Continuous Quality Improvement Initiative Report for Fiscal Year 2026/27

As part of our commitment to providing exceptional care and maintaining the highest standards of quality, Kristus Darzs Latvian Home has developed a comprehensive Quality Improvement Plan for the fiscal year 2026/27. This plan outlines our priority areas for improvement, along with corresponding objectives, policies, procedures, and protocols to ensure continuous enhancement of the care and services we provide to our residents. The designated lead for the Continuous Quality Improvement Initiative is Senuri Goonasinghe.

Kristus Darzs Latvian Home's priority areas for quality improvement, objectives, policies, procedures, and protocols for the continuous quality improvement initiative for 2026/27 fiscal year.	In 2026, our Quality Improvement Plan will focus on enhancing staff responsiveness, improving communication with residents, and reducing preventable Emergency Department visits. As we transition to Emotion-Centred Approach, it will help us on recognizing, understanding and responding to the emotional needs of residents and contribute to QI by enhancing overall care outcomes and quality indicators. By adhering to our objectives, policies, procedures, and protocols, we will ensure that our residents receive the compassionate, personalized care they deserve. Priority Areas for Quality Improvement: **1. Improve staff responsiveness and availability to respond to resident needs.** Objectives: • **Improve Response Time**: Decrease the time taken for staff to respond to resident requests or emergencies to less than 12 minutes.

	• **Improve Scheduling process**: Optimize staff availability with Staff Schedule Care application especially during peak times and shift change times. • **Empower Staff**: Weekly call bell audit conducted by DOC and QI Lead allow identification of staff members that require education and support to proactively anticipate and address resident needs. • **Enhance Resident Satisfaction:** Call bell alerts include room number thereby increasing the speed and quality of response to residents' requests, ensuring they feel heard and valued. • **Ensure the safety, comfort, and well-being of residents**: Conduct systematic, scheduled intentional safety checks to address residents' immediate needs and minimize risks. Validate through spot checks at the beginning, during and at the end of shifts to ensure staff are conducting safety checks. <u>Policies and Procedures</u>: • Call bells, Bed Alarms and Chair Alarms policy: All staff are required to comply with the policy and procedures related to responding to all alarms. Proactive and Intentional Rounding added to promote the safety, well-being, and comfort of residents by ensuring that their needs are met proactively through systematic and scheduled check-ins. • Staff Scheduling Procedure: Review and consider other scheduling gaps or interventions required. • Mandatory Training, Orientation and Education policy: Review Orientation Checklist and offer specialized education opportunities for staff members to enhance their skills.

	• Offer specialized training in recognizing and addressing the unique needs of residents with dementia, mobility limitations, or other specific requirements. • Respectful and Empathetic Communication and Active Listening Policy: Enforce clear protocols that are established for communication between staff members fostering teamwork. • Attendance Management Program: Support employees who are experiencing attendance challenges and whose absenteeism is above average, through a fair, consistent and supportive approach, while ensuring consistent resident care. <u>Protocols</u>: • Resident Needs Assessment Protocol: Conduct regular assessments of resident needs and preferences to anticipate potential requests or requirements. Utilize resident care plans as a guide for prioritizing and addressing individual resident needs in a timely manner. • Resident Safety Intentional Rounding: PSW students orientation includes procedure of Intentional rounding and safety checks on residents. Train PSW students for rounding safety checks, communication, and documentation. • Feedback and Continuous Improvement Protocol: Continue to solicit feedback from residents, families, and staff members regarding responsiveness and availability. Use feedback to identify areas for improvement and implement changes to enhance staff responsiveness and availability continuously.

