Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

September 15, 2025

Ontario Health

OVERVIEW

Cawthra Gardens is a warm and inviting 192-bed long term care residence nestled in the heart of Mississauga's charming residential area near Cawthra and Dundas. Owned by Delcare and managed by Agecare, Cawthra Gardens is more than just a residential care; it's a place where we embrace each resident's journey with compassion and dedication.

Cawthra Gardens' mission is to provide exceptional personal care and services, focusing on nurturing the physical, emotional, social, and spiritual well-being of every resident while promoting their independence. We firmly believe in respecting each resident's right to autonomy, dignity, and involvement in decisions affecting their lifestyle. Recognizing the rich diversity of our residents, we strive to create an environment where everyone can enjoy life to the fullest while receiving quality care tailored to their individual needs.

Cawthra Gardens are pleased to be outperforming provincial averages and benchmarked targets in most quality indicators. For example, the home sits at 14.35 ED visits/100 residents vs the provincial average of 21.66. Our rate of resident falls in the 30 days leading up to their assessment is 12% versus the provincial average of 15.52%, and our percentage of residents without psychosis who were given antipsychotics is at 4.28% versus 19.65% for the provincial average.

Cawthra Gardens has been very successful in its quality improvement initiatives because of its commitment to having a strong culture of continuous quality improvement (CQI), and a CQI committee that works hard to identify improvement opportunities and develop achievable action plans to meet targets. Our

Continuous Quality Improvement Committee oversees the quality program in our home and is led by the Executive Director. The interdisciplinary team consists of the home's leadership team, a resident and family representative, front-line team members, and external partners that support our home such as our Medical Director, Dietitian, Pharmacy Consultant and other allied health professionals. This team meets quarterly to review survey results, data and input received from our Resident and Family Councils, team members, external partners and our other quality sub-committees. After analyzing and trending home results, our CQI committee determines the prioritization of improvement initiatives and is responsible for developing action plans, monitoring the plan, providing updates to key-stakeholders and adjusting the plan. The CQI plans, actions and evaluation of the plan is shared at Resident and Family Council meetings, Team-Up meetings with staff members, posted on our home website.

In 2024, our focus was on reducing ED visits, Diversity and Inclusion education for team members, Dining and Palliative Care. We were able to meet targets in all areas. For detailed information on the initiative and outcomes, please refer to the Progress Report.

We believe that quality improvement is an ongoing process, and even though we are proud of our home's current performance, we remain committed to finding ways to improve. This year, our focus will be aimed at reducing ED visits and improving resident satisfaction in the area of dining and personal friendships. It is that commitment that got us where we are, and it is that commitment that will drive our efforts with this year's Health Quality Ontario Quality Improvement Plan.

ACCESS AND FLOW

Cawthra Gardens remains committed to enhancing system capacity and ensuring residents receive timely, evidence-based care, reducing unnecessary emergency department visits and hospitalizations. Through strategic partnerships, advanced medical equipment, and ongoing staff education, we continue to optimize care delivery.

To improve access to specialized care, we have introduced an onsite eye clinic, ensuring residents receive routine vision assessments without requiring external appointments. Furthermore, we continue to utilize the NPSTAT program, which enables Nurse Practitioners to conduct repatriation visits and advanced clinical assessments, ensuring timely interventions that may prevent hospital transfers. Additionally, our home has invested in new medical equipment, including a Doppler, and IV pump to better support residents' complex needs. Recognizing the importance of staff training, we introduced IV therapy education in 2024, equipping nurses with the skills needed to manage IV-related treatments in-house.

We continue to prioritize proactive medical oversight by maintaining four MRPs who conduct weekly rounds on different days, ensuring consistent physician access and comprehensive resident monitoring. Our physicians also engage in ongoing discussions with families regarding goals of care, fostering shared decision-making and ensuring care aligns with residents' wishes. Our Behavioral Support Ontario (BSO) team remains integral to managing residents with expressions and responsive behaviors, working closely with the Seniors' Mental Health Outreach Team to provide individualized interventions that reduce crisis situations and hospital transfers.

Technology remains a cornerstone of our approach to care coordination. We continue to leverage Connecting Ontario and AMPLIFI to enhance communication with acute care hospitals, ensuring seamless access to resident health histories and improving care transitions. We also utilize additional technology to support resident care and services with external partners such as LifeLab Portal, CareRX Portal, STL Imaging portal, Vitalaire website, and others.

Our clinical team, including our Social Service Worker work collaboratively with Ontario Health at Home to determine appropriate placement or residents to our home. We also partner with the hospital discharge planner during the move-in process or readmission back to the home after a hospital staff to provide seamless care and service provision.

