

# Braemar Nursing Home

## Continuous Quality Improvement (CQI) Initiative Report

April 01, 2025 – March 31, 2026



Compassion **R**espect **E**mpathy **A**cceptance **T**eamwork **E**mpowerment

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RNAO  
BEST PRACTICE  
SPOTLIGHT  
ORGANIZATION



## **Overview and Framework:**

Braemar Nursing Home is dedicated to delivering high-quality, integrated care to everyone we serve, guided by a deep commitment to continuous improvement and shared learning. We work closely with residents, their families, and a multidisciplinary team of care professionals to develop individualized care plans that address not only physical health but also emotional, social, and spiritual well-being.

We continually review and refine our clinical protocols by incorporating the latest evidence-based guidelines, striving always for the highest levels of safety, effectiveness, and resident satisfaction. To measure our progress, we conduct regular audits, gather resident feedback through surveys, and monitor key performance indicators. These insights allow us to identify opportunities for enhancement and recognize areas of excellence. Braemar Nursing Home continuously raises the standard of care, fostering an environment in which our residents not only live safely but thrive.

### **Objectives:**

We are committed to deliver the highest-quality services to those in our care by employing a comprehensive suite of interrelated processes. Our Risk Management Plan includes:

#### **Risk management Plan:**

- A Corporate Operational and Strategic Plan
- Focused Committees and Internal Audits
- Annual Program Evaluations and Review of Priority Indicators from Ontario Health
- A Dedicated Quality Improvement Lead at the Home level
- Regular Meetings and Reviews:
  - Quarterly Quality Council Meetings
  - Weekly All Staff Huddles
  - Monthly Department and CQI Review Meetings

#### **Engaging Stakeholders:**

- Resident and Family Councils
- Satisfaction Surveys for Residents, Families, Staff, and Volunteers

Our key priority indicators are tracked monthly, and an in-depth evaluation of this data is conducted annually using a Root Cause Analysis (RCA) approach. Based on the findings, action plans are developed and implemented to address identified areas for improvement. Outcomes and progress are shared with stakeholders at our Quarterly Quality Council meetings, ensuring transparency and continuous refinement of our care processes.

## **Accreditation:**

Braemar's quality improvement initiatives are aligned with the standards set by Accreditation Canada and other relevant legislative requirements, ensuring the continuous enhancement and long-term sustainability of care services for the individuals we serve. These efforts are designed to maintain the highest level of care and operational excellence across all areas of our home. In

2021, Braemar's dedication to quality care was formally recognized with a Four-Year Accreditation, a testament to our commitment to delivering the best possible care to our residents. As we approach September 2025, we will be entering the final stages of our current accreditation cycle, reinforcing our ongoing dedication to excellence. We are actively preparing for the next phase of evaluation by Accreditation Canada, focusing on further strengthening our practices and sustaining a culture of continuous improvement

### **BPSO Designated:**

Braemar's ongoing partnership with the Registered Nurses' Association of Ontario (RNAO) and our designation as a Best Practice Spotlight Organization (BPSO) are central to our commitment to continuous quality improvement and delivering person- and family-centered care. Through this collaboration, we are able to implement evidence-based best practices that enhance our care delivery, ensuring that we provide the most effective, up-to-date services to those in our care. The partnership offers staff training, resources, and support, which not only improves care outcomes but also strengthens our focus on the unique needs and preferences of each individual. This ongoing commitment helps us achieve high-quality care and positive outcomes for both residents and their families.

### **DementiAbility Certified:**

Through becoming DementiAbility Certified, Braemar has successfully implemented an evidence-based model of care that focuses on creating positive and meaningful experiences for individuals living with dementia. This model is based on a variety of harmonized approaches designed to meet the unique needs, abilities, strengths, and potential of each person. By emphasizing person-centered care, Braemar supports an environment where each individual is treated with dignity and respect, ensuring that their care is tailored to enhance their quality of life. This certification reflects our commitment to providing specialized, compassionate care that empowers residents to thrive despite the challenges of dementia.

