Villa Colombo Toronto

Continuous Quality Improvement (CQI) Initiative Annual Report & Quality Improvement Priorities - 2026/2027

A. Our Commitment to Continuous Quality Improvement

At Villa Colombo Toronto (VCT), continuous quality improvement is an ongoing commitment to providing safe, compassionate, person-centred care and services that support the quality of life and well-being of our residents.

Our Continuous Quality Improvement (CQI) initiative brings together residents, families and caregivers, staff, leadership and other partners to identify opportunities for improvement, strengthen practices, measure outcomes and support a culture of learning and accountability.

VCT's CQI initiative is established in accordance with the Fixing Long-Term Care Act, 2021 (FLTCA) and Ontario Regulation 246/22, including the requirements related to continuous quality improvement.

B. Continuous Quality Improvement Leadership and Accountability

Continuous quality improvement is supported through VCT's leadership structure and interdisciplinary quality processes.

The Executive Director has overall organizational accountability for ensuring that VCT maintains an effective continuous quality improvement program and that the appropriate structures, resources and leadership are in place to support quality, resident safety and legislative compliance.

The Director, Resident Services, Nikki Mann, RN, provides senior clinical leadership and oversight of resident care and quality activities and oversees the work of the Assistant Director, Resident Services.

C. Designated Continuous Quality Improvement Lead

Amalia Aiello, RSW
Assistant Director, Resident Services

Amalia Aiello is VCT's designated Continuous Quality Improvement Lead and coordinates the home's CQI initiative.

In this role, the CQI Lead works under the oversight of the Director, Resident Services and collaboratively with the Executive Director, residents and families, the CQI Committee, staff, departmental leaders and other organizational committees to support the implementation, monitoring and evaluation of quality improvement activities.

Responsibilities associated with the CQI initiative include:

- coordinating continuous quality improvement activities;
- supporting accreditation and ongoing compliance activities;
- supporting sustainability and reporting requirements associated with VCT's Best Practice Spotlight Organization (BPSO®) designation;
- reviewing resident and family experience and satisfaction information;
- identifying and following up on quality trends and opportunities for improvement;
- reviewing findings arising from audits, quality reviews, incidents, complaints and other sources;
- supporting the development and monitoring of quality improvement initiatives; and
- reporting and communicating quality improvement activities and outcomes.

D. Continuous Quality Improvement Committee

VCT maintains an interdisciplinary Continuous Quality Improvement Committee in accordance with the requirements of the FLTCA and its Regulation.

The Committee brings together representatives from across the organization and includes resident and family participation in accordance with legislative requirements.

The CQI Committee supports the home by reviewing quality information, identifying opportunities for improvement, making recommendations regarding quality improvement priorities, monitoring progress and supporting the evaluation of quality improvement initiatives.

The Committee's Terms of Reference establish its mandate, membership, responsibilities and reporting relationships.

E. Quality Oversight

Quality improvement activities and outcomes are also reviewed through VCT's organizational leadership and governance structures.

The Director, Resident Services provides oversight of clinical quality and resident care initiatives and reports significant quality matters through the appropriate organizational and governance processes.

The Executive Director maintains overall organizational accountability and provides relevant quality and risk information to the Board.

Quality and risk information is reviewed through appropriate organizational committees, including the Professional Advisory Committee and Quality and Risk Committee, with relevant updates and reports provided to the Board.

F. How We Identify Quality Improvement Priorities

VCT uses an evidence-informed and interdisciplinary approach to identify opportunities for improvement.

Quality priorities are informed by a variety of sources, including:

- clinical quality indicators and resident outcomes;
- interRAI/MDS and Canadian Institute for Health Information (CIHI) data, where applicable;
- internal audits and quality reviews;
- resident and family/caregiver experience survey results;
- feedback from Residents' Council and Family Council;
- resident and family concerns and complaints;
- incidents, risks and identified trends;
- regulatory and accreditation findings;
- infection prevention and control information;
- human resources indicators;
- organizational and program performance measures;
- Quality Improvement Plan results and priorities;
- Best Practice Spotlight Organization requirements and evidence-based best practices; and
- emerging resident, organizational and health-system needs.

Where appropriate, VCT compares its performance over time and against available provincial benchmarks and other relevant comparator information.

The CQI Committee reviews relevant quality information and makes recommendations regarding priority areas for improvement.

On March 10, 2026, the CQI Committee reviewed relevant quality indicators, resident and family/caregiver survey results, resident and family feedback, identified trends and organizational priorities and recommended the quality improvement priorities outlined in this report. The recommendations were reviewed by the Leadership Team on March 10, 2026.

2025/2026 Resident and Family/Caregiver Experience Survey
Resident and family/caregiver feedback is an important component of VCT's continuous quality improvement program.

