

2026/2027 Deer Park Villa Continuous Quality Improvement Initiative Report

Designated Lead: Ada DiFlavio, Administrator
Fiscal Year End: March 31, 2027

Content	Pages
Overview	2
Quality Governance and Accountability	2
Our Approach to Continuous Quality Improvement	2
Priority Areas	3
Monitor and Measure Progress and Implement Adjustments	3
Reflections on Quality Improvement Since the Last Report	5
Resident and Family Experience Survey	5
2026/2027 Action Plans for Quality Improvement	6
Conclusion	10
Appendix A – Deer Park Villa Summary of Accomplishments from 2025/2026	11
Appendix B – Other Priorities Taken by the Home in 2025	12
Appendix C – Deer Park Villa Completed Action Plan from 2024 Resident and Family Experience Survey	13
Appendix D – Deer Park Villa 2025 Resident and Family Experience Survey Results	14

This document serves as Deer Park Villa’s annual Continuous Quality Improvement Initiative Report for fiscal year 2026/2027 and is intended to support the home’s quality management and continuous improvement obligations under the Fixing Long-Term Care Act, 2021 and Ontario Regulation 246/22.

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 accredited by Accreditation Canada, we aim to 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.

Quality Governance and Accountability

The Administrator is responsible for leading Deer Park Villa's quality improvement program. Priorities and plans are developed together with the team, including but not limited to staff, residents, families/caregivers, partners and committees.

Residents and families/caregivers are kept informed and have opportunities to collaborate through meetings, including resident council. When there is no Family Council, other opportunities are provided to collaborate with families in quality improvement.

Table 1: Governance and Accountability

Governance Element	Accountability
Administrator/Designated Lead	Accountable for report completion, implementation, oversight, and communication.
Leadership Team	Implements and monitors assigned initiatives.
Professional Advisory and CQI Committee	Reviews progress, barriers, and recommendations.
Resident/Family Council	Provided feedback and suggestions

Our Approach to Continuous Quality Improvement

Deer Park Villa's quality improvement program provides a framework to ensure 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 and 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

Priority Areas

The team works together to identify priority areas for quality improvement in the Home each year. The process includes a review of program and 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's, input from the resident council the Professional Advisory and Continuous Quality Improvement Committee, and input from staff.

Through this process, by the end of the first quarter of the year, the team adopted the following system priority areas and indicators for 2026/2027:

- Access and Flow – Potentially Avoidable Emergency Department Visits.
- Equity – Diversity, Equity and Inclusion Training and Education.
- Resident and Family/Caregiver Experience – How well do staff listen? Can you express your opinion without fear of consequences? How enjoyable are meals? How your choices and preferences are respected in your care, and comfort and quality of the continence products provided.
- Safety – Falls Prevention, Utilization of Antipsychotic Medication, Pressure Ulcer Reduction and Restraints.

Monitor and Measure Progress and Implement Adjustments

Once the priority areas are identified, the team uses a Root Cause Analysis to identify the underlying causes to understand contributing factors. S.M.A.R.T (Specific, Measurable, Attainable, Relevant, and Time-Bound) objectives and action items are then established as part of the action plan. Change ideas are tested using the PDSA (Plan, Do, Study, Act) framework. Progress is monitored through implementation tracking, process measures, and audits, with quarterly committee reviews and council updates, and annual program evaluations.

Our teams, including leadership, core programs, council and quality committee monitor the action plans and data on a monthly to quarterly basis, reporting on process to date, improvements made and opportunities for change. It is a data-driven process, based on two-way, open communication. Deer Park Villa 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 are used to support the need for adjustments:

- Performance indicators at home and program level (e.g., PCC insights and NQUIRE)
- Priority indicators outline 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), program evaluations and other key focus areas.

Communication 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 through a variety of methods that support and encourage two-way, collaborative communication.

Internal Communication

- Reports are presented to the Continuous Quality Improvement Committee. Regular updates are provided at staff meetings/huddles (e.g., clinical, department).
- Quarterly updates are provided at Residents Council meetings.
- Quarterly Family Connection Sessions.
- Monthly Newsletter
- An up-to-date report is posted on the Home's Quality Board.

