2025 Continuous Quality Improvement Annual Report And Program Evaluation

Required Members	NAMES OF PARTICIPANTS
166. (1) Required members: The home's Administrator. 2. The home's Director of Nursing and Personal Care. 3. The home's Medical Director. 4. Every designated lead of the home. 5. The home's registered dietitian. 6. The home's pharmacy service provider, or where the pharmacy service provider is a corporation, a pharmacist from the pharmacy service provider. 7. At least one employee of the licensee who is a member of the regular nursing staff of the home. 8. At least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52. 9. One member of the home's Residents' Council. 10. One member of the home's Family Council, if any	Name and Position of Quality Improvement Lead: Jill Rogers, Chief Clinical Officer Continuous Quality Improvement Committee Mandatory members:. Angela Patrick, Administrator; Nancy Pellerin DOC; Julia Ritchie, ADOC; Melissa Kainola, Demntia Care Lead; Dr. Felicia Presenza,MD; Julia Galic, NP; Joanne McKee, Physiotherapist; Meghan DeLange Director of Support Services; Maria Chalker Director of Housing; Ron Leclair, Maintenance manager, Valerie Gour, Social service worker; Curtis Hancock, Life enrichment supervisor; Brianne Sager, Pharmacist, pharmacy representative; Melanie Shaw, RN; Amanda Goulard, ECSSP lead, Roni Fraser, RAI co-ordinator; Dorothy Jacques, PSW/

168.(2)6. ACTIONS TAKEN 2025/2026

See completed Finlandia CQI Action Plan 2025/2026 on Finlandia Village website

PROGRAM EFFICIENCY/PROGRESS

168.(2)5. Resident satisfaction survey results

i.	the dates and results of the survey taken during the fiscal year	Date: April 1, 2025 to March 31, 2026 Results are published in our resident survey pamphlet which is mailed to all families and available in all kiosks throughout the village (April 2026)
ii.	How and dates when the results of the survey were communicated to residents and their families, resident and family council and staff	Date: April 1 2026 for 2025/2026 year. Survey results pamphlet placed in kiosks throughout the village (April 2026) Results reviewed with Resident council (meeting), family council(meeting), staff report week, email, leadership monthly meeting, CQI committee

PROCESSES FOR IMPROVEMENT

168. (2) 3.A written description of the process used to identify the home's priority areas for quality improvement for the next fiscal year and how the home's priority areas for quality improvement year are based on the recommendations of the home's continuous quality improvement committee. Fixing Long Term Care Act 168.(2)3

A culture of quality is foundational to Finlandia Village. Annually, Ontario Health selects Quality Improvement Plan (QIP) priorities which must be included in our annual QIP workplan. These priorities are integrated with Finlandia specific issues to create our annual QIP that focuses on the health and well-being of Finlandia staff, residents and families.

To support effective policy and procedure, Finlandia Quality Improvement priorities are generated by the following:

1. Ontario Health annual QIP priorities
2. Canadian Institute for Health Information (CIHI): this organisation is an independent, not-for-profit organization that provides information on Canada's health system and the health of Canadians. CIHI provides comparable data from Long Term Care Homes across Ontario. All Long-Term Care homes in Ontario submit data for nine CIHI Quality Indicators quarterly. This information is gathered and made comparable so that homes are able to focus on areas for improvement in relation to the performance of other LTC homes. These indicators are: worsening depression, falls, antipsychotic usage (without a diagnosis of psychosis), worsening pressure ulcers, restraints, worsening pain, pain, improved physical function, worsened physical function.
3. Resident satisfaction surveys. These surveys are presented annually and used to capture feedback on the resident's experience living at Finlandia. Survey results are collected annually and made available to staff, residents and families. The Continuous Quality Improvement (CQI) Committee disseminates these results to help guide areas for improvement within the home.
4. Continuous Quality Improvement Committee: this committee is interdisciplinary and focused on quality improvement within the nursing home. This group meets quarterly to review quality improvement areas such as CIHI data, monthly resident indicators, surveys, complaints and concerns and any other quality related initiatives or ideas. The CQI committee then makes recommendations for the homes Quality improvement Plan.
5. All policies and procedures are reviewed as required as needed, revised and updated minimum on an annual basis.
6. NM-S-3 LTC CQI Committee (skin, wound care, continence, falls, pain management, restraints, dementia care).
7. Quality Improvement Committee Meeting meet quarterly
8. Program evaluation completed annually.