The annual Resident and Family/Caregiver Experience Survey provides residents and families with an opportunity to share their experiences and identify areas of strength and opportunities for improvement.

G. Survey Information

Survey conducted: November 7, 2025- December 11, 2025
Number of resident responses: 99/114
Resident response rate: 87%
Number of family/caregiver responses: 132/385
Family/caregiver response rate: 34%

Survey Results
The survey identified a number of areas where residents and families expressed positive experiences.

Areas of strength included:
1. Residents being treated with respect.
2. Quality of food.
3. Maintenance of the building and grounds.
4. Comfort of the home's temperature.

The survey also identified opportunities for improvement, including:
1. Privacy
2. Meaningful activities
3. Food variety

H. Communication of Survey Results

In accordance with the requirements of O. Reg. 246/22, survey results were communicated as follows:

Residents:
Date: March 9, 2026
Method of communication: Family Newsletter Posted on Units

Families/Caregivers:
Date: March 9, 2026
Method of communication: Family Newsletter via email

Residents' Council: In Person
Results presented on **March 12, 2026**.

Family Council: In Person
Results presented on **April 28, 2026**.

Staff:
Date: May 11, 2026
Method of communication: General Staff Meeting, Power Point Presentation

I. Actions Taken in Response to Resident and Family/Caregiver Feedback

Resident and family feedback is used to inform VCT's quality improvement activities. During 2025/2026, VCT identified the following opportunities for improvement arising from resident and family/caregiver feedback.

1. Privacy

Issue/Opportunity Identified:
Residents and/or families identified privacy as an area where improvement was desired.

Actions Taken:
- Staff huddles reinforced expectations that resident information is to be shared discreetly and only with those involved in the resident's care.
- Clinical reporting and discussions involving personal health information are conducted in designated private areas, including the chart room.
- Staff were reminded not to discuss residents' personal health information in public or other inappropriate areas.
- Registered staff are required to lock medication cart screens whenever the cart is unattended.
- Privacy curtains and doors are closed, as appropriate and in accordance with resident preference, during personal care and confidential interactions.

Date(s) Implemented: March 1, 2026
Outcome/Progress: Decrease in resident and family concerns and complaints
Resident/Family/CQI Committee Involvement: Resident/Family Councils share updates through concerns and business arising in meetings

How Outcomes Were Communicated: during resident/family council meetings, in staff meetings/huddles at the unit level, leadership walks, PSW/Reg Staff Practice meetings

2. Meaningful Activities
Issue/Opportunity Identified:
Residents and/or families identified opportunities to increase access to meaningful activities and engagement.

Actions Taken:
Reviewed resident/family feedback and activity preferences.
Continued diverse recreational, social, cultural, spiritual, cognitive and therapeutic activities.

Increased one-to-one and small-group engagement.
Incorporated resident input through Residents' Council and direct feedback.
Applied person-centred and Eden Alternative®-inspired approaches.

Date(s) Implemented: 2026/27 – Ongoing; activities adjusted based on resident preferences and feedback.

Outcome/Progress:
Increased focus on meaningful, individualized activities.
Expanded opportunities for one-to-one and small-group engagement.
Resident feedback incorporated into activity planning.
Ongoing monitoring through participation and resident/family feedback.

Resident/Family/CQI Committee Involvement:

Residents, Residents' Council, Family Council and the interdisciplinary team provide ongoing input. CQI/Quality Committee reviews feedback and monitors progress.

How Outcomes Were Communicated:
Updates shared through Residents' Council, Family Council, activity postings, staff huddles/meetings and quality improvement reporting.

3. Food Variety
Issue/Opportunity Identified:
Residents and/or families identified food variety as an opportunity for improvement.

Actions Taken:
- Menu items are reviewed quarterly with residents through the Food Committee and updated, where appropriate, in response to resident feedback.
- Culturally diverse food choices have been incorporated to reflect both Villa Colombo's Italian heritage and the preferences of residents from other cultural communities.
- Individualized menu choices are provided to accommodate resident preferences and dietary needs.

Date(s) Implemented:
Quarterly Residents' Council/Food Committee meetings, commencing April 2026.
Outcome/Progress:
Resident feedback continues to be reviewed through the Food Committee, with menu adjustments made in response to identified preferences and opportunities for increased variety.
Resident/Family/CQI Committee Involvement:
Residents participate in the Food Committee, which meets quarterly.
How Outcomes Were Communicated:
Ongoing updates are provided through Residents' Council and Food Committee meetings.

2025/2026 Quality Improvement Results
VCT monitors quality indicators and improvement initiatives throughout the year to identify progress, emerging risks and areas requiring continued attention.

Areas of Progress

Resident Confidence
The 2025/2026 Quality Improvement Plan included a measure related to residents' confidence that they could share thoughts and opinions without worrying about negative consequences.