External Communication

- Postings are on the Home's website
- Electronic updates are sent to families and/or caregivers through emails and/or newsletters.
- Any updates are available by request via in-person or email from any member of the leadership team including the Quality Lead.

Reflections on Quality Improvement Since the Last Report

Reflecting on last year's quality improvement plans, we can see our approach for quality improvement in action, as well as the successes it brought to our Home and areas for further improvement. 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 score for resident experience and reduced rates for falls. Our successes underscore the hard work and dedication of our teams, and we look forward to 2026/2027 with our new plans in place. Please refer to Appendix A and B for a detailed summary of our accomplishments from 2025/2026.

Resident and Family Experience Survey

Each year, Deer Park conducts a Resident and Family Experience Survey with its current residents and families/caregivers. In the previous year, areas that had low satisfaction were physician services, knowing who to bring concerns to, and comfort of continence products requiring an action plan for improvement. Two of the three areas identified in the improvement plan scored improved satisfaction in the recent 2025 survey, a great success for the home.

In 2025, the survey format was revised to improve accessibility, response consistency, and interpretability for residents' families and caregivers. Therefore, the 2024 and 2025 Resident and Family Experience Survey results are not directly comparable due to a change from a 100-point scale to a five-point Likert scale. The 2025 results will serve as baseline data for ongoing monitoring. Resident Council input on survey design was obtained on August 12. Feedback from residents and families will continue to be regularly reviewed and used to inform continuous quality improvement.

The 2025 Resident and Family/Caregiver Experience Survey was available from September 25, 2025, to October 17, 2025. 90.91% of resident responses and 100% of family responses indicated Good or Excellent overall rating the home 92.58% (combined score). Feedback from Resident Council identified 3 areas for focusing which were: How enjoyable are meals, how your choices and preferences are respected in your care, and comfort and quality of the continence products provided. Appendix D provides a complete outcomes of the survey.

Communication of Results:

- August 12, 2025 – Draft of the updated Resident and Family Experience survey was reviewed at the Resident Council meeting. Resident thoughts that all areas of the survey were covered and had no suggestions for changes
- December 9, 2026, the results of the 2025 Resident and Family Experience survey were reviewed with resident council. Residents were asked for input on identifying 3 areas for improvement from the survey.
- January 1, 2026 – Shared results with residents, families and visitors via newsletter via email and was posted in the home.
- January 1, 2026 – Posted blank action plan and results of the survey at front of the home for residents, families, staff and visitors to read and fill out their ideas.
- January 1, 2026 – Posted results on the family information board.
- January 27, 2026 – Continuous Quality Improvement Advisor (CQI) emailed a copy of the results of the building.

- February 9, 2026 – Collected and collated information received from blank action plan template, and other feedback
- February 17, 2026 – Draft action plan created.
- March 10, 2026 – Draft Action plan was reviewed with Resident Council and Action plan.
- March 10, 2026 – Continuous Quality Improvement Advisor sent out building wide email of survey Action Plan.
- April 14, 2026 - As no Family Council is established, a Family Connection Session was held to share action items.

2026/2027 Action Plans for Quality Improvement

Deer Park Villa had developed two action plans for fiscal year 2026/2027 to guide quality improvement at the Home for care, services, programs, goods and accommodation based on the Resident and Family Experience 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 input/feedback on progress to date with its implementation and make recommendations at any time. This will occur at a minimum on a quarterly basis.

Table 2: Deer Park Villa 2026/2027 Resident and Family Experience Survey Action Plan

Area of Focus (Indicator)	Action Items	Target Date	Role of Council and CQI Committee
How enjoyable are meals (4.22/5)	1. Enhance dining environment and experience (decor, paint, furniture, noise, pre meal ambiance). 2. Support communication about meals (feature items in newsletter, on tables). 3. Strengthen feedback and quality monitoring (use of point of time survey, inclusion of care conference).	November 30, 2026	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.

Area of Focus (Indicator)	Action Items	Target Date	Role of Council and CQI Committee
How your choices and preferences are respected in your care (4.12/5)	1. Provide training on person-centered language (choice-based care). 2. DEI is Honoured (partner with DEI committee for person centered planning, CLRI self-assessment) 4. Strengthen feedback and quality monitoring (1:1 interviews, inclusion of care conference).	November 30, 2026	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.
Comfort and quality of the continence products provided (3.94/5)	1. Improve engagement (include information about products in the newsletter). 2. Build staff knowledge (deliver refresher training). 3. Strengthen feedback and quality monitoring (from staff, residents, families).	November 30, 2026	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.

Table 3: Deer Park Villa 2026/27 Quality Improvement Plan

Areas & Performance Data	Change Ideas	Role of Council and CQI Committee
Emergency Department (ED) Avoidance Current performance: 18.97% (CHIH Data) Target: 17.07% (CHIH Data)	1. Nurse Practitioner Emergency Department (ED) avoidance education to a minimum of 10 Registered Staff by September 30, 2026. 2. Enhance 2 communication resources for medical resources and core programs by July 31, 2026. 3. Create a refresher training video on Point-of-Care testing machines and have 3 staff review by June 30, 2026. 4. Deliver Wellness Cafe on Emergency Department Avoidance for residents, families and staff by May 31, 2026, with at least 7 participants.	The resident council and CQI committee receive and review quarterly reports (at a minimum) at their scheduled meeting. The members provide feedback, suggestions, and recommendations.

Areas & Performance Data	Change Ideas	Role of Council and CQI Committee
Diversity Equity and Inclusion (DEI) Current performance: 100% (CHIH Data) Target: 100% (CHIH Data)	1. Centers for Learning, Research, and Innovation (CLRI) DEI in Long-Term Care assessment with at least 5 staff participants by May 31, 2026. 2. Achieve 83% (representing 10 out of 12 months) compliance rate in the completion of at least one Diversity, Equity, and Inclusion (DEI) material or activity population by December 31, 2026, 3. Increase engagement with community partners by collaborating with 2 new organizations by September 30, 2026 4. Review and incorporate at least 2 new cultural perspectives on End-Of-Life care into policies and procedures by November 30, 2026.	The resident council and CQI committee receive and review quarterly reports (at a minimum) at their scheduled meeting. The members provide feedback, suggestions, and recommendations.
Resident Experience – Feeling Heard Current performance: Collecting baseline Target: 57.61% (Survey Data)	1. Enhance communication about mealtimes through 2 opportunities (newsletter posts and dining room displays) by November 30, 2026. 2. Enhance resident dining experience by updating decor, paint, and/or furniture, and establishing ambiance. By November 31, 2026 3. Provide person-centered language training to 2 departments by November 30, 2026. 4. Enhance continence-related education through 2 communication methods newsletter post and training by November 30, 2026.	The resident council and CQI committee receive and review quarterly reports (at a minimum) at their scheduled meeting. The members provide feedback, suggestions, and recommendations.
Resident Experience – Fear Without Consequences Current performance: Collecting baseline Target: 78.57% (Survey Data)	1. Review residents' bill of rights at 2 clinical rounds meetings by June 30, 2026. 2. Host family connection group quarterly with 7 attendees by July 31, 2026. 3. “Roles” of the home communication tool that outlines services for 100% of residents and families (e.g., laundry, housekeeping) by August 31, 2026. 4. Enhance admission process by utilizing a customer-service checklist for 90-100% of admissions by October 31, 2026.	The resident council and CQI committee receive and review quarterly reports (at a minimum) at their scheduled meeting. The members provide feedback, suggestions, and recommendations.

Areas & Performance Data	Change Ideas	Role of Council and CQI Committee
Fall Prevention Current performance: 18.06% (CHIH Data) Target: 17.51% (CIHI Data)	1. Complete at least 2 fall-equipment and supplies audits by June 30, 2026. 2. Distribute a visual role of fall prevention champions and recruit 2 champions by May 31, 2026. 3. Review fall prevention strategies at a group event with at least 5 participants by April 30, 2026. 4. Implement electronic fall audits for 100% of designated auditing staff by November 30, 2026.	The resident council and CQI committee receive and review quarterly reports (at a minimum) at their scheduled meeting. The members provide feedback, suggestions, and Recommendations.
Antipsychotic Reduction Current performance: 4.65% (CHIH Data) Target: 4.51% (CIHI Data)	1. Antipsychotic education to least 70% of Registered Staff by April 30, 2026. 2. Increase 100% of physician awareness and early engagement in quality improvement by October 31, 2026. 3. Establish and Appropriate Use of Antipsychotics (AUA) committee with 3 sessions by December 31, 2026. 4. Deliver Nurse-Practitioner led education on non-pharmacological approaches with 70% of Registered Staff by October 31 st , 2026.	The resident council and CQI committee receive and review quarterly reports (at a minimum) at their scheduled meeting. The members provide feedback, suggestions, and recommendations.
Restraints Current performance: 0% (CHIH Data) Target: 0% (CIHI Data)	1. Ensure 100% of residents and families receive educational material on personal Assistance Devices (PASDs) and Restraint by April 30 th , 2026.	The resident council and CQI committee receive and review quarterly reports (at a minimum) at their scheduled meeting. The members provide feedback, suggestions, and recommendations.

Areas & Performance Data	Change Ideas	Role of Council and CQI Committee
Skin and Wound Current performance: 1.43% (CHIH Data) Target: 1.30% (CIHI Data)	1. Have prevail representative attend 1 resident council meeting by September 30, 2026. 2. Develop an ostomy and ChartPic resource and present at 2 nursing department meetings by May 31, 2026.	The resident council and CQI committee receive and review quarterly reports (at a minimum) at their scheduled meeting. The members provide feedback, suggestions, and recommendations.

Conclusion

Deer Park Villa is committed to its continuous quality improvement program and the Resident and Family Centered Care Framework on which is it built. Through our developed action plans for 2026/27, 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 2025/2026.

Indicator	Change Ideas	Date Complete	Outcomes and Impact
Emergency Department Avoidance	Provide front-line staff with a “Change in Condition” quick reference guide.	June 19, 2025	SBAR was reviewed. Supported timely decision making, reduced errors, and ensured clarity.
Emergency Department Avoidance	Nurse practitioner-lead training to educate front-line staff regarding avoidable ED transfers.,	August 29, 2025	Respiratory training July 16 th and 17 th . 10 staff in attendance. August 29 th palliative and end-of-life.
Emergency Department Avoidance	Provide PSWs with education focusing on early identification of risk factors	April 28, 2025	Infection, prevention and control training for Registered Staff and PSWs. 8 staff were in attendance.
Diversity, Equity and Inclusion	DEI material through various modalities	October 20, 2025	Exceeded goal of having 7. Consisted of displays, newsletters and email communication
Diversity, Equity and Inclusion	Accessibility for Ontarians with Disabilities Act (AODA) workshops.	February 28, 2025	Comprehensive inventory of all posted documents. Management and clinical team received training.
How well staff listen to you?	Promote physician through various modalities to residents	June 2, 2025	April 29 th name tag created. May 30 th “physician in house” sign created. June 2 nd newsletter post.
How well staff listen to you?	AODA complaint contact information for residents and families	April 3, 2025	Managers contact distributed to all nursing stations.
How well staff listen to you?	Enhance understanding of continence care products at council and staff meetings.	September 16, 2025.	Prevail joined January 22 nd Resident Council, and January 16 th and September 16 th staff meeting.
How well staff listen to you?	Staff Partners In Care training (PIC)	January 27 th , 2025	43 staff members completed the training. Reinforced consistent, high-quality care.
Fear Without Consequences	Expand Resident Council minute’s location.	April 22, 2025	Initially located at front of the home. Baskets were installed to have minutes available on units.
Fear Without Consequences	Promote Resident Council through various methods.	September 30, 2025	Featured in January’s newsletter. Promoted during Resident Council week in September.

Indicator	Change Ideas	Date Complete	Outcomes and Impact
Fear Without Consequences	Educated staff on different attributes of resident centered care.	December 5, 2025	Ufirst training in June. Trauma informed care July 17 th . Mental Health training December 5 th .
Fall Prevention	Fall prevention Wellness Café.	July 22, 2025	Facilitated by nursing student in collaboration with Nurse Practitioner. Strong attendance.
Fall Prevention	Newsletter fall prevention article.	April 3, 2025	Fall risk factors and fall prevention strategies was available to residents, staff and families.
Fall Prevention	Lift and transfer champion.	October 29, 2025	"Lift and Transfer Back to C.A.R.E training". 11 staff in attendance. Post fall huddle tool also added.
Fall Prevention	Add personnel to support and enhance walking program.	June 9, 2025	2 recreation students were welcomed to encourage leisure and engagement.
Antipsychotic Reduction	Trial a new process to monitor antipsychotic appropriateness.	December 31, 2025	Evaluated clinical indicators, explored new pharmacological interventions.
Antipsychotic Reduction	Medication room standardization with roles and responsibilities.	March 24, 2025	Medication rooms were cleaned and organized to optimise space and improve accessibility.
Antipsychotic Reduction	Pharmacy-led antipsychotic reduction education for staff.	April 15, 2025	Pharmacist provided education on deprescribing, risks, and alternatives. 6 staff in attendance.
Antipsychotic Reduction	Implement therapeutic activity kit materials on units.	April 4, 2025	Montessori kits were placed on units in easily accessible area. Meaningful purposeful activities.

Appendix B – Other Actions and Priorities Taken by the Home in 2025

Area	Action Taken
Accommodations	Full-building Code Red and Code Green evacuation conducted October 20, 2025.
Care	- Prevail Representative attended Resident January 22, 2025. - Fall risk factors and prevention strategies shared in newsletter April 3, 2025.
Services	- Implement 2 approaches to advertise the Physician in the home and assess the resident's satisfaction with "Physician Services" in the Annual Resident and Family Satisfaction Survey by October 31, 2025. 2 volunteers were welcomed to June 9, 2025.

Area	Action Taken
Programs	- Collaborated with 2 organizations for intergenerational programming August 7, 2025. - Increased physical activities to 5 weekly, and spiritual offered to 2 weekly May 14, 2025.
Goods	Implemented a "Food First Approach" to streamline the use of supplements on September 12, 2025.

Appendix C – Deer Park Villa Completed Action Plan from 2024 Resident and Family Experience Survey

Area of Focus (Indicator)	Action Items	Dates
Physician services	- Physician meet and greet at October Resident Council (1) July newsletter included material about the doctor (2) May 30 – Created a “Doctor In house” display for front of home. (3) June 2 – Dedicated section in newsletter to introduce the Attending Physician and Medical Director. (4) October 2 newsletter reviewed role of physician. 3. Provided name tag to physician April 8, 2025, which is available for her to wear when in the home. 4. Doctors Day Sign created May 30, 2025, and placed by main office when the physician is in the home.	- Completed October 14 - Completed October 2, 2025 - Completed April 4, 2025. - Completed May 30, 2025.
Knowing who to bring concerns to	- Was posted in all home areas. Numbers are visible to residents, families and visitors as needed. - Located in newsletters. Numbers are available to residents, families and visitors as needed.	- Completed March 1, 2025. - Completed effective February 2025
Comfort of continence products	- Staff participated and were able to ask questions and learn more about the product. 8 residents attended Resident Council and were able to ask questions and learn about the product.	- Completed January 22, 2025. - Completed January 22, 2025.

Appendix D – Deer Park Villa 2025 Resident and Family Experience Survey Results

Domain	How would you rate your experience with...	Combined	Resident	Family
Care	Quality of care provided by the care team	4.50	4.52	4.40
Care	How your choices and preferences are respected in your care	4.12	4.10	4.20
Care	Support provided for your activities of daily living and routines	4.21	4.22	4.20
Care	How safe you feel living in this home	4.54	4.57	4.40
Services	How enjoyable mealtimes are	4.22	4.23	4.20
Services	Cleanliness and maintenance of the home	4.48	4.41	4.80
Services	Emotional and social support provided	4.23	4.24	4.20
Programs	How well the activities and programs match what you enjoy	4.38	4.32	4.60
Programs	How accessible programs and activities are for you	4.43	4.39	4.60
Programs	Experience with the rehabilitation and physiotherapy services	4.33	4.36	4.25
Goods	Comfort and quality of the continence products provided	3.94	3.93	4.00