

THE CARDINAL AMBROZIC HOUSES OF PROVIDENCE

CONTINUOUS QUALITY IMPROVEMENT ANNUAL REPORT – 2025-2026

Designated Leads

- Melissa Aguilar, Quality Improvement Specialist and Lead, co-chair of Continuous Quality Improvement Committee (CQIC)
- Pat Colucci, Administrator, co-chair of Continuous Quality Improvement Committee
- Dr. Ashley Verduyn, Medical Director, Chair of Continuous Quality Improvement Operational sub-committee (CQIC-OS)

Overview

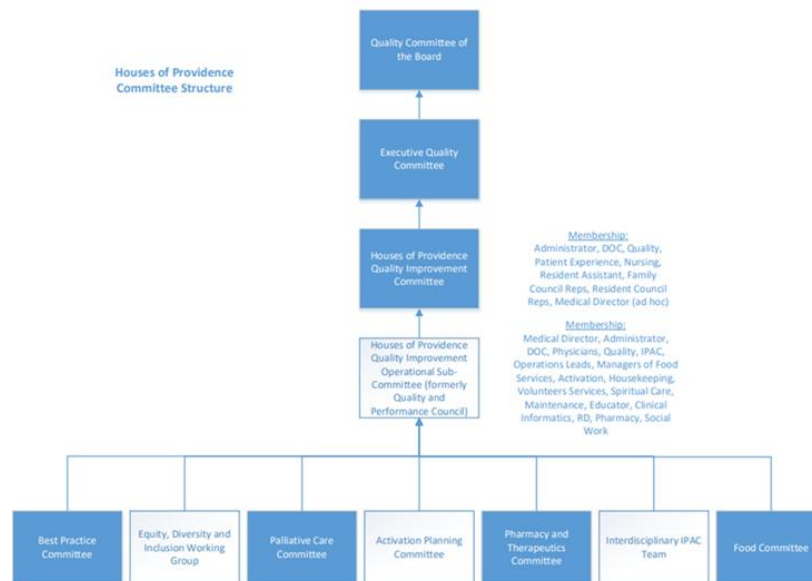
The Cardinal Ambrozic Houses of Providence is home to 288 long residents in East Toronto. “The Houses” is a Catholic long-term care home with a diverse population of residents from various ethnic and spiritual backgrounds.

CQIC Structure and Composition

The Houses of Providence Continuous Quality Improvement Committee (CQIC) is comprised of 2 parts: 1) The Continuous Quality Improvement Committee and 2) Operational Sub-Committee. Together they work to fulfill the requirements for Continuous Quality Improvement, per the FLTCA, 2021.

This Committee makes recommendations related to system and service changes, including recommendations to various home-level committees, to achieve desired quality improvement goals.

The required membership in section 42 of the FLTCA is represented across both committees.



Protocols to Guide Continuous Quality Improvement:

The Houses' Quality program is based on Unity Health's Quality Management System (QMS). This framework is a key component of our commitment to quality improvement and outlines 8 guiding principles of quality management:

1. Efficient
2. Timely
3. Effective
4. Safe
5. Integrated
6. Equitable
7. Provider Wellness
8. Resident and Family Partnered Care

The Quality program and CQIC guides the analysis and development of quality improvement initiatives based on the review of key performance and quality indicators.

Quality Improvement Initiatives 2024-25

In regards to Resident Experience, a proposal was brought to the Resident Experience Committee to align the Resident Experience Quarterly Survey questions with the questions on the home's annual Resident and Family Satisfaction survey, in order for the home to better trend responses and feedback received throughout the year. The committee, which included resident and family members, voted on which survey questions they wanted included.

Several focus groups were completed with residents at the Houses. This included a specialized focus group for residents living in the secure dementia units to obtain additional feedback about their experiences living at the Houses of Providence.

In response to feedback from the focus groups, lists of staff contact names and numbers have been posted in standard locations on the units (in the dining room and by the phone at the nursing station) for residents/families to access. This was in response to the concern that residents were unsure who to contact with a concern or complaint. The staff contact list has also been added to the bi-monthly resident and family newsletter.

Regarding our pressure injury prevention program, a significant focus has been on providing education on wound staging with 84% of registered staff having received this education, exceeding the target of 80%. The updated wound staging process was communicated at the registered staff meeting and added to new staff orientation. An audit was completed of therapeutic surfaces; no mattresses required replacing but 8 additional mattresses were purchased due to resident need.

Additionally, each unit has now received a specialized wound treatment cart to better support care of residents with pressure injuries. In addition, feedback received from residents and families about the management of pressure injuries from the 2024 Resident and Family Annual Satisfaction survey was taken into account when deciding that the Houses would commit to continuing work on the pressure injury management program for 2025-26.