	2. Reduce overall rate of preventable Emergency Department (ED) visits Objectives: • **Reduce risk of hospital-acquired infections**: Decrease exposure of residents to infections prevalent in hospitals. • **Improve early detection of decline in health**: Ability to identify high risk residents and implement prevention strategies. • **Reduce the high costs associated with emergency transport**: Lessen economic burden on residents and families. • **Improve resident outcomes and experience**: Reduce the physical and emotional distress caused to residents by unnecessary transfers. Policies and Procedures: • Transfer to Hospital Policy: A resident may be transferred to another level of care for specific tests/procedures or admission (elective and emergency). • Medical Services Policy: Organized to meet residents' medical needs, including assessment, planning, and provision of residents individualized medical care consistent with professional standards of practice of the College of Physician and Surgeons of Ontario. Provide the highest quality of medical care possible to each resident according to his/her wishes. • Infection Prevention & Control Program: Infection control policies and procedures that will assist the home to implement a surveillance program, tracking and trending infections, support an immunization program, provide guidance and direction to staff when treating infections.

Protocols:

- Registered staff will be encouraged to utilize Situation, Background, Assessment, Recommendation (SBAR) communication tool with physicians to streamline collaboration during critical situations.
- A urinary tract infection audit sheet will be completed monthly by Infection Prevention and Control Lead to monitor high risk residents and implement prevention strategies.

3. Improve Resident's opportunities to make decisions about their care

Objective: Providing residents the opportunity to make care decisions by building trusting relationships, encouraging open communication, promoting autonomy and supporting residents who may have difficulty expressing decisions.

Policies and Procedures:

- Person Centred Care Policy: Establishes the framework for providing person-centered care within Kristus Darzs Latvian Home, emphasizing the importance of prioritizing the preferences, needs, and values of each resident.
- Respectful and Empathetic Communication and Active Listening Policy: Establishes guidelines for effective communication with residents and colleagues in a respectful, empathetic, and attentive manner.
- Policy on Equity, Inclusion, Diversity, and Anti-Racism: Aims to achieve better health outcomes for all residents, families, and providers by fostering an environment where everyone feels respected, valued, and included.

Protocols:

- Care Needs Assessment Questionnaire: Resident Support Services Coordinator will provide residents quarterly Care needs assessment questionnaire according to RAI-LTCF schedule and update interdisciplinary team with responses.
- Feedback and Continuous Improvement Protocol: Solicit feedback from residents during Residents Council Meeting regarding care decisions. Use feedback to identify areas for improvement and implement changes to enhance emotion-centred care.
    - Offer education to staff on different attributes of resident-centred care, including communication and shared-decision making.
    - Empower resident voice by implementing “Walk a mile in my shoes” program to staff by Resident Support Services Coordinator.

4. Improve communication regarding resident health updates.

Objective: To ensure residents are consistently informed and involved in their own health care by improving the clarity, timeliness, and accessibility of health-related updates shared with them.

Policies and Procedures:

- Respectful and Empathetic Communication and Active Listening Policy: All significant changes in a resident's health status must be communicated directly to the resident (where appropriate) in a timely and respectful manner.
- Notice of Consent, and Confidentiality Agreement, and Appropriate Use of Email, Internet and Other Information Technologies policies: Health updates will only be shared with the resident and/or their substitute decision-maker in compliance with privacy laws and consent protocols.

	• Attendance Policy: Enforce clear expectations for attendance, punctuality, and timekeeping to ensure a fair and efficient workplace. Punctuality is essential for staff to be present on time to receive resident health updates during Shift report. • Shift Report Procedure: A consistent shift report template must be used to document and deliver health updates to ensure no important information is missed. All staff involved in the resident's care must be informed of health updates to ensure coordinated support. <u>Protocols:</u> • Point Click Care Physician notes section to include Health updates communication to resident to ensure resident is informed of changes to their health status. • All the resident health updates shall be documented in the resident's health record and noted in shift reports using the Shift report template. • Ensure all staff present for shift hand-over and Shift report to enforce punctuality and reduce absences.
The process used to identify the Home's priority areas for quality improvement for 2026/27 fiscal year and how the Home's priority areas for quality improvement for	Identifying priority areas for quality improvement in a home setting requires a comprehensive process that involves various stakeholders and thorough analysis. For the 2026/27 fiscal year, the home's continuous quality improvement committee played a central role in this process. Here's an overview of the steps involved: **Data Collection and Analysis**: The first step is to gather relevant data on the home's performance in various aspects of care delivery. This includes data on resident outcomes

