



Continuous Quality Improvement Initiative Report 2024-2025

Millennium Trail Manor Continuous Quality Improvement (CQI) Initiative Report 2025–2026

Overview

Millennium Trail Manor is a 160-bed long-term care home located in Niagara Falls, Ontario, and is a proud member of the Conmed Health Care Group. Fully accredited by Accreditation Canada, our home consists of three floors across five resident home areas. We celebrated our 20th anniversary in the fall of 2024, marking two decades of dedication to quality care and resident well-being.

Our interdisciplinary team is committed to resident-centred care, with residents and families playing an active role in the development and evaluation of individualized care plans that reflect their unique needs and preferences.

Mission, Vision, and Values

Mission

We are a community that fosters a supportive and nurturing environment—a foundation for respect, dignity, and personal growth. Our commitment to spiritual and cultural diversity is rooted in a holistic approach that upholds a dignified and safe place to call Home.

Vision

We strive to learn from challenges, celebrate successes, and embrace diversity. Through collaboration and teamwork, we support our residents in achieving their optimal level of wellness.

Values

We believe people—residents, families, and staff—are our greatest asset. We live by:

THE RIGHT WAY

- **R** – Resident-Centred Care
- **I** – Integrity
- **G** – Growth
- **H** – Honour
- **T** – Teamwork
- **W** – Workplace Health and Safety



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- **A** – Always Confidential
 - **Y** – You Matter
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Priority Areas for Quality Improvement

The **Fixing Long-Term Care Act, 2021 (FLTCA)** emphasizes continuous quality improvement to ensure residents receive safe, effective, and person-centred care. In line with section 149 of the FLTCA, Millennium Trail Manor has developed a 2025–2026 Quality Improvement Plan (QIP) that is informed by:

- FLTCA, 2021
- RNAO Best Practice Guidelines (BPGs)
- CIHI and Provincial Performance Indicators
- Health Quality Ontario (HQO) Priorities
- Program Evaluations and Internal Audits
- Resident and Family Satisfaction Surveys
- Stakeholder Feedback (Resident/Family Councils, etc.)

Core Focuses of our QIP

1. Access and Flow
2. Equity, Diversity and Inclusion
3. Resident Experience
4. Provider Experience
5. Safety
6. Palliative Care
7. Population Health Management

Our 2025–2026 QIP focuses on improving resident outcomes through the following priority areas:

1. **Reduce avoidable Emergency Department transfers**
Metric: Rate of Emergency Department visits for a modified list of ambulatory care-sensitive conditions per 100 long term care residents
Goal: Reduce unnecessary hospital transfers by improving onsite care and monitoring
2. **Achieve 100% staff completion of training in equity, diversity, inclusion, and anti-racism**
Metric: Percentage of staff (executive level, management, or all) who have completed relevant equity, diversity, inclusion and anti-racism education
Goal: Ensure all staff members are trained in equity and inclusion in order to foster a supportive and inclusive environment
3. **Improve resident survey scores related to communication and psychological safety**
Metric: 1) Percentage of residents responding positively to the question, “What



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number would you use to rate how well the staff listen to you?"; 2) Percentage of residents who responded positively to the statement, "I can express my opinion without fear of consequences"

Goal: Enhance communication and empowerment of residents, ensuring their voices are heard and respected

4. **Reduce incidence of stage 2–4 pressure injuries**

Metric: Percentage of LTC residents who developed a stage 2 to 4 pressure injury or had a stage 2 to 4 pressure injury that worsened

Goal: Reduce the prevalence of pressure injuries by improving care and monitoring of wounds

5. **Lower the percentage of residents experiencing worsening pain**

Metric: Percentage of residents experiencing worsening pain

Goal: Reduce the prevalence of worsening pain by improving onsite care and monitoring

6. **Reduce resident falls**

Metric: Percentage of residents who fell in the last 30 days leading up to their assessment

Goal: Reduce the number of falls

7. **Minimize antipsychotic use among residents without a diagnosis of psychosis**

Metric: Percentage of residents without psychosis who were given antipsychotic medication in the last 7 days prior to their assessment

Goal: Reduce the use of antipsychotic medication to below the provincial average

The QIP was developed in consultation with residents, families, and staff, and includes multi-year goals, metrics, and change strategies aligned with our commitment to exceptional care.