## **2024/2025 Survey Results**

### **Resident Satisfaction Survey Results:**

The Recreation Department distributes annual fiscal year satisfaction surveys to residents who are able to participate, with assistance provided as needed to ensure all voices are heard. To ensure that the surveys are relevant and appropriate, the inter-personal team member meets annually to assess and identify residents eligible for the survey based on their Cognitive Performance Scale (CPS) scores. This process allows for a tailored approach, ensuring that feedback is gathered from residents who can meaningfully contribute to the evaluation of our services, while also considering their cognitive abilities.

*In 2024, there were 14 respondents, with an overall satisfaction rate of 92.86%*

### **Family Satisfaction Survey Results:**

The Recreation Department distributes annual fiscal year family satisfaction surveys to all family members of residents, providing them with an opportunity to share their feedback and insights. These surveys help us gather valuable input on the quality of care and services provided, ensuring that we continue to meet the needs and expectations of families while striving for ongoing improvement in our services

*In 2024, there were 21 respondents, with an overall satisfaction rate of 90.48%*

#### Staff Satisfaction Survey Results:

The annual fiscal year survey was made available to all embedded and agency staff members, providing them with an opportunity to offer feedback on their experiences and the overall work environment. By gathering input from both embedded and agency staff, we ensure that a comprehensive range of perspectives is considered, which helps us identify areas for improvement and foster a positive, supportive workplace culture

*In 2024, there were 66 respondents, with a satisfaction rate of 69.7%.*

<b>2024/2025 Survey Results</b>			
Date of Survey	Survey	Overall Satisfaction	Date Shared F- Family R- Resident S- Staff QC- Quality Council
Ended Nov 2024	2024/2025 Resident overall satisfaction %	92.86 %	F- April 2025 R- April 2025 S- May 6 2025 QC- March 2025
Ended Dec 20 2024	2024/2025 Family overall satisfaction %	90.48%	F- April 2025 R- April 2025 S- December 2024 QC- March 2025
Oct 4, 2024- Mar 27 2025	2024/2025 Staff overall satisfaction %	69.7%	F- June 11 2025 R- May 16 2025 S- May 6 2025 QC- March 2025

Action plans were developed collaboratively by the CQI Lead and the Leadership team to address areas identified for improvement. To ensure broad input, survey feedback forms were distributed to staff, the Residents' Council, and the Family Council. This inclusive approach provides all stakeholders with an opportunity to contribute their perspectives, ensuring the action plans reflect the needs and concerns of everyone involved. The feedback gathered, along with the actions taken in response, can be reviewed and validated through the respective meeting minutes, ensuring transparency, accountability, and continuous improvement.

### **CQI Achievements for 2024/2025:**

- Dedicated Infection Prevention and Control (IPAC) Lead & Clinical Educator
- Dedicated Quality Improvement (QI) Nurse
- Updated Policies that reflect FLTC Act and O. REGS 246/22
- Updated Policies that reflect Ontario Health and Safety Act
- Designated BPSO Home with the RNAO
- Designated DementiAbility Home
- Designated in-house Social Worker
- Maintain a positive environment for Resident & Family satisfaction, resident rights, and overall, well-being
- Dedicated long-term staff, enhancing continuity of care throughout the Home.
- Positive Culture: Encourage open dialogue about risk-taking and incident reporting to foster a culture that values safety, learning, and continuous improvement
- Provide continuous high-quality resident-centered care.

### **Quality Priorities for 2025/2026:**

Braemar's Quality Improvement Plan was aligned with the Health Ontario QIP and incorporates additional indicators identified through our own internal assessments of areas requiring improvement. This comprehensive approach ensures our plan reflects both provincial priorities and Braemar's unique needs.