the 2026/27 fiscal year are based on the recommendations of Home's continuous quality improvement committee.	from CIHI, safety incidents, resident feedback, and any other metrics deemed important for quality assessment. Data analysis tools and techniques are utilized to identify trends, patterns, and areas of concern. **Continuous Quality Improvement (CQI) Committee Review:** The CQI committee, comprised of representatives from different departments within the home (such as nursing, administration, activation, etc.), convenes to review the collected data. The committee discusses findings, identifies strengths, and opportunities for improvement, and considers previous improvement initiatives and their outcomes. **Benchmarking and Best Practices Research:** The committee conducts benchmarking against provincial averages and best practices. This involves researching how similar homes are addressing similar challenges and what strategies have been effective elsewhere. Benchmarking provides valuable insights into areas where the home may need improvement or where it's performing well compared to peers. **Stakeholder Input**: Input from various stakeholders, including residents and the Board, is solicited and considered. Feedback from these groups helps prioritize areas that directly impact the quality of life and care provided to residents. Surveys, focus groups, and individual interviews are conducted to gather this input. For instance, after gathering the data from the Annual Resident Satisfaction Survey, the QI Lead and the Programs Manager meet with the Residents' Council focus group to further understand the survey results and identify the areas for the Quality Improvement Plan (QIP). Similarly, the Board Quality Committee contributes to the overall strategy of the QIP. **Prioritization Criteria**: The committee establishes criteria for prioritizing improvement areas. These criteria may include factors such as the potential impact on resident outcomes, regulatory compliance requirements, alignment with the home's mission and values, feasibility of implementation, and resource availability. **Ranking and Consensus Building**: Based on the data analysis, benchmarking results, stakeholder input, and prioritization criteria, the committee ranks potential improvement

	areas. Consensus-building techniques are employed to ensure that all committee members agree on the final list of priority areas. **Development of Improvement Plans:** Once priority areas are identified, the committee collaboratively develops improvement plans for each area. These plans outline specific goals, objectives, strategies, timelines, responsible parties, and metrics for measuring progress. Plans are tailored to address the unique needs and challenges of each priority area. **Monitoring and Evaluation:** Throughout the fiscal year, the CQI committee monitors the implementation of improvement plans and evaluates their effectiveness. Regular progress reviews are conducted to identify any barriers or challenges and make necessary adjustments to ensure goals are met. By following this systematic process, the home can effectively identify priority areas for quality improvement for the 2026/27 fiscal year. The recommendations of the continuous quality improvement committee serve as the foundation for these priority areas, ensuring that improvement efforts are evidence-based, targeted, and aligned with the home's overarching goal of providing high-quality care and services to its residents.
The process by which we monitor and measure progress, identify and implement adjustments, and communicate outcomes for the Home's priority areas for quality improvement in the 2026/27 fiscal year.	Monitoring progress, implementing adjustments, and communicating outcomes for priority areas involves a structured and iterative approach. Here's how the process unfolds: **Establish Clear Metrics and Targets**: Each priority area identified for quality improvement have specific metrics and targets associated with it. These metrics include things like % reduction of…, improvement in resident satisfaction scores in … , decrease in..., etc. Targets are realistic, measurable, and time bound. **Regular Monitoring and Data Collection**: Regular data collection is essential to monitor progress toward the established metrics and targets. Data is collected through various sources such as incident reports, resident assessments, surveys, and quality audits. The frequency of data collection may vary depending on the nature of the improvement initiative, but it is frequent enough to provide timely feedback on progress.

