

2025/2026 Deer Park Villa Continuous Quality Improvement Initiative Report

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Overview

Deer Park Villa is one of seven long-term care homes owned and operated by the Regional Municipality of Niagara. Located in Grimsby, it is home to 40 residents. As a Best Practice Spotlight Organization recognized by the Registered Nurses Association of Ontario (RNAO), and a recipient of Exemplary Standing from Accreditation Canada, we uphold the highest standards of excellence.

Our Mission - Working together, we provide the highest quality of life for Seniors living in long-term care and in the community.

Our Vision - Exemplary care, Compassionate team, and Community Leader.

Our Values - Respect, Serve, Choice, Honesty, and Partnership.

Our Approach to Continuous Quality Improvement

Deer Park Villa's quality improvement program provides a framework to ensure that residents' care, services, programs, goods, and accommodations are consistently monitored, analyzed, and evaluated. This framework is aligned with the Fixing Long Term Care Act, its Regulations, resident preferences, best practices, annual program evaluations, and Accreditation Canada standards.

We define "Quality as doing the right thing at the right time in the right way for the right person and having the best possible results." (Agency for Health Care Research and Quality). With that, our Home's quality program is based on a Resident and Family Centered Care Framework, with a guiding principle to foster and sustain an inclusive, safe, transparent culture where residents



and families are actively involved in decision making. Together, we work with residents and families in service planning, design, delivery, and evaluation.

We use a series of planning documents to ensure a comprehensive quality improvement program and include:

- Strategic Plan
- Operational Plan
- Quality Improvement Plan
- Resident Safety Plan
- Risk Management Plan
- Emergency Preparedness Plan
- Pandemic (Business Continuity) Plan
- Communication Plan
- Human Resources Plan
- Education Plan
- Emergency Preparedness Plan
- Pandemic (Business Continuity) Plan

Priority Areas

The team works together to identify priority areas for quality improvement in the Home each year. The process includes a review of performance data, feedback, and planning documents internal to the home, as well as a review of the external environment. This year, the team reviewed the previous year's priority areas and performance outcomes, as well as direction from Health Quality Ontario, input from the resident council, the Professional Advisory and Continuous Quality Improvement Committee, and feedback from staff.

Through this process, by the end of the first quarter of the year, the team identified the following priority areas and indicators for 2025/2026:

- 1) Access and Flow – Potentially Avoidable Emergency Department Visits
- 2) Equity – DEI training and education
- 3) Resident and Family/Caregiver Experience - How well do staff listen? Can you express your opinion without fear of consequences, knowing who to bring concerns to, and about physician services and continence products?
- 4) Safety – Falls and Utilization of Antipsychotic Medication

Monitor and Measure Progress & Implement Adjustments

Once the priority areas are identified, the team uses a Root Cause Analysis to identify the underlying causes to better understand contributing factors. From there the team sets SMART (Specific, Measurable, Attainable, Relevant, and Time-Bound) objectives and change ideas/action items as part of our action plan. This is followed by the use of the PDSA framework for change ideas that need testing.



Our teams, including the leadership team, core programs, council and quality committee, monitor the action plans and data on a monthly to quarterly basis at meetings, reporting on progress to date, improvements made and opportunities for change. It is a data-driven process, based on two-way, open communication. The Home uses an internal document sharing platform to manage its action plans, allowing the live document to be updated as needed and used for reporting as required. The Home is fortunate to have support and guidance from a Continuous Quality Improvement Advisor. If at any time, team members identify opportunities to adjust the plans, recommendations are made and brought forward for discussion.

The following data and/or information is used to support the need for adjustments:

- Performance indicators at the home and program level (PCC insights and NQUIRE)
- Priority indicators outlined in the annual quality improvement plans (Health Quality Ontario).
- Performance indicators from the Canadian Institute for Health Information System (CIHI)
- Resident and Family feedback, council feedback and experience survey results.
- Critical incidents, near misses, inspections, complaint logs, RNAO, feedback, audits, suggestion box feedback, accreditation survey feedback, infection control (IPAC), and other key focus areas are used.

Communicate Outcomes

Information about the quality improvement plans including the priority areas and outcomes is communicated to staff, residents, caregivers, visitors, students, volunteers and the public in various methods as follows:

Internal Communication

- Reports are presented to the Continuous Quality Improvement Committee
- Regular updates are provided at staff meetings/huddles (eg clinical, department).
- Quarterly updates are provided at Residents' Council meetings.
- An up-to-date report is posted on the Home's Quality Board located on the second floor.

