



Moira Place LTCH

July 2026 Continuous Quality Improvement (CQI) Report

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Continuous Quality Improvement Initiative Report

Overview

As reflected in our Mission, Moira Place is “dedicated to creating a New Tradition of Long-term Care by combining a comfortable environment with flexible programs tailored to individual needs. We provide a home-like environment that promotes the maximum independence, dignity, safety, and wellness of every one of our residents.” Our Mission and Values are brought into action through innovative design and furnishings, through staff selection and training, through clean and well-maintained environments, and programming that respects residents’ individuality while promoting independence.

“Innovative design” is the starting point for creating a home-like environment. For example, to promote a peaceful atmosphere, Moira Place has carpeted hallways and no overhead communication system. The furnishings and décor are tasteful and appeal to local preferences. Meals are prepared onsite, with fresh local ingredients and menus developed with resident input. Private dining is available in each Home-Area to promote family interaction and to create opportunities for residents and families to celebrate special events together.

At the core of our approach to programming is resident “choice”. This is codified in the Fixing Long-Term Care Act (FLTCA) and Moira Place has always operated this way. This means offering options to residents and giving them the opportunity to have some control over their lives and their routines. It

incorporates a focus on wellness and restorative programs, as well as such things as flexible waking times, input on menu and meal choices, and having a say in what programs are offered. Staff receive training on adult Montessori concepts and how to enhance resident independence and dignity. Community events are frequent and varied, with the goal being to ensure that residents have lots to choose from and that their lives can remain purposeful and satisfying. Moira Place is accredited with the Commission on Accreditation of Rehabilitation Facilities (CARF) for the years 2026-2028 and has been accredited since opening in 2009 (opened July 29, 2009 – accredited December 2009).

As part of a comprehensive and integrated process that includes input from annual program evaluations, annual strategic planning at a corporate level, a review of performance and outcomes using provincial and local data sources (including “Your Health System” through the Canadian Institute for Health Information), and review of priority indicators released from Ontario Health, we have identified improvement opportunities and set improvement objectives for the year.

Priority Areas for Quality Improvement

In addition to quality of life, promoting resident safety is at the foundation of what we do. As a result, the goals of this Continuous Quality Improvement Plan align well with Moira Place’s Mission. We are basing this plan on our Quality Improvement Plan (QIP) that is submitted annually to Health Quality Ontario. Therefore, based on the parameters of the province wide QIP process and the desire for common indicators that suggest performance improvement, we will focus our attention to:

- Maintain or decrease our number of potentially avoidable emergency department transfers;
- Percentage of staff who have completed equity, diversity, inclusion, and anti-racism education;
- Continue to receive positive responses to resident satisfaction surveys, particularly responses to: “Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"”, and “Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences"”;

- Percentage of LTC residents without a diagnosis of psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment.

Indicators and Goals

1. Maintain or decrease our number of potentially avoidable emergency department transfers: the provincial rate is 22.0 and we are significantly below that. Our goal is to reduce this number of a value below 5 ED visits per 100 residents. We are more than 15 basis points below the provincial and will continue with current strategies to reduce ED visits that are avoidable.
2. Maintain 100% completion rate for staff with Equity, Diversity, Inclusion and Anti-racism education.
3. Positive responses on resident satisfaction surveys: we scored 96% in this measure in 2025, which is close to how we have scored over the past several QIP's. For 2025, we continued to improve our process by offering an online survey through Survey Monkey, with paper versions available for those who do not have access to the Internet or would simply prefer this method. Total Survey Initiated=36 # of LTCH beds=128. The process has been overhauled, and all questions were reviewed at the senior management level and this has helped to collect good data throughout 2025 to help us improve the quality of care and services that we provide to our residents.
4. % residents without a diagnosis of psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment: we are well below the provincial rate of 20.5% and have several measures in place to attempt to reduce this indicator further still. Currently our rate is 10.31, which is 10.2 points lower than the provincial average.

Survey Required Under Section 43 of the FLTCA

- The resident / family satisfaction survey is carried out per policy GA-F-40 (Resident/Family Surveys) as part of the home's Continuous Quality Improvement program. Surveys are provided to residents / SDM's prior to individual care conferences and collected and summarized by the Director of Resident & Family Services monthly and then annually.
- The results of the last year's survey are as follows:

Survey Question	% Satisfied
I find the Home to be clean and free of clutter.	100%
Do you feel you have a voice and are listened to by staff?	100%
I enjoy the taste of the food that is served to me.	78.1%
The foods and drinks are served at the right temperatures (hot foods/drinks are hot, cold foods/drinks are cold).	81.26%

I feel that my feedback about meals is heard and changes are made in response.	87.5%
My privacy is respected when I visit with my friends and family.	100%
I am treated with dignity and respect during my bathing and dressing routines.	100%
The Care staff treat me with respect.	100%
I trust the staff who provide my care.	96.3%
I am encouraged to be involved in making daily decisions about my care.	100%
Staff explain things in a way that is easy for me to understand.	100%
If I have a concern, I feel comfortable approaching the leadership team without fear of consequence.	100%
I understand my rights and responsibilities as a member of this home.	96%
The Home provides me with the overall quality and service I/we expect.	100%
I would recommend this Home to a family member or friend if they needed this type of care and service.	100%
Totals for each column	96%

- The results of the survey are communicated to residents and their families and staff of the home by being posted in a conspicuous space on the “Resident and Family Council” bulletin board on the ground floor directly across from the elevators.
- The results of the survey were also shared with the Residents’ Council on May 27, 2026, during the May Residents’ Council meeting.
- As surveys are provided prior to Care Conferences, individual issues are addressed in this forum.
- Any scores on surveys that are below “Satisfied” are sent to the appropriate Manager for follow up by the Director of Resident & Family Services, and now with the addition of a Social Service Worker to the Management Team of the home, individual concerns will be followed up on and addressed through this individual.
- Through our regular Continuous Quality Improvement meetings, our priority areas for quality improvement (above) are reviewed and should any actions / implementations occur, they will be recorded in these meeting minutes.
- Any follow-up on these items will be posted / dated on the same bulletin board as above.
- No systemic issues were reported to us, with items that required follow-up having to do with issues specific to individual residents.
- We are continuing with an online survey for residents and family members to complete, which will be done annually. Paper copies have been made available to residents or family members who wish to complete their surveys in this fashion.

Oversight

The Continuous Quality Improvement Committee oversees all aspects of our QIP and has identified change ideas that will be tested and implemented in collaboration with staff, physicians, and other key stakeholders. Our existing CQI processes will be used to monitor and measure progress, identify and implement adjustments and communicate outcomes for the home's priority areas for quality improvement as part of this report.

Sharing and Reporting

A detailed QIP, including Narrative and Workplan, is available on Ontario Health's QIP publicly accessible pages. A copy of this report will be shared with our Residents' Council at their next meeting post June 30, 2026.