



LONG-TERM CARE DIVISION

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REVIEWED BY:	Michael Gorgey, General Manager Carolyn Hodges, Administrator
INFORMATION ITEM:	2025 Quality Improvement Initiative Report
REPORT DATE:	June 2025

CORPORATE LEAD:	Quality Assurance Manager	Lipine Prak
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PRIORITY SETTING PROCESS

Marshall Gowland Manor (The Manor) has an Internal Quality Team which is comprised of members of the leadership team as well as the leads from a variety of programs (i.e., Falls Prevention and Management, Skin and Wound Care, Continence Care, Pain Management etc.) The team meets quarterly to discuss goal for programs, Quality Indicators, and offer suggestions for improvement based on the data presented. This working committee will provide suggested priorities based on:

- Analysis of performance data available from the Canadian Institute for Health Information (CIHI); with negatively performing areas and/or where benchmarking against the provincial average suggests improvement is required
- Elder, family and staff experience survey results
- Mandated provincial improvement priorities (e.g. HQO)
- Opportunities for participation in projects through organizations (e.g. Ontario Centre for Learning, Research and Innovation in Long-Term Care {CLRI})
- Emergent issues identified internally (trends in critical incidents) and/or externally
- Input from Elders, families, staff, leaders and external partners, including the MOLTC

The Internal Quality Team's suggested priorities will be subsequently presented and discussed with the broader Quality Improvement Council. This Council has representatives from Residents' Council, Family Council, the Home's leadership team and mandatory programs, physiotherapy, pharmacy as well as the medical director. The Council will determine which indicators are most important for the Home and suggestions for appropriate actions are discussed.

The Manor will align the Quality Improvement Plan (QIP) that will be submitted to Health Quality Ontario (HQO) with the Quality Initiative indicators chosen through this process.

2025/26 PRIORITY AREAS

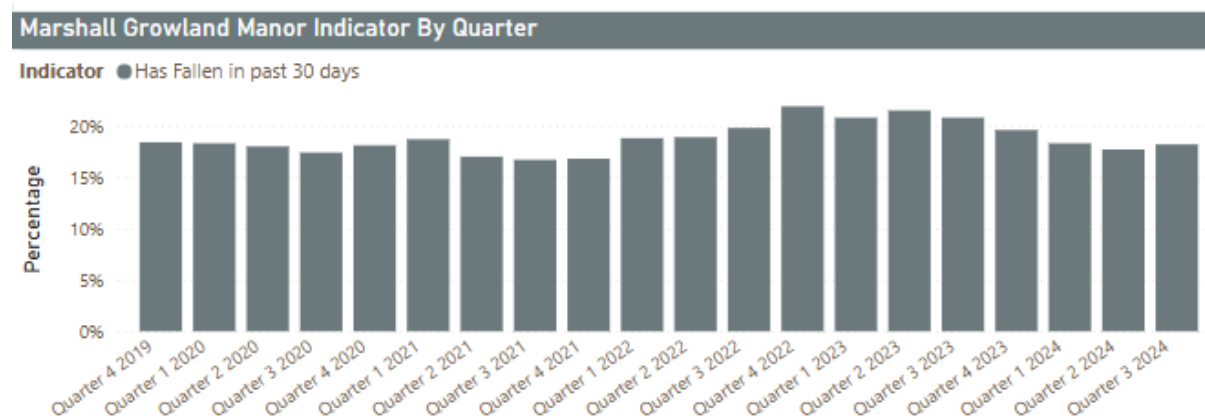
Marshall Gowland Manor's (The Manor) Quality Improvement Plan (QIP) focuses on high level priorities for the Home. The Home's Internal Quality Improvement Team met to review a variety of indicators including the previous year's Elder Feedback Survey, nursing indicators and internal data. Areas of opportunity were identified and presented to the Home's Quality Improvement Council. In review of the data and planned action items, the Quality Improvement Council chose to highlight the following three indicators prioritized for **2025**:

- 1) Reduction the total number of falls by 10% (from 496 to 446)
- 2) Reduction of Worsened Pain Quality by 1% (from 9.6% to 8.6%)
- 3) Increase Positive Responses related to Elder's Preferences (from 50% to 80%)

These priority indicators will be reviewed throughout the year at the Home's monthly goals/quality meetings, quarterly Internal Quality Team Meetings and mid-year Quality Improvement Council meeting.