External Communication

- Postings are on the Home's website and the Home's Quality Board located in the building.
- Electronic updates are sent to families and/or caregivers through emails and/or newsletters.
- Updates can be provided in person from the Quality Lead by request.

Reflections on Quality Improvement Since the Last Report

Reflecting on last year's quality improvement plans, we can see our approach to quality improvement in action, as well as the successes it brought to our Home. We are proud to have tested and implemented numerous activities for all our priority areas. As examples, we provided education and training, implemented new systems, made environmental enhancements and adopted new practices. As a result, we are pleased to see improvements in our performance outcomes with increased satisfaction scores for resident experience and reduced rates for antipsychotic medication use. Our successes underscore the hard work and dedication of our



teams, and we look forward to 2025/26 with our new improvement plans in place. Please refer to Appendix A and B for a detailed summary of our accomplishments from 2024/2025.

Resident and Family Satisfaction Survey

Each year, Deer Park Villa conducts a Resident and Family Satisfaction survey with its current residents and families/caregivers. In the previous year, three areas had low satisfaction scores, requiring an action plan for improvement. Two of the three areas identified in that improvement plan scored improved satisfaction in the recent 2024 survey, a great success for the Home. Appendix C presents the completed action plan for the 2023 Resident and Family Satisfaction Survey.

The 2024 Resident and Family Satisfaction survey was available from November 18, 2024, to December 8, 2024. The Home received 37 responses, including 27 from residents and 10 from families. Overall Care Satisfaction was 92.3%, Services 96.8% and Products 83.7%, with 100% of families and 96.2% of residents rating the Home as either Excellent or Good. Appendix D provides the complete results of the survey.

Communication of Results:

- January 9, 2025 – First update of results included in the monthly newsletter, sent to residents and families by email. January 8, 2025 – Posted blank action plan and results of the survey in the building for staff, residents, visitors, and families to read and fill out with their ideas for action items.
- January 20, 2025 – shared the results with the leadership team with an opportunity to develop the action plan.
- January 21, 2025 – Presented survey results to the Professional Advisory and Continuous Quality Improvement Committee and sought input into the action plan, collated results to the master action plan.
- January 22, 2025 –Presented results of the survey at the resident council meeting. Input and feedback were sought about the action plan (collected results to master action plan).
- January 29, 2025, EVS department meeting review of results and feedback for action plan.
- January 30, 2025 – Programs department meeting reviewed results and action plan input.
- February 19, 2025 – registered staff meeting, reviewed results and feedback for action plan.
- February 21, 2025- Dietary department reviewed results and feedback for the action plan.
- March 11 – Final copy of the action plan brought to the council and posted on the Quality Board.

2025/2026 Action Plans for Quality Improvement

Deer Park Villa has developed two action plans for fiscal year 2025/2026 to guide quality improvement at the Home for care, services, programs, goods, and accommodation based on the Resident and Family Satisfaction Survey results and its identified key priorities. Both action plans have been developed in collaboration with residents, the resident council, the Professional Advisory and Continuous Quality Improvement Committee, staff, and families/caregivers. It is the role of the Resident Council and Professional Advisory and Continuous Quality Improvement Committee to collaborate in the development of the plans, receive updates, provide feedback on progress to date with its implementation and make recommendations at any time. This will occur at a minimum on a quarterly basis during their meetings.



Table 2: Deer Park Villa 2025/26 Resident and Family Satisfaction Survey Action Plan

Area of Focus (Indicator)	Action Items	Target Completion Date	Role of Council and CQI Committee
Physician Services (77.8%)	<ul style="list-style-type: none"> • Physician Meet and Greet at Resident Council. • Implement three promotional materials to highlight the Physician and their services. • Provide a name tag for the physician to wear when in the Home. • Doctors in Day sign 	1. October 31 st , 2025. 2. October 31 st , 2025. 3. April 1 st , 2025. 4. April 1 st , 2025	The resident council and CQI committee receive and review quarterly reports (minimum) at their scheduled meetings. The members provide feedback, suggestions, and recommendations.
Knowing who to bring concerns to (75%)	<ul style="list-style-type: none"> • Post the manager's contact list in all areas. • Add the manager's contact list to the monthly newsletter. 	1. May 31 st , 2025. 2. May 31 st , 2025.	receive and review quarterly reports (minimum) at their scheduled meetings. The members provide feedback, suggestions, and recommendations
Comfort of Continence Products (77.8%)	<ul style="list-style-type: none"> • Prevail representative to provide education to registered staff and PSWs regarding continence care products. • Prevail representative to educate Resident Council regarding continence products. 	1. January 31 st , 2025. 2. January 31 st , 2025.	receive and review quarterly reports (minimum) at their scheduled meetings. The members provide feedback, suggestions, and recommendations



