

Annual Continuous Quality Improvement (CQI) Initiative – Summary Report

Reporting Period: **April 1, 2024 – March 31, 2025**
Incorporating the 2025–2026 Ontario Health Quality Improvement Plan (QIP)

Who Oversees Quality at Our Home?

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Mary Kate leads our Quality Improvement Program under the *Fixing Long-Term Care Act, 2021* and *Ontario Regulation 246/22*. She also oversees our annual *Quality Improvement Plan (QIP)*, submitted to Ontario Health.

What Did We Achieve in 2024–2025?

In the past year, our team made significant progress in improving care, communication, and the resident experience:

- **Pandemic Recovery**
Boosted care hours, outbreak-ready
- **Food & Dining**
Culturally inclusive menu refresh
- **Resident & Family Engagement**
New survey, stronger councils
- **Infection Control**
Tighter protocols, staff trained
- **Recreation & Quality of Life**
Added weekend/evening programs
- **Equity & Inclusion**
DEI group, wellness push
- **Staffing & Personal Care**
Realigned staffing models
- **Facility Improvements**
Renovated rooms & spaces
- **Clinical Quality**
Expanded IV pain/antibiotics
- **Quality Program**
New data-driven framework
- **Palliative Care**
Integrated end-of-life program

What Are We Focusing on in 2025–2026?

This year’s CQI priorities, which also form our **Ontario Health QIP**, reflect input from residents, families, staff, and councils:

Our Key Focus Areas:

**Diversity, Equity & Inclusion (DEI)**
Build inclusive and identity-informed care.

**Palliative & End-of-Life Care**
Ensure early identification and comfort-focused planning.

**Resident & Family Experience**

- Consistency in Care
- Compassionate Communication
- Pleasurable Dining Experience

Additional Areas of Focus:

Skin and Wound Care

Medication Safety (Antipsychotics)

IV Therapy Program Expansion

How Are We Making Improvements and Measuring Success?

All initiatives are supported by updated policies, staff training, and practical tools that align with provincial regulations.

Focus Areas	Key Actions	2025-2026 Goals
 DEI	Staff training, inclusive hiring, identity-informed care planning	100% staff trained; 90% care plans reflect identity; 75% staff confidence
 Palliative Care	PPS tool, comfort kits, family education, interdisciplinary care conferences	100% screened; 100% comfort kit use; ≥80% family satisfaction
 Consistency in Care	Handover tools, care coaching, daily huddles	≥95% shift handovers completed; ↓ 25% complaints about care consistency
 Communication	Scheduled updates, visual boards, leadership visibility	≥90% of families receive regular updates; ≥80% satisfaction
 Dining Experience	Texture audits, warm plate service, quiet dining training	≥85% satisfaction; 100% compliance with texture standards
 Skin & Wound Care	Weekly surveillance, Braden Scale risk tools, prevention training	100% risk assessments; ↓ incidence of new pressure injuries
 Medication Safety	Medication reviews, consent protocols, antipsychotic monitoring tools	≥90% quarterly reviews; ↓ inappropriate use of antipsychotics
 IV Therapy Expansion	Hydration, IV antibiotics, in-place pain management	≥90% adherence to protocols; ↓ avoidable hospital transfers; ↑ resident comfort

How Are Residents and Families Involved?

Residents and Families are at the heart of everything we do. Their feedback shaped our priorities through:

- Review of 2024 survey results (June 13 & 17, 2025)
- Resident and Family Council discussions
- Year-round collaboration and updates

Survey Highlights from 2024

Indicator	Resident 2024	Resident 2023	Family 2024	Family 2023
Overall Satisfaction (Good–Excellent)	100%	95%	94%	96%
Would Recommend the Home	100%	90%	89%	96%
Satisfaction with Privacy	94%	85%	100%	95%
Feel Safe Expressing Views	100%	100%	N/A	N/A

Read More & Provide Feedback:

We’ll keep tracking progress and will review our full Quality Program by Q4 2025–26.
Want to read more? Ask a team member or visit betterlivinghealth.org.
Full report available on request: Email msaragosa@betterlivinghealth.org.
Questions or feedback? Speak with a leader or our Quality Lead.

