SHEPHERD VILLAGE
A Caring Christian Seniors' Community

Continuous Quality Improvement (CQI) Report 2025/2026

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DESIGNATED LEAD

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QUALITY PRIORITIES

Shepherd Lodge is happy to share our Continuous Quality Improvement Report. We embody quality in our Vision, Mission, and Values of the Organization.

SHEPHERD VILLAGE
A Caring Christian Seniors' Community

Vision

To be a continuum of care within a Christian community, where seniors find peace.

Mission

Recognizing our origins and shared common creed and values with the Pentecostal Assemblies of Canada, we meet the changing physical, spiritual and social needs of seniors through quality care and compassionate service.

Values

C **Compassionate Care**
We, as a team, are genuinely concerned about the well-being of those we serve.

A **Accountability**
We hold ourselves to a higher standard being responsible to our residents, co-workers, partners and our community.

R **Respect**
We treat everyone equally with integrity to earn their trust.

E **Excellence**
We are quality driven to exceed the expectations of those we serve.

Commission of Accreditation of Rehabilitation Facilities (CARF) Canada

In 2023, Shepherd Village was pleased to engage in the CARF Canada Accreditation Survey, for which we were issued a 3-year accreditation Award.

We are proud that no recommendations were given under the Person-Centred Long-Term Care standards.

Shepherd Village regularly reviews the CARF standards and takes action to ensure ongoing conformance with standards. The following Survey will take place in 2026.

Great Place to Work® Canada

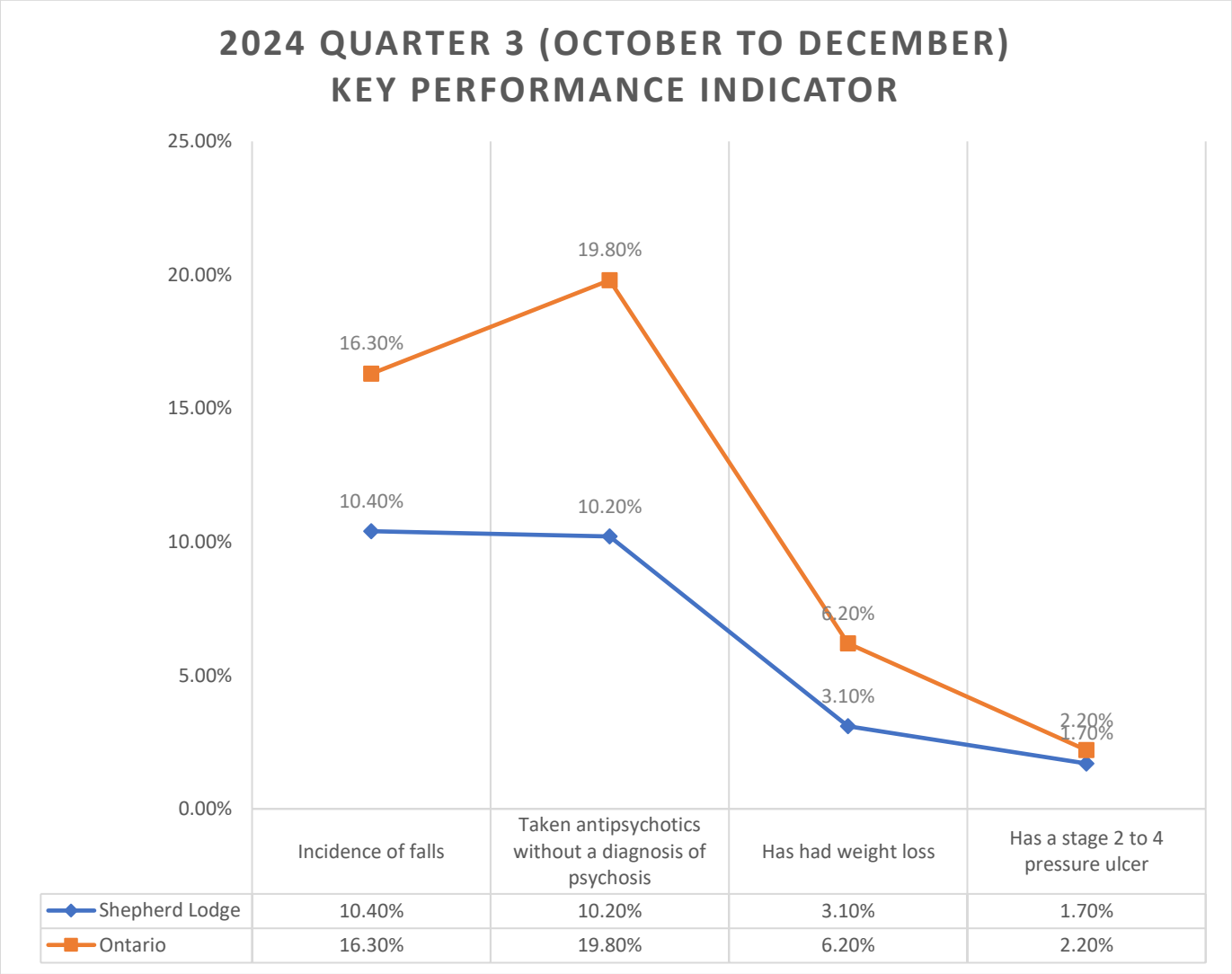
Many business leaders, research institutions, and the public rely on the Great Place To Work® Canada Trust Model© as the definitive standard for a great workplace.