Table 3: Deer Park Villa 2025/26 Quality Improvement Plan

Areas & Performance Data	Change Ideas	Role of Council and CQI Committee
ED Avoidance	<p>Implement a Lab Integration function on PCC to improve resident care.</p> <p>To provide front-line staff with a "Change in Condition" quick reference guide to report changes in residents' status by</p> <p>To have a nurse practitioner lead training to educate front-line staff regarding avoidable ED transfers.</p> <p>Provide PSWs with education relevant to the care and needs of the population, with a focus on early identification of risk factors.</p>	<p>The resident council and CQI committee receive and review quarterly reports (at a minimum) at their scheduled meetings. The members provide feedback, suggestions, and recommendations.</p>
Diversity, Equity & Inclusion (DEI)	<p>Develop a personalized display (e.g., world push pin map) for employees to highlight and bring awareness to diversity, equity and inclusion.</p> <p>Provide DEI promotional materials to staff through various modalities.</p> <p>Fostering a diverse and collaborative world through AODA workshops</p> <p>Increase DEI committee involvement at the home to foster an environment where residents, staff and visitors feel valued and Respected.</p>	<p>receive and review quarterly reports (minimum) at their scheduled meetings. The members provide feedback, suggestions, and recommendations</p>
Resident Experience – Feeling Heard	<p>Utilize various modalities to promote physicians to residents, improving continuity of care and enhancing physician visibility.</p> <p>Ensure Residents and Families have access to AODA-compliant contact information for interdisciplinary team members.</p> <p>Enhance staff and resident knowledge and understanding of continence care products.</p> <p>To enhance the skills and knowledge of front-line staff through Partners in Care Training.</p> <p>receive and review quarterly reports (minimum) at their scheduled meetings.</p>	<p>receive and review quarterly reports (minimum) at their scheduled meetings. The members provide feedback, suggestions, and recommendations</p>



Areas & Performance Data	Change Ideas	Role of Council and CQI Committee
Resident Experience - Fear without Consequences	<ul style="list-style-type: none"> • To make Resident Council minutes readily accessible to all Residents to support engagement and keep everyone well-informed about the Council's activities and decisions. • To promote the Resident Council to residents utilizing multiple modalities. • Educate staff on different attributes of resident-centred care. • Encourage residents to use the meal survey kiosk to express their opinions and provide feedback about meal service. 	Receive and review quarterly reports (minimum) at their scheduled meetings
Fall Prevention	<ul style="list-style-type: none"> • Enhance the Resident's Wellness Café conversation events held at home by incorporating sessions focused on fall prevention strategies. • To empower residents with fall prevention skills through the newsletter • To have Lift and Transfer Champions for safer transfers • To add personnel to support and enhance the walking program. 	receive and review quarterly reports (minimum) at their scheduled meetings.
Antipsychotic Reduction	<ul style="list-style-type: none"> • Develop a process to monitor new residents' antipsychotic medication appropriateness. • Standardize a process for managing and organizing the medication room, with clearly defined roles and responsibilities. • To have a pharmacy-led anti-psychotic reduction in-service for front-line staff. • To implement therapeutic activity kit materials on units to support non-pharmacological interventions at Deer Park 	Receive and review quarterly reports (minimum) at their scheduled meetings.

Conclusion

Deer Park Villa is committed to its continuous quality improvement program and the Resident and Family Centred Care Framework on which it is built. Through our developed action plans for 2025/26, we have direction to make improvements in our priority areas. We are grateful for the support we have from our team, including our residents and families/caregivers, who are integral to our success. Their active involvement and feedback drive our efforts to enhance quality, ensuring we meet the needs of our Home and deliver the best possible outcomes for all.



Appendix A - Deer Park Villa Summary of Accomplishments from 2024/2025.