2025 Result: 85%
2025/2026 QIP Target: 75%
This result exceeded VCT's established target.

Pressure Injuries
2025/2026 Result: 4.10%
Target: 4.4%

Ontario Comparator: 4.4%
Outcome/Comment: VCT achieved a pressure injury result of 4.10%, performing better than both its established target of 4.4% and the Ontario comparator of 4.4%. Improvement efforts included enhanced monitoring and weekly wound evaluation, use of technology to support identification of pressure injury risk, continued staff education, and development of wound-care expertise through RNAO and Wounds Canada learning opportunities.

Area(s) Requiring Continued Improvement

Avoidable Emergency Department Visits
Avoidable emergency department visits were identified as an area requiring continued improvement.
2025/2026 Result: 37.1%

Target: 34.1%

VCT will continue to review factors contributing to potentially avoidable emergency department transfers and identify opportunities to support residents safely within the home when clinically appropriate.

J. Quality Improvement Priorities for 2026/2027

Based on quality data, resident and family feedback, organizational priorities and recommendations of the CQI Committee, VCT has identified the following priority areas for 2026/2027.

Priority 1: Sustain Evidence-Based Best Practices and BPSO® Designation
Villa Colombo has been designated as a **Best Practice Spotlight Organization (BPSO®) since 2022**. VCT is committed to sustaining evidence-based practices already implemented and continuing to strengthen the integration of Registered Nurses' Association of Ontario (RNAO) Best Practice Guidelines and Clinical Pathways into resident care. VCT also participates in the Ontario Health Team BPSO collaborative.

Objective:
Sustain existing evidence-based practices and identify opportunities to implement and strengthen additional best practices.

Planned Actions:
- Continue monitoring existing BPSO practices.
- Support staff participation as BPSO Champions.
- Complete required sustainability and reporting activities.

- Review opportunities for implementation of additional Best Practice Guidelines.
- Continue supporting RNAO Clinical Pathways.

Measures/Targets: Best Practice Guidelines have identified data collection
Monitoring Frequency: Monthly/Quarterly/Annually

Responsible Lead(s):
Nikki Mann, Director, Resident Services
Shirley Viaje RPN Digital Health Lead
Clyde Duran RPN, Clinical Educator
MaryCris Baculo, RN

How Progress Will Be Communicated:
Registered Staff/PSW Meetings
Leaders Huddle
Executive Director's report to the Board of Directors
General Staff Meetings
Professional Advisory Committee Meetings
Annual RNAO BPSO Report

Priority 2: Resident and Family Experience
VCT will continue to use resident and family/caregiver feedback to identify and address opportunities to improve residents' experiences and quality of life.

The priority areas identified through resident and family feedback include:
- privacy;
- meaningful activities; and
- food variety.

Objective:
Improve resident and family experience in the priority areas identified through survey results and ongoing feedback.

Planned Actions:

1. **Privacy**

- Review resident and family feedback related to privacy and identify specific concerns and improvement opportunities.
- Reinforce staff expectations regarding privacy, dignity, and confidentiality during personal care, communication, and daily routines.
- Conduct targeted observations/audits of privacy practices, including during personal care and resident/family interactions.
- Address identified gaps through staff coaching, education and unit-level follow-up.
- Include privacy as a standing consideration in resident and family feedback and quality improvement discussions.

2. **Meaningful Activities**

- Review resident preferences and feedback to identify opportunities to increase meaningful, individualized activities.
- Strengthen collaboration between Recreation, nursing, PSWs, volunteers, residents and families to support participation based on individual interests and abilities.
- Increase opportunities for small-group, one-to-one, cultural, social and therapeutic activities.
- Incorporate resident preferences and feedback into activity planning and evaluation.
- Monitor participation and seek resident feedback on the relevance and enjoyment of activities.

3. Food Variety

- Review resident and family feedback regarding food variety, choice and satisfaction.
- Continue collaboration between Dietary Services, residents, Residents' Council and Family Council to identify preferred foods and opportunities for increased variety.
- Explore seasonal, cultural and resident-preferred menu options, including opportunities to reflect Villa Colombo's Italian heritage.
- Provide opportunities for residents to provide ongoing feedback on menus and food choices.
- Review feedback and identify menu changes or enhancements based on recurring themes.

Measures/Targets:

- **Privacy:** Demonstrated improvement in resident/family feedback related to privacy; identified concerns addressed with documented follow-up.
- **Meaningful Activities:** Increase positive resident/family feedback regarding availability, variety and meaningfulness of activities; monitor participation and satisfaction.
- **Food Variety:** Increase positive resident/family feedback regarding food variety and choice; document menu improvements based on resident/family feedback.
- Maintain an overall resident experience score of **≥85%** for the survey indicator *"I can express my opinion without fear of consequences."*
- Achieve **>80% positive responses** in resident/family satisfaction measures where applicable.

