

Continuous Quality Improvement (CQI) Summary Report – March 2025/2026

Continuous Quality Lead

- 1) Nikki Mann, RN, Director, Resident Services
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- 3) Shirley Viaje, RPN, Digital Health and Quality Lead

The CQI Lead role is to coordinate and ensure the CQI Committee conducts the following:

- Incorporates an integrated approach to identify, reviews gaps with a focused lens involving the interdisciplinary team members developing and executing measures to address these areas.
- Develops a culture for residents, families, caregivers, and staff to bring forth concerns, suggestions and recommendations for continuous quality improvement opportunities. Being a BPSO designated facility since 2022, continuously expanding staff champions, supporting leadership through Yellow and Green Belt Six Sigma certifications, Health & Safety annual course completion & Level 1 & 2 certifications, IPAC certifications, essential caregiver training and participation in professional growth opportunities.
- Assess, Implement, Monitor, Analyze and Evaluate care through quality care delivery, programs, and services available to residents and clientele within the organization.
- Support mandatory program committees, review annual goals and objectives, complete annual and biannual reports for BPSO designation, quarterly reports for the Professional Advisory Committee and Quality & Risk Committee to the Board, and upkeep of the Integrated Quality Scorecard of the indicators identified.

Executive Director

The Executive Director will ensure the interdisciplinary committee, including residents and family representatives, where possible, is established and functioning as mandated and that an individual is designated as a quality lead for each quality initiative in the home.

Quality and Risk Committee

The home will establish and maintain a formal interdisciplinary committee accountable for providing oversight and strategic direction on quality improvement activities and provide quarterly reports to the Board of Governors. The CQI Committee will (re)develop and approve their terms of reference to reflect its mandate.

Identifying Priority Areas for Quality Improvement

Priority areas are identified through key performance indicators measured within the facility through MDS-RAI assessments, CIHI data provided quarterly, family/resident feedback, and reviewing tracking and trending of concerns. Villa Colombo compares these areas of performance quarterly against the province, itself, as well as three other large, Long-Term Care facilities to gauge performance in clinical areas.

Each indicator below has a brief description and the source:

- Clinical Indicators (MDS-Rai/CIHI, PCC Insight Software, Internal Tracking System).
- Human Resources Indicators (Internal Tracking quarter over quarter with targets established).
- Community Program Targets (Internal tracking against annual targets set with service agreement).
- Financial Budgetary Review (Monthly Financial Reviews against the budget and forecasting)
- Resident/Family Concerns and Complaints (Monthly review, track and trend areas for improvement).
- Annual Resident/Family Satisfaction Survey Results
- Current Immediate Risks Identified in the Facility

Priority Areas for Quality Improvement for 2025/2026

1) Sustaining Best Practice Spotlight Organization Status

(VCT-BPSO since 2022, OHT-BPSO since 2024, working on Clinical Pathways RNAO rollout)

Villa Colombo received the Best Practice Spotlight Organization designation from RNAO in June 2022. Next steps are to sustain these evidence-based practices implemented, ongoing monitoring and sustaining and adding additional clinical Best Practice guidelines annually.

1. Assessment and Management of Pain
2. Preventing & Addressing Abuse & Neglect in the Elderly
3. Alternatives to Restraints
4. End of Life- Last Days & Hours

Villa Colombo is also participating in the OHT-BPSO collective designation with many external health care agencies since December 2019. Complete gap analysis and collective recommendations have been identified to ensure all agencies across the health care spectrum are aligned and implementing practices/processes complementing and supporting family resident needs from all levels of care.

1. Person Family Centered Care
2. Preventing Falls and Reducing Injury from Falls
3. Transitions in Care
4. Embracing Cultural Diversity in Health Care: Developing Cultural Competencies

Villa Colombo started implementing RNAO Clinical Pathways in 2023. RNAO's evidence-based Clinical Pathways:

1. Promote safe, high-quality resident care
2. Improve staff efficiency and retention
3. Support legislative and regulatory compliance

Implemented in 2024 were

1. Admissions Ax
2. Patient Family Centered Care (PFCC)
3. Dementia, Delerium, Depression (DDD)

Awaiting assessment rollout 2025

1. Pain Screening/Comprehensive Assessment
2. Falls Screening/Assessment
3. Palliative End of Life

2) Continuous Recruitment

Recruitment in health care, especially in LTC, continues to be a struggle. Villa Colombo has partnered with schools and Ministry funded programs to bring on more students, train, assess and explore recruitment opportunities to fill vacancies.

3) Resident/Family Satisfaction Survey Results

Annual resident and family satisfaction surveys provide organizations with insight into identifying areas for improvement or strengthening processes to satisfy the client/customer. Satisfaction surveys conducted in 2024 were used to identify improvement priorities for further discussion and review with the Residents Council and Family Council.

Satisfaction surveys for residents reviewed and shared with Resident Council January 30, 2025. The Council jointly discussed and approved these areas for improvement for 2025.

These include:

1. Programming
2. Accessibility to other health care professionals
3. Respect & Privacy
4. Laundry Service
5. Pleasurable Dining

A quick review of Family Satisfaction identified the following areas of concern, to be validated with the Family Council.

1. Accessibility to other health care professionals
2. Odors in the Home
3. The Home is clean and tidy

4) Health Quality Improvement Plan March 2025/2026

The outer circle of the HQO Quality Framework begins with their vision, “Exceptional Care Wherever You Call Home”, and includes six (6) dimensions of quality - safe, effective, patient-centered, timely, efficient, and equitable. All healthcare agencies across the sector are expected to develop and submit an annual quality improvement plan.

LTC Indicators required to develop quality plans for:

1. Residents not living with psychosis who were given antipsychotic medication: VCT is better than ONT average
2. Long-term care home residents who fell...: VCT is better than ONT average
3. Long-term care home residents who were physically restrained...: BPSO-BPG, work in progress
4. Long-term care home residents with pressure ulcers...: MLTC order, VCT auditing assessments
5. Long-term care home residents, potential avoidable visits to ED...: VCT developed an aggressive plan
6. Long-term care home staff, education diversity, equity, inclusivity...: VCT training staff in person/online
7. Long-term care home residents are heard/staff pay attention to them...: % goal set from survey results



HQO.Executive Summary 2024-2025.



HQO.QIP Workplan 2025-2026.pdf

5) Quality Improvement Project Charter

A Quality Improvement Project Charter will be used to provide a description and summary of the need, team problem, or improvement opportunity identified. The Charter also sets the timeline for planning, implementing, testing, and evaluating. Once complete, a communication plan is developed and implemented to update all stakeholders, including staff, families, and residents.