Indicator	Change ideas	Date Complete	Outcomes and Impact
Emergency Department Avoidance	Educate staff, residents, and families on the benefits and approaches to preventing emergency department (ED) visits.	Oct 22 nd , 2024.	(1) Registered Staff received ED avoidance education. (2) Residents discussed ED visits and falls at the Wellness Cafe. (2) An external partner discussed Hospice Care and ED visits with staff. (3) Newsletter on avoidable ED visits sent to staff, residents, and families.
Emergency Department Avoidance	Nurse-led outreach teams to provide education on early recognition and treatment of residents at risk for ED visits.	Sept 30 th , 2024.	(1) A PowerPoint on ED Avoidance was presented to 7 staff. (2) Outbreak Management in-service held with 7 attendees. (3) Med safety review by pharmacists for registered staff. (4) Safety talk distributed at department meetings.
Emergency Department Avoidance	Provide additional tests and treatments utilizing diagnostic equipment and offer staff training.	Oct 22 nd , 2024,	The home received a second bladder scanner and CADD pumps, which were used within the year to support assessments and enhance care.
Diversity, Equity and Inclusion	Management will complete DEI training as part of their new hire orientation.	Aug 30 th , 2024.	100% of new managers completed DEI training within 6 months of being hired, as part of their onboarding. This enhances workplace culture and engagement.
Diversity, Equity and Inclusion	Managers will identify DEI training as part of their annual performance objectives.	Feb 29 th , 2024,	100% of managers enhanced their understanding of DEI through performance objectives and implemented the actions they learned throughout the year.
Diversity, Equity and Inclusion	Promote DEI events and resources	Oct 22 nd , 2024,	10 promotional materials/activities were implemented in the home throughout the year for staff and residents.
Antipsychotic Reduction	Review the indicator and residents quarterly multidisciplinary medication reviews.	Dec 18 th , 2024.	Residents' antipsychotic appropriateness is consistently reviewed. Deer Park has successfully remained below the provincial average for antipsychotic usage.
Antipsychotic Reduction	Consult with Behavioral Supports Ontario.	December 18 th , 2024.	Responsive Behavior's Committee meets monthly with members of the BSO team. Referrals are made to BSO and recommendations for referrals are also supported at daily clinical meetings.



Indicator	Change ideas	Date Complete	Outcomes and Impact
Resident Experience – Feeling Heard	Enhance the most important aspects of our dining experience to make it more enjoyable and satisfying.	Oct 31, 2024.	A PowerPoint presentation was created to educate staff on factors that contribute to pleasurable dining. All managers reviewed this with their staff at their departmental meetings to support a positive dining atmosphere.
Resident Experience – Feeling Heard	Learn about and practice active listening towards residents.	Oct 23 rd , 2024.	(1) "Professional Boundaries" in-service was attended by 17 staff. (2) All staff received a copy of "The Art of Active Listening" tool via email. (3) The Education module covered effective listening habits and behaviors. (4) SBAR reviewed communication/assessment.
Resident Experience – Feeling Heard	Support the residents' council to make improvements to the home.	Dec 31 st , 2025.	Resident Council underwent a review to ensure they are making the most out of their resident council by reviewing the OARC tools.
Resident Experience – Fear Without Consequence	Ask residents questions that cultivate mutual respect and show empathy.	Dec 18 th , 2024.	1) 100% staff trained in customer service, family relationships, and complaints in annual PD. (2) All staff also received a "Customer Service Tip Sheet" via email and 2 documents on "Tips for Compassionate Communication with Deteriorating Patients."
Resident Experience – Fear Without Consequence	Promote the health and quality of residents by enabling social connections. Programming.	Dec 18 th , 2024.	For Quarter 1, 79.4% of events were social. Quarter 2: 86.8% of events were social. In Quarter 3, 90.3% of events were social.
Resident Experience – Fear Without Consequence	Enable social connections through environmental design	July 16 th , 2024.	1) The front courtyard was expanded. (2) A gazebo was added to the front walkway. (3) Increased seating in the lounge. (4) Revamped the café & "buck or two" general store. (5) Refreshed home with new colors and signage.
Fall Prevention	Surveillance of resident spaces to identify fall risks.	Dec 31 st , 2024	Quarterly, resident areas are monitored to limit the risk of falling.



Indicator	Change ideas	Date Complete	Outcomes and Impact
Fall Prevention	Implement a repositioning device for residents in wheelchairs at risk of sliding off the slide.	Oct 29 th , 2024.	5 repositioning devices were implemented. This helped manage risks and gave residents the control to reposition themselves.
Fall Prevention	Educate residents and their family members on fall reduction strategies	Dec 1 st , 2024.	1) Hosted a Wellness Café to educate residents on fall prevention (2) Utilized newsletter to educate residents and families on winter hazards (3) Followed RNAO best practices to engage residents and their families on fall risks, prevention, and intervention. (4) Reviewed fall prevention education at the ICC.

Appendix B - Other Actions and Priorities Taken by the Home in 2024

Area	Actions Taken
Accommodations	2024/11/30 – 2 team members were trained as GPA coaches to enhance the safe and secure environment. 2024/01/29 - 13 staff members attended a “Sexual Expression and Documentation” in-service provided by an external partner.
Care	2024/11/22 – Coloplast training provided to staff covering product applications and distinguishing between new products and those currently in use. 2024/11/20 - Spasticity in-service provided with 11 PSWs in attendance.
Services	2024/12/31 - Use the full function of the Welbi software to promote and enhance the recreation program and services.
Programs	2024/10/23 More variety of books, magazines available inside the chapel as part of a place of worship "refresh".
Goods	2024/10/24 - Prevail and Medline education and product review with staff. 2024/03/01 - Paraglide system implementation.



Appendix C- Deer Park Villa Completed Action Plan from 2023 Resident and Family Satisfaction Survey

Area of Focus (Indicator)	Action Items	Dates
Services Provided by the Physician	<ul style="list-style-type: none"> • Physician to attend resident council as invited. • Assign time during physician visits to meet with residents (target=10/year). • Support attending physician services with Nurse Practitioner services. • Include information about services in the newsletter. 	The final update was provided to the resident council on Oct 14/24 and the PAC on Oct 15/24.
Dietary Services	<ul style="list-style-type: none"> • Inform the team of the results. • Survey residents to narrow the scope of “dietary services”. • Provide training/education to staff regarding pleasurable dining (target=3 sessions held; 30 staff attended). • Ensure that residents with disruptive behaviors at meals have care plans and are followed (target = 100% of identified residents). 	The final update was provided to the resident council on Oct 14/24 and the PAC on Oct 15/24.
Quality of Food and Snacks	<ul style="list-style-type: none"> • Inform the team of the results. • Revise the spring and summer menu (NES manager will sit in the working group). • Standing item at resident council with NES manager in attendance to solicit input and give feedback. • Survey residents during meals and snacks regarding quality and act on results (target=30 surveys). 	Final update provided to resident council on Oct 14/24 and PAC on Oct 15/24.



Appendix D - Deer Park Villa 2024 Resident and Family Satisfaction Survey Results

Question Category	Question Short	Resident	Family	Combined
Care	Ability to Express Opinion Without Fear	88.9%	85.7%	88.2%
Care	Addressing Resident Concerns	84.0%	87.5%	84.8%
Care	Care Team - General	96.2%	100.0%	97.1%
Care	Feeling of Safety at the Home	100.0%	100.0%	100.0%
Care	Maintaining Privacy	96.0%	100.0%	97.0%
Care	Nurse Practitioner Services	94.7%	100.0%	96.3%
Care	Nursing Services - General	100.0%	100.0%	100.0%
Care	Pharmacy Services	92.0%	100.0%	93.9%
Care	Physician Services	78.9%	75.0%	77.8%
Care	Staff Hand Hygiene and Washing	91.3%	100.0%	93.5%
Care	Staff Listening and Understanding Needs	83.3%	87.5%	84.4%
Care	Treatment with Compassion and Respect	92.0%	100.0%	94.3%
Overall	Knowing Who to Bring Concerns To	66.7%	100.0%	75.0%
Overall	Overall Care Received		100.0%	100.0%
Overall	Recommendation of Home	88.0%	100.0%	90.9%
Overall	Response to Concerns	95.5%	100.0%	96.7%
Products	Comfort of Products	68.4%	100.0%	77.8%
Products	Healthy Skin Promotion of Products	84.2%	100.0%	89.7%
Services	Dietary Services	96.2%	100.0%	97.1%
Services	Food and Snack Quality	84.6%	90.0%	86.1%
Services	Housekeeping Services	100.0%	100.0%	100.0%
Services	Maintenance Services	100.0%	100.0%	100.0%
Services	Manager Helpfulness	93.3%	100.0%	95.5%
Services	Meeting Personal Needs	100.0%	87.5%	96.9%
Services	Reception and Banking Services	100.0%	100.0%	100.0%
Services	Recreation Programs	100.0%	80.0%	95.0%
Services	Rehabilitation and Physiotherapy	100.0%	100.0%	100.0%
Services	Resident and Family Support	100.0%	100.0%	100.0%
Services	Volunteer Services	91.7%	100.0%	94.7%