Monitoring Frequency:

- **Monthly:** Review complaints, compliments, resident/family feedback and activity/food-related concerns.
- **Quarterly:** Review trends and improvement actions through Quality/Resident Experience processes.
- **Annually:** Review Resident Satisfaction Survey results and evaluate progress against the three priority areas.
- **Ongoing:** Feedback through Residents' Council, Family Council, care conferences and direct resident/family engagement.

Responsible Lead(s):

- Assistant Director, Resident Services/Quality

- Recreation/Programs Lead
- Manager, Food Services/Dietitian
- Nursing/Clinical Leadership
- Resident & Family Engagement Leads
- Residents' Council and Family Council

How Progress Will Be Communicated:

- Share progress and improvement initiatives through Residents' Council and Family Council.
- Communicate relevant changes through resident/family newsletters, postings and other established communication channels.
- Provide updates to staff through unit huddles, staff meetings, and departmental communication.
- Report on quarterly progress through the Continuous Quality Improvement/Quality & Risk Committee and leadership structures.
- Include outcomes and identified improvements in the annual Resident/Family Satisfaction Survey review and quality improvement reporting.

Priority 3: Advancing Person-Centred Care – Eden Alternative®

Villa Colombo Toronto is committed to strengthening person-centred and relationship-centred care and creating a home where residents feel valued, heard, connected and empowered.

VCT is advancing this commitment through the implementation of Eden Alternative®-inspired approaches, which emphasize meaningful relationships, resident choice and autonomy, purpose, belonging, meaningful engagement and the creation of a true sense of home.

This work is guided by VCT's Year-1 Eden Committee Workplan and Eden Initiative Key Success Indicators, which provide a structured approach for implementing, monitoring and evaluating progress.

As part of this journey, 60 staff members have already participated in education and learning focused on person-centred care. VCT will continue to build on this foundation by engaging residents, families, staff and leaders in the ongoing development and implementation of the initiative.

Objective

To strengthen VCT's culture of person-centred and relationship-centred care by supporting resident choice, autonomy, meaningful relationships, engagement and quality of life, while creating a more homelike environment in which residents are supported to direct their daily lives according to their individual preferences, routines, interests and goals.

Planned Actions

During 2026/2027, VCT will:

- Establish baseline performance for the identified Eden/person-centred care indicators, including resident quality of life, meaningful engagement, resident choice and autonomy, responsive behaviours, staff empowerment and family satisfaction.
- Continue the work of the Eden Committee to guide implementation, establish priorities, monitor progress and identify opportunities for improvement.
- Identify and support Eden Champions across departments to model and promote person-centred and relationship-centred practices.
- Continue and expand Eden/person-centred care education and awareness for staff and leadership.
- Engage residents and families in the development, implementation and evaluation of Eden initiatives through Residents' Council, Family Council, surveys and direct feedback.
- Strengthen opportunities for residents to express their individual preferences, choices, routines, interests and goals and ensure these are reflected in care planning and service delivery.
- Review and enhance opportunities for meaningful resident engagement, including individualized, small-group, social, cultural and relationship-based activities.
- Support resident choice and autonomy in areas of daily living, including meals, activities, routines and social engagement.
- Identify opportunities to enhance the physical and social environment to create a more homelike, welcoming and connected community.
- Strengthen relationship-centred approaches among residents, families, staff and volunteers.
- Pilot and evaluate Eden Alternative®-inspired approaches within identified resident home areas and use lessons learned to inform continued implementation and expansion.
- Regularly review Eden indicators and resident, family and staff feedback to identify gaps and opportunities for continued improvement.

Measures and Targets

VCT will monitor the following Key Success Indicators to evaluate the impact of the Eden initiative:

Resident Quality of Life
Target: ≥85% positive response.

Meaningful Engagement Participation
Target: 10% improvement from established baseline.

Resident Choice and Autonomy
Target: ≥80% positive response.

Responsive Behaviours
Target: 5–10% reduction from established baseline.

Staff Empowerment and Autonomy
Target: ≥80% positive response or demonstrated improvement from established baseline.

Family Satisfaction
Target: ≥85% positive response.

Baseline performance will be established and documented for applicable indicators to enable VCT to measure progress over time.

Implementation Target

Implementation will begin within identified resident home areas using a phased approach that allows VCT to test, evaluate and refine practices before broader implementation.

2026/2027 Target: Implement the Eden Alternative®-inspired approach on a minimum of 2 resident home areas by March 2027, with further expansion informed by evaluation results, resident and family feedback and lessons learned during implementation.