Work continues in regards to equity and diversity priorities. 83% of staff, leaders, physicians, residents and family council members completed education on equity, diversity or anti-racism

topics. The Houses' Equity, Diversity and Inclusion (EDI) working group also prioritized the review of policies related to the core clinical programs from an equity lens.

Communication on EDI related topics occurred in March for Residents' Council and in February for Family Council.

The Houses has had a continued focus on improving our palliative care program over the past year. After a period of planning and engagement with the Palliative Care Committee, interdisciplinary palliative care rounds were initiated in October 2024.

The interdisciplinary team gathers together on a weekly basis to conduct a holistic review of residents who are palliative, end-of-life or who may benefit from a palliative approach to care. Feedback received from staff highlight that the team rounds have increased their knowledge of the resident's needs and as well as their role in supporting the provision of a palliative approach to care.

In December 2024, the Houses implemented weekly quality huddles with front-line staff as a method to increase staff's awareness and engagement with quality improvement priorities.

Palliative Care was added as an indicator on our quality boards, and staff were updated about their unit's performance on our palliative outcome indicator, "the percentage of residents who received palliative care for greater than 30 days prior to death", which is an indicator that was carried over from the 2023-24 QIP.

Based on feedback from a registered staff focus group, palliative care education was developed in collaboration with our Palliative Clinical Nurse Specialist. An interactive, case-based learning session was offered to registered and interdisciplinary staff in January 2025 to increase the staff's skills and comfort level with navigating difficult conversations and facilitating discussions on goals of care. In the coming year, there will be a continued focus on offering education including sessions for Resident Assistants and families.

Lastly, the Infection Prevention and Control (IPAC) program has been focused on quality improvement through a variety of approaches. This includes the training and development of IPAC Champions to increase auditing and education opportunities for staff. In addition, a "Plan, Do, Study, Act" was implemented to assess the benefit of utilizing hand sanitizing wipes as an alternative for residents who cannot complete hand hygiene independently. Based on the results of this trial, the use of hand sanitizing wipes has been adopted across the home and education was introduced for staff. IPAC was also added as an indicator on the unit quality boards/huddles to increase staff engagement on overall IPAC related topics.

Process to Identify Priority Areas for Quality Improvement

Prioritizing areas for quality improvement reflects a comprehensive approach. Together, the CQIC and CQIC-OS review the following indicators to help determine the areas of priority for the Quality Improvement program:

- statistical trends in areas of care and services
- program evaluations
- inspection protocols and inspection results
- internal audits
- external reviews – compliance, accreditation, health and safety

- home level and publicly reported quality and performance indicators
- concerns and/or complaints
- results from the Annual Resident and Family Satisfaction surveys and Resident quarterly surveys

Residents and families participate in quality improvement work through on-going dialogue at Council meetings, representation on operational committees (e.g. CQIC, Palliative Care, Activation Planning Committee and Food Committee) and through their participation in quality improvement surveys.

The QIP reflects a blend of locally driven initiatives (e.g., those informed by residents, families, the results of the annual satisfaction survey and home-level statistical analysis) and initiatives prioritized provincially for the sector (e.g., publicly reported quality indicators and those prioritized by the Ministry of Long-Term Care for inclusion in QIPs).

QIP and Satisfaction Survey Planning Cycle

The quality improvement planning cycle begins each year in the Fall and involves engagement with Residents, Families and Staff on the Satisfaction survey.

Please see the appendix for 2024 survey results.

Action	Values
Date draft survey taken to Residents' Council for input (d/m/y)	October 11, 2024
Number of surveys distributed	130/185 eligible residents completed surveys
Date of Distribution start date (d/m/y)	November 18, 2024
Duration for survey completion	2 weeks
Date surveys to be completed (d/m/y) and portal closed	November 28, 2024

Action	Values
Date draft survey taken to Family Council for input (d/m/y)	October 21, 2024
Number of surveys distributed	120/273 family members completed surveys
Date of Distribution start date (d/m/y)	November 15, 2024
Duration for survey completion (e.g., 2 weeks)	2 ½ weeks
Date surveys to be completed (d/m/y)	December 4, 2024

- Melissa Aguilar, Quality Improvement Specialist presented the results of the Annual Survey with the Houses' leadership team on January 22, 2025 and with the CQIC on February 13, 2025.
- Melissa Aguilar, Quality Improvement Specialist, communicated Dining and Food related feedback to the Clinical Operations Lead for Dietary Services on February 25, 2025; this feedback will be brought forward to the Food Committee in March 2025 for follow-up.
- Similarly, feedback related to Activation and programming was related to the Manager of Activation on February 28, 2025 and follow-up will occur at the Activation team meeting, and the Activation Planning Committee in April 2025.
- Pat Colucci, Administrator, presented the results of the survey to staff at general staff meetings with a Powerpoint presentation on March 5, 2025.
- Pat Colucci, Administrator, communicated the results of the annual survey to residents and families, and their respective councils, on March 26 and March 12, 2025 with a Powerpoint presentation.

