SHEPHERD VILLAGE
A Caring Christian Seniors' Community

Continuous Quality Improvement (CQI) Report 2026/2027

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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 can flourish and 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 June 2026.

Great Place to Work® Canada

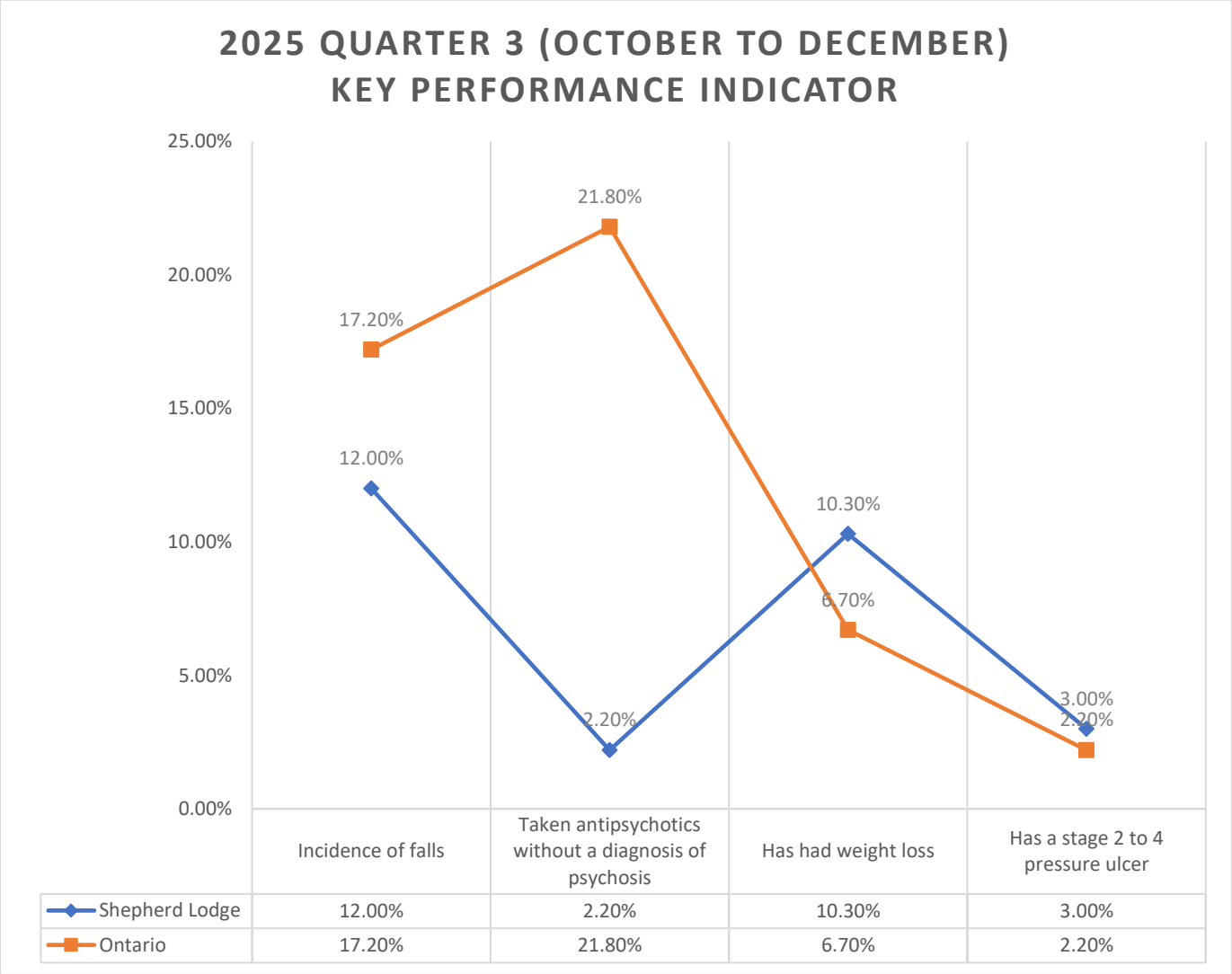
Many business leaders, research institutions, and the public rely on the Great Place To Work® Canada Trust Model© as the definitive standard for a great workplace.

