Quality Improvement Report

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Overview

At Isabel and Arthur Meighen Manor, care is driven by data, compassion, and innovation. As an RNAO (Registered Nurses' Association of Ontario) Best Practice Spotlight Organization, we actively integrate evidence-based practices, empower staff champions, and continuously improve outcomes to ensure residents receive the highest standard of personalized care.

Our home uses a structured Quality Improvement approach, such as the Plan-Do-Study-Act (PDSA) model, to help teams identify opportunities for improvement and make positive changes to care and services.

Our **2026–2027 Quality Improvement Plan (QIP)** is shaped by listening to what matters most to our residents and their families. We Annually review feedback from Resident and Family Experience Surveys, along with clinical data from CIHI (Canadian institute of Health Information) and internal reviews, to better understand how we can continue to improve care and services within our home. We are committed to making everyday care experiences better by using best practices, strengthening teamwork, and improving how services are delivered. Our focus is on supporting each resident's comfort, dignity, independence, and emotional well-being.

With over 20 years of commitment to quality improvement, we believe that creating a positive care experience is a shared effort. At Meighen Manor, quality improvement is an ongoing journey that helps us work together to enhance the care, support, and overall experience of Residents.

Our home is committed to fostering a welcoming and inclusive environment where residents, families, and staff feel valued and supported. Diversity is reflected through initiatives such as display of country flags, cultural awareness celebrations, and participation in Day for Truth and Reconciliation in support of Indigenous Child Matters.

Quality Improvement Priority Selection Process

Each year, the home participates in the Quality Improvement Plan (QIP) process as required by Health Quality Ontario (HQO). Priorities are identified through review of care trends, incident data, complaints, and feedback from residents, families (via Engage+), staff, and community partners. These are discussed by interdisciplinary teams and finalized with Board approval to guide improvement efforts.

Priority Areas for 2026-27

IAMM will focus on improving:

• Reduce potentially avoidable Emergency Department (ED) visits- Current: 11.1% → Target: 10%. Achieved through Strengthening early assessment, on-site clinical interventions, and staff education to prevent unnecessary transfers.

• Reduce the percentage of residents receiving antipsychotic medications without a diagnosis of psychosis – Current: 17.4% → Target: 15%. Achieved through regular medication reviews, use of non-pharmacological interventions, and interdisciplinary monitoring.

• Strengthen staff education related to Equity, Diversity, and Inclusion (EDI) – Current: 95% → Target: 100%. Achieved through mandatory training modules, regular reminders, and ongoing staff engagement.

Over the past year, the home has continued to make steady progress in improving care and health outcomes for our residents. In 53% of areas, our performance is currently better than the provincial average. These indicators will continue to be monitored, even if they are not included as priority areas in this year's Quality Improvement Plan.

The full **2026–2027 Quality Improvement Plan and Narrative** are available on our website and have been shared with the Residents' Council, Family Council, and staff. They can also be accessed through the Ontario Health (Health Quality Ontario) website. Ontario Health – Health Quality Ontario website.

Resident and Family Survey

Resident Experience Survey results indicate that residents generally feel respected and supported within the home. Planned strategies include reinforcing respectful communication practices, promoting proactive unit-level check-ins, and increasing resident awareness of feedback and complaint processes. Cultural, spiritual, and dietary preferences will be consistently integrated into interdisciplinary care planning.

Partnerships 2026/27

The Quality Improvement (QI) team continues to foster strong, trusting relationships with residents, families, and community partners. We collaborate closely with external partners including the Sunnybrook NLOT Team, Sunnybrook Psychogeriatrics, Geriatrx Pharmacy, North Toronto IPAC Hub, CARF, CLRI, our Palliative Care Physician, Dynacare, Prevail, and the Baycrest Behavioral Support Team. As a RNAO Best Practice Spotlight Organization (BPSO), we also work in partnership with RNAO (Registered Nurses' association of Ontario) to implement evidence-based best practices that support ongoing quality improvement initiatives within the home.

Quality Improvement Reporting/ Communication

Quality Improvement reports are prepared and reviewed at least every quarter to help identify priority areas, track current initiatives, highlight progress made so far, and plan for future improvements. Updates on quality improvement activities and outcomes are shared through quality board, staff meetings, PAC (Professional Advisory Committee) Meeting, Residents' and Family Council meetings, Monthly newsletter and Annual report posting on website.