Monitoring Frequency

- **Monthly:** Review implementation activities, Eden Workplan progress, resident engagement, staff participation and identified improvement opportunities.
- **Quarterly:** Review Eden Key Success Indicators, resident/family feedback, staff engagement and progress against established targets.
- **Ongoing:** Incorporate resident preferences and feedback into care planning, care conferences, Residents' Council, Family Council and daily care and service delivery.
- **Annually:** Evaluate overall progress against baseline measures, Key Success Indicators and Year-1 Workplan objectives and identify priorities for the following year.

Responsible Leads

- Designated CQI Lead/Assistant Director, Resident Services
- Director, Resident Services
- Eden Committee
- Department Managers
- Eden Champions
- Clinical Educator
- Interdisciplinary Team

Residents, families, Residents' Council and Family Council are important partners in the ongoing development, implementation and evaluation of the initiative.

How Progress Will Be Communicated

Progress, outcomes and opportunities for continued improvement will be communicated through:

- Residents' Council and Family Council meetings;
- resident and family communications;
- staff huddles, meetings and education sessions;
- departmental and leadership meetings;
- the Continuous Quality Improvement Committee and Quality and Risk Committee;
- relevant reports to the Board; and
- VCT's annual Continuous Quality Improvement reporting.

Resident, family and staff feedback will continue to inform adjustments to the initiative as implementation progresses.

Priority 4: Infection Prevention and Control

Infection prevention and control remains an important component of resident safety and quality improvement.

VCT introduced point-of-care testing in November 2025 and participates in the Prompt LTC Study with Sunnybrook Health Sciences Centre, Micheal Garron Hospital and Hennick Humber Hospital.

VCT's GeneXpert technology supports timely testing for influenza, COVID-19 and respiratory syncytial virus (RSV), helping clinicians make timely treatment and care decisions.

VCT also continues to explore technology and education to strengthen infection prevention and control practices.

Objective:

Strengthen timely identification and management of respiratory illness and continue to enhance infection prevention and control practices.

Planned Actions:

Test symptomatic residents who meet definition of transmissible respiratory infection.

Measures/Targets:

Support timely clinical assessment and, where clinically indicated, initiation of antiviral treatment.
Reduce resident transfer to ER for respiratory infections
Reduce severe resident outcomes associated with respiratory infections.

Monitoring Frequency:

Daily Surveillance
Weekly review of the number of residents tested and treated.
Monthly IPAC surveillance
Data entered into RedCap (PROMT Portal)

Responsible Lead(s):
Teresa Manserra IPAC Lead

How Progress Will Be Communicated:
Weekly Leaders Huddle,
E Report to the BOG
IPAC Committee
Professional Advisory Committee
General Staff Meeting

Priority 5: 2026/2027 Quality Improvement Plan
VCT participates in the annual Quality Improvement Plan process and uses quality indicators and improvement initiatives to support better resident outcomes and experiences.

Our quality improvement work is guided by the dimensions of quality, including care that is:

- safe;
- effective;
- person-centred;
- timely;
- efficient; and
- equitable.

K. 2026/2027 QIP Priority Indicator(s):

1. Access & Flow – Escalation of Care

Objective(s):
Develop and implement an Escalation of Care Algorithm using PREVIEW-ED daily alerts to support early identification, assessment and escalation of residents at risk of an avoidable ED transfer.

Target(s):

- Reduce avoidable ED transfers by 10% per unit.
- Improve resident and family satisfaction with care escalation.
- 100% of escalated events have documented assessment/SBAR communication and progress notes.

Planned Actions:

- Develop an Escalation of Care Algorithm for Registered Staff using a PREVIEW-ED score of 3+.
- Provide staff education and implementation training.
- Incorporate real-time monitoring, assessment, escalation, documentation and transfer into daily shift huddles.
- Track residents with a documented Escalation of Care Pathway.
- Monitor completion of nursing assessment/SBAR communication for escalated events.

Monitoring Frequency:
Daily shift huddles; ongoing tracking and review of ED transfers.

Responsible Lead(s):
Registered Staff, Nurse Practitioners/Physician, Clinical Leadership.

2. Access & Flow – Advance Care Planning
Objective(s):
Strengthen Advance Care Planning (ACP) and Goals of Care discussions to support informed decision-making and reduce unnecessary hospital transfers.

Target(s):
- 100% of residents and families participate in ACP/Goals of Care discussions.
- Care conference completed within six weeks of admission.
- Annual care conference completed with ACP and Goals of Care discussion.

Planned Actions:
- Schedule an initial care conference within six weeks of admission.
- Include ACP and Goals of Care discussions in annual conferences.
- Educate residents, SDMs and families regarding available care options within the home.
- Collaborate with HRH on the Goals of Care template to support transition into LTC.