Shepherd Village has adopted this methodology and is proud that our staff voted us a Great Place to Work for the fourth 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:



**The 2025/2026 reporting period coincided with Shepherd Lodge's transition to the InterRAI Reporting System. This system change introduced variations in data capture and reporting, which may have resulted in unexplained or unexpected shifts in certain performance metrics and trends.*

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

2025/2026 Priority Areas, Initiatives, and Outcomes

Priority Area	Initiative	Outcome
Reduce potentially avoidable emergency department	➢ Delivered education on a palliative approach to care for residents and families. ➢ Provided refresher education on aspiration pneumonia prevention and early recognition of worsening CHF signs and symptoms. ➢ Provided refresher training for registered staff on using SBAR to communicate effectively with the medical team.	Palliative care education and clinical refresher training on aspiration pneumonia, CHF recognition, and SBAR communication were provided to staff, residents, and families. Avoidable ED visits improved from 19.24% in 2022 to 13.95% in 2024 but increased to 22.57% in 2025 following the transition to the InterRAI Reporting System. Reducing ED visits remains a priority for 2026–2027.
Improve staff listening skills	➢ Standardized the agenda for registered staff and PSW meeting to include review of the Resident Bill of Rights. ➢ Provided active listening skills like empathy, feedback and clarifying questions for staff.	The Resident Bill of Rights was reinforced through ongoing staff education, translated resources, and communication training to support resident-centered care. Collaborated with Trillium, the Ontario Association of Residents' Council and the Psychogeriatric Resource Consultant. Improving staff listening skills remains a priority for 2026–2027.
Reduce internally acquired pressure injuries.	➢ Increase awareness of pressure injury prevention and management for staff, residents and families ➢ Utilize data report from the Momo medical program to implement strategies to reduce pressure injuries	In collaboration with the Nurse-Led Outreach Team and Medline, refresher education on pressure injury prevention was provided to PSWs and Registered Staff, supported by QR-code resources on the Quality Board. In 2025, the pressure injury rate was 8%, slightly above the 7.89% target. Reducing pressure injuries remains a priority for 2026–2027.

Priority Area	Initiative	Outcome
Improve resident experience around respect and privacy	➢ Added the Resident Bill of Rights as a standing agenda item for all Registered Staff and PSW meetings ➢ Collaborated with external partners to provide refresher training on respectful care practices	The initiatives strengthened awareness and integration of the Resident Bill of Rights and enhanced respectful, person-centred care practices across staff.
Improve communication around staff listening skills, health updates and communication to residents during an outbreak	➢ Standardized outbreak updates for residents ➢ Reviewed expectations for providing residents and families with regular health updates with the registered staff ➢ Collaborated with external partners to deliver refresher training on effective communication, including active listening and empathy	The initiatives enhanced communication consistency and strengthened person-centred, compassionate engagement with residents and families.
Improve resident satisfaction during mealtimes	➢ Provided pleasurable dining experience refresher training ➢ Continued the pleasurable dining program by improving menu offerings (increased fresh fruit, cheese, and higher-quality meats) ➢ Introduced interdisciplinary pleasurable dining and snack audits in addition to Food Services supervisor audits	The initiatives enhanced the dining experience by strengthening staff practices, improving meal quality, and ensuring consistent monitoring through interdisciplinary audits
Improve person-centered experience by responding positively to the statement " I like the activities provided in the home"	➢ Contracted a third-party recreation consultant; reviewed and implemented recommendations ➢ Conducted annual in-house surveys of residents and families to identify preferred activities and improvement areas ➢ Hired an additional recreation assistant	The initiatives supported meaningful resident engagement through enhanced recreation programming. Incorporating feedback and expert recommendations strengthened person-centred approaches.

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 2025 Resident and Family Experience Survey

Action	Date
Date draft survey taken to the council for input	RC – July 10, 2025 FC – June 27, 2025
Distribution start date	July 21, 2025
Date the results shared and input for action with the council*	RC – September 9, 2025 FC – September 11, 2025
Date the survey results shared with the staff	January 20, 2026 January 22, 2026

The results were shared with both Councils via presentation format and highlighted the following outcomes of the survey:

- 88% (68/77) response rate from Residents
- 41% (102/246) response rate from Families
- 93% 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: 96% in 2025 compared to 95% in 2024
- Daily care needs are met: 96% in 2025 compared to 91% in 2024
- The home is clean: 100% 2025 compared to 99% in 2024

It is noted that Family satisfaction is excellent and has increased compared to 2024.

Areas to improve:

1. Improve residents' satisfaction in response to having access to enjoyable things to do on weekends.
2. Improve residents' satisfaction relating to overall food and drink quality
3. Improve residents' satisfaction response related to mealtime organization
4. Improve residents' satisfaction related to opportunities to make decisions about their care

5. Improve residents' satisfaction in response to receiving updates from the healthcare team

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 2026/2027

The Experience Survey priorities include:

1. Improve residents' satisfaction in response to having access to enjoyable things to do on weekends.
2. Improve residents' satisfaction relating to overall food and drink quality
3. Improve residents' satisfaction response related to mealtime organization
4. Improve residents' satisfaction related to opportunities to make decisions about their care
5. Improve residents' satisfaction in response to receiving updates from the healthcare team

The Quality Improvement Plan (QIP) priorities include:

6. Reduce the number of potentially avoidable ED (Emergency Department) transfers from 22.57 to 22 %
7. Improve the resident-centred experience by responding positively to the statement "how well the staff listen to you" from 75% to 76%
8. 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.