Knollcrest Lodge Continuous Quality Improvement Annual Report 2025-2026

Introduction

Knollcrest Lodge is proud to present the Continuous Quality Improvement (CQI) Annual Report for the fiscal year 2025-2026. This report is prepared in compliance with Section 168 of the Ontario Long-Term Care Home Act and is published to ensure transparency and accountability in our ongoing commitment to enhancing the quality of care provided to our residents.

1. Designated Lead for the CQI Initiative

Name: Lynda Monik
Position: Administrator and Continuous Quality Improvement Lead

As the designated lead, Lynda Monik is responsible for overseeing the development, implementation, and monitoring of the CQI initiatives at Knollcrest Lodge.

2. Priority Areas for Quality Improvement for 2025/2026

a. Priority Areas Identified:

- **ED Visits and Transfers:** 2025/2026 QIP quality dimensions identified, ensure only necessary ED visits occur. Communicating with residents and families, respecting wishes.
- **EID-AR Promotion and Education:** 2025/2026 QIP quality dimension identified, ensure 100% of staff receive relevant EID-AR education.
- **Percentage of Residents Who Fell:** 2025/2026 QIP quality dimension identified, ensure a safe and secure environment is provided to resident, early identification of risk factors and trends and early implementation and evaluation of falls prevention interventions.
- **Residents Receiving Antipsychotics (AP) without Psychosis Diagnosis:** 2025/2026 quality dimension identified, maintaining current levels below the provincial average
- **Positive responses to "How Well Staff Listen to Me":** 2025/2026 QIP quality dimension identified, ensure residents feel staff listen to them
- **Positive Responses to "I can Express My Opinion Without Fear of Consequences":** 2025/2026 QIP quality dimension identified, ensure residents feel they can express their opinion without fear of consequence
- **Providing High-Quality Palliative Care:** 2025/2026 QIP quality dimension identified, continue to provide effective palliative care and comfort measures internally

b. Objectives:

- **ED Visits and Transfers:** maintain appropriate levels of ED visits while respecting wishes of residents and families regarding transfer to ED. Increase education on in-house treatment options in collaboration with NLOT
- **Maintaining EID-AR Promotion and Education:** ensure consistent and relevant education provided to all staff
- **Percentage of Resident Who Fall:** maintain consistent review of falls trends and risk factors, to ensure early implementation of falls interventions to reduce number of residents falling and sustaining injuries from falls
- **Appropriate Use of Residents on AP Without a Psychosis Diagnosis:** maintain current levels which are below the provincial average, while identifying and documenting appropriate diagnosis
- **"How Well Staff Listen To Me":** ensure residents feel heard by staff. Maintain positive response rates through satisfaction surveys (2024 – 79%; 2025 – 74% residents, 95% families)
- **"I Can Express My Opinion Without Fear of Consequences":** ensure residents feel sage in expressing their opinions without fear of consequence. Maintain positive response rates through satisfaction surveys (2024 – 94%; 2025 – 93% residents, 89% families)
- **Provide High-Quality Palliative Care:** maintain high-quality palliative care. Ensure clear and consistent communication with residents and families on goals of care, provide palliative care philosophy and intervention education to staff, and ensure consistent review to identify residents as end of life (EOL) and implement measures effectively

c. Policies, Procedures, and Protocols:

- **Ensuring Necessary ED Visits:** respecting wishes of residents and families regarding transfer to ED. Educating stakeholders on benefits and approaches to preventing avoidable ED visits and providing appropriate care in-house, including early and recurring discussions (as required) surrounding goals of care. Partnering with NLOT for educational resources, guidance and direction on in-house treatment options
- **Maintaining EID-AR Promotion and Education:** ensure consistent and relevant education provided to all staff annually. Include inclusive language in job postings
- **Reducing Resident Falls and Injuries from Falls:** maintain consistent review of resident falls, including review with the Falls Prevention Committee. Utilize the home's internal falls tracker tool for early identification of risk factors, safety concerns and early implementation of falls prevention intervention to reduce injuries sustained from falls
- **Maintaining Appropriate Use of Residents on AP Without a Psychosis Diagnosis:** reviewing residents diagnosis to ensure accurately capturing residents with psychosis diagnosis. Monitor usage at medication through the home's medical team (Medical Director, Attending Physician(s), Nurse Practitioner) and at medication management meetings
- **Maintaining Positive Response Rates on Satisfaction Surveys:** ensure annual education to all staff on Residents' Bill of Rights, and home-specific policies and procedures (Prevention of Abuse and Neglect, Mandatory Reporting Requirements).