EVALUATION METHODS

168.(2)4. A written description of a process to monitor and measure progress, identify and implement adjustments, and communicate outcomes for the home's priority areas for quality improvement in this fiscal year

1. Progress is measured through our quality improvement indicators, our comparable CIHI data and our residents survey results. These are reviewed with the CQI committee, family and resident council, department managers, staff, families and leadership team annually.
2. Adjustments are communicated and identified through our Quality Improvement quarterly meetings.
3. Outcomes are communicated through email, mail, pamphlets in kiosks, presentation at family and resident council meetings, CQI committee meetings, staff meetings and leadership meetings.
4. Satisfaction surveys
5. Complaints
6. Accreditation Canada

7. MOHLTC proactive inspection
8. CIHI results

PROGRAM S.M.A.R.T GOALS for 2026:

168 (2) 2. A written description of the home's priority areas for quality improvement, objectives, policies, procedures and protocols for the continuous quality improvement initiative for the next fiscal year.

See 2026/2027 CQI Action Plan posted on Finlandia Village website.

RELEVANCE TO "Fixing Long Term Care Act 2021"

Continuous quality improvement initiative report

168. (1) Every licensee of a long-term care home shall prepare a report on the continuous quality improvement initiative for the home for each fiscal year no later than three months after the end of the fiscal year and, subject to section 271, shall publish a copy of each report on its website.

(2) The report required under subsection (1) must contain the following information:

1. The name and position of the designated lead for the continuous quality improvement initiative.
2. A written description of the home's priority areas for quality improvement, objectives, policies, procedures and protocols for the continuous quality improvement initiative for the next fiscal year.
3. A written description of the process used to identify the home's priority areas for quality improvement for the next fiscal year and how the home's priority areas for quality improvement for the next fiscal year are based on the recommendations of the home's continuous quality improvement committee.
4. A written description of a process to monitor and measure progress, identify and implement adjustments, and communicate outcomes for the home's priority areas for quality improvement in the next fiscal year.
5. A written record of,

i. the date the survey required under section 43 of the Act was taken during the fiscal year,
ii. the results of the survey taken during the fiscal year under section 43 of the Act, and
iii. how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, if any, and members of the staff of the home.

6. A written record of,

i. the actions taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act, the dates the actions were implemented and the outcomes of the actions,
ii. any other actions taken to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement during the fiscal year, the dates the actions were implemented and the outcomes of the actions,
iii. the role of the Residents' Council and Family Council, if any, in actions taken under subparagraphs i and ii,
iv. the role of the continuous quality improvement committee in actions taken under subparagraphs i and ii, and

v. how, and the dates when, the actions taken under subparagraphs i and ii were communicated to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.
(3) The licensee shall ensure that a copy of the report is provided to the Residents' Council and Family Council, if any.
(4) The first report under this section shall be for the fiscal year ending March 31, 2023.
(5) Every licensee of a long-term care home shall, within three months of the coming into force of this section, prepare an interim report for the 2022-2023 fiscal year.
(6) The interim report prepared under subsection (5) must,
(a) be published on the home's website, subject to section 271;
(b) be provided to the Residents' Council and Family Council, if any; and
(c) include,
i. the name and position of the designated lead for the continuous quality improvement initiative,
ii. a written description of the home's priority areas for quality improvement, objectives, policies, procedures and protocols for the continuous quality improvement initiative,
iii. a written description of the process used to identify the home's priority areas for quality improvement, and
iv. a written description of a process to monitor and measure progress, identify and implement adjustments, and communicate outcomes for the home's priority areas for quality improvement.

cc: Resident Council, Family Council, Hoivakoti Board of Directors, Hoivakoti family night, Hoivakoti team members, Finlandia Website within three months of end of Fiscal year (June 30th).