INITIATIVE #1: Reduction the Total Number of Falls

In 2024, there were 496 falls in total at The Manor, and 18% of Elders have fallen in the past 30 days in quarter 3 of 2024.



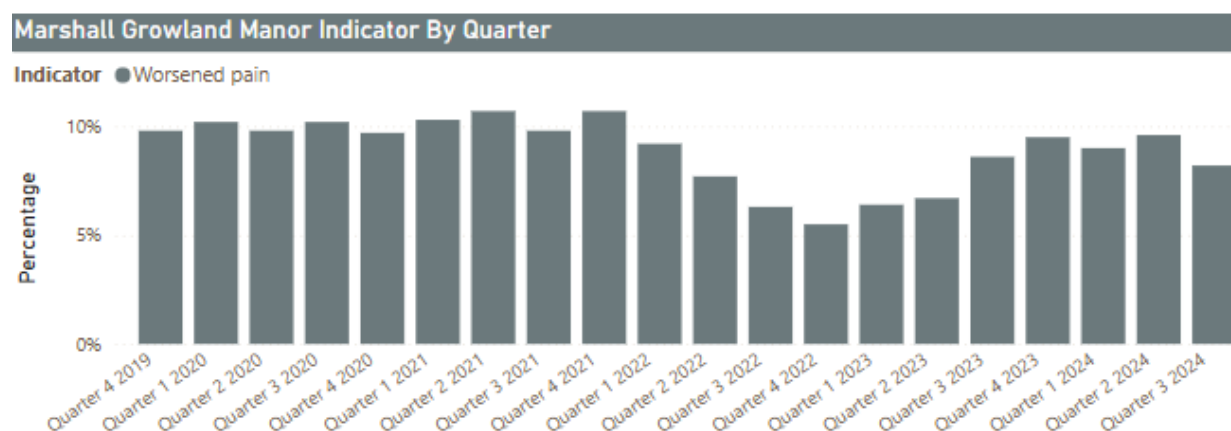
The Manor has chosen to continue to work on reduction of total number of falls. The goal is to reduce it from 496 to 446 (by 10%). Action items include:

Change Idea	Target	Responsible Group
Implementation of Registered Nurses Association of Ontario ("RNAO") Clinical Pathways Best Practice Guidelines – Falls Assessment integrated with Point Click Care documentation system (PCC)	100% of RPN/RN's will complete this training	DONPC, Quality Improvement Coordinator, Quality Assurance Manager, Quality Committee

Continue monthly shared falls data at neighbourhood areas by the Quality Improvement Coordinator	100% of neighbourhood meetings will have shared falls data and discussed with the interdisciplinary team	Quality Improvement Coordinator
Continue to utilize Jubohealth/VitalLink platform to report any findings/trends	100% of Elder's vitals will be inputted as required in the platform	Quality Committee, Registered Staff

INITIATIVE #2: Reduction of Worsened Pain Quality Indicator by Canadian Institute for Health Information

From 2022 to 2024, there has been an increase for worsened pain noted by CIHI. The Manor has chosen to work on this initiative. The goal is to reduce it from an annual total of 9.6% to 8.6% (by 1%).



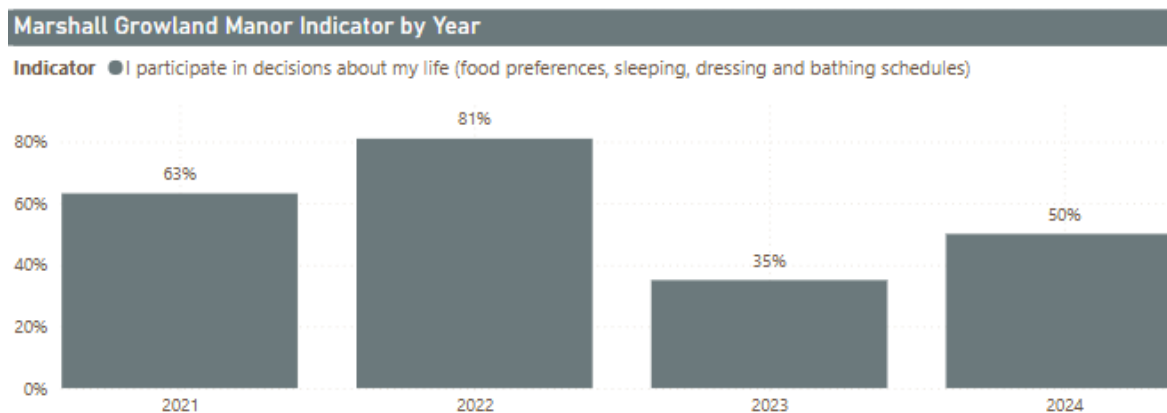
Action items include:

Change Idea	Target	Responsible Group
Implementation of Registered Nurses Association of Ontario (" RNAO ") Clinical Pathways Best Practice Guidelines – Pain and Opioid Assessments integrated with PCC	100% of Registered Staff will complete training	DONPC, Quality Improvement Coordinator, Quality Assurance Manager, Quality Committee
Continue to Collaborate with Home's Medical Director and Home's pharmacist to review all Elders prescribed analgesics and their effectiveness for Elders who have pain	100% of Elders will be assessed	DONPC, Quality Improvement Coordinator, Program Lead, Registered Staff

Utilize Pain Matters education pamphlet for Elders and families to support discussions and expectations for caring and managing individual pain symptoms	100% of Care Conferences held will complete discussion/education on pain management	DONPC, Program Lead and Registered Staff
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INITIATIVE #3: Elder's Preferences

On the 2024 Elder Annual Feedback survey, the positive response rate for Elder's preferences resulted in 50%.



For 2025, The Manor would like to achieve 80% of positive responses. This priority has been identified due to a resident reporting a decrease annual surveys in the previous years. With considerable discussion and input from Residents' Council and Family Council, the preference statement will have four sub sections to identify specific areas for improvement. The four sub sections will focus on dressing, eating, sleeping and bathing. See below to achieve target:

Change Idea	Target	Responsible Group
All staff will receive culture change/person centered care education/preferences	100% of all staff will receive this education	Quality Committee
Development of survey method to capture Elder's preferences and satisfaction throughout the year, in addition to the annual survey	100% of Elders will be assessed by this method	Quality Committee
Each Home's Supervisor will make an appearance to Family Council to promote conversations on Elder's preferences	100% of Home's Leadership team will attend Family Council by end of calendar year	Home's Leadership Team

Additionally, The Manor continues to implement RAO Clinical Pathways. This two-year project will align with best practices and provide an opportunity to review assessment and plans of care with a person-directed lens. As of 2024, The Manor has implemented assessments based on admission/move in, resident and family centered care, delirium, dementia and depression.

These comprehensive and person-centered care assessments enhance comfortability and smoother transitions to long term care.

FEEDBACK SURVEY

The 2024 Annual Feedback Surveys were conducted between June 2024 to September 2024. Results were presented to the Residents' and Family Councils along with the proposed action plan based on the results in November 2024 and January 2025.

The response rate for The Manor in 2024 was 52 respondents. Based on the results of the Elder's survey, the highest areas of satisfaction that received 100% were respect/dignity, and building/environmental. Other areas that were well received are safety/security, care/support, meaningful activities, recommendation of the home and overall quality of care. The lowest area of satisfaction is information/health communication with a result of 61%. For the 2024 families/caregiver survey, there were 43 caregivers who responded to the survey. All sections received high levels of desired responses from 97% to 100%. Various items were worked on throughout 2025 to improve on lowest areas of satisfaction. Action items include implementing project AMPLIFI, updating care conferences to support health communication and continuous education on culture change.

The Quality Assurance Manager has requested to be present in June 2025 Residents' and Family Council meetings to present the Home's Quality Initiative Report and final survey modifications based off suggestions. Both Councils were encouraged to provide any suggested actions or additions that The Manor should be working on in response to the survey results. The 2025 planned survey period will be between June and September 2025.

CONCLUSION

A formalized Quality Improvement Plan (QIP) has been submitted to HQO to outline the various change ideas/action items. These ideas have been discussed and determined by The Manor's Internal Quality Team as well as their Quality Improvement Council. The Quality Improvement Council members have all reviewed the above report and have provided input to assist with its creation. The Manor will continue to look for opportunities to improve while providing the best possible care to the Elders living in the Home. This report is displayed on the Home's Quality Improvement Board and website, where it is accessible to all staff members. For further information related to Quality Initiatives, please see the Quality Assurance Manager or the Home's Administrator.