Our Quality Improvement Plan (QIP) for 2025/2026 focuses on our objectives to provide high quality resident care that is safe, effective, and resident centered. It aligns with the key provincial publicly reported indicators identified by the Ministry of Health and Long-Term Care (MOHLTC) as key determinants of resident safety. It serves as our roadmap and identifies opportunities to implement changes in practice to achieve better outcomes and meet resident expectations. the QIP identifies opportunities for meaningful change in clinical practice and service delivery, helping us to achieve better outcomes and meet the evolving expectations of our residents and their families. Braemar's QIP is fully aligned with our Long-Term Care Service Accountability Agreement (L-SAA), internal goals, and the standards and recommendations of our accreditation body.

Braemar's Quality Improvement Plan demonstrates our unwavering commitment to improving the quality of care. It outlines the strategies we will implement to ensure patient safety, deliver optimal care, and achieve high resident satisfaction. Key focus areas include:

1. To reduce CIS submissions due to incident resulting in resident injury
2. To maintain restraints below provincial average
3. To reduce percentage of residents who fall within 30 days leading up to assessment
4. To receive and utilize feedback regarding resident experience and quality of life
5. To reduce use of antipsychotics in the absence of psychosis
6. To implement an interdisciplinary diversity, inclusiveness, and culture committee
7. To maintain completion of mandatory education for ALL staff

Braemar's quality improvement goals are aligned with the Home's vision, mission, core values and strategic direction, and demonstrate that we are committed to providing safe, high-quality resident centered care and services.

### **Quality Objectives for 2025/2026:**

To improve resident and family experience outcomes through inter-professional, high-quality care, quality improvement (QI) metrics are essential. These metrics track, assess, and help enhance the processes and outcomes of care. They focus on the experience of both residents and families, taking into account safety, satisfaction, communication, and effectiveness of care. Below are key metrics that can be used to drive improvements:

- Falls – Total number of falls
- Resident/Family satisfaction surveys – *Overall, I am satisfied with the care and services provided in Home*
- Complaints- Total number of resident/family complaints
- ED Visits – Number of Resident ED visits
- Restraints- Total number of restraints
- Residents with depression and worsening depression
- Residents in pain and with worsening pain
- Antipsychotics – Number of antipsychotics prescribed in the absence of the associated diagnosis
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### **QIP Planning Cycle and Priority Setting Process:**

Braemar develops Quality Improvement Plans (QIPs) as part of its annual fiscal year planning process, with QIPs submitted to Health Quality Ontario (HQO) each April. The purpose of the Quality Improvement Plan is to meet legislative requirements and demonstrate our commitment to continuously improving care for our residents. The objective of the QIP is to sustain and/or improve performance to meet established targets.

Performance, Quality and Development, in collaboration with the leadership team, facilitate the creation of the Quality Improvement Plan (QIP) by utilizing provincial indicators, alongside the home's priorities. This collaborative approach helps determine the key focus areas for the year's improvement strategies.

Braemar's QIP planning cycle also includes an evaluation of several factors to identify preliminary priorities:

- Progress achieved in recent years
- Results, goals and objectives from Required Program Evaluations
- Resident, family and staff experience survey results
- Emergent issues identified internally (trends in critical incidents) and/or externally
- Input from residents, families, staff, leaders and external partners including the MOHLTC
- Mandated provincial improvement priorities (e.g. HQO)

Preliminary priorities are presented and discussed at the Quality and Safety Committee meetings to review the proposed priorities and identify any that may have been overlooked. These priorities are further reviewed and validated through multiple touchpoints of engagement with various stakeholder groups, ensuring that QIP targets and high-level change ideas are identified and confirmed.

The final review of the QIP is conducted by the Leadership Team, who endorses the plan for approval.