Monitoring Frequency:
At admission/within six weeks, annually, and as resident needs change.

Responsible Lead(s):
Nurse Practitioners, Registered Staff, Medical Director/Physicians, Interdisciplinary Team.

3. Access & Flow – ED Case Reviews
Objective(s):
Identify opportunities to prevent avoidable emergency department transfers through systematic interdisciplinary review of ED visits.

Target(s):
100% of ED visits reviewed monthly.

Planned Actions:
- Track ED visits and reasons for transfer.
- Determine whether each transfer was potentially avoidable.
- Identify actions that could have safely and reasonably prevented the transfer before or during the acute event.
- Develop strategies to prevent similar transfers in the future.

Monitoring Frequency:
Monthly.

Responsible Lead(s):
Nurse Practitioners, Medical Director, Director of Resident Services/DRS, Interdisciplinary Team.

4. Access & Flow – In-Home Diagnostics & Treatment
Objective(s):
Increase access to diagnostic testing and treatment within the LTC home to reduce unnecessary ED transfers.

Target(s):
Avoid **25% of ED visits** through in-home diagnostics and initiation of treatment by March 2027.

Planned Actions:
- Expand use of in-home laboratory testing and STAT orders.
- Utilize bladder scanning where appropriate.
- Provide IV therapy and IM antibiotics where clinically indicated.
- Provide in-house suturing/glue for appropriate lacerations.
- Utilize in-house COVID testing.
- Collaborate with physicians and NPs to order and initiate appropriate diagnostics and treatments.

Monitoring Frequency:
Monthly review of ED visits avoided through in-home diagnostics/treatment.

Responsible Lead(s):
Nurse Practitioners, Medical Director, Physicians, Registered Staff, Clinical Educator.

5. Access & Flow – Education on Avoiding ED Visits
Objective(s):
Increase awareness among residents, families and the interdisciplinary team regarding advance directives, Goals of Care and interventions that may prevent unnecessary ED visits.

Target(s):
- 100% of residents/SDMs and families receive education.
- 100% of Registered Staff receive enhanced education by March 2027.

Planned Actions:
- Review advance directives and resident wishes on admission.
- Reinforce education at the six-week care conference and annual conference.
- Educate Registered Staff regarding advance directives and Goals of Care.
- Clarify the purpose and expected outcome of an ED visit for individual residents.

Monitoring Frequency:
Admission, six-week care conference, annual conference and ongoing staff education.

Responsible Lead(s):
Registered Staff, Nurse Practitioners, Interdisciplinary Team, Clinical Educator.

6. Access & Flow – Falls Analysis

Objective(s):
Standardize review of falls resulting in ED transfers and identify opportunities for prevention.

Target(s):
100% of residents transferred to the ED related to a fall will have a Falls Checklist completed and reviewed.

Planned Actions:
- Review the hospital transfer log monthly.
- Identify fall-related ED transfers.
- Complete the Falls Analysis Checklist.
- Review use of Momo bed sensors and Pontosense technology where applicable.
- Incorporate findings into the Falls Committee review process.

Monitoring Frequency:
Monthly.

Responsible Lead(s):
Falls Committee, Nurse Practitioners, Registered Staff, Quality/Clinical Leadership.

7. Equity – DEI Education

Objective(s):
Ensure all staff receive mandatory Diversity, Equity and Inclusion (DEI) education.

Target(s):
100% staff completion of DEI education.

Planned Actions:
- Provide annual DEI education through e-learning, workshops or department-led sessions.
- Track completion through HR records.
- Follow up with staff who have outstanding education.

Monitoring Frequency:
Quarterly/ongoing HR compliance monitoring.

Responsible Lead(s):
Human Resources, Leadership Team, Department Managers.

8. Equity – Staff Engagement
Objective(s):
Promote staff engagement, cultural awareness and open discussion of diversity, equity and inclusion.
Target(s):
At least **3 DEI-focused engagement events annually**.

Planned Actions:
- Conduct lunch-and-learn sessions.
- Host diversity panels and storytelling workshops.
- Conduct cultural appreciation activities.
- Track participation and staff engagement.

Monitoring Frequency:
Per event; annual review.

Responsible Lead(s):
Human Resources, Leadership Team, DEI Leads/Champions.

9. Experience – Eden Alternative
Objective(s):
Develop and implement an Eden Alternative®-inspired person-centred and relationship-centred care approach that strengthens resident choice, autonomy, meaningful engagement, relationships and quality of life.

Target(s):
Successfully implement the model on one unit and gradually expand from one Fidani unit toward five units by March 2027, with two of five units identified as a realistic target.

Planned Actions:
- Begin implementation with the smallest unit to test and refine processes.
- Introduce resident-centred approaches including neighbourhood naming and food availability.