Priority Areas for Quality Improvement in 2025-2026

The Houses of Providence is committed to continuous quality improvement. Our quality improvement plan (QIP) for **2025-26** reflects our specific quality commitments and is posted to Unity Health Toronto's website.

Some key priorities (and objectives) include:

- Reducing the number of newly acquired stage 2, 3, 4 unstageable and deep tissue pressure injuries in the Houses of Providence through the following change ideas;
 - Enhancing the current process for high risk rounds.
 - Implementing an application to improve registered staff's early identification, tracking and documentation related to pressure injuries.
 - Developing Best Practice Wound Care Champions on each floor to help disseminate knowledge to practice transfer.
- Monitoring the percentage of staff and leadership in the Houses of Providence who have completed relevant equity, diversity, inclusion and antiracism education.
- In addition, the Houses will develop a support process for staff who encounter racism during the resident-provider interaction.
- For 2025-26, the Houses is focused on reducing the number of emergency department visits, through the following actions:
 - Developing guidelines for registered staff and Physicians to better leverage use of external resources (Nurse Practitioners from Unity Health Nursing Led Outreach Team or contacting LTC + program).
 - Increasing awareness of a palliative philosophy with families and Resident Assistants through targeted education sessions.
 - Lastly, identifying residents benefitting from palliative care earlier in the care trajectory through the facilitation of interdisciplinary palliative care rounds.

Additional opportunities for improvement resulting from the annual survey include:

- A focus on further increasing resident and family involvement in regards to activation planning, promoting equitable access to central activities for residents, and enhancing a focus on creative recreational activities for residents. In addition, the activation department will conduct a feasibility assessment of initiating a resident pen pal program

to increase social opportunities among residents living on different floors. All change ideas are targeted for implementation by the end of Q3.

- The food services committee will look to implement a resident suggestion box for residents to provide suggestions or recipes for the food services department to consider in menu planning by the end of Q2.
- Feedback in regards to call bell response times will be brought forward as a 2025-26 priority when Providence Healthcare's Information and Communication department looks to update the call bell system organization wide. A process for completing regular call bell report audits will be put into place for on-going monitoring which is targeted for the end of Q2.
- Lastly, alternatives for vendors are being explored to address concerns about the labelling of laundry items. In addition, the home is supporting more opportunities for family members or caregivers to complete laundry on-site.

Updates on the plan and progress of the QIP and other QI projects are provided on the request of the respective Chairs.

Process to monitor and measure progress

Quality Improvement science provides processes to monitor and measure progress, and to identify and implement adjustments. The Houses' Quality program and Continuous Quality Improvement Committee monitors and evaluates performance on a number of program level key performance indicators as well as provincially reported benchmarking indicators.

Additionally, the Institute for Healthcare Improvement's Model for Improvement is utilized as a model to monitor and measure progress. Furthermore, qualitative feedback is elicited by utilizing ongoing feedback from residents and families by way of our annual and quarterly satisfaction surveys and committee/council membership.

Communication of Quality Improvement work

The Houses of Providence facilitates opportunities for communication to Residents' Council, Family Council and staff around the annual Quality Improvement Plan and other quality improvement planning and implementation.

Other communication strategies include the following:

- Posting the QIP in highly visible areas within the long-term care home
- Weekly staff quality board huddles and monthly staff meetings
- Quarterly reports on progress of quality improvement work to Unity Health Toronto's Executive Quality Committee and Quality Committee of the Board
- Sharing quality improvement highlights by way of Annual Reporting as part of the QIP development and implementation process.
- Participation of Resident and Family Council representatives and front-line staff on the Quality, Palliative Care, Activation Planning and Food Committees.
- Administrator's Report at Family Council (April 10, 2024, October 9, 2024, March 12, 2025) and Residents' Council meetings (January 25, 2024, May 30, 2024, July 25, 2024, September 26, 2024, March 25, 2025).
- Quality Improvement Specialist presented at Family Council (November 17, 2024) and can present at Resident Council as requested.

Appendix



Cardinal Ambrozic Houses of Providence Resident/Family Experience Survey Overview 2024

Background

The Fixing Long Term Care Act 2021, Ontario Regulation 246/22 mandates that each home at least once in a year, conduct a survey of the residents, their families and caregivers to measure their experience with the home and the care services, programs and goods provided in the home. The home must seek the advice of the Resident's and Family Council in carrying out the survey and acting on its results. As part of the Ministry's Quality Improvement Initiative annual report, homes are required to share the details of the survey process, the results and actions taken in collaboration with Family and Resident Council and staff.

