



## LONG-TERM CARE DIVISION

<b>PREPARED BY:</b>	Lacy Wicks, Quality Assurance Manager
<b>REVIEWED BY:</b>	Laura Campbell, Acting Administrator Matthew Butler, Manager, Performance, Strategy and Innovation Michael Gorgey, General Manager
<b>INFORMATION ITEM:</b>	2026 Quality Improvement Initiative Report
<b>REPORT DATE:</b>	June 1, 2026

<b>CORPORATE DESIGNATED QUALITY LEAD:</b>	Quality Assurance Manager	Lacy Wicks
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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. The 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. Health Quality Ontario {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 Ministry of Long-Term Care (MOLTC)

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

Home's Continuous Quality Improvement Program in accordance with the Fixing Long-Term Care Act, 2021.

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.

### **2026/27 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 2026:

- 1) Elder and family experience
  - a. Improve positive response to Elders' involvement in decisions about their care and daily living
- 2) Safety
  - a. Reduce the percentage of long-term care residents who fell in the last 30 days
  - b. Reduce the percentage of long-term care residents whose stage 2 to 4 pressure ulcer worsened

All priority indicators and associated action plans will be monitored on an ongoing basis through monthly leadership meetings, quarterly Internal Quality Team meetings, and biannual Quality Improvement Committee meetings.

Performance data for clinical quality indicators, including falls and pressure ulcers, will be obtained quarterly through PointClickCare's Insights reporting portal. This system provides access to Home-level data and provincial benchmarks, including CIHI comparators.

Indicator data will be analyzed and reviewed quarterly at Internal Quality Team meetings and biannually at Quality Improvement Committee meetings. Results, trends, and opportunities for improvement will be discussed, and action plans will be adjusted as required.

The Quality Assurance Manager and/or the Quality Improvement Coordinator are responsible for extracting, validating, and presenting the data to support ongoing monitoring and evaluation of quality improvement initiatives.

**INITIATIVE #1: Improve positive response to Elders' involvement in decisions about their care and daily living**

On the 2025 Elder Annual Feedback survey, the positive response to Elders' involvement in decisions about their care and daily living was 56%. For 2026 the goal is to increase the positive response rate to 75%.

The Manor will continue building on previous person-directed care initiatives by conducting focused satisfaction surveys throughout the year to better understand Elder preferences and identify opportunities for improvement. Bathing preferences will be reviewed and schedules adjusted to reflect current wishes.

Additionally, the Manor will enhance the move-in experience by:

- Establishing a working group to review and streamline the move-in process
- Developing a post-move-in survey to gather feedback from Elders and families

The Manor will also explore communication platforms to improve communication between care teams, Elders, and families, and will continue engagement with Residents' Council and Family Council.

To support achievement of this objective, the following process measures will be monitored throughout 2026/27:

- Completion of at least four (4) supplemental Elder satisfaction surveys throughout the year
- Review and evaluation of at least one (1) new communication platform by March 31, 2027
- Achievement of a 75% positive satisfaction rate related to the move-in experience

Progress will be tracked through survey results, project documentation, and committee reporting, and will be reviewed by the Internal Quality Team and Quality Improvement Committee.

**INITIATIVE #2: Reduction of the percentage of Elders who fell in the last 30 days**

At the time of setting, the provincial rate for falls in the last 30 days was 15.9%. The Manor's rate was 16.15%. The Manor's goal is to reduce this rate to 15% by March 31, 2027.

In 2026/27, the Manor has plans to review technology related to falls including alarming devices. Training for frontline staff will be provided. Topics will include falls prevention and purposeful rounds. A comprehensive review of the restorative program is underway with the goal to improve the support provided to Elders who are at a higher risk for falling.

Internal data related to falls will be reviewed and analyzed regularly to identify trends and inform targeted interventions to reduce the number of falls that have occurred.

To support achievement of this objective, the following process measures will be monitored throughout 2026/27:

- Review and evaluation of at least one (1) new falls prevention technology by March 31, 2027
- Completion of Purposeful Rounds training for 100% of Personal Support Workers (PSWs)
- Completion of restorative care education for 100% of direct care staff by March 31, 2027

Progress will be tracked through education records, audits, and program documentation, and will be reported to the Internal Quality Team and Quality Improvement Committee.

### **INITIATIVE #3: Reduction of the percentage of Elders whose stage 2 to 4 pressure ulcer worsened**

At the time of goal setting, the provincial rate for worsened stage 2 to 4 pressure ulcers was 2.2%. The Manor's rate was 4.12%. The Manor's goal is to reduce this rate to 3.09% by March 31, 2027.

In 2026/27, the Manor will be implementing a new skin and wound process through our documentation system PointClickCare. This process includes using images of the wound to track healing and better communicate with care partners such as the physician.

Additionally, the Manor continues to implement Registered Nurses' Association of Ontario (RNAO) Clinical Pathways. In 2026, the Skin and Wound Assessment is expected to be available and will be implemented as soon as possible.

To support achievement of this objective, the following process measures will be monitored throughout 2026/27:

- Completion of ChartPic training for 100% of nursing staff
- Completion of RNAO Skin and Wound Assessment training for 100% of nursing staff
- Completion of footwear audits for 100% of Elders

Progress will be tracked through education records, audits, and program documentation, and will be reported to the Internal Quality Team and Quality Improvement Committee.

## **FEEDBACK SURVEY**

The 2025 feedback surveys were completed between June and August 2025. The 2025 feedback survey results were presented to the Residents' and Family Councils on November 12<sup>th</sup> and 10<sup>th</sup>, 2025, respectively. 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 Elder Feedback surveys received responses from 75 Elders. Based on the results of the Elder's survey, the areas that received the highest satisfaction scores were cleanliness of the Home, feeling safe, respected and cared for. The areas for improvement include participating in decisions about care and daily living, including bathing, waking and bedtime, and food choices.

The Family and Caregiver survey received 36 responses. All sections received high levels of desired responses from 92% to 100%.

The Manor prioritized improving person directed care in 2025. Numerous nutrition and dining improvements were made including creating a Recipe Champions monthly meeting, implementing baking groups, increasing *Food First Initiatives* and completing the Ontario Seniors Nutrition & Advocacy Committee (OSNAC) Survey with Elders and families. Additionally, efforts were made to improve the Care Conference process. Changes were made to the day and time to improve attendance and the location was adjusted to create a welcoming and comfortable atmosphere.

The proposed 2026 surveys will be presented this spring to the Residents' and Family Council meetings to provide opportunities for input into the survey questions as well as how the surveys will be conducted. The planned survey period will remain between May and September 2026.

## **CONCLUSION**

The Manor's initiatives will be supported by existing and revised policies, procedures, and clinical protocols including Falls Prevention and Management, Skin and Wound Care, Person-Directed Care practices, and staff education standards. Policies and procedures will be reviewed and updated as required to support the 2026/27 quality improvement priorities.

Progress on the initiatives will be monitored through routine indicator review and Internal Quality Team meetings. Where targets are not being met, the Quality Improvement Council will identify and implement adjustments. Outcomes and progress updates will be communicated to Residents' Council, Family Council, and staff through council meetings, leadership meetings, and internal communications.

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. A copy of this report will be provided to the Residents' Council and Family Council. This report will also be posted publicly on the Home's website in accordance with legislative requirements.

The Long-Term Care Division will continue to look for opportunities to improve while providing the best possible care to the people living in the Homes.

For further information related to Quality Initiatives, please see the Quality Improvement Board or the Home's Administrator.