Provide information to residents and families on Residents' Bill of Rights and reporting concerns

- **Provide High-Quality Palliative Care:** maintaining consistent annual education to staff on palliative care philosophy. Continue with goals of care discussion with residents and families upon admission, annually and with changes in condition.

3. Process for Identifying Priority Areas for 2026

a. Identification Process:

- **Resident and Family Satisfaction Survey**: The 2025 satisfaction surveys highlighted areas needing improvement, such as meal services, oral care, call bell response times, and challenges with navigating the phone system for communication.
- **CQI Committee Feedback**: The CQI committee, which includes the Leadership Time, and front-line staff, review survey results, action plans and Ministry of Long-Term Care (MLTC) inspection reports to prioritize areas.
- **Regulatory Compliance**: Areas requiring attention were also identified through inspections conducted by the MLTC.

b. CQI Committee's Role:

- The CQI committee meets quarterly to discuss quality initiatives, improvement areas, survey results, inspection findings, and resident/family feedback. Priority areas were selected based on the potential impact on resident satisfaction, safety, and compliance with provincial regulations.

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4. Process to Monitor, Measure, and Communicate Progress

a. Monitoring and Measurement:

- **Quarterly Reviews**: Progress on each priority area will be reviewed quarterly by the CQI committee. Required program committees meet on a monthly or quarterly basis
- **Key Performance Indicators (KPIs)**: Specific KPIs, such as resident satisfaction scores, compliance rates with audits, and temperature monitoring data, are tracked and analyzed.
- **Adjustments**: If progress is not on track, the Quality Lead will work with department heads to adjust strategies, timelines and reallocate resources (if feasible)
- Life Enrichment Manager to track concerns brought forward at Residents' Council and Family meetings. Concerns to be documented and follow-up action plan forms to be submitted to the appropriate department heads for response

b. Communication of Outcomes:

- **Internal Communication**: Results and updates are communicated to staff through departmental meetings, required program meetings, and internal communications.

- **External Communication**: Residents and families are informed of progress through Residents' Council meetings, Family Council meetings, email communications and the Knollcrest Lodge website.
- **2025/2026 QIP**: review of the QIP occurs annually to obtain feedback from the leadership team, Board of Directors, Residents' Council, Family Council, and the CQI committee.

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5. Resident and Family Satisfaction Survey Results and Communication

a. 2025 Resident and Family Satisfaction Survey:

- **Date**: Surveys were distributed from November 3rd to December 12th, 2025
- **Resident Satisfaction Survey Results**:
    - Overall, positive responses to majority of questions. Proposal to adjust survey by leadership team to receive more specific, conclusive results were implemented
    - Food services & meals:
        - Quality of meals - 59% positive responses
        - Variety of meals – 74% positive responses
        - Assistance during meal time – 60% positive responses
        - Pleasurable dining – 81% positive responses
    - Call bell response times – comments surrounding prolonged waits for responses to call bells from staff
- **Family Satisfaction Survey Results:**
    - Overall, positive responses to all questions
    - Food services & meals:
        - Quality of meals – 88% positive responses
        - Variety of meals – 89% positive responses
        - Assistance during meal time – 83% positive responses
        - Pleasurable dining – 78% positive responses
        - Some comments surrounding meal service, quality of food, individual preferences.
    - Call bell response times – comments surrounding prolonged waits for responses to call bells from staff
    - Oral care – comments surrounding more attention needed to adequate oral care,
    - Phone system & communication – comments surrounding difficulties navigating call-in system to reach desired individuals or departments
- **Action**: Results were analyzed, and specific areas for improvement were identified and addressed through CQI initiatives. See completed action plan for details.

b. Communication of Results:

- **Residents and Families**: Satisfaction survey results and summary were shared with Residents' and Family Councils at the March meetings. Action plan summary was shared

with residents at the June 2026 Residents' Council meeting, and with Family Council via email in June 2026.