In the fall of 2024, the Houses of Providence once again participated in the Alliance Group Experience Survey Initiative by offering residents and families an opportunity to provide input to the survey and complete the survey based on their experience living and having a loved one living at the home. Input to the survey was sought from Resident and Family Councils.

Distribution

For the resident surveys, residents of the home were screened for eligibility (able to understand and participate in the survey) using inclusion criteria of a Cognitive Performance Scale (CPS) of 0-2 as per the Resident Assessment Instrument-Minimum Data Set (RAI-MDS). Note: the CPS eligibility was changed this year to CPS scores of 0-2. Homes were finding that residents with a CPS score of 3 were unable to respond to the survey even with the assistance of volunteers.

This year Substitute Decision Makers (SDMs) (1 per family) were offered the opportunity to complete the satisfaction survey even if the resident was not eligible to participate in the survey. Paper versions were eliminated this year, and responses were

submitted via Survey Monkey. Response ratings were not negatively affected by this change.

The survey contained a combination of questions including:

- Questions, including Infection Prevention and Control with a six (6) point scale (never, sometimes usually, always, don't know, not applicable).
- Questions including Home Specific questions with a five (5) point scale (never, sometimes usually, always, don't know).
- A question with a five (5) point scale (definitely no, probably no, probably yes, and, definitely yes, don't know).
- Program related questions asking for feedback on core programs including falls management, skin and wound management, continence management, restraint minimization and pain management
- Open ended questions allowing the respondents to indicate what they liked about the home and suggestions for improvement.

Response Rates

Resident Surveys: One hundred and eighty five (185) residents were deemed eligible to complete the surveys based on cognitive scores. One hundred and thirty (130) eligible residents responded to the survey accounting for a seventy percent (70%) response rate compared to eighty-nine percent (89%) in 2023.

Family Surveys: Two hundred and seventy-three (273) surveys were distributed, and one hundred and twenty (120) surveys were completed accounting for a forty-four percent (44%) response rate compared to forty-three percent (43%) in 2023. Greater than thirty (30%) percent response rate is considered good in surveys of this type.

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 the Houses of Providence to a family member or friend needing long term care?"

Resident:

- 1) Eighty-seven percent (87%) of resident respondents rated the home overall in the excellent/very good/good categories, a slight increase compared to eighty-three-percent (83%) in 2023.

- 2) Eighty-six percent (86%) of resident respondents indicated they would positively (definitely/probably yes)” recommend the Houses of Providence to a family member or friend needing long term care, and increase, compared to seventy-eight percent (78%) in 2023.

Family:

- 1) Ninety-three percent (93%) of families responding to the survey rated the home overall in the excellent/very good/good categories compared to ninety-four percent (94%) in 2023.
- 2) Ninety-one percent (91%) of families responded they would positively (definitely/probably yes)” would recommend the Houses of Providence to a family member or friend needing long term care, the same as 2023.

Overall

Resident satisfaction rating in the “overall” and “would you recommend” categories increased compared to 2023. Family respondents have a high level of satisfaction with care and services which has been maintained over the last year.

The report is divided into five sections:

Overview	The overview provides a synopsis of the results of where the home is doing well and suggests areas to be considered for improvement
Resident/Family Graphs	The graphs provide a question-by-question breakdown comparison of family and resident responses to similar questions. Graphs are colour coded to reflect resident and family results.
Resident/Family Comments	The comments provide family and resident comments to each domain in the survey.
Resident/Family Communication	This section contains a sample letter that can be used to communicate the results of the survey including areas that the organization intends to focus based on the results.
Quality Improvement (QI) Template	A QI template to be used to plan and monitor improvements identified in the survey.

Quality Improvement Guidelines:

Opportunities for improvement can be identified qualitatively and quantitatively.

Questions receiving greater than 15% rating in the “never, sometimes” category should be considered a red flag for the home to further investigate and determine if improvements in that area are a priority for the organization. Don’t know and not applicable ratings above 10% will also be noted.

Ideally three opportunities for improvement should be identified. This controlled number allows the organization to focus its improvement efforts to achieve success. If possible it is recommended that the quality improvement initiatives chosen align with Health Quality Ontario’s Quality Improvement initiatives.

The results compare 2023’s performance with 2024 and are organized according to the following domains:

1. Dignity and Respect

This section endeavours to determine if residents’ and families’ experience at the home is one of courtesy, dignity, respect.

2. Care Provision

This section endeavours to determine if the care and services at the Houses of Providence meet the needs and expectations of residents and families.

3. Recreation

This section elicits information regarding residents’ and families’ perception of opportunities that are available to them to participate in programs and activities.

4. Food and Dining

This domain addresses food quality, menu variety, meal service and overall meal experience. Food is a very important aspect of life for seniors in long term care. Achieving resident satisfaction in this area can be a challenging due to individual tastes and preferences. With aging, taste and smell of food can be compromised so food takes on an even greater significance. In addition, eating together enhances socialization and encourages a sense of community.