- Develop Terms of Reference for the Eden Alternative Committee.
- Identify champions from each department.
- Engage residents and families in the transformation and obtain feedback.
- Ensure implementation supports MLTC compliance.

Monitoring Frequency:
Ongoing implementation monitoring; formal review at defined implementation cycles.

Responsible Lead(s):
Eden Alternative Committee, Department Champions, Leadership Team, Interdisciplinary Team.

10. Experience – Eden Alternative Training
Objective(s):
Build staff and leadership competency in the Eden Alternative Emotionally Based Care Delivery Model.

Target(s):
- All departments trained.
- Management refresher training completed.
- Family education provided.

Planned Actions:
- Conduct staff education.
- Provide refresher education for management.
- Provide education to residents/families as appropriate.

Monitoring Frequency:
Following each training cycle; ongoing.

Responsible Lead(s):
Eden Alternative Committee, Clinical Educator, Department Managers.

11. Experience – Eden Care Indicators
Objective(s):
Establish ongoing monitoring of Eden Alternative care indicators and quality of life.

Target(s):
- Quarterly reports completed and reviewed.
- Quality of Life assessment tool implemented.
- Monthly audits completed.
- Improvement demonstrated against baseline indicators.

Planned Actions:
- Identify Eden indicators for monitoring.

- Implement the Quality of Life assessment tool.
- Conduct monthly audits.
- Identify gaps and improvement opportunities.
- Report results quarterly.

Monitoring Frequency:
Monthly audits; quarterly reporting.

Responsible Lead(s):
Eden Alternative Committee, Quality Department, Interdisciplinary Team.

12. Experience – Complaints & Concerns
Objective(s):
Strengthen staff knowledge and consistency in responding to resident and family complaints and concerns.

Target(s):
At least **95% staff training completion**.

Planned Actions:
- Provide training on handling complaints and concerns.
- Monitor completion through Surge Learning.
- Follow up on outstanding education.

Monitoring Frequency:
Monthly/ongoing.

Responsible Lead(s):
Leadership Team, Clinical Educator, Human Resources.

13. Experience – Resident & Family Voice
Objective(s):
Increase resident and family awareness of how to raise concerns, provide feedback and participate in quality improvement.

Target(s):
- Information displayed and distributed to families.
- Resident/family satisfaction survey completed.
- Positive satisfaction responses greater than 80%.

Planned Actions:
- Display information on how to raise concerns.
- Distribute Resident and Family Satisfaction Survey.
- Seek feedback through Resident and Family Councils.
- Review survey results and identify improvement opportunities.

Monitoring Frequency:
Survey cycle; ongoing Resident/Family Council feedback.

Responsible Lead(s):
Resident Services, Quality Department, Resident/Family Council Leads.

14. Experience – RNAO Person & Family-Centred Care
Objective(s):
Sustain the RNAO Best Practice Guideline on Person- and Family-Centred Care through gap analysis, clinical pathway completion and Inquire data collection.

Target(s):
100% of standards reviewed and gap analysis completed.

Planned Actions:
- Complete Person & Family-Centred Care BPG gap analysis.
- Review standards.
- Identify and track gaps.
- Complete relevant clinical pathways.
- Support Inquire data collection.

Monitoring Frequency:
At completion of gap analysis; ongoing quality monitoring.

Responsible Lead(s):
BPSO/RNAO Leads, Quality Department, Interdisciplinary Team.

15. Safety – Skin & Wound Photography
Objective(s):
Improve the consistent and effective use of the skin and wound photography program for assessment, monitoring and documentation of pressure injuries.

Target(s):
- 100% Registered Staff complete refresher education.
- Skin & Wound Lead reviews all residents with wounds weekly.
- Improve use of skin and wound photography technology by December 2026.

Planned Actions:
- Provide refresher education to Registered Staff.
- Skin & Wound Leads review residents with pressure injuries.
- Conduct 1:1 spot education where required.
- Monitor use of photography technology.

Monitoring Frequency:
Weekly wound review; ongoing education monitoring.

Responsible Lead(s):
Skin & Wound Leads, Registered Staff, Clinical Educator.

16. Safety – Nursing Skin & Wound Capacity
Objective(s):
Enhance nursing capacity and consistency in weekly skin and wound assessment and documentation.

Target(s):
100% of residents with wounds have a weekly assessment completed with a photograph uploaded to PointClickCare.

Planned Actions:
- Dedicate one day per week for Registered Staff on each floor to focus on skin and wound care.
- Conduct monthly audits of weekly wound assessments.
- Ensure photographs are uploaded to PCC.
- Identify and address gaps in documentation.

Monitoring Frequency:
Weekly assessments; monthly audit.

Responsible Lead(s):
Registered Staff, Skin & Wound Leads, Clinical Educator, Quality Department.

17. Safety – Wound Care Team
Objective(s):
Ensure residents with complex pressure injuries receive specialized wound care review.

Target(s):
100% of residents with Stage 3, Stage 4 or unstageable pressure injuries reviewed by the Wound Care Team.

Planned Actions:
- Review skin and wound assessments weekly.
- Identify residents with Stage 3, Stage 4 or unstageable pressure injuries.
- Refer/bring identified residents to the Wound Care Team.
- Monitor staging and healing progress.

Monitoring Frequency:
Weekly.

Responsible Lead(s):
Wound Care Team, Skin & Wound Leads, Registered Staff, NPs.

18. Safety – PURS & Care Planning
Objective(s):
Ensure residents identified as being at increased pressure injury risk have individualized interventions documented and readily accessible.

Target(s):
100% of residents with a PURS score ≥3 have an individualized plan of care available in the Kardex.

Planned Actions:
- Review all residents with a PURS score ≥3 monthly.
- Charge Nurse reviews residents on evening shift.
- Update individualized plans of care.
- Ensure interventions are documented and available in the Kardex.

Monitoring Frequency:
Monthly.

Responsible Lead(s):
Unit Charge Nurses, Registered Staff, Skin & Wound Leads.

19. Safety – NanoSalv Wound Treatment
Objective(s):
Standardize the use of NanoSalv topical treatment for Stage 1–4 wounds when directed by NPs.

Target(s):
- Internally acquired wounds reduced to less than 40% monthly.
- 70% of wounds treated with NanoSalv healed.

Planned Actions:
- Educate Registered Staff regarding NanoSalv and its utilization protocol.
- Clinical Educator coordinates education, monitoring and product-related calls.
- NPs assess residents and order treatment when appropriate.
- Monitor product inventory and utilization.
- Track time required for wound healing.

Monitoring Frequency:
Monthly utilization and wound outcome review.

Responsible Lead(s):
Nurse Practitioners, Clinical Educator, Skin & Wound Team, Registered Staff.

20. Safety – Least Restraint
Objective(s):
Maintain and improve the home's restraint-related quality improvement score through ongoing review, least-restraint practices and staff education.

Target(s):
- 100% of quarterly reviews completed according to the interRAI schedule by December 2026.
- 100% of front-line staff educated on the Least Restraint Policy by December 2026.
- Reduce daily physical restraint indicator toward the target of 5.00%.

Planned Actions:
- Review care plans for residents using restraints monthly.
- Complete quarterly interRAI reviews.
- Provide education on the home's Least Restraint Policy.
- Monitor restraint utilization and identify opportunities for reduction.

Monitoring Frequency:
Monthly internal review; quarterly interRAI review.

Responsible Lead(s):
Registered Staff, Interdisciplinary Team, Quality Department, Least Restraint Committee/Leadership

L. Monitoring, Measuring and Adjusting Our Quality Improvement Initiatives

VCT uses a structured approach to monitor and evaluate its quality improvement initiatives.

Depending on the initiative, progress is measured through quality indicators, audits, incident and trend analysis, resident and family feedback, survey results, clinical data and other relevant performance measures.

Quality Improvement Project Charters may be used for identified improvement initiatives to establish:
- the issue or improvement opportunity;
- the objective;
- baseline performance;
- planned interventions;
- performance measures and targets;
- responsible team members;
- implementation timelines;
- monitoring and evaluation processes; and
- communication requirements.

Progress is reviewed by the CQI Committee and appropriate operational and leadership committees.

Where results demonstrate that an initiative is not achieving the intended outcome, the responsible team will review the available data, identify contributing factors and determine whether changes to the improvement approach are required.

Adjustments will be implemented and subsequently monitored to determine whether they have resulted in improvement.

M. Communicating Quality Improvement Outcomes

Transparency and communication are important components of continuous quality improvement.

VCT communicates relevant quality improvement information and outcomes through appropriate channels, which may include:

- Residents' Council;
- Family Council;
- resident and family communications;
- staff meetings and education;
- leadership and departmental meetings;
- the CQI Committee;
- the Professional Advisory Committee;
- the Quality and Risk Committee;
- reports to the Board; and
- public reporting, where required.

VCT will continue to strengthen how quality improvement information is shared so that residents, families, staff and other stakeholders understand our priorities, our progress and the opportunities where continued improvement is required.

N. Our Ongoing Commitment

Quality improvement is not a one-time project. It is an ongoing commitment to listening, learning, measuring and improving.

At Villa Colombo Toronto, residents and families are essential partners in this work. Their experiences, concerns, suggestions and ideas help us recognize what we are doing well and where we need to do better.

Through our Continuous Quality Improvement initiative, we remain committed to strengthening resident care, safety, quality of life and the overall experience of the people we serve.