Performance Monitoring and Measurement

Millennium Trail Manor maintains an integrated performance measurement system to drive quality improvement. This includes:

- Monitoring at home-wide and program-specific levels
Performance Indicators are tracked at the home level via PCC Insights and reviewed quarterly and during monthly program meetings
- Tracking HQO priority indicators and municipal/provincial benchmarks
The home reviews benchmarks at quarterly meetings
- Regular internal audits and real-time data review
The home employs a robust audit process to ensure compliance with the regulations set forth in the Fixing Long Term Care Act
- Quarterly Continuous Quality Improvement (CQI) Committee meetings



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Held quarterly to review the home's QI plan by department, set new goals when previous ones are met, and ensure ongoing progress. Meetings are attended by family members, residents, unionized staff, and the interdisciplinary team

- Engagement through Resident and Family Councils
Resident Council meetings occur monthly, while Family Council meetings are held quarterly.
- Analysis of satisfaction surveys and feedback mechanisms
Resident and Family satisfaction surveys are available in print form or an online version.
- Documentation Review
The nursing management team reviews documentation daily, identifying gaps and ensuring follow up. Daily huddles occur with Registered Staff in order to address the priority concerns for the day and to improve documentation and resident care as needed.

Millennium Trail Manor – CIHI Quality Indicators 2024–2025 Reporting Period

Quality Indicator	Ontario Avg. (%)	MTM (%)
Antipsychotic use without psychosis	20.4	24.21
Falls in the last 30 days	15.0	18.85
Restraint use	2.2	1.59
Worsened pressure injuries	3.4	4.27
Worsening pain	9.0	10.43
Worsened depressive mood	20.8	38.45

Source: Canadian Institute for Health Information (CIHI)

Communication Strategy

Effective communication with stakeholders—residents, families, staff, and community partners—is essential to our QI success. We ensure transparent and inclusive engagement through:

- Monthly newsletters and home-wide memos
- Resident and Family Council meetings
- Cliniconex bulletins
- Town halls and interdisciplinary care conferences
- Poster boards, emails, and suggestion boxes
- Interdisciplinary Care Conferences held annually and 6 weeks after admission

This multi-channel strategy ensures meaningful collaboration and encourages all voices



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to be part of our quality journey.

Quality Improvement Initiatives: 2024–2025 Highlights

In the 2024–2025 year, we implemented the following quality-focused initiatives:

- **Increased nursing department staffing hours** to strengthen direct care delivery
 - **Full-time Nurse Practitioner** retained to enhance clinical decision-making and reduce ED visits
 - **Full-time Behavioural Support Manager** retained (BSO-trained Recreation Therapist embedded)
 - **Welbi documentation system** integrated to improve recreation program planning and attendance
 - **Participation in ISMP Canada** for safer, indication-based medication prescribing
 - **Dedicated Skin and Wound Care Nurse** appointed to reduce pressure injuries
 - **CIHI key indicators monitored** regularly to guide performance improvements
 - **Environmental upgrades:** 3rd floor dining room flooring replaced, new bathroom cabinets installed, 3 new bathtubs installed, and room audits continue as part of a robust preventative maintenance program
 - The home has purchased new tablecloths and clothing protectors to ensure a pleasurable dining experience, and implements holiday menus for special occasions. New high-low tables have been purchased to allow for accessibility
 - **RNAO Clinical Pathways** initiated for Pain and Palliation, and Falls Prevention
 - **Outdoor quality-of-life enhancements:** new patio furniture and a gazebo installed for resident use
 - **Diversity, Equity and Inclusion** training initiated for all staff on the Surge Learning Platform, as well as DEI events such as “Flavours of Home” cookbook contest and a “Pin the place that feels like home” bulletin board of the world map.
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Looking Ahead: 2025–2026 Quality Improvement Goals

- Expand **restorative care programming** to support mobility and function and to promote independence
- Fully roll out **RNAO Clinical Pathways for Falls and Pain**
- Maintain **100% staff GPA training** by end of Q4
- Support **staff wellness initiatives** to reduce burnout
- Reduce ED transfers through **NP-led care and early intervention**
- **Redecorate lounge areas** with Resident Council-selected themes
- **Enhance menu offerings** with seasonal and resident-preferred items, including more fresh fruits and vegetables in conjunction with Resident Council and the Food Committee
- Ongoing collaboration with **Pharmacy** in new processes, and a collaborative medication review with a goal to reduce medication that may cause falls, as well



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as medications to promote bone health and reduce injury from falls

- MTM will collaborate with **McMaster University** and **St. Joseph's Hospital** Hamilton in a research project to reduce fracture from falls
- Transition to InterRai in phase three of the implementation phase
- Resident Satisfaction Surveys are undertaken as soon as possible each fiscal year. The data is reviewed with the Resident and Family Councils to ensure that the home communicates effectively about the response data. The survey results were posted on the Resident Council board for the entirety of Q1 of 2025, and shared with the Resident and Family Councils on September 25, 2024. Survey results are available upon request.
- Based on the survey results, residents were displeased with call bell wait times. Education for staff on how to prioritize concerns regarding call bells remains ongoing, with nursing managers performing audits on call bell times to ensure that bells are answered in a timely manner.
- The CQI report was shared with the Resident and Family Councils on February 19 and March 27 of 2025. There was no feedback received from either council.

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