EQUITY AND INDIGENOUS HEALTH

Cawthra Gardens strives to advance equity and Indigenous health through ongoing education, active engagement, and the delivery of culturally safe care. We continue to enhance our commitment to cultural awareness by seeking opportunities to engage with local Indigenous organizations and inviting Indigenous speakers or knowledge keepers to share their traditions and perspectives. In 2024, we extended an invitation for a powwow as part of our efforts to foster cultural education. Feedback from residents and families is gathered through surveys and council meetings to ensure inclusive and responsive care.

Staff receive ongoing education to strengthen cultural competency and promote a deeper understanding of Indigenous health and equity. All front line staff and managers received training in 2024. Additionally, management-level staff participate in initiatives that support psychological health and safety in the workplace. To promote cultural awareness, we continue to host social events throughout the year, celebrating cultural traditions, special events recognizing diversity, religious observances, and staff cultural potluck lunches.

These initiatives align with our Local Service Accountability Agreement (LSAA) and Ontario Health's First Nations, Inuit, Métis, and Urban Indigenous (FNIMUI) Health Framework, ensuring that Cawthra Gardens remains a culturally inclusive environment that respects and supports the diverse needs of residents, staff, and the broader community.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Cawthra Gardens circulates annual stakeholder satisfaction surveys

to its residents, family members and staff. The results of these surveys are benchmarked against the other AgeCare Ontario homes, so that we have clear feedback on our performance as it relates to 20 other homes with the same resources. At Cawthra Gardens we are very pleased that our satisfaction scores on our resident and family surveys are better than the AgeCare average in almost every question.

These surveys form the basis of our internal CQI plan that focuses on developing improvement ideas in areas where our results are lowest. The results of the surveys are discussed at our CQI committee and improvement opportunities are identified. Then, we develop an improvement idea to trial for each. These improvement ideas are monitored for a set period of time to determine if they've yielded positive change. If they have, the improvement idea becomes standard practice, and we begin the process again with another improvement idea to trial. We then compare the survey results with the base year to the survey results of the subsequent year to ensure measurable improvement has been achieved.

Our 2024 resident/family survey was completed August 6th to 23rd. Residents who required assistance with survey completion were supported by volunteers or a family member. Our survey focuses on 6 key areas: Residence Management, Home Staff, Nursing, Programs and Activities, Dining Services and Environment. Residents are asked to rate their satisfaction as Strongly Agree, Agree, Mixed, Disagree or Strongly Disagree. As an organization, our goal is to have residents rate their satisfaction as “strongly agree”.

We received our results in November of 2024 and shared it with our Resident Council at their council meeting held November 14th and our Family Council meeting held November 25th. Our team members were updated on the results during the daily Team-Ups.

Our resident overall satisfaction was 86% Strongly Agree plus Agree to the two questions “I am satisfied with my residence as a place to live” and “I would recommend my residence as a place to live”. Satisfaction by Domain was:

- Nursing – 91%
- Environment – 82%
- AgeCare Staff – 89%
- Programs and Activities – 78%
- Residence Management – 74%
- Dining Services – 77%

Our home had the highest positive results related to staff being friendly, kind and caring, staff respecting the need for privacy, and feeling safe and secure. Our areas of opportunity were primarily related to dining services, specifically related to food satisfaction and residents having the opportunity to build relationships with other residents.

With input from the residents and families, our CQI Committee has determined that Dining will continue to be a focus in 2025 and relationship building with other residents. The other focuses for our 2025 CQI plan will align with the provincial focus on decreasing ER transfers and reducing Falls.

The 2024 CQI plan outcomes and the 2025 CQI objectives and action plan will be shared with the Resident Council and the Family

Council at the next scheduled meeting, and with staff at Team-Ups. It is also posted on our Resident/Family Communication Board and will be posted on our home's website. Our CQI Committee continues to monitor the plan and will make adjustments to the plan based on outcomes.

The home also uses a management rounding tool to gain feedback weekly from our stakeholder groups. At the end of each week, the took is reviewed to look for common concerns or areas that provide opportunities for improvement. The management team then discuss improve ideas to trial and monitor the results.

Finally, Cawthra Gardens has a complaint/concern log where we track concerns brought forward by resident and family members. The log is reviewed regularly to look for trends that may provide opportunities for improvement. The same process of trialing improvement ideas is used to develop process improvements to address concerns.

PROVIDER EXPERIENCE

Cawthra Gardens is dedicated to maintaining a positive workplace culture and strengthening staff recruitment and retention. Through our participation in the Supervised Practice Experience Partnership (SPEP) program, we support internationally trained nurses in obtaining their licenses, helping them integrate into Ontario's healthcare system while enhancing our workforce. Additionally, we maintain strong partnerships with colleges, regularly welcoming PSW, RPN, and RN students for clinical placements. Many of these students choose to work at Cawthra Gardens after completing their training, ensuring a steady flow of skilled and familiar staff. By providing mentorship and hands-on experience, we create a supportive environment that encourages long-term employment. We also prioritize staff appreciation and work-life balance, maintaining open communication and ensuring predictable scheduling. Importantly, we have remained agency-free, ensuring consistency and teamwork among staff. These efforts help create a stable and committed workforce, ultimately enhancing the quality of care for our residents.

