all hospital transferred will be reviewed and examined monthly at the monthly interdisciplinary resident risk and quality meeting	number of hospital transfers reviewed at monthly meeting that where avoidable	100% of avoidable hospital transfers will have interventions developed and implemented to address cause.	

Equity

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	100.00	100.00	requirement	

Change Ideas

Change Idea #1 staff education

Methods	Process measures	Target for process measure	Comments
all staff will complete assigned on line education which includes gender and sexual diversity and work place diversity and inclusion	number of staff completing on line education	100% of staff will complete on line education	Total LTCH Beds: 128

Change Idea #2 cultural competency plan

Methods	Process measures	Target for process measure	Comments
cultural competency plan continues to be reviewed and implemented by the leadership team. this plan is part of CARF certification	number of areas identified in the plan and reviewed by the leadership team	100% of identified areas will be reviewed and interventions developed to address	

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	70.63	95.00	continue to increase positive responses	

Change Ideas

Change Idea #1 resident participation in residents council

Methods	Process measures	Target for process measure	Comments
give the residents the opportunity to voice concerns at the Resident Council meetings held on a monthly basis	number of residents participating in resident council and bringing forward concerns related to staff listening to them	95% of residents will respond positively to this question	Total Surveys Initiated: 126 Total LTCH Beds: 128

Change Idea #2 yearly resident satisfaction survey

Methods	Process measures	Target for process measure	Comments
give residents and family members the opportunity to voice concerns through the yearly resident satisfaction survey and admission process survey	number of completed resident and or family yearly and admission satisfaction surveys	95% of residents will respond positively to question in annual resident satisfaction survey	

Change Idea #3 complete six weeks and annual care conferences

Methods	Process measures	Target for process measure	Comments
complete six weeks and annual care conferences, where an avenue is provided to residents and families to express concerns, aspects of resident care is reviewed at care conferences such as bath or shower schedule, incontinence product, food and fluid, etc.	number of residents that received a six week and annual care conference	100% of residents will have a six week and/or annual care conference	

Change Idea #4 provide social work services

Methods	Process measures	Target for process measure	Comments
the social worker will meet with all new admissions and assessment completed, assistance with transition and placement in LTC home. social worker participates in multidisciplinary committee meetings as well as six week and annual care conferences. wellness support groups on each unit and one on one individualized sessions with residents, families.	number of residents participating in one on one or group programs with social worker	100% of new admissions and referrals will meet with social worker	

Change Idea #5 provide residents and families the opportunity to express concerns and or opinions through internal feed back and complaint process

Methods	Process measures	Target for process measure	Comments
all complaints received are individually assessed and interventions are developed to address concerns. all complaints are reviewed by the management team, and trended and analyzed quarterly and yearly	all complaints will be address and resolved within 10 days	all complaints will be address and resolved within 10 days	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	46.83	95.00	continue to increase	

Change Ideas

Change Idea #1 staff education

Methods	Process measures	Target for process measure	Comments
staff provided with education on complaint process, what is a complaint vs a concern, confidentiality etc... all complaints received are individually assessed and interventions are developed to address concerns. all complaints are reviewed by the management team, and trended and analyzed quarterly and yearly. staff education on respecting residents' rights.	staff will report all verbal and written complaints utilizing VVM procedure	100% of resident complaints will be reported by staff	Total Surveys Initiated: 126 Total LTCH Beds: 126

Change Idea #2 resident education

Methods	Process measures	Target for process measure	Comments
education provided to residents and reference material developed and posted on all units on process, whistle blowing and their right to express opinions and bring forward complaints without the fear of consequences	number of residents complaints received, and resident response rates in the resident satisfaction survey	95% of residents/families will respond positively to this question in the annual satisfaction survey	

Change Idea #3 resident and family counsel meetings

Methods	Process measures	Target for process measure	Comments
give residents and families the opportunity to voice concerns at the resident and family counsel meetings held and the resident satisfaction survey completed yearly. all resident rights are reviewed at the resident's counsel meeting	number of resident satisfaction survey completed, and resident and family counsel meetings held	95% of residents/families will respond positively to this question in the annual satisfaction survey	

Change Idea #4 provide social work services

Methods	Process measures	Target for process measure	Comments
the social worker will meet with all new admissions and assessment completed, assistance with transition and placement in LTC home. social worker participates in multidisciplinary committee meetings as well as six week and annual care conferences. wellness support groups on each unit and one on one individualized sessions with residents, families	number of residents participating in one on one or group programs with social worker	100% of new admissions and referrals will meet with social worker	

Safety

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	22.77	20.00	to meet provincial QI indicator	

Change Ideas

Change Idea #1 individualized care plans

Methods	Process measures	Target for process measure	Comments
individualized care plans will be developed and implemented by reviewing cause, time, location etc. individualized interventions will be developed and implemented such as: toileting plans, quick reference tip sheets, falling leaf programs, fall prevention equipment (bed and or chair alarm, high low bed, floor mats, hip protectors)etc. communication to staff will include logo placed by the resident name and on equipment, quick reference Kardex, etc.	number of residents who had a fall reviewed and individualized interventions developed and implemented monthly by the resident risk and quality committee.	100% of residents who had a fall will be reviewed monthly by the resident risk and quality committee.	

Change Idea #2 monthly falls rounds and committee meetings

Methods	Process measures	Target for process measure	Comments
resident risk and quality committee and high fallers team will meet monthly and review each resident that had a fall. resident will be assessed and individualized interventions will be implemented such as: hip protectors, high low beds, side rails, floor mats, falling leaf logos, alarms bed and chair, sensory support, music, etc. Tover Tafel activity program, with visual sensory purchased and implemented.	number of residents who had a fall reviewed per month by the resident risk and quality committee and high fallers team	100% of residents who had a fall will be reviewed monthly	

Change Idea #3 Conducting falls risk assessments on admission and quarterly

Methods	Process measures	Target for process measure	Comments
all residents will have fall risk assessments completed on admission which include: fall risk assessment, Fall checklist, and bed rail risk assessment. all residents have a fall risk assessment completed annually. all residents have a comprehensive post fall assessment note completed with each fall.	number of residents having a fall risk assessment completed on admission, quarterly or annually	100% of residents will have a fall risk assessment completed on admission, quarterly or annually	

Change Idea #4 Implementing multifactorial interventions.

Methods	Process measures	Target for process measure	Comments
interventions such as: equipment i.e. alarms, floor mats, high low beds, hip protects, sensory stimulation i.e. Tover Tafel, hug, music, I-Pad, etc., falling leaf, high risk rounds.	number of residents who had a fall reviewed monthly by team	100% of residents who had a fall will be reviewed monthly for multifactorial interventions	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	7.69	6.00	currently only 3 residents trigger QI	

Change Ideas**Change Idea #1** monthly resident risk and quality committee meeting

Methods	Process measures	Target for process measure	Comments
multidisciplinary team will meet monthly and review all residents receiving an antipsychotic and review need for antipsychotic and mds documentation accuracy and refer to NP/MD for review	number of residents triggering QI which will be reviewed monthly multidisciplinary committee and referred to NP/MD for deprescription	6% of residents will be receiving an antipsychotic without the meeting the CIHI criteria	

Change Idea #2 utilization of NP, behaviour nurse and pharmacist

Methods	Process measures	Target for process measure	Comments
NP, behaviour nurse and pharmacist will review all residents receiving antipsychotics and review which resident are candidates for de prescribing. NP will manage chronic or acute mental illness, including treatment of physical health issues, pain, acute illness or infection, and bowel and bladder concerns. NP will review all residents receiving antipsychotics for treatment of anxiety	number of residents which trigger QI reviewed monthly by multidisciplinary team	6% of residents will be receiving an antipsychotic without the meeting the CIHI criteria.	

Change Idea #3 implementation of non-pharmacological interventions

Methods	Process measures	Target for process measure	Comments
utilize behaviour nurse to develop and implement interventions to address behaviours including DOS documentation, collaboration with community partners such as BSS, and inhouse resources such as social worker, spiritual care coordinator etc. develop individualized care plans with interventions to address responsive behaviours	number of residents triggering QI reviewed per month by the behaviour nurse	6% of residents will be receiving an antipsychotic without the meeting the CIHI criteria.	

Change Idea #4 Implement education for all staff on assessment and non-pharmacological interventions

Methods	Process measures	Target for process measure	Comments
all staff will be receive annual education using on line platform, the behaviour nurse and community resources such as BSS on behaviour management including assessment and non-pharmacological interventions.	number of staff receiving education annually	100% of staff will complete annual education	



Quality Improvement Process _____



D. Quality Improvement Process

Victoria Village has a very robust quality improvement process, based on an integrated approach throughout the organization. The Quality Improvement process is managed primarily by four committees at Victoria Village, including:

- a. Quality Improvement Committee of the Board of Directors
- b. Continuous Quality Improvement Committee
- c. Victoria Village Leadership Committee
- d. Professional Advisory Committee

The Quality Improvement Committee of the Board of Directors is part of the organization's governance framework and supports the requirements for healthcare providers outlined in the *Excellent Care for All Act, 2010 (Bill 46)*. The role of this committee includes monitoring key performance indicators, reviewing quality improvement plans, reviewing complaints and critical incidents analysis, and monitoring feedback from stakeholders, including residents and staff.

Victoria Village has established the Continuous Quality Improvement Committee as part of the organization's quality framework and in keeping with the requirements for healthcare and community service providers outlined in the *Fixing Long-Term Care Act, 2021 (Ontario Regulation 246/22)*. The role of this committee is to examine quality initiatives specifically related to person-centred care within the home with a multidisciplinary team of stakeholders.

The Victoria Village Leadership Team is responsible for developing and reviewing quality improvement plans for Victoria Village based on ongoing reports, key improvement indicators, and feedback from stakeholders.

The Professional Advisory Committee reviews quality improvement plans and key improvement indicators and provides feedback on quality improvement results.

In addition to the work of the organization's committees, Victoria Village is committed to quality improvement through accreditation. Victoria Village is accredited through the Council on Accreditation of Rehabilitation Facilities (CARF) and undergoes accreditation by CARF every three years. In 2024, Victoria Village received the maximum three-year accreditation award.