5. Home Environment and Services

The home environment domain addresses the cleanliness of the common space, the home temperature and the maintenance of the building and grounds.

6. Communication

Effective communication is based on responsive, relevant, timely information. This section addresses resident and family satisfaction with the home’s current communication efforts.

7. Home Specific Questions

This domain includes questions about staff’s patience with residents and how well they listen to the resident.

8. Infection Prevention and Control

The Houses of Providence added questions referencing the home's support and communication during outbreaks.

Resident and Family Domain Ratings

This section of the report provides a summary of qualitative and quantitative data comparing 2023 and 2024 ratings and highlights themes arising from the data. Refer to the graphs section for a visual display of the quantitative data and refer to the comments section for individual comments.

2024-Resident Total Results-Percentages are rounded

Respect and Privacy

One area within this domain slightly exceeded the 15% never/sometimes threshold for improvement. Despite the one negative rating in this domain, there were many positive comments about the polite, respectful staff. One noted if residents respect the staff, they will respect you. Respondents thought privacy was provided and all is good. Other respondents wanted to be called by their name, not papa/mama. Some felt disrespected and thought that some staff were impatient and rude and appealed to staff to show respect through their tone of voice and words they use. A few wanted locks on their doors to protect their person belongings. They wanted better noise control and for staff to speak English when caring for them.

- Staff treat me with respect (say hello and address me by my preferred name) (85% usually/always compared to 82% in 2023).
- Staff respect my privacy (e.g. staff knock before entering my room, close the door when providing care to me) (16% never/sometimes compared to 14% in 2023).
- I can express my opinion without fear of consequences. (73% usually/always compared to 76% in 2023).

Care Provision

Two areas within this domain exceeded the 15% never/sometimes threshold for improvement. Although respondents did not think care was timely, they did acknowledge they received care that met their needs. There were many positive comments about the staff and the care. They used adjectives such as caring, understanding, excellent, responsive, compassionate and understanding to describe the staff. In describing the care, respondents thought the care was outstanding. Many felt happy with the care and felt blessed to be at Providence. Others felt more full time staff were needed to provide timely care. They also thought staff needed more training in care provision. Some provided examples of situations where they did not feel care was

acceptable. A couple wanted staff to make sure the call bell close so staff could access it.

- Staff are available to me within a reasonable time when I need them. (25% never/sometimes compared to 18% in 2023)
- I receive daily care that meets my needs. (86% usually/always, similar to 83% in 2023).
- I am given opportunities to make decisions about my care. (21% never/sometimes compared to 19% in 2023).
- Staff respect my cultural and spiritual values and lifestyle (i.e., holidays, food preferences etc.) (83% usually/always compared to 82% in 2023).
- Staff support me to access other health professionals if needed (i.e., dentist, foot care etc.) (76% usually/always compared to 61% in 2023).

Recreation

Areas within this domain exceeded the 15% never/sometimes threshold for improvement. There were many comments about the good spiritual care especially mass and religious services. Many thought the activities were good and enjoyable and complimented the activation staff. They liked bingo, outings, crafts, and dancing and felt they were kept busy with the activities. Others wanted more weekend activities, They suggested a number of activities to improve the program including knitting, painting, drawing, games, baking and dance program for residents with Parkinsons'. They wanted more information sessions and activities that addressed each resident's ability.

- I like the activities provided in this home. (21% never/sometimes compared to 17% in 2023).
- There are activities that support my religious/spiritual beliefs. (17% never/sometimes compared to 22% in 2023). "Not applicable" ratings increased to 13% compared to 6% in 2023.
- There are opportunities for me to participate in activities (16% never/sometimes compared to 17% in 2023).
- I have enjoyable things to do on weekends (i.e. visiting with family, reading material, leisure time in the garden). (21% never/sometimes, the compared to 27% in 2023).

Food and Dining

Areas within this domain exceeded the 15% never/sometimes threshold for improvement. Food can be a difficult area in which to achieve high satisfaction due to resident's personal preferences and specialized diets that some residents do not want to be on, but they are required due to their medical condition. Respondents liked the food. They thought the food was nutritious and good and liked that the meals were served on time. Others wanted more variety including fresh fruits and vegetables, more

French Fries, more rice, more herbs and spices. They suggested having a box where residents can suggest different foods. Some wanted more music and less noise (e.g., staff yelling across the dining room in multiple languages).

- The overall quality of food and drinks is good. (29% never/sometimes compared to 25% in 2023).
- There is a good variety of food and drinks offered to me. (22% never/sometimes compared to 29% in 2023).
- Mealtime is pleasurable (21% never/sometimes compared to 24% in 2023).