The QIP Progress Report includes:

- Updates on the outcomes of initiatives underway within the home, for both the current and previous year.
- Reflecting on the change ideas, whether they had an impact on our goals and objectives, and deciding on which ideas to adopt or abandon
- Using this analysis in the development of future year's Quality Improvement plan

The Work Plan Development includes:

- In collaboration with the leadership team and service providers, creating a work plan that illustrates how to undertake improvements and change ideas on the indicators chosen.
- An analysis of the change ideas, assessing whether they had an impact on the goals and objectives, and determining which ideas to continue, modify, or abandon.
- Referring to HQO's Quality Improvement Plans Guidance Document for Ontario's healthcare organizations.

### **Braemar's Approach to CQI (POLICIES):**

Braemar's policies, standard work and standards of practice provide a baseline for staff in providing quality care and service. Braemar's approach to CQI include:

- Required program workplan and evaluation
- Regular policy reviews
- Quality Improvement Plans (QIP)
- Quarterly Braemar Quality Council meetings
- Monthly Quality and Safety Committee meetings
- Monthly ministry required programs/committees
- Weekly Leadership meetings

Interprofessional quality improvement teams, including Residents and Family, work through quality improvement to:

#### **Diagnose/Analyze the Problem:**

Teams use quality improvement (QI) methodologies to identify the root cause of problems and uncover opportunities for improvement. These methodologies may include tools such as process mapping or value stream mapping, the 5 Whys, fishbone diagrams, and others. Additionally,

this work involves analyzing relevant data and conducting a gap analysis in comparison to applicable Best Practice Guidelines.

#### Set Improvement Aims:

Once teams have a better understanding of the current state, they aim to improve and develop an understanding of what is important to the resident, to identify an overall improvement aim. This aim is used to evaluate the impact of the proposed change ideas through implementation and sustainability. At Braemar, improvement teams develop aim statements that are Specific, Measurable, Attainable, Relevant, Time-Bound (SMART). A good aim statement includes the following parameters

- "How much" (amount of improvement – e.g. 30%),
- "By when" (a month and year),
- "As measured by" (a general description of the indicator)
- "Target population"

#### Develop and Test Change Ideas:

With a better understanding of the current system, improvement teams identify various change ideas that will move Braemar towards meeting CQI initiatives. Plan – Do – Study – Act (PDSA) cycles are used to test change ideas through small tests of change. PDSAs provide an opportunity for teams to refine their change ideas and build confidence in the solution prior to implementation, along with allowing all stakeholders to provide feedback in real time as the change is tested. Change ideas typically undergo several PDSA cycles before implementation.

#### Maintenance:

Once an improvement initiative has undergone the necessary PDSA cycles and result in a stable process that provides what was intended to the satisfaction of the stakeholders involved, methods of maintaining the improvement begin. These methods include regular audits to ensure processes are followed, along with annual fiscal year reviews that allow staff to continually improve the process to better care for Residents.

#### **Process to Monitor and Measure Progress, Identify and Implement Adjustments and Communicate Outcomes:**

Quality and Safety Committee meetings are held monthly to support and promote quality, risk management and quality improvement initiatives. This committee provides a forum for discussion of issues relative to continuous quality improvement and Resident safety. The goal of the Quality and Safety Committee is to provide updates, support CQI initiatives for each home, and improve the quality of care provided to residents. This is achieved through an interdisciplinary quality improvement council, which includes representatives from management, frontline staff, residents, and other staff members.

Monitoring and evaluation of the Quality Improvement Plan (QIP) and CQI efforts are carried out through the following:

- Status updates in the monthly Home Quality and Safety Committee meeting discussions
- Status updates to the Quality Council management meeting discussions



- Documented evaluations of change ideas within the plan and Project and QIP to determine which change ideas were effective and adopted as part of the overall process.

Communication strategies are tailored to the specific improvement initiatives. In addition to the regular Quality and Safety Committee meetings, communication will also occur, but are not limited to:

- Publishing stories and results on the resident/family newsletter
- Direct email to staff and families and other stakeholders
- Handouts and one-on-one communication with residents and staff
- Presentations to staff at staff meetings and huddles
- Presentations to Residents at Residents council
- Presentations to Families at Family Council