

Tyndall Seniors Village
Continuous Quality Improvement (CQI) Initiative Report
April 1, 2025 – March 31, 2026



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Designated QI Lead Position: Quality Improvement Coordinator

QUALITY IMPROVEMENT INITIATIVE REPORT (2025)

Tyndall Seniors Village has several priority areas for Quality improvement with clear objectives and protocols to guide us through implementation. Policies and Procedures are in place to ensure the practice is currently effective and sustainable.

Overview and Framework

Tyndall Seniors Village is part of Sharon Village Care Homes and is committed to ensuring that high-quality and integrated care is provided to all person served in our Home. We endeavour to create a culture of Quality and knowledge integration where we are continually focused on improving the quality of services delivered.

Objectives

We strive to continually deliver the highest level of quality services to the persons served by using the following key processes:

- Risk Management Plan
- Corporate Operational and Strategic Plan
- Dedicated Quality Improvement Lead at the Home level
- Quarterly Quality Council Meetings
- Quarterly Town Hall Meetings
- Monthly CQI Review meetings
- Focused Committees and Departmental Meetings
- Resident and Family Councils
- Internal Audits
- Annual Program Evaluations
- Review of priority indicators from Ontario Health
- Result of our Resident, Family, Staff and Volunteer Satisfaction Surveys

Our key priority indicators are tracked monthly and an evaluation of the data is completed quarterly using a Root Cause Analysis approach and action plans are put in place. Outcomes are communicated at our Quarterly Quality Council meetings and posted on the Quality Board.

We are driven by the primary goal of providing quality care that is resident-centered and safe. We do this by collaborating with inter and intra-disciplinary stakeholders that include professional staff, leadership/governance, clinical and non-clinical representation, point of care support along with the person served and family members.

Our CQI Committee infrastructure is a Three-Tiered approach in order to ensure there is inclusiveness and engagement of both interdisciplinary and intra-disciplinary representation at the level most appropriate and meaningful. This consists of but is not limited to Board, corporate staff, clinical staff, professional staff, support staff, residents, and family. The committee members are strategically selected in each Tier based on evidence from conducting a stakeholder analysis. Our CQI infrastructure enables us to monitor risk, determine priorities and implement methods of improvement based on legislative requirements, best practices, and/or prevailing practices.

Emergency Evacuation in 2024

In July 2024, Tyndall experienced extensive flooding, necessitating a full evacuation of the building to ensure the safety and well-being of all residents and staff. As a result, we have been displaced into temporary emergency licensed beds and are unable to admit new residents. The second half of 2024 was focused on managing the emergency and initiating recovery efforts. This period of operational disruption has had a direct impact on the implementation of our QI plans, which were affected both by the reduced resident census and by the altered care environment.

Accreditation

Our Quality Improvement initiatives align with CARF accreditation and other legislative requirements to improve, enhance, augment and sustain the quality of delivery and services for the persons served in our Home. Due to the emergency evacuation that occurred in July 2024, our accreditation status has lapsed. We intend to pursue reaccreditation in the future, once we have relocated to the new building currently under construction.

Survey Results & Action Plans

Due to the unforeseen emergency in 2024, Tyndall was unable to conduct the annual Resident, Family, and Staff Satisfaction Surveys. These surveys are an important tool for gathering feedback, assessing the quality of care and services provided, and identifying areas for improvement. While the decision to postpone the surveys was necessary to prioritize safety and operational continuity during the emergency, we remain committed to maintaining open lines of communication and fostering continuous improvement. As such, we intend to resume the administration of the satisfaction surveys in the fall of 2025. Survey results will be summarized and shared with the Resident’s Council, Family Council, and staff for input to develop an interdisciplinary and inclusive action plan.

Our previous years’ results are noted below for reference.

2023 Survey Results			
Date of Survey	Survey	Overall Satisfaction	Date Shared and Action Plan input received F-Family, R-Resident S-Staff
Sept 12-Oct 31, 2023	2023 Family Overall Satisfaction Rate (%)	78.1%	F- Feb 20, 2024 R- Jan 25, 2024 S- Feb 21, 2024 QC – Jan 31, 2024
Sept 12-Oct 31, 2023	2023 Resident Overall Satisfaction (%)	79.5%	F- Feb 20, 2024 R- Jan 25, 2024 S- Feb 21, 2024 QC – Jan 31, 2024
Sept 14-Oct 31, 2023	2023 Staff Overall Satisfaction Rate (%)	68.7%	F- Feb 20, 2024 R- Jan 25, 2024 S- Feb 21, 2024 QC – Jan 31, 2024

Home Priority Areas for Quality Improvement April 1, 2025 – March 31, 2026:

The Home's Quality Improvement Plan is aligned with the Health Ontario QIP. In addition, our Home added additional indicators based on our previously identified areas requiring improvement.

1. Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents. Our goal is to reduce the percentage of avoidable ED visits from 25.40% to 24%

Our Change ideas include:

- a. Implement a tool for prompt identification of health decline r/t urinary infections, pneumonia, congestive heart failure and dehydration.
- b. Continue to track ED transfers to identify avoidable transfers and trends.
- c. Continue to improve resident assessments by increasing the knowledge base and skills of registered staff through education.

2. Percentage of staff who have completed relevant equity, diversity, inclusion and anti-racism education. Our goal is 100% completion by the end of 2025.

Our Change ideas include:

- a. Surge learning has introduced numerous DEI and anti-racism modules, which have been assigned for all employees to complete as a part of mandatory education in 2024.

3. Percentage of residents responding positively to "What number would you use to rate how well the staff listen to you"?

Our Change ideas include:

- a. Improve resident-centered experience by increasing the participation of residents in Multi-disciplinary Care Conferences.
- b. Improve resident experience by incorporating resident interests in monthly schedules.
- c. Improve staff education on resident-centered care.

4. Percentage of LTC home residents who fell in the 30 days leading up to their assessment. Our current fall rate is 14.65%, and our target is 14%.

Our Change ideas include:

- a. Identify and isolate repeat fallers on corporately approved tracking analysis tools.
- b. Track falls on corporately approved tool to observe trends and patterns.
- c. Improve resident post-fall assessments by ensuring interdisciplinary participation in huddles where discussion of Root Cause Analysis and developmental strategies will be held.

5. Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment. Our goal is to reduce the percentage of residents who were given antipsychotic medication without a diagnosis from our current rate of 19.77% to 19%.

Our Change ideas include:

- a. Evaluate ALL residents receiving antipsychotics; discuss potential residents to titrate off antipsychotics or potentially change medications at monthly committee meetings.
- b. Continue to track new admissions with antipsychotic medication prescribed.

Quality Improvement Accomplishments: April 1, 2024– March 31, 2025

In addition to the indicators above, Tyndall Seniors Village has been involved in several Quality Improvement initiatives and planned methods of improvement as follows:

Tyndall implemented the BOOMR program with our pharmacy partner, Care RX, in April 2024. Medication reconciliation for new admissions is now done in a collaborative call between the pharmacy, physician and care team. This process reduces errors and burdens on the care team and provides better outcomes for residents.

Tyndall restarted the Nursing Rehab/Restorative Care Program in June 2024. The goal of this program is to maximize residents' strengths and abilities to attain/maintain the maximum level of functioning and or promote the resident's ability to adapt and adjust to living as independently and safely as possible. The team is composed of Registered Staff, PSWs and Recreation staff.

Tyndall has been committed to improving resident quality of life by implementing programs that encourage creative expression and general wellness. This is demonstrated by frequent attendance at group exercises and music therapy sessions designed to provide physical and emotional rejuvenation. Creative painting workshops have been found to promote self-expression, while our themed cultural appreciation days celebrate diversity and inclusion while promoting a sense of belonging. Through these initiatives, Tyndall Seniors Village continues to enrich the lives of its residents, fostering a vibrant and fulfilling community atmosphere.

Quality Improvement:

- Revised Quality Improvement framework and structure
- Increased transparency and sharing of KPIs through our Quality Council, Town Hall, and Quality Board
- Collaborative practice with interdisciplinary teams during Quality Council with representation from of Resident, Family, PSW and members of the Nursing staff
- Capacity development within our interdisciplinary committees and designated program leads
- Implementation of evidence-based practices
- Integration and alignment with OHT and HQO priority areas

Staffing

Tyndall strives to support our staff to create a safe and collaborative workplace. The emergency evacuation has taken a toll on staff at all organizational levels. Staff are still recovering from the intense focus on emergency response, prevention and containment over the past few years. Staff are still managing the emergency due to our displacement from the TSV building, reduced census and insecurity regarding ongoing operations. We have supported staff with regular communication and townhalls to provide updates about progress toward more stable operations. In addition to these strategies, Tyndall provides annual online education and other in-services, seasonal staff recognition events and other special events to ensure staff experience a welcoming and supportive workplace. We also have a yearly recognition event highlighting our experienced and long-serving staff.