Home Environment and Services

Two areas within this domain exceeded the 15% never/sometimes threshold for improvement. Based on the number of comments, it is safe to say respondents like living at the Houses of Providence. Respondents liked the comfortable, safe, clean environment. They thought there was a good, peaceful atmosphere facilitated by kind residents and staff. Some liked being able to go to Tim Hortons and also commented on the beautiful, accessible grounds. Laundry services and inconsistent temperature control were highlighted as needing improvement (e.g., lost, ruined clothing, too hot, too cold).

- The home is clean and tidy (93% usually/always compared to 94% in 2023).
- The building and grounds are well maintained (90% usually/always compared to 82% in 2023).
- The temperature in the home is comfortable (17% never/sometimes compared to 18% in 2023)
- The laundry services are good. (20% never/sometimes compared to 12% in 2023). 11% stated this was “not applicable” compared to 7% in 2023.

Communication

Three areas within this domain exceeded the 15% never/sometimes threshold for improvement. Respondents thought communication was good and even outstanding and felt that staff listen to them. They felt they were able to communicate issues and concerns with staff and staff was sincere and dedicated when trying to resolve disputes. Despite the efforts of the activity coordinators to provide standard, accessible postings of who to contact, there are some respondents who are still unaware of who to contact with a concern. Overall, the comments confirm respondents want staff to listen to them. Some wanted to see their doctor more often. A few thought communication with the multicultural staff due to language barriers and wanted them to speak clearly and slowly, not loud and quickly.

- I am aware of who to contact to initiate a concern/complaint. (25% never/sometimes compared to 30% in 2023).

- I receive updates about my health. (32% never/sometimes compared to 25% in 2023).
- The physician explains things to me in a way I can understand. (73% usually/always compared to 74% in 2023).
- Staff listen to me. (20% never/sometimes compared to 27% in 2023).

Home Specific Questions

The focus of the questions changed from COVID to outbreaks this year, so results could not be compared with 2023. The “staff listen to me” ratings under the Communication domain are confirmed in the Home Specific domain with staff feel staff do not listen to them. Also comments under respect and privacy support the need for more patience and understanding of the resident.

Both areas exceeded the 15% never/sometimes threshold for improvement.

- Do you feel you are listened to my staff? (18% never/sometimes)
- Do you think that staff are patient with you (19% never/sometimes)

Room Location

Residents from the following units responded to the survey. HOP 2 had the highest response rates, the same as 2023. HOP 1 and HOP 4 response rates increased while HOP 3 responses rates decreased compared to 2023.

Room Location	2024	2023
HOP 1	25%	24%
HOP 2	28%	31%
HOP 3	25%	30%
HOP 4	22%	15%
Don't Know	1%	0%

Infection Prevention and Control

The questions received positive ratings. The question focus changed from COVID to outbreaks in general so year to year ratings could not be compared. Many respondents thought Providence has done a good job with outbreaks. They thought the home had very good protocols and communication and took the necessary precautions to keep residents safe. Others thought the protocols were too rigid while others thought policies should be reinforced. One respondent wanted hand sanitizers accessible in resident rooms.

- Does the home support you during outbreaks (e.g., Influenza, COVID)? (70% usually/always). 12% “did not know”.
- Does the home provide ongoing communication to you during outbreaks (e.g., Influenza, COVID)? (66% usually/always). 12% “did not know”.

Programs

Falls Management

35% of residents compared to 28% in 2023 indicated they had fallen in the last year. Of those residents who had fallen 80% rated the health care teams efforts in preventing recurrence as good, very good or excellent compared to 68% in 2023.

Skin and Wound Management.

13% of residents, the same as 2023 indicated they had experienced a bed sore/pressure injury in the last year. Of those residents who had acquired a bed sore/pressure injury, 19% rated the health care teams efforts in preventing recurrence as poor or fair compared to 44% in 2023.

Restraint Minimization

33% of residents compared to 17% in 2023 indicated they use a restraint (seat belt, bed rail, detachable tabletop). Of those residents who used a restraint, 16% rated the health teams efforts to communicate the risks as poor or fair compared to 58% in 2023.

Pain Management

54% of residents compared to 47% in 2023 indicated they experience pain. Of those residents who have pain, 17% rated the health teams efforts to manage the pain and keep them comfortable poor or fair compared to 29% in 2023.

Incontinent Management

56% of residents compared to 54% in 2023 indicated they use an incontinent product. Of those who use an incontinent product, 16% rated the product quality as poor or fair compared to 18% in 2023.

2024-Family Results by Domain

Profile

Children represent the highest percentage of families/Substitute Decision Makers responding to the survey. However, there was a decline in this category compared to 2023. Spouse, sibling and “other” respondents increased while friend respondents decreased slightly compared to 2023.

Relationship	2024	2023
Spouse	11%	9%
Child	43%	54%
Friend	3%	4%
Sibling	15%	9%
Other (e.g., grandchild)	28%	24%

Gender

Females remained the majority gender responding to the surveys. The response pattern was similar to 2023.