Each year, our organization distributes an Employee Engagement Survey to our staff to obtain a pulse check on their satisfaction with own organization, their employment satisfaction and the work environment. As with our Resident Satisfaction Survey, we measure the percentage of individuals who "Strongly Agree" and "Agree" with the satisfaction survey questions. Our 2024 survey was distributed through an online portal from July 2nd to July 26th. Our employee overall employee engagement score was 73% in response to the following 3 questions: "I am satisfied with my organization as a place to work", "I would gladly recommend my organization as place to work" and "It rarely crosses my mind to leave my organization and work somewhere else". These are important indicators when looking at retention and recruitment.

The strongest indicators focused on having a clear understanding of job, work contributes to the mission and having training required to do their job. Our areas of opportunity include recognition and opportunities to learn and grow. Our home shared the results of the Employment Engagement survey with our staff during Team-Ups in December and asked for input and ideas to address some of the opportunities listed.

SAFETY

At Cawthra Gardens, resident safety is a continuous priority, supported by structured audits, proactive risk identification, and lessons learned from past experiences. Departmental audits—including clinical, environmental, program, and dietary—are conducted as scheduled to identify risks and implement targeted action plans. Insights from these audits, along with program evaluations, drive continuous improvements, allowing us to refine safety practices and enhance preventative measures.

We actively engage with regulatory bodies such as the Ministry of Health, Ministry of Labour, Public Health, Fire Department, and the IPAC Hub, implementing recommendations as needed. Emergency code drills, safety alerts, and building inspections further support a safe environment.

To strengthen our approach, we emphasize education for key personnel, including the BSO Lead, IPAC Lead, Skin and Wound Coordinator, and leadership team, ensuring they are equipped with the latest best practices. By applying a lessons-learned framework and refining programs based on evaluation outcomes, we continuously enhance safety, reduce risk, and uphold high-quality care for our residents.

Our home has active committees for falls, skin and wound, continence, restorative, pain and palliative and BSO to ensure each of these areas is continuously improving and in accordance with established best practices.

We also have a Health and Safety Committee who do regular inspections of the home to uncover any potential safety issues.

PALLIATIVE CARE

Ensuring residents receive compassionate, person-centered care throughout their journey is a key priority at Cawthra Gardens. We emphasize proactive goals-of-care discussions and advance care planning, with our attending physicians, engaging residents and families in meaningful conversations during routine physician rounds. This approach allows for continuous reassessment and ensures care aligns with residents' evolving needs, values, and preferences.

Recognizing the importance of staff education in palliative care, we have implemented targeted training programs to enhance competencies in pain assessment, symptom management, and end-of-life communication. In collaboration with pain and palliative care consultant, we provide ongoing education sessions for staff and families, ensuring they are well-supported in navigating complex care decisions. Additionally, we facilitate dedicated palliative care consultations, offering families personalized guidance and support throughout their loved one's journey.

To further strengthen our approach, we maintain close coordination with pharmacy teams to optimize pain and symptom management, reducing unnecessary hospital transfers and enhancing comfort-focused care. Through these efforts, Cawthra Gardens remains committed to delivering compassionate, high-quality palliative care that prioritizes dignity, comfort, and family engagement.

POPULATION HEALTH MANAGEMENT

Cawthra Gardens continues to prioritize proactive, population health–based approaches that promote wellness, prevent illness,

and support residents in living well with their conditions. We actively collaborate with health system partners, public health, and educational institutions to enhance care for our community.

To minimize infections and strengthen our infection prevention and control (IPAC) program, we have integrated HealthConnex to improve infection prevention and control (IPAC) tracking system, enabling real-time monitoring and early outbreak detection. In collaboration with public health, we continue to provide routine on-site flu, COVID-19, and pneumococcal vaccinations, ensuring timely immunization for our residents. We continue to expand our advanced wound care management by accessing new wound care technology. Additionally, our falls prevention strategy includes regular falls risk assessments, care plan adjustments for high-risk residents, and ongoing restorative care interventions to improve mobility and reduce injury risks.

Cawthra Gardens maintains strong partnerships with Seniors' Mental Health Outreach Team to provide individualized interventions for residents with responsive behaviors. To strengthen our staff's ability to manage complex behaviors, we have offered Gentle Persuasive Approaches (GPA) training throughout the year as part of our commitment to person-centered dementia care. To support workforce development, we actively collaborate with colleges and universities, offering clinical placements and recruitment opportunities for nursing and PