

## Mount Hope Centre for Long Term Care Continuous Quality Improvement Initiative Report Fiscal Year End- March 31, 2026

This Continuous Quality Improvement Initiative Report has been prepared as per the requirements outlined in the Fixing Long-Term Care Act, 2021 and O. Reg 246/22 Sec 168 (1). The report below highlights the key requirements and provides an overview on Mount Hope Centre for Long Term Care's approach to continuous quality improvement and will identify the priority areas for quality improvement, policies, procedures and protocols for the upcoming year.

### Mount Hope Centre for Long Term Care- Designated Lead Quality Improvement

- Joanne Woodfield, RPN- Quality Specialist

### Our rich history of care

Mount Hope Centre for Long Term Care can trace its rich history of caring back to 1869 when the Sisters of St. Joseph founded the original Mount Hope. Today, Mount Hope (formerly St. Mary's and Marian Villa) is a 375-bed home with residents representing a variety of cultures, beliefs, and ages. While creating a home-like environment, Mount Hope is known for providing comprehensive long-term care. There is a personalized program for each resident, encouraging participation in varied activities such as art therapy, gardening, local trips, and sports activities.

### Philosophy of care

The philosophy of care is centered on the needs of the individual and focused on enhancing independence, choice, and personal wellness for the residents who live in Mount Hope. Interdisciplinary teams work with residents to promote both individual well-being and positive group dynamics in this shared living environment.

### Mount Hope's philosophy of care is built on the following principles:

- resident-centred care: emphasizing privacy and maximizing resident independence and choice;
- creating a home-like environment;
- providing opportunities for residents to enjoy activities they engaged in prior to moving to Mount Hope
- encouraging residents to enjoy the out-of-doors and be active members in the community.

### Quality Program Overview

Mount Hope Centre for Long Term Care values and strives for continuous quality improvement. Our team works collaboratively with residents, families, and caregivers to improve our quality of care and services for those we serve.

Since 2023, the Quality Specialist, a member of the Home's leadership team, continues to support and assist the team with the home's quality program, ensuring our journey of continuous quality improvement remains a top priority. The quality program at Mount Hope continues to evolve and improve as we strive to ensure we are providing the highest quality care to our residents, support our interdisciplinary team, and build lasting relationships and partnerships with our caregivers and health system partners.

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Mount Hope Centre for Long Term Care identifies its priority areas by conducting a thorough review of the annual results obtained from our Family/ Caregiver Experience Surveys and our bi-annual Resident surveys. In addition to the feedback provided by our residents and care partners, we also examined the results of the annual program evaluations from our required and mandatory programs, along with services provided within the Home and any results or feedback shared from Ministry Inspections that identify areas for continual growth.

The Home systematically collects and monitors data monthly across a broad set of key performance and clinical quality indicators to support timely, evidence-based decision-making. Data collection is supported through the PointClickCare clinical information system, including the Insights, Skin and Wound, and Resident Assessment Instrument (RAI) modules. These tools provide a comprehensive, near real-time overview of the resident population and are utilized to monitor care delivery across all home areas.

Monthly Home Area Required Program Meetings are convened with members of the interdisciplinary team to review, analyze, and interpret the collected data. These meetings facilitate the identification of emerging risks and trends, support early intervention, and inform the development, implementation, and ongoing evaluation of individualized plans of care, as required.

In addition to internal performance indicators, the Home incorporates Canadian Institute for Health Information (CIHI) quality indicators, which are released on a quarterly basis and are typically reported with a one-quarter lag. These indicators are used to augment internal monitoring processes, support longitudinal analysis, and enable external benchmarking.

Mount Hope completed a mandatory transition from the Resident Assessment Instrument Minimum Data Set (RAI-MDS 2.0) Assessment system to the new interRAI Long-Term Care Facilities (LTCF) Assessment tool as of January 1, 2026. This was a part of a Canada-wide transition supported by the Canadian Institute for Health Information (CIHI) with the retirement of RAI-MDS/CCRS reporting planned for March 2026. Inter RAI LTCF is a comprehensive person-centered assessment used in long-term care homes around the world. It examines the resident's daily functioning, physical and mental health, cognitive health, mood, pain, social supports and preferences to guide individualized care planning. This transition will allow access to performance indicators in a timelier manner and enhance the quality improvement process.

The Home maintains a collaborative approach to quality oversight and improvement through engagement with the Quality Improvement Team, Resident Council, Family Council, and interdisciplinary program teams. Findings from data reviews are shared and discussed to identify opportunities for improvement, prioritize actions, and guide the development and monitoring of quality improvement initiatives aimed at enhancing resident safety, quality of care, and overall outcomes.

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### Annual Program Evaluations

The process of our Annual Program Evaluations is to assist in the identification of gaps or areas for improvement and is used as a vehicle to help facilitate changes within the Home. The annual program evaluations are conducted to promote a collaborative approach among staff, residents, and caregivers. The program evaluations are used as an improvement tool to highlight change ideas to assist the home not only in identifying areas of improvement but also prioritizing initiatives to provide quality care to the residents of Mount Hope Centre for Long Term Care. The Quality Improvement framework assists the team to report updates, review programs goals and objectives, review measures and outcomes, discuss quality issues and promote continuous quality improvement. The Annual Program Evaluations are completed in accordance with the Fixing Long Term Care Home Act, 2021 and results are shared with the interdisciplinary team and progress on goals of the required/ mandatory programs are shared at our quarterly quality improvement committee meetings.

### Resident and Family Relations

Mount Hope Centre for Long Term Care promotes transparency and engagement with residents and families by requesting their participation in various activities such as quality improvement projects, satisfaction surveys, Quality Committee and support an active Resident and Family Council within the Home. More generally, we continue to openly share Ministry of Long-Term Care inspection reports, quality improvement work, accreditation survey results etc. On an individual basis, we also involve residents and/ or families by discussing their individualized needs, preferences and concerns then then building their plan of care based on these discussions.

Important home updates are distributed to all families who have provided an email address through “One Call Now” communication system, at a minimum of weekly. These Home updates include Ministry communication, home news, status of outbreaks, vaccination clinics, program updates, policy change, and educational opportunities. Families have expressed appreciation for the regular updates that help them keep informed of the key activities within the Home.

### Best Practice Spotlight Organization- Pre-Designate

Mount Hope Centre for Long Term Care received notification from the Registered Nurses Association of Ontario (RNAO) on February 17, 2023, that we had been selected as a BPSO-LTC pre-designate!

Established in 2003 the BPSO designation program supports Best Practice Guideline (BPG) implementation at the organizational and system levels. Internationally renowned, the program has been widely successful in demonstrating the uptake and use of best practices. The end goal of this program is to optimize care and resident and organizational outcomes through the application of best practices by promoting a culture of evidence-based nursing practice and management of decision-making.

Mount Hope Centre for Long-Term Care has participated in the Registered Nurses’ Association of Ontario (RNAO) Best Practice Spotlight Organization (BPSO) Designation Program as a pre-designate organization since June 2023. The program has demonstrated measurable success in improving resident, staff, and organizational outcomes through the promotion of evidence-based clinical practice and informed leadership decision-making.

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As a pre-designate BPSO, Mount Hope entered into a formal partnership agreement with RNAO and committed to a comprehensive set of deliverables related to guideline implementation, staff engagement, knowledge exchange, and performance measurement. As of April 8, 2026, Mount Hope has successfully met all pre-designation requirements. The Home will be formally recognized as a Designated Best Practice Spotlight Organization at an RNAO designation ceremony scheduled for May 28, 2026.

With designation achieved, the organization's focus will shift to sustainability and continuous improvement, including the ongoing evaluation, refinement, and integration of Best Practice Guidelines into clinical practice, education, and organizational processes. BPSO designation is subject to renewal every two years, contingent upon demonstrated sustainability and continued adherence to RNAO requirements.

During the pre-designation phase, Mount Hope implemented the following RNAO Best Practice Guidelines:

- Person- and Family-Centered Care
- A Palliative Approach to Care in the Last 12 Months of Life
- End-of-Life Care During the Last Days and Hours

In fulfillment of RNAO pre-designation obligations, Mount Hope completed the following key deliverables:

- Conducted an internal BPSO launch event (June 2023)
- Sustained the target of 15% of staff serving as trained Best Practice Champions
- Completed comprehensive gap analyses for all selected Best Practice Guidelines
- Developed and implemented detailed work plans to support full guideline integration
- Ensured annual participation of one staff member in the RNAO BPG Institute
- Supported annual attendance of two staff members at the RNAO Symposium
- Designated one staff member to participate in mandatory monthly knowledge exchange forums
- Submitted quarterly reports addressing BPG uptake and sustainability indicators
- Submitted an Advanced Clinical Practice Fellowship proposal
- Submitted a manuscript for publication, contributing to broader knowledge of dissemination.

This designation represents significant organizational achievement and provides the Board with assurance of Mount Hope's sustained commitment to evidence-based practice, quality improvement, and excellence in resident-centered care.

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### RNAO Clinical Pathways

Mount Hope began the implementation of Clinical Pathways created by RNAO in the Fall of 2024. RNAO Clinical Pathways are structured, evidence-informed tools developed by the RNAO to support the delivery of high-quality, person-centered care in long-term care homes and other healthcare settings. They translate best practice guidelines into actionable steps, helping healthcare teams implement consistent care processes while improving efficiency, safety, and resident outcomes.

Mount Hope has implemented the following Clinical Pathways:

- Admission Clinical Pathway
- Delirium Clinical Pathway
- Person-and Family Centered Care Clinical Pathway
- Falls Clinical Pathway
- Pain Clinical Pathway

The home is currently working on the implementation of the Clinical Pathway for Palliative and End of Life Care which will be completed on July 31, 2026.

### Antipsychotic Reduction

Mount Hope continues to advance a collaborative approach to the appropriate use of antipsychotic medications within the Home. Through the monthly Home Area Required Program meetings, all residents prescribed antipsychotic medications that are identified by CIHI as potentially inappropriate are systematically reviewed. These interdisciplinary reviews focus on assessing the ongoing clinical indication and exploring opportunities to safely reduce or discontinue use where appropriate.

In addition, the reduction of potentially inappropriate antipsychotic use remains a key focus of the pharmacists' quarterly medication reviews. Pharmacists work closely with the interdisciplinary team to identify opportunities for deprescribing and to support evidence-based, resident-centred decision making.

To further strengthen this work, a dedicated working group—comprising of the Home's Medical Director, embedded Nurse Practitioners, and the Director, Clinical Services & Resident Care, along with other team members as required—are developing a standardized tool to support the documentation and monitoring of antipsychotic tapering. This tool is intended to promote safe, consistent, and efficient weaning practices while ensuring close monitoring of resident outcomes and behaviours.

Reduction of inappropriate antipsychotic use will remain a quality improvement initiative into the 2026–2027 fiscal year, with continued emphasis on interdisciplinary collaboration, resident safety, and alignment with best practice and CIHI guidelines. This indicator will be on the home's 2026-2027 Quality Improvement Plan.

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### April 1, 2025-March 31, 2026- Quality Improvement Priorities

In addition to our Best Practice Guideline work identified above, we conducted an analysis of our performance, including clinical indicators, Resident and Family Experience Surveys, incident reviews and identified some additional quality improvement priorities.

### 2025-2026- Quality Improvement Plan (QIP)

The Quality Improvement Plan (QIP) developed for 2025-2026, identified the following priority areas for improvement work that the Home focused on during this time frame. We are pleased to share an update on the improvements made to the four key indicators selected over the past year.

1. Reduce the number of residents who fell in the last 30 days leading up to their assessment- *Safety*
2. Reduce the percentage of residents with a worsening pressure ulcer- *Safety*
3. Improve rating on "I can express my opinion without fear of consequences" - *Service Excellence*

As an organization, St. Joseph's Health Care London also focused on the following indicator:

4. Reach the target of 30% of staff and physicians who have completed one of five modules for Equity, Diversity, Inclusion and Belonging (EDIB) education.

Improvement was made to all four key priorities. While targets were not fully achieved, we are pleased with the progress made and improvement initiatives will carry over into our 2026-2027 QIP.

### NEW 2026-2027 Quality Improvement Plan (QIP)

The Quality Improvement Plan (QIP) for the 2026-2027 year has identified the following key priorities for improvement work which were shared and supported by the Quality Committee of Mount Hope, Family Council and Residents Council:

1. Reduce the number of residents who fell in the last 30 days-*Safety*
2. Reduce the percentage of residents with a worsening pressure ulcer- *Safety*
3. Reduce the percentage of residents receiving Antipsychotics without a Diagnosis of Psychosis-*Safety*
4. Improve rating on how well staff listen to you- *Service Excellence*

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### RESIDENT FAMILY/CAREGIVERS EXPERIENCE SURVEY

#### **Resident Surveys**

In 2025, a quality improvement initiative was undertaken to strengthen the effectiveness of resident satisfaction measurement and its ability to inform meaningful improvement planning. Review of the externally developed annual resident satisfaction survey identified key limitations, including survey length and insufficient actionable detail, which hindered the development of robust, evidence-informed priority workplans for areas with lower satisfaction scores.

In response, a multidisciplinary, collaborative working group was created, comprising of leaders from Mount Hope and the St. Joseph's Quality Department to redesign the survey process. Using historical survey data and trend analysis, the group identified recurring areas of concern and developed a focused "mini survey" targeting these priority domains. To enhance data quality and support root-cause analysis, structured follow-up questions and standardized interview scripts were incorporated, enabling the collection of richer qualitative feedback alongside quantitative results. The Residents' Council was supportive of this survey approach.

The first mini survey was conducted in June 2025 by trained volunteers and members of the St. Joseph's Quality team. This approach resulted in improved resident engagement and generated more detailed, actionable feedback to support quality improvement planning. Evaluation of the process and outcomes demonstrated clear value, and the revised methodology was endorsed as the standard approach for future resident satisfaction surveys.

The second mini survey was successfully completed between January 26 and February 16, 2026. This new approach reflects an ongoing commitment to continuous quality improvement, ensuring that resident feedback is timely, meaningful, and directly aligned with improvement initiatives aimed at enhancing the resident experience. The Executive Director attended Residents' Council meeting on October 23, 2025 to share the June 2025 results. The February 2026 survey results will be shared at the May 2026 Residents' Council meeting.

A high-level summary of the Resident Satisfaction Survey results has been posted on the Quality Improvement boards throughout the Home. This information is readily accessible to residents, families, and staff, supporting transparency and engagement in ongoing quality improvement initiatives.

Goals for 2026 based on resident survey feedback include the following:

- Continue to share lived experiences with staff based on resident feedback from Council on how well staff listen to residents, and able to express their opinions without fear of consequences.
- Therapeutic Programs will continue to promote and engage residents in programming.
- Food & Nutrition Services will conduct additional mini surveys to gather meaningful information to further understand survey results.
- Continue to offer the mini survey model to gather information at two intervals and have questions developed to further understand areas for improvement.

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### **Family Surveys**

The Mount Hope Family Experience Survey was conducted in December 2025. Families received notification of the upcoming survey through our family email distribution list sent out by the Executive Director. The families were provided with access to a link to complete an on-line survey. Reminders were sent through the weekly reminders from the Executive Director, as well as by the vendor seven days and fourteen days after the initial distribution

The Home received a total of 107 complete surveys by family members within the Home. The family experience survey results were received by the home during the month of January 2026.

The Executive Director was invited to present the family experience survey results to the Family Council on March 18, 2026, during their regularly scheduled meeting.

Some areas requiring improvement identified in the survey results included:

- Being aware of the process of how to initiate a written or verbal complaint concerning the care of a resident or operation of the home.
- How well the families felt staff listen to them.
- Being aware that there is a Family Council.

Goals for 2026 developed in collaboration with Family Council include the following:

1. Develop a one-page summary to provide to new families as part of the 6 week admission care conference an overview of Therapeutic Recreation, Restorative Nursing and Physiotherapy Services.
2. Consider amending the communication that precedes/ accompanies the Family Survey going out to define "staff" as the interdisciplinary team. Tends to focus on Clinical.
3. Provide re-education to family members regarding reporting and the legislation that is in place to provide reassurance for fear of retaliation against loved ones.

Over the upcoming year, Mount Hope's Family & Caregiver Council will focus on fostering a strong sense of connection among families and caregivers, while supporting caregivers in navigating Mount Hope through shared experiences and guest speakers. The Council will serve as a sounding board for new initiatives by offering meaningful insight and feedback, initiating and participating in fundraising ventures that will enhance resident quality of life and staff appreciation. The Council will strive to have for full representation from all floors throughout Mount Hope.

Mount Hope continues to strive for ongoing improvements to the care and services provided based on shared experiences, data analysis and opportunities to enhance care and service delivery through best practices and funding initiatives.

The annual Continuous Quality Improvement Initiative Report will be provided to the Residents' Council and Family Council meetings in June 2026.