	Analysis and Reporting: Collected data is analyzed to track progress against the established metrics and targets. The analysis identifies trends, patterns, areas of improvement, and any deviations from expected outcomes. Reports are generated to communicate this information to relevant stakeholders, including the CQI committee, the Board Quality Committee, management team, frontline staff, residents, and families. **Identify and Implement Adjustments**: As data is analyzed, any areas where progress is not meeting expectations or where new challenges arise are identified. The CQI committee collaborates to determine appropriate adjustments to the improvement plans. This may involve revising strategies, reallocating resources, providing additional training or support to staff, or addressing underlying issues that may be hindering progress. **Continuous Communication**: Transparent and ongoing communication is vital throughout the process. Stakeholders need to be kept informed about progress, challenges, adjustments, and outcomes. Regular meetings, newsletters, bulletin boards, and other communication channels are used to share updates and solicit feedback. **Celebrate Achievements and Successes**: It's important to recognize and celebrate achievements along the way. When milestones are reached or significant improvements are made, it boosts morale and reinforces the importance of quality improvement efforts. **Documentation**: Throughout the process, detailed documentation is maintained to track all aspects of quality improvement initiatives. This includes documentation of data collection, analysis reports, meeting minutes, adjustment plans, communication materials, and outcomes achieved. Documentation ensures accountability, facilitates learning, and provides a record of progress over time. **Evaluation and Reflection**: At the end of the fiscal year, a comprehensive evaluation is conducted to assess the overall impact of quality improvement efforts. This evaluation involves reviewing the original goals and targets, analyzing final outcomes, and reflecting on lessons learned. The findings of this evaluation inform future quality improvement planning and initiatives.

	By following this structured process of monitoring, adjusting, and communicating outcomes, to ensure the Home can effectively drive continuous improvement in quality of care and services for its residents throughout the 2026/27 fiscal year**.**

Annual Resident and Family Experience Survey

The date Annual Resident and Family Experience Survey was taken during the fiscal year	Resident and Family/Caregiver surveys for 2025 ran from August 25, 2025, until October 7, 2025.
	Results of the Survey taken in October 2025: Overall Satisfaction: Overall Satisfaction is determined in 2 key questions in the survey: 1) "How would you rate our home overall?" 2) "Would you recommend Kristus Darzs to a family member or friend needing long term care?".

	Residents: • Ninety-three percent (93%) of resident respondents rated the home overall in the excellent/very good/good categories. On a positive note, "good" responses improved (28% in 2025 vs 22% in 2024), "very good" responses remained stable at 34%. • Eighty-nine percent (89%) of respondents would positively (definitely/probably yes)" recommend Kristus Darzs to a family member or friend needing long term care. Families: • One hundred percent (100%) of families/SDM responding to the survey rated the home overall in the excellent/very good/good categories, compared to ninety-six percent (96%) in 2024. • One hundred percent (100%) of families/SDM responded they would (definitely/probably yes)" recommend Kristus Darzs to a family member or friend needing long term care, compared to ninety-one percent (91%) in 2024. Overall Resident and Family respondents have a high level of satisfaction with Kristus Darzs as indicated by the "overall" and "would you recommend" ratings. Additionally, the home has managed to sustain and, in some cases, exceed this high satisfaction ratings year over year.
How, and the dates when, the results of the survey taken during the fiscal year were communicated to the residents and their families,	• **Resident survey 2025:** ○ The resident survey draft was taken to the Resident Council for input on August 13, 2025. ○ Date of distribution of surveys was done on August 25, 2025.

Residents' Council, and members of the staff of the home.	○ Results of the survey taken to Residents: Residents informed about the survey results during Resident Council meeting on October 22, 2025, and discussion meeting with the residents on priority areas was held on November 5, 2025. • **Family survey 2025:** ○ The family survey draft was taken to the Families for input on June 26, 2025. ○ Date of distribution of surveys was done on August 28, 2025. ○ Results of the survey taken to Families: January 21, 2026, during a Family Zoom Meeting followed by a memo via email. • **Management**: The survey results were shared with the management members during manager's meeting on October 28 and November 4, 2025. • **Staff:** November 4, 11, 25 and December 2, 2025, during the staff huddles and November 20, 2025, during the Continuous Quality Improvement Meeting. The annual survey results help to guide the identification of areas for quality improvement initiatives within the home. We are committed to reviewing and acting on survey results to assist in improving how we deliver the care and services at Kristus Darzs Latvian Home.

Actions Taken

(This report is updated every quarter as progress is made)

I. **Actions taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the survey carried out during the fiscal year, the dates the actions were implemented and the outcomes of the actions**

1. **Priority Area:** Prioritize residents' decisions about their care through emotion-centred approach.