Shepherd Village has adopted this methodology and is proud that our staff voted us a Great Place to Work for the third year in a row!

Shepherd Village is also proud to announce that we've been named as one of the 2025 Best Workplaces **Led by Women.**

Canadian Institute for Health Information (CIHI)

There are several areas in which Shepherd Lodge continues to perform better than the provincial average. Some of these areas include:



OUR APPROACH TO CQI (Policies and Procedures)

Our Quality Improvement Manual, which consists of policies and procedures, guides us in determining when to utilize a DMAIC process for improvement. An interdisciplinary team, including family and resident representatives, will work through the priority projects using this model:

DMAIC Quality Improvement Cycle

DMAIC (Define, Measure, Analyze, Improve, and Control) is a quality Improvement Cycle used by the Residents First Initiative (HQO). This model has five phases. This model is available for the team(s) to use as part of the quality improvement or initiative.

1. **Define:** Identify a situation or problem
    - Seek to understand a process.
2. **Measure: Review or collect baseline data**
    - Collect baseline data to verify what the problem is and allow us to compare before and after the change.
3. **Analyze – The current problem.**
    - What story does it tell us about the system?
4. **Improve**
    - The team starts developing change ideas and starts implementing these changes.
5. **Control**
    - The team creates an action plan to sustain the changes that have been made with clear lines of accountability.

PROCESS TO DETERMINE PRIORITY AREAS

When looking at the possible opportunities for improvement, we review the following data:

- Resident and Family experience surveys
- Staff satisfaction and engagement surveys
- Resident & Family Council feedback
- Canadian Institute for Health Information data
- Internal key performance indicators
- Internal and external audit/inspection outcomes
- Program evaluation outcomes

The interdisciplinary team meets several times a year to review data and feedback from our stakeholders to determine the improvement priorities. We also refer to resources such as Health Quality Ontario for our quality improvement journey.

The Board Quality Committee also provides input into the annual plan.

MONITORING AND MEASURING PROGRESS

A key component of the sustainability plan is the collection and monitoring of the key project measures over time. Analysis of the outcome measure(s) will be used to identify if the Home is achieving the desired outcomes or not. If not achieving the desired outcomes, the team can review the process measure(s) over time to either confirm compliance with key change ideas (suggesting the change idea may not be as effective at improvement

outcomes) or identify gaps in compliance that need to be addressed. Based on the results of this analysis, the team may consider alternative change ideas, provide coaching to staff to enhance compliance, engage with staff to better understand gaps in compliance, etc.

COMMUNICATION OF INITIATIVES

Communication strategies are tailored to the specific improvement initiative. These include, but are not limited to:

- Posting on home area quality boards in common areas
- Publishing stories and results on the website, on social media, or via a newsletter
- Direct email to staff, families, and other stakeholders
- One-to-one communication with residents and families
- Presentations at staff meetings, town hall meetings, and Resident and Family Council meetings
- Presentation through the family education programs at Shepherd Lodge
- Home area staff huddles

2024/2025 Priority Areas, Initiatives, and Outcomes

Priority Area	Initiative	Outcome
Reduce avoidable ED transfers.	➢ 100% of residents will transition to having Goals of Care conversations from Advance Directives conversations. ➢ Recruit a second Nurse Practitioner (NP) ➢ Enhance registered staff knowledge and competence in assessing and identifying early changes in residents' health conditions.	All Shepherd Lodge residents transitioned to Goals of Care and PoET discussions. Staff were trained on the RNAO Clinical Pathway to identify early signs of delirium. A second Nurse Practitioner was recruited. The rate of avoidable ED visits improved from 17.55% to 13.95%.
Enhance resident-centred care and satisfaction by creating an environment where residents feel, "I can express my opinion without fear of consequence."	➢ Formalize education for families and caregivers regarding the Residents' Bill of Rights, including whistle-blowing protection. ➢ Enhance residents' knowledge about their Bill of Rights.	Families received refresher training on the Resident Bill of Rights, and Social Workers held individual and group sessions, including refresher training provided by the Ontario Association of Residents' Councils (OARC) representatives. Satisfaction survey results improved to 75% from 73%.
Reduce internally acquired pressure injuries.	➢ Screening upon move-in and discussion during weekly skin and wound meetings ➢ Registered Dietitian (RD) and Skin and Wound team review residents who have significant weight loss. ➢ Provide refresher training in pressure injury prevention for all registered staff, including PSW's.	The RNAO Best Practice admission assessment was implemented, and 11 education sessions were held, engaging 413 staff. The Skin and Wound Team continues to assess newly moved-in residents and at-risk residents to ensure proper interventions are in place. Reducing pressure injuries remains a 2025–2026 priority.
Improve staff listening skills	➢ Provide training in active listening skills. ➢ Continuing to host Home Area Circle of Care Forums ➢ Include listening-focused agenda items in RHA staff huddles.	Training and a discussion on listening skills were integrated into staff meetings and huddles. Circle of Care Forums supported the resident voice. Resident survey results improved from 62% to 74%.

Improve weekend programming participation	➢ Ensure posted calendars accurately reflect the activities taking place in the home. ➢ Offer a resident and family concert event once per month. ➢ Send monthly updates on upcoming recreation programs, including weekend activities. ➢ Implement Train programs by staff and service providers. (RHA to RHA) ➢ Collaborate with BSO and implement an engagement program. ➢ Recruit volunteers to assist during weekends.	Schedule changes and cross-department collaboration improved. Recreation coverage and programming, including a rise in weekend activities. Volunteer support grew to 86. Resident engagement remains a focus.
Improve food variety and quality	➢ Continuing Resident Choice Menu ➢ Include the residents and family in the taste panel. ➢ Conduct real-time satisfaction surveys. ➢ Introducing Sunday dinner service tablecloths	Residents submitted 13 recipes, and families joined taste panels to give feedback. A new survey app captures real-time meal feedback, reviewed quarterly to guide menu updates. Sunday dining was enhanced with beige tablecloths. Improving the dining experience remains a priority.
Increase DEI and anti-racism training completion	➢ Provide refresher training to all staff.	Senior leadership has completed EDI training, and ongoing Respect in the Workplace training continues for front-line staff to promote a positive and respectful environment. The 2025-2026 reporting to Ontario Health is completed.

RESIDENT AND FAMILY EXPERIENCE SURVEY

At Shepherd Lodge, the Resident Council (RC) Lead and the Family Council (FC) Chair are active members of the Quality Team. This interdisciplinary team is responsible for identifying and supporting opportunities for improvement for Shepherd Lodge. The Resident and Family Experience Survey results and the action plans are reviewed for input at the Quality Team meeting by the interdisciplinary members, including the registered staff and PSW representative.

Summary of the 2024 Resident and Family Experience Survey

Action	Date
Date draft survey taken to the council for input	RC – July 9, 2024 FC – May 24, 2024
Distribution start date	RC – July 13, 2024 FC – July 13, 2024
Date the results shared and input for action with the council*	FC – February 13, 2025 RC – March 11, 2025
Date the survey results shared with the staff	PSW- March 18, 2025 Registered Staff- March 26, 2025

*transition year of survey completion (from November to July)

The Director of Client Care Services shared the results with both Councils via presentation format and highlighted the following outcomes of the survey:

- 89% (68/76) response rate from Residents
- 51% (124/241) response rate from Families
- 90% of respondents said that overall, they are satisfied with Shepherd Lodge
- 90% of respondents said they would recommend Shepherd Lodge

Top 3 areas Shepherd Lodge is doing well:

- Staff treat residents with respect: 95% in 2024 compared to 86% in 2023
- Daily care needs are met: 91% in 2024 compared to 85% in 2023
- Health updates are provided: 89% in 2024 compared to 75% in 2023

It is noted that Family satisfaction is excellent and has increased compared to 2023.

Areas to improve:

1. Improve resident experience around respect and privacy
2. Improve communication around staff listening skills, health updates and communication to residents during an outbreak
3. Improve resident satisfaction during mealtimes
4. Improve resident-centred experience by responding positively to the statement “I like the activities provided in the home”

Shepherd Lodge creates an action plan each year with input from the Family and Resident Councils and the front-line/management staff.

PRIORITY AREAS FOR 2025/2026

The Experience Survey priorities include:

1. Improve resident experience around respect and privacy
2. Improve communication around staff listening skills, health updates and communication to residents during an outbreak
3. Improve resident satisfaction during mealtimes
4. Improve person-centred experience by responding positively to the statement “I like the activities provided in the home”

The Quality Improvement Plan (QIP) priorities include:

5. Reduce the number of avoidable ED (Emergency Department) transfers from 13.95 % to 13%
6. Improve the resident-centred experience by responding positively to the statement “how well the staff listen to you” from 74% to 76%
7. Reduce the average number of internally acquired pressure injuries from 8 to 7.8 per month

Shepherd Lodge creates an action plan each year, with input from the Family and Resident Councils and staff.