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6. Actions Taken Based on Resident and Family Satisfaction Survey Results

a. Improvements Based on Survey:

- **Meal Service Enhancements**:
  - **Goal:** create a culture of open communication with residents and POAs regarding meal service and food preferences, to enhance residents' enjoyment of meals
  - **Actions:** Food Service Manager (FSM) follow up directly with all residents and families who left negative feedback on surveys to discuss options to prevent further reoccurrence and enhance the overall pleasurable dining experience. FSM to continue to attend monthly Residents' Council meetings to discuss food
  - **Date Implemented**: home reviewed and created more specific survey questions to better distinguish key components of meal service enjoyment; this was included in the 2025 survey questions. FSM has reached out to all stakeholders and documented progress notes in PCC accordingly. FSM will continue to attend Residents' Council meetings
  - **Outcomes**: improved positive response and feedback on the next satisfaction survey
- **Call Bell response Times:**
  - **Goal:** create a culture that values responsiveness to meet resident needs in a timely manner
  - **Actions:** explore and initiate a trial for proactive rounding to address the 4 P's, implement staff training programs on importance of prompt responses to call bells, encourage team accountability where all departments respond to call bells, conduct regular assessments to monitor response times through satisfaction surveys, and explore technology applications for alerts of call bells
  - **Date Implemented:** proactive rounding trial, training programs and exploring feasibility of technology to be completed by end of July 2026. Ongoing communication and participation with staff.
  - **Outcomes:** improved positive response and feedback on the next satisfaction survey
- **Oral Care Consistency and Improvements:**
  - **Goal:** create a culture that recognizes and promotes the importance and value of effective and appropriate oral care routines
  - **Action:** review home-specific policies and procedures to ensure proper instructions relating to oral care best practices. Implement staff training programs and review practices
  - **Date Implemented:** policy reviewed and updated May 2026. Ongoing education sessions for PSW staff completed in April and May 2026
  - **Outcomes:** increase staff awareness on the importance of oral care routines. Improved positive response and feedback on the next satisfaction survey

- **Communication Enhancements (Phone System Navigation)**:
    - **Goal:** streamline current phone call-in system to improve ease and user friendliness of the system
    - **Actions:** review options for phone system and directory to include on key team members or departments. Review options with Mornington Communications
    - **Date Implemented**: alternatives to be explored and adjustments made (if any available) by end of July 2026
    - **Outcomes**: Less reported comments on difficulty navigating call-in system to reach desired individual(s) or department

c. Role of Councils and Committees:

- **Residents' Council**: Provided feedback on survey results.
- **Family Council**: Reviewed survey outcomes and supported the quality initiatives proposed.
- **CQI Committee**: Monitored the implementation of all improvements and provided guidance on measuring success.

d. Communication of Actions:

- **Residents and Families**: Satisfaction survey results and summary were shared with Residents' and Family Councils at the March meetings. Action plan summary was shared with residents at the June 2026 Residents' Council meeting, and with Family Council via email in June 2026.

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7. Records of Improvement Evaluations

Participants:

- Administrator – Lynda Monik
- Leadership Team (Building and Facilities – Adam Ropp, Business and Finance – Darlene Raycraft, Executive Assistant – Holly Rohfritsch, Food Services – Kamal Sanghera, Life Enrichment – Jayde Middleton, Nurse Leaders – Angela Hartin and Alex Lidwill)
- CQI Committee Members
- Residents' Council Representatives
- Family Council Representatives

Conclusion

Knollcrest Lodge is committed to continuous improvement in all aspects of care and services. This CQI Annual Report reflects our dedication to maintaining high standards, addressing areas of improvement, and ensuring transparency with our residents, families, and staff.

The report will be provided to the Residents' Council, Family Council, and will be published on the Knollcrest Lodge website in accordance with the regulations.

Lynda Monik
Administrator
Knollcrest Lodge

Holly Rohfritsch
Executive Assistant
Knollcrest Lodge