Change ideas	Actions taken	Implementation Date
Involvement of resident in care plan, during quarterly Care needs assessment	• A Care needs assessment questionnaire will be created according to RAI-LTCF by interdisciplinary team and provided to residents quarterly by Resident Support Services Coordinator.	April 2026
Seek residents feedback during Residents' Council Meeting	• Quality Lead will record and analyze on concerns raised by residents related to care decisions and addressed by Leadership during Residents' Council Meeting.	April 2026
Educate staff on different attributes of resident-centred care, including communication and shared-decision making	• Education will be provided for 100% of registered staff by October 2026.	May 2026
Empower resident voice by implementing "Walk a mile in my shoes" program for staff	• Provide inaugural session to staff in September.	September 2026

2. Priority Area: Decrease rate of preventable Emergency Department visits.

Change ideas	Actions taken	Implementation Date
Improve Post-Fall Assessment to reduce ED transfers	• Situation, Background, Assessment, Recommendation (SBAR) tool will be added to Point Click Care Communication with MD section. • SBAR Competency training will be provided to newly hired Registered Nurse staff.	April 2026 April 2026
Urinary Tract Infection prevention and management in Long Term Care Home	• Urinary Tract Infection Audit for high-risk residents will be created by ADOC and completed monthly by IPAC Lead. • Education will be provided for Personal Support Workers to improve quality of perineal care for residents.	April 2026 April 2026

3. Priority Area: Improve staff responsiveness and availability to respond to resident needs.

Change ideas	Actions taken	Implementation Date
Reduce the average call bell response time to less than 2 minutes	• DOC and QI conduct the floor-wise weekly call bell audit and DOC investigates and addresses any delays in call bell responses with the individuals involved	On-going
Improve screening and hiring strategies including emotion-centred approach	• All departments will update interview questions to include emotion-centred approach.	April 2026

4. **Priority Area:** Improve communication regarding resident health updates.

Change ideas	Actions taken	Implementation Date
Improve communication between Residents and Physicians	• Resident Support Services Coordinator will inform the Physician responses provided by the residents from the quarterly Care needs assessment questionnaire. • Health updates communication to resident tool will be added to Point Click Care Physician Notes section.	May 2026 April 2026
Ensure all staff present for hand-over and shift report	• DOC/ADOC will conduct bi-weekly audits for three months by observing staff attendance for shift report and monthly thereafter. • Enforce punctuality and reduce absences for shift-report according to Attendance Policy.	May 2026 May 2026

II. Any other actions taken to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement during the fiscal year, the dates the actions were implemented and the outcomes of the actions

2026/2027 Additional Quality Improvement Initiatives

Quality Dimension	Area for improvement	Actions taken	Implementation Date	Improvements/ Outcomes	Communication
Accommodation	Grounds cleanup	Spring cleanup of fallen branches and dead foliage.	April 2026	Essential for lawn aeration, prevent mold and protect landscaping.	**Residents:** Residents' Council on April 22, 2026
	Air temperature	Air conditioning units installed in all rooms except those who refused in writing.	May 2026	Maintain air temperature at comfortable level and prevent heat-related illness during summer months.	**Residents:** Residents' Council on June 24, 2026
	Damaged furniture	New 15 bedside tables and 14 dressers ordered.	June 2026	Resident rooms with older furniture will be replaced by new dressers and bedside tables.	
	Dining room shades	New blinds/shades for both dinning rooms have been put up.	July 2026	Dinning room windows will be properly shaded without compromising the view through the window.	**Residents:** Residents' Council on July 22, 2026
	Damaged sidewalks	Removed damaged sections of the sidewalk and both entrances, replaced with new concrete.	August 2026	Safe sidewalks for both residents and staff, reducing the risk of falls.	**Residents:** Residents' Council on September 9, 2026
Care	Staff education	Staff trained on education given by the Psychogeriatric Resource Consultant (PRC) for sleep and behaviour of residents.	March 2026	Improved skills in understanding and managing responsive behaviours through PRC education.	**Residents:** Residents' Council on April 22, 2026
		PSW staff received education on safe transfers, lifts, slings, mobility, diabetes, continence care and incontinence products.	April 2026	Staff sharpened their skills to provide better quality of care for our residents	

		Staff received education on safe transfers, medication administration & documentation, enhanced communication & documentation using SBAR. Staff received education on oral care and personal hygiene, palliative care and Freestyle 3 sensors usage for residents living with diabetes. Staff received education on Falls Prevention from Registered Dietician on diabetic balancing. Staff received education on Skin and Wound Care.	May 2026 June 2026 July 2026 July 2026 August 2026 September 2026		**Residents:** Residents' Council on June 24, 2026 **Residents:** Residents' Council on July 22, 2026 **Residents:** Residents' Council on August 12, 2026 **Residents:** Residents' Council on September 9, 2026
Care	Infection control	84 staff members received education on PPE donning and doffing, 4 moments of hand hygiene, Point of Care Risk Assessment, respiratory etiquette, UTI prevention and proper peri care for residents. TD, Prevnar 20 vaccines	March 2026 April 2026 May 2026 March 2026	Staff sharpened their skills to provide better quality of care for our residents. 5 doses of Prevnar 20 vaccine and 5 doses of TD vaccine were administered to newly admitted residents. Covid-19 vaccination will commence.	**Residents:** Residents' Council on May 6, 2026

		Covid-19 vaccination	May 2026	69 doses administered to residents with signed consent forms, 3 doses to staff.	**Residents:** Residents' Council on June 24, 2026
Care	Staff to resident ratio	1 new PSW was hired and 9 PSW students commenced placement.	April 2026	With increased staff, residents receive timely assistance for their needs.	**Residents:** Residents' Council on April 22, 2026
		7 RN students, 5 RPN students and 2 PSW students commenced placement.	April 2026 May 2026 June 2026		**Residents:** Residents' Council on June 24, 2026
		1 new student started placement in the Programs department.	May 2026		
		1 new student started placement in the Programs department.	June 2026		**Residents:** Residents' Council on July 22, 2026
		2 RN students and 10 PSW students commenced placement.	July 2026		
		1 PSW student commenced placement.	August 2026		**Residents:** Residents' Council on August 12, 2026
Programs	Emergency Preparedness	Conducted CODE Blue drill.	April 2026	The Code was completed successfully and the Team learned importance of communicating with Facility Manager for directions.	**Staff:** April 16, 2026 **Residents:** Residents' Council on April 22, 2026

		Conducted CODE White drill.	May 2026	Night Staff were educated on procedures involving a violent person.	**Staff:** May 9, 2026 **Residents:** Residents' Council on June 24, 2026
Programs	Outing for residents	Residents had an outing to McMichael Art Gallery for a Special Exhibition Tour.	March 2026	Residents has an opportunity to enjoy Indigenous Art and their culture through a private guided tour	**Residents:** Residents' Council on April 22, 2026
	Garbage around the premises of the building	For Earth Day a "Walk & Clean" initiative was organised to collect and dispose of garbage around the building by KD staff.	April 2026	Prevent garbage accumulation around premises of the building and provide clean environment for residents.	
	Palliative Care	Poem and music added as part of Code Butterfly.	July 2026	Respectfully honor resident's memory contributing to a more dignified and meaningful departure.	**Residents:** Residents' Council on July 22, 2026
Services	Staff Scheduling	Implemented a new application called Staff Schedule Care to maintain consistency in staff scheduling.	August 2026	Will improve staff scheduling efficacies and accuracy.	**Residents:** Residents' Council on September 9, 2026

The role of the Residents' Council in actions taken	1. Residents emphasized the importance of consistency in their assigned care staff, noting that frequent changes in staffing can lead to inconsistencies in care. They also shared that they develop strong, trusting relationships with their caregivers and asked leadership to review staffing practices to improve scheduling stability and attendance. • As a result, the management commenced Staff Schedule Care system on August 31st, 2026. It is an online automated system to improve staff scheduling and continuity of care. • In addition, the Attendance Management Program was introduced in May of 2026 to support employees experiencing attendance challenges and to promote more reliable staffing for residents.