Gender	2024	2023
Female	63%	61%
Male	35%	39%
Non-Binary	2%	0%

Length of Stay

The following indicates how long the resident has been residing at the home. The majority of residents have been at the home for 1 to 3 years, the same as 2023. The other lengths of stay are similar to 2023.

Length of Stay	2024	2023
Less than 1 year	24%	23%
1-3 years	40%	40%
3-6 years	18%	22%
Over 6 years	17%	15%

Visiting Patterns

Most respondents were able to visit at least weekly or more often. Every day, every other week visits decreased slightly while monthly and other visiting patterns increased compared to 2023.

Visiting Patterns	2024	2023
Every day	11%	12%
Weekly	40%	41%
Every other week	8%	10%

Visiting Patterns	2024	2023
Monthly	13%	4%
Other (e.g., 6 times a week)	28%	33%

Family Response Rates by Unit

This addresses where the family members loved one resides. Families who had residents on HOP 1 had the highest response rates. HOP 1 and HOP 4 increased while HOP 2, HOP 3 and “don’t know” rates decreased.

Response rates by unit	2024	2023
HOP 1	25%	21%
HOP 2	15%	21%
HOP 3	18%	25%
HOP 4	23%	21%
Don’t know	19%	11%

Respect and Privacy

Areas within this domain received positive results. Respondents thought the staff was courteous and respectful and provided residents with privacy. Others thought improvements were needed. For example knocking on the door before entering, calling residents by their preferred name, saying hello and ensuring privacy during care..

- Staff treat my family member with respect (94% usually/always compared to 91% in 2023).
- Staff respect my family member’s privacy (close the door when providing care, knock before entering the room). (80% usually/always compared to 79% in 2023). 15% stated they “did not know” compared to 10% in 2023.
- My family member can express his/her opinion without fear of consequences (60% usually/always compared to 58% in 2023). 12% did not know compared to 22% in 2023 and 18% stated this question was not applicable compared to 11% in 2023.

Care Provision

Areas in this domain received positive ratings. Respondents had many positive comments about the staff and care their family member received. They thought the staff was kind, considerate, caring, knowledgeable and professional. Some described the care as compassionate, excellent and high quality. Respondents also mentioned the good medical care especially the regular and consistent physician involvement. Other respondents want more regular staff and less agency. They felt more consistent, qualified staffing on each unit would benefit the residents. Some wanted incontinence

care including more frequent toileting routines improved while others wanted access to foot care and dental care services.

- Staff are available to my family member within a reasonable time when needed (82% usually/always compared to 71% in 2023).
- My family member's daily care needs are met. (90% usually/always compared to 87% in 2023).
- I am involved in decisions about my family members care (86% usually/always compared to 89% in 2023).
- Staff respect my family member's spiritual values and lifestyle (i.e. holidays, food preference etc.) (82% usually/always compared with 76% in 2023).
- Staff support my family member getting access to other health professionals (i.e. dentist, foot care etc.) (84% usually/always compared to 80% in 2023).

Recreation

One area in this domain exceeded the 15% never/sometimes threshold for improvement. Despite the fact that one area exceeded the threshold for improvement, respondents had many positive comments about the existing programs. They liked the variety of programs including spiritual activities, live concerts, entertainment and daily mass. There were positive comments about the amazing activation staff and respondents noted times when the staff have gone above and beyond to meet the needs of residents. Others wanted more activities that focused on residents with higher cognition. They suggested activities to improve the Recreation Program including read aloud storytelling, travel shows, dance programs and outdoor excursions. Also more social programs, more 1:1 activities and more visits from priests and ministers were also suggested. Respondents wanted activities to be accessible to all residents, which might mean ensuring they are taken to an activity. Finally they wanted more evening and weekend activities.

- My family members like the activities provided in this home. (27% never/sometimes compared to 30% in 2023). 17% stated the statement was "not applicable".
- There are activities that support my family members religious/spiritual beliefs. (63% usually/always the same as 2023). 12% stated they did not know compared to 14% in 2023 and 16% rated this question as "not applicable" compared to 13% in 2023.
- My family member is offered opportunities to participate in activities. (75% usually/always compared to 72% in 2023).
- My family member has access to enjoyable things to do on weekends (i.e. visiting with family, reading material, leisure time in the garden etc.). (54% usually/always compared to 39% in 2023). 17% "did not know" compared to 21%

in 2023 while 14% said the statement was “not applicable” compared to 13% in 2023.

Food and Dining

Two areas within this domain exceeded the 15% never/sometimes threshold for improvement. Respondents thought the food was balanced, appealing, nutritional and varied. They thought the food was good and there were sufficient food and snacks offered. One respondent congratulated the home for offering more fresh fruit and hoped it continued. They thought the dining staff were genial and gracious and did a great job to ensure dietary needs were met. Many thought the food was bland and uninteresting. They wanted food to be warmer as appropriate, more fresh fruit, less sugary drinks and desserts and more food options for younger residents. The dining room is too noisy with staff shouting across the room. More attention is needed regarding cleanliness both of the resident and the dining room (e.g., handy hygiene, and floor, table top and chair cleaning).

- The food and drinks my family member receives are good. (80% usually/always compared to 78% in 2023).
- There is a good variety of food and drinks offered to my family member. (17% never/sometimes compared to 21% in 2023).
- Mealtime is pleasurable (18% never/sometimes compared to 20% in 2023).

Home Environment and Services

One area within this domain exceeded the 15% threshold for improvement. Respondents liked the environment for their family member. They appreciated the clean, safe, secure building. They like the large property, beautiful trees, and gardens. It seemed important that the facility was Catholic and there was a Church. The convenient location seemed important to some as it enabled them to visit. They felt that the friendly residents and staff contributed to a welcoming, pleasant atmosphere. Laundry services were highlighted as needing improvement (e.g., missing, mixed up clothing, shortage of linen) and there were a number of comments about the home needing odour control. Respondents also felt that cleaning protocols needed improvement (e.g., washrooms, cleaning under the bed and chairs). Respondents had suggestions about the exterior of the building as well. They wanted more flowers and bird feeders in the garden, more sweeping of the parking lot due to discarded masks and garbage and more pleasant patios.

- The home is clean and tidy. (96% usually/always compared to 89% in 2023).
- The building and grounds are well maintained. (94% usually/always the same as 2023).
- The temperature in the home is comfortable (94% usually/always compared to 86% in 2023).

- The laundry services are good. (16% never/sometimes compared to 20% in 2023).
- The home is free from odours (84% usually/always compared to 93% in 2023).

Communication

One area within this domain exceeded the 15% never/sometimes threshold for improvement. Respondents thought there was good communication between family and staff. They felt that management is approachable, attentive, empathetic and does what they can to move things along. Respondents thought they were updated as needed and are satisfied. Dr. Wong was mentioned as having excellent follow through and attention to detail. Respondents felt it was difficult to communicate with staff either by phone or in person. Some staff are unable to answer questions when asked in person and emails and phone calls are often not answered.. They want staff to listen to the residents and get to know them better. Some wanted better health updates from the doctor and to know who to contact with a concern. They felt that staff need better communication shift to shift so vital information is shared.

- I am aware of who to contact to initiate a concern/complaint (76% usually/always, the same as 2023).
- I receive updates about my family member's health. (19% never/sometimes compared to 18% in 2023).
- The physician explains things in a way I am able to understand. (81% usually/always compared to 87% in 2023).
- Staff listen to my family member. (76% usually/always compared to 69% in 2023).

Infection Prevention and Control

Both areas within this domain received positive responses. The questions received positive ratings. The question focus changed from COVID to outbreaks in general so year to year ratings could not be compared. Respondents thought the measure implemented were commendable including the vaccine clinics. They thought the policies and protocols are being followed and found the weekly newsletters to be helpful and informative. Others thought more consistency was needed with IPAC protocols. They did not want a non-infected resident to be isolated from group activities. They wanted more communication of fresh outbreaks. Others wanted restrictions relaxed and another recommended a paper that states vaccines are risky with little benefit.

- Does the home support you and your loved ones during outbreaks (e.g., Influenza, COVID)? (73% usually/always) 17% "did not know".
- Did the home provide ongoing communication to you during outbreaks? (85% usually/always). 11% "did not know".

Falls Management

35% of families compared to 48% in 2023 indicated “yes” that their loved one had a fall in the previous year and 88% of those who responded yes indicated that the health team’s efforts in preventing reoccurrence as good, very good or excellent compared to 92% in 2023.

Skin and Wound Management

26% of families compared to 19% in 2023 indicated “yes” their loved one had acquired a pressure ulcer in the last year and 23% of those who responded yes indicated that the health team’s efforts to in healing the ulcer was poor or fair compared to 22% in 2023.

Restraint Minimization

31% of families compared to 32% in 2023 indicated “yes” to their loved one using a seat belt, bed rail or tabletop. 84% of those respondents rated the home’s efforts to communicate the associated risks as good, very good or excellent compared to 78% in 2023.

Pain Management

55% of families compared to 62% in 2023 indicated that their loved one experienced pain. Of those that responded “yes”, 22% rated the home’s efforts to manage the pain and keep the resident comfortable as poor or fair compared to 11% in 2023.

Continence Management

85% of families compared to 82% in 2023 indicated that their family member used incontinence products and 70% rated the product’s effectiveness as good, very good or excellent compared in both years. 16% did not know compared to 22% in 2023.