VICTORIA GARDENS
LONG TERM CARE

Annual Continuous Quality Improvement Report

June 2026

Statement of Compliance

In accordance with the requirements of Ontario's *Fixing Long-Term Care Act, 2021*, Victoria Gardens Long-Term Care has prepared its annual Quality Report. This report highlights the Home's progress and achievements in ongoing quality improvement initiatives and outlines planned actions for the coming year to further enhance the quality of care and services provided to residents.

Designated Lead

Victoria Gardens' Administrator, Cindy Coyle, is responsible for overseeing the Continuous Quality Improvement Initiative.

Quality Improvement Program Overview and Priority Identification

Victoria Gardens identifies its priority areas for quality improvement through a structured, data-driven process led by the Continuous Quality Improvement (CQI) Committee, which meets on a quarterly basis. This process includes reviewing the following:

- Key Performance Indicators
- Incident Reports
- Annual Family and Resident Satisfaction Surveys
- Suggestion Forms
- Internal Audit Trends
- Annual Program Evaluations
- Input and Feedback (from staff, residents, and families)

The CQI Committee analyzes this information, identifies areas where improvements will have the greatest impact, and makes recommendations for action. The Home's priority areas for the year are directly based on these recommendations and trends, ensuring initiatives are targeted to resident needs. These priorities are then shared with stakeholders, including residents, families, staff, Family Council, and Resident Council, to promote transparency and engagement.

Monitoring, Evaluation, and Communication of Priority Areas

The CQI Committee shall meet quarterly to review the collected data and assess the effectiveness of implemented initiatives. If outcomes indicate that adjustments are needed, the committee will recommend modifications to interventions, workflows, or staff education strategies. These adjustments will be implemented promptly and incorporated into ongoing monitoring activities to ensure continuous improvement.

An internal review system is in place to detect adverse events and guide both preventative and corrective actions to optimize operations. The incident monitoring system identifies quality and safety issues promptly. The CQI Committee will review these incidents, initiate corrective actions, and track them for completion. The Home's audit procedures enable the Home to track trends and evaluate the effectiveness of action plans. Staff training is based on gaps identified through this auditing process.

Communication of outcomes will occur through multiple channels, including quarterly General Staff Meetings, monthly Resident Council meetings, quarterly Family Council meetings, regular email blasts, and bulletin board postings, ensuring that staff, residents, and families are informed of improvements and ongoing initiatives.

2025/2026 Priority Area Review and Committee/Council Engagement

The CQI Committee reviewed quality indicators, survey results, incident trends, audit findings, and the priority areas for 2025/2026 throughout the fiscal year. Quarterly meetings were held on April 20, 2025; July 23, 2025; October 22, 2025; and January 14, 2026. The Committee provided recommendations, monitored implementation of action plans, reviewed outcomes, and identified adjustments required. Activities and outcomes were also shared with the Resident Council and Family Council as outlined below.

Resident Council:

Meeting Date	Activities and Outcomes
May 8, 2025	● Priority areas for the upcoming fiscal year were reviewed. ● Objectives, planned initiatives, and expected outcomes were discussed for each priority area. ● Residents had the opportunity to ask questions, provide feedback, and make recommendations.
June 24, 2025	● The annual CQI Report was reviewed with Resident Council members. ● Priority areas were discussed, and the report was noted to have been uploaded to the Victoria Gardens' website on June 18, 2025. ● Hard copies were offered to residents upon request.
October 20, 2025	● An update on CQI priority areas was provided. ● Progress towards objectives, completed initiatives, outcomes achieved, and identified challenges were reviewed. ● Residents had the opportunity to ask questions and provide

	feedback. Comments and recommendations were forwarded to the CQI Committee for consideration.
February 24, 2026	● A further update on CQI priority areas was shared. ● Residents were invited to provide feedback and suggest quality initiatives. No suggestions were received during the meeting.

Family Council:

Meeting Date	**Activities and Outcomes**
April 30, 2025	● A meeting was scheduled for this date, with reminders sent via three separate emails. ● The RSVP date was originally set for April 22, 2025 but was extended to April 25, 2025. ● Only one response was received and quorum was not met. The meeting was cancelled.
November 13, 2025	● A meeting was scheduled for this date with a guest speaker, Affordable Burial and Cremation. Emails were sent on October 22, 2025 and November 5, 2025 reminding families of the meeting. ● Only one response was received and quorum was not met. The Family Council meeting and review of CQI initiatives did not take place. The education session provided by the guest speaker was still conducted with residents and one family member.
February 25, 2026	● An update on CQI priority areas was provided. ● Families were encouraged to provide feedback and suggestions. No input was received.

Due to limited Family Council participation during the fiscal year, feedback opportunities were also provided through email communications to ensure family perspectives continued to inform quality improvement activities.

Review of Priority Area Activities and Outcomes from 2025/2026

Priority Area #1: Improving Medication Safety

Priority Area: Appropriately reduce the use of antipsychotic medications among residents without a diagnosis of psychosis.

Staff Meetings: Home's objective of reducing the use of antipsychotic medication was discussed during the General Staff meeting held on June 20, 2025. Discussed successes, challenges, and progress in initiatives aimed at reducing antipsychotic use.

Resident Tracking and Monitoring:

- Maintained a monthly list of residents receiving antipsychotic medications, including new admissions, to ensure accurate tracking was maintained.
- Antipsychotic use was monitored as a key performance indicator on a quarterly basis.
- Reviewed Canadian Institute for Health Information (CIHI) data on January 26, 2026, confirming a decrease in inappropriate antipsychotic use.
- Data obtained from CIHI notes the percentage of residents on antipsychotics without a diagnosis of psychosis:
    - 46.5% from January to March 2025
    - 42.7% from April to June 2025
    - 36.7% from July to September 2025
    - 30% from October to December 2025

Tools and Processes:

- A communication and resident tracking tool was updated on May 1, 2025 for use by the Home's psychogeriatrician, Dr. Luthra.
- Ensured monthly updates and re-evaluation of residents at least every nine months.
- Integrated a medication review into the admission checklist to flag residents on antipsychotic medication or with relevant diagnoses for Dr. Luthra's review.

Psychogeriatrician Reviews (Dr. Luthra Visits):

- April 25 – 26, 2025: 13 residents evaluated with 2 orders to reduce antipsychotic dosages
- July 19 – 20, 2025: 30 residents evaluated with 9 orders to reduce antipsychotic dosages
- October 18 – 19, 2025: 41 residents evaluated with 4 orders to reduce antipsychotic dosages
- December 20 – 21, 2025: 43 residents evaluated with 3 orders to reduce antipsychotic dosages
- March 7 – 8, 2026: 43 residents evaluated with 2 orders to reduce antipsychotic dosages

Outcomes: Since detailed tracking began in May 2025, 6 residents have had all antipsychotic medications discontinued.

Challenges:

- Deprescribing antipsychotic medications is a gradual process that occurs over several months, involving incremental dose reductions. Even when dosing is adjusted, the resident is still recorded as receiving an antipsychotic medication.
- Many new admissions arrive with prescribed antipsychotics. Time is required to thoroughly review the resident's medical history, facilitate their transition into the

Home, and evaluate the clinical indication for the medication. Consequently, adjustments to prescribing orders may not be immediate.

Priority Area #2: Optimizing and Enhancing Clinical Workflows

Priority Area: Ensuring the efficient delivery of care and the achievement of optimal resident outcomes.

Progress and Implementation:

- Admission, Delirium, and Resident / Family Centered Care Pathways:
  - Go-Live Date of November 28, 2024
- Pain and Falls Pathways:
  - Discussed during the Resident Council meeting on February 26, 2025
  - Train-the-Trainer Sessions for Registered Staff: April 15 - 16, 2025
  - Go-Live Date of June 26, 2025
- Palliative Care and End-of-Life Pathways:
  - Two-Day In Person Workshop: September 9 - 10, 2025 (2 staff attended)
  - Train-the-Trainer Session for Registered Staff: January 29, 2026
  - Discussed during the General Staff meeting on March 12, 2026
  - Go-Live Date of April 1, 2026
- Dementia and Depression Pathways:
  - Upcoming pathway with dates to be determined
- interRAI Long-Term Care Facilities Program:
  - PSW Training Sessions: Held throughout December 2025
  - Go-Live Date of January 1, 2026

Outcomes:

- After the Go-Live Date for the Pain and Falls Clinical Pathway, 100% of residents had an assessment for both pain and falls, following the new pathway. The Pain and Falls Clinical Pathways are incorporated into the new admission process to ensure new residents have assessments completed.
- This process will continue with the Palliative and End-of-Life Pathways and any future pathways.

Priority Area #3: Promoting a Safe, Respectful, and Inclusive Work Environment

Priority Area: Foster a work environment that values diversity, equity, and inclusion (DEI).

Equity, Diversity, and Inclusion (DEI) Training:

- Objective: Achieve 100% staff completion of annual DEI training. This was met in 2025, with the next mandated completion date set for September 1, 2026.
- Ramadan education was attended by staff on February 24, 2026.
- A Holi celebration event was held for residents on March 3, 2026.

Culturally Competent Care:

- Continued emphasis on accommodating residents' spiritual practices, and dietary needs, and involving residents and their families/caregivers in care decisions.
- No specific training requests have been noted.

Friendship Circle Training:

- A training session was held for staff at the Hamilton Regional Indian Centre in September 2024. The Centre was contacted on February 17, 2026 to schedule additional training sessions for the upcoming year.

Gentle Persuasive Approach (GPA) Training:

- Ongoing staff training supports the de-escalation of resident expressions.
- Target: 100% staff completion by the end of 2025, which was achieved. Ongoing sessions will continue in 2026 for new staff and support workers.
- Retraining to occur every three years with the next cycle scheduled for 2028.
- Staff were informed of upcoming training during the General Staff Meeting held on June 20, 2025.
- Sessions and Participation:
    - June 25, 2025: 17 staff
    - July 12, 2025: 13 staff
    - July 16, 2025: 13 staff
    - July 31, 2025: 13 staff
    - August 8, 2025: 12 staff
    - August 26, 2025: 12 staff
    - September 16, 2025: 11 staff
    - September 22, 2025: 14 staff
    - October 9, 2025: 12 staff

Outcomes: 100% of staff completed annual DEI training via Surge Learning and 100% of staff and contract workers completed in-person GPA training in 2025.

Priority Area #4: Reducing Unnecessary Resident Transfers to Hospital

Communication and Resources:

- February 20, 2026: Updated information on reducing hospitalizations was posted on the Home's website and included in the new admission package.
- This resource was shared at the Resident Council meeting on February 24, 2026 and at the Family Council meeting on February 25, 2026.
- Information was also shared during a Registered Staff meeting on May 15, 2025.
- Meetings included reviews of hospital transfer trends and discussions of strategies to reduce avoidable transfers.

Education and Staff Development:

- Education sessions planned to be held by the Nurse-Led Outreach Team (NLOT) based on trends for hospitalization in 2025.
- On March 22, 2026, the Home connected with the NLOT to schedule education sessions for the upcoming year. A list of education topics was sent to staff to determine interest and needs for sessions.
- A priority education topic is focused on head-to-toe resident assessments to enhance early identification and management of conditions, aiming to prevent unnecessary transfers.

Outcome: Hospital transfers decreased from 68 transfers during the 2024 calendar year to 60 transfers during the 2025 calendar year. This is a 12% reduction in transfers.

Priority Area #5: Enhance the Involvement of Families and Caregivers

Family Council Meeting Scheduling and Participation:

- On October 22, 2025, Victoria Gardens invited families to consider serving as Family Council chair via email. The communication explained that the Family Council meets quarterly to improve resident quality of life, support families, serve as a liaison with management, and participate in the Home's Quality Committee.
- On February 3, 2026, an email was sent inviting families and caregivers to complete a brief survey to select the most convenient date for the February Family Council meeting, with a Zoom option available. The survey remained open until February 10, 2026, and the date with the highest availability was selected for the meeting.

Family Friendly Events and Gatherings:

- Families, caregivers, and residents were invited to:
    - 50th Anniversary Celebration: May 29, 2025
    - Marydale Picnic Event: September 17, 2025
    - Holly Jolly Jingle Mingle Party: December 16, 2025

Ongoing Communication and Engagement:

- Family Council provides a forum for shared concerns, suggestions, peer support, and collaborative quality improvement initiatives.

Summary:

- The Home actively encouraged family engagement through surveys, invitations to quarterly meetings, leadership opportunities, and social events. These initiatives aim to foster collaboration, strengthen relationships, and encourage family participation in enhancing the resident experience.

Outcome: Although several attempts were made throughout the year to increase Family Council participation, Victoria Gardens' family members continue to have limited involvement in activities around the Home.

Review of Additional Actions Taken to Improve the Home

Key infrastructure and equipment upgrades were completed to enhance safety, efficiency, and functionality within the Home, supporting both resident care and operational needs.

Facility and Equipment Improvements:

- New Washing Machine: Installed March 2026
- Wall Protectors: Installed April 2025
- Window Replacements: Completed September–October 2025 (discussed during CQI Committee meeting on January 14, 2026)
- Generator: Installed November 2025 (discussed during CQI Committee meeting on January 14, 2026)
- Telephone System Upgrade: Completed March 2026
- Exterior Doors: Replaced February – March 2026
- GeneXpert Xpress (testing equipment): Installed December 2025 (discussed during CQI Committee meeting on January 14, 2026 and at the General Staff meeting on March 12, 2026)

Updates and changes within the Home are communicated through various channels, including quarterly Family Council meetings, quarterly CQI Committee meetings, monthly Resident Council meetings, quarterly General Staff meetings, regular email newsletters to residents, staff, stakeholders, and family members, as well as memos and postings within the facility. Information is also shared during shift exchange reports for staff. These meetings provide opportunities for residents, staff, stakeholders, and family members to contribute suggestions and provide feedback.

Resident and Family/Caregiver Experience Survey Results

On September 30, 2025, the Home's Resident Council reviewed and approved the questions for both the Resident Experience Survey and the Family/Caregiver Experience Survey. A draft of both surveys was emailed to family members on October 22, 2025, requesting feedback, and remained available for review until October 30, 2025. No responses were received with feedback or requests for changes. Additionally, there was no expressed interest in holding a Family Council meeting in the fall of 2025.

The 2025 Resident Experience Survey was conducted from November 6 to November 15, 2025, during which resident responses were collected. The Family/Caregiver Experience Survey was distributed to family members and caregivers via email or as paper copies at the Home's front entrance, with responses collected from November 11 to November 25, 2025. An email

reminder was sent on November 11, 2025 to encourage survey completion. Due to low participation, as only seven surveys were completed, the survey was reopened for 48 hours on January 5, 2026, accompanied by an additional email reminder, resulting in 11 more surveys being completed.

A total of 34 surveys were completed, comparable to the previous year, when 35 surveys were submitted. Of these, 16 were completed by residents and 18 by family members or caregivers. Surveys were anonymous, though participants had the option to include their name if they wished. It is also noted that multiple family members or caregivers could have completed the survey on behalf of a single resident.

It is also important to note that at the time of the survey, 12 of the 76 residents in the Home had a Power of Attorney for personal care or finances through a Public Guardian and Trustee, while an additional seven residents had no family involvement. Consequently, the effective pool of residents for whom family or caregivers could respond was 57, resulting in a response rate of 32% (18/57). Additionally, approximately 30% of residents were cognitively unable to complete the survey, based on their Cognitive Performance Scale scores. These factors should be considered when interpreting survey completion rates.

All survey respondents (100%) indicated that they would recommend Victoria Gardens to their family or friends, an increase from 97% the previous year. It is important to note that the response options for this survey were updated from a simple yes/no format to a five-point scale: strongly agree, agree, neutral, disagree, and strongly disagree.

The survey covered ten categories: IPAC Management and Communication, Choice, Privacy/Respect/Inclusivity, Food Services, Support Services, Interaction with Others, Care, Abuse, Overall Satisfaction, and Visiting. The Family / Caregiver Experience Survey included an additional section regarding Family Council Participation.

An analysis of the survey results was conducted on January 9, 2026. The findings were subsequently posted on the Home’s main bulletin board on January 28, 2026, for review by residents, families, caregivers, staff, and visitors, and were also distributed via email to these groups on the same day.

The Resident Council reviewed survey results on January 29, 2026 and provided feedback supporting continued efforts in engagement. The Family Council reviewed survey results on February 25, 2026. Finally, survey results were shared with staff at a General Staff meeting on March 12, 2026.

Actions Taken As a Result of Experience Survey Results

Overall, the results from both the Resident and Family/Caregiver Experience Survey were positive. No suggestions or comments were provided for potential improvements. While completing the analysis of the survey results, there were several areas noted where improvements could be made, based on the responses received. These were discussed at the Continuous Quality Improvement Committee meeting on January 14, 2026.

Within the Food Services section of the Family/Caregiver Survey, it was noted that two responses indicated that they disagreed that residents could eat or drink what they chose regardless of medical recommendations. Four responses were neutral. This was noted as an area for education for family members. The Home's dietitian created an information blurb related to resident choice for eating and drinking. This was shared as a poster on the main bulletin board within the Home, posted on January 19, 2026. It was also shared with the Family Council on February 25, 2026 and the resident choice initiative was endorsed. The informational document was reviewed during the Family Council meeting on June 3, 2026 to assess families' understanding and identify any areas that needed clarification. No further concerns or requests for clarification were identified following education provided to families regarding resident choice in eating and drinking. This education was not shared with residents or Resident Council as it was not an identified resident issue.

A goal for the next survey would be to achieve a 40% response rate among residents, taking into account the Home's resident demographics and population. Prior to survey administration, Cognitive Performance Scale (CPS) scores will be reviewed to identify residents who are eligible to complete the survey. This review will also help determine which residents should be encouraged to participate in order to reach the 40% completion target.

Role of the Resident Council and Family Council in Quality Improvement Activities

Throughout the 2025/2026 fiscal year, the Resident Council and Family Council participated in quality improvement activities by providing feedback on resident and family experiences, reviewing survey results, discussing quality improvement initiatives, and contributing to the identification of priority areas for quality improvement.

The Resident Council reviewed and approved the Resident Experience Survey, reviewed survey results, provided feedback on quality improvement initiatives, and participated in discussions regarding priority areas for the upcoming fiscal year. The Family Council was provided

opportunities to review survey questions, review survey results, discuss quality improvement initiatives and educational materials, and participate in discussions regarding priority areas for the upcoming fiscal year. Feedback from family members was considered in the development of quality improvement initiatives and future priorities.

Input and recommendations from both councils were reviewed by the Continuous Quality Improvement Committee and considered in the development, implementation, monitoring, and evaluation of quality improvement activities within the Home.

Priority Areas for Next Fiscal Year - 2026/2027

To determine the Home's priority areas for the 2026/2027 fiscal year, the Continuous Quality Improvement (CQI) Committee met on May 26, 2026. During the meeting, the Committee reviewed the previous year's outcomes and identified potential areas for improvement for the upcoming year.

The Resident Council met on May 28, 2026, to review and discuss the proposed priority areas. The Council approved the identified priorities and did not provide any additional recommendations for the upcoming fiscal year.

A Family Council meeting was originally scheduled for May 27, 2026, however, due to low participation, it was rescheduled to June 3, 2026. During the meeting, the proposed priority areas were reviewed and approved. While no additional recommendations were made for the upcoming year, family members expressed appreciation for the care provided within the Home and for the ongoing communication between staff and families. Families were advised that the final report would be distributed via email and reviewed at the next Family Council meeting, scheduled for August 19, 2026.

The proposed priority areas were also reviewed with Registered Staff on June 9, 2026. Staff supported the identified priorities and did not suggest any additional goals.

Feedback from the Resident Council, Family Council, and staff was considered by the CQI Committee in the development of the Home's 2026/2027 quality priorities. Through this collaborative process, the following priority areas were established for the upcoming fiscal year.

Priority Area #1: Medication Safety - Medication Error Reduction

Objective:

- During the 2025/2026 fiscal year, the Home recorded 16 medication errors, representing an improvement from the previous fiscal year, when 23 medication errors were reported. While this reduction is encouraging, the Home remains committed to enhancing resident safety and medication management practices.
- As such, the objective for the 2026/2027 fiscal year is to achieve a further 50% reduction in medication errors, totalling 8 medication errors for the year.

Initiatives to Meet Objective:

- Education sessions will be provided to Registered Staff by the Home's pharmacist and/or Nurse Practitioner, focusing on safe medication administration practices, medication error prevention, and risk reduction strategies.
- Monthly medication administration audits will continue to be conducted by the Director of Care to monitor compliance with established practices, identify trends, and highlight opportunities for improvement. Audit results will be reviewed and tracked quarterly.
- On-site coaching and support will be provided to Registered Staff as needed, with particular attention to units and medications identified as high-risk. High-risk medication statistics and trends will be reviewed during Registered Staff meetings to promote awareness, accountability, and ongoing learning.

Tracking and Communication:

- The CQI Committee will oversee these initiatives, evaluate progress, and recommend adjustments based on audit findings and staff feedback. Progress toward the 50% reduction target, along with other medication safety outcomes, will be communicated quarterly to residents, families, the Residents' Council, the Family Council, and staff.
- To ensure transparency, accountability, and continuous quality improvement, the Home will maintain records of all individuals involved in the implementation and evaluation of improvement activities. Documentation will include actions taken, implementation dates, and measurable outcomes.

Monitoring and Evaluation:

- Medication incident reports are a Key Performance Indicator (KPI) and are monitored monthly. Results are incorporated into annual program evaluations and reviewed quarterly by the CQI Committee to identify trends, evaluate effectiveness of interventions, and determine additional improvement opportunities.

Related Policies:

- NM-05-02-04: Administering Medication
- NM-05-02-02: Medication Error Incidents

Priority Area #2: Decrease Drug Utilization Rates

Objective:

- At the end of the 2025/2026 fiscal year, the Home's contract pharmacy, Geriatrx, had an average of 11.5 scheduled medications per person. Meanwhile, Victoria Gardens' average was 14.8 scheduled medications per resident. Victoria Gardens has consistently exceeded the pharmacy benchmark.
- The objective for the 2026/2027 fiscal year is to reduce the average number of scheduled medications per resident from 14.8 to 14.0 through medication optimization and appropriate deprescribing initiatives.

Initiatives to Meet Objective:

- The Home will focus on optimizing the use of analgesics and dietary supplements where clinically appropriate. To support this objective, the Home will collaborate with the pharmacist, Nurse Practitioner, attending physicians, and dietitian to review resident medication profiles and identify opportunities for medication reduction, deprescribing, or discontinuation.
- Interdisciplinary reviews will be conducted regularly to ensure resident-specific goals are considered and that medication changes are implemented safely and effectively.
- Ongoing communication and education with Registered Staff will support consistent application of medication optimization strategies and ensure alignment with established processes and resident care plans.

Monitoring:

- Progress will be monitored through:
    - Tracking referrals to the dietitian for dietary supplement reviews.
    - Monitoring completed medication reduction and discontinuation orders.
    - Conducting quarterly audits of the average number of scheduled medications per resident.
    - Reviewing CIHI quality indicator data related to the percentage of residents receiving nine or more medications.
    - Quarterly review of results and trends by the CQI Committee.
    - Inclusion of outcomes and analysis within annual program evaluations.

Communication:

- The CQI Committee will oversee the initiative, evaluate outcomes, and recommend adjustments as required. Progress toward achieving the target of 14 scheduled medications per resident will be communicated quarterly to residents, families, the Residents' Council, the Family Council, and staff.
- To support accountability, transparency, and continuous improvement, records will be maintained documenting participants involved in the initiative, actions taken, implementation dates, and measurable outcomes.

Related Policy: NM-05-01-00: Medication Management System

Priority Area #3: Improve Skin and Wound Outcomes

Objective:

- A review of the Point Click Care Skin and Wound Dashboard for the 2025/2026 fiscal year shows opportunities to improve skin and wound outcomes, particularly in relation to pressure injury prevention, identification, classification, and documentation practices.
- During this period, pressure injuries and ulcers accounted for an average of 8.5% of all documented skin and wound issues.
- For the 2026/2027 fiscal year, the objective is to reduce the proportion of pressure injuries and ulcers by 25%, resulting in a target rate of 6.38% of all documented skin and wound issues.

Initiative to Meet Objective:

- To support improved skin and wound outcomes, the Home will implement the following initiatives:
    - Provide specialized skin and wound care education for Registered Staff.
    - Provide education for Registered Staff and Personal Support Workers (PSWs) on skin integrity, pressure injury prevention, assessment, and reporting.
    - Establish a Skin and Wound Committee and aim to hold quarterly meetings to review trends, monitor outcomes, and identify opportunities for improvement.
    - Review and update relevant policies and procedures to ensure alignment with current best practices.
    - The Director of Care will conduct focused reviews of skin and wound documentation to improve the accuracy and consistency of assessments and reporting.

Monitoring and Evaluation:

- Monitor trends identified through the Point Click Care Skin and Wound Dashboard and review on a quarterly basis during CQI Committee meetings.
- Review of Skin and Wound Committee meeting outcomes and recommendations.

Communication:

- The CQI Committee will oversee the initiative, evaluate progress, and recommend adjustments as needed. Outcomes and improvement activities will be communicated quarterly to residents, families, the Residents' Council, the Family Council, and staff.
- Records of all improvement activities, participants, implementation dates, audit results, and measurable outcomes will be maintained to support accountability, transparency, and continuous quality improvement in skin and wound care.

Related Policies:

- NM-02-04-01: Skin & Wound Care Program
- NM-02-04-02: Skin Care Protocol
- NM-02-04-04: Treatment of Wounds

- NM-02-04-09: Prevention of Pressure Injuries

These initiatives will be implemented in accordance with the policies, procedures, and protocols identified under each priority area. The Home will also continue to implement and monitor quality improvement activities in accordance with its Quality Improvement Program, Medication Management Program, Skin and Wound Program, Infection Prevention and Control Program, and all related policies, procedures, and clinical protocols.

Report Distribution

The Quality Improvement Report is accessible on the Home's website, posted on June 25, 2026. A copy of the final report was provided to the Resident Council on June 25, 2026 and emailed to residents, families, Family Council, staff, and stakeholders on the same day. Additionally, the report will be reviewed at the Family Council meeting on August 19, 2026. This promotes transparency, and fosters stakeholder engagement.

Records of Improvement

In accordance with section 169 of Ontario Regulation 246/22, Victoria Gardens maintains records identifying the names of all individuals who participated in the evaluation of quality improvement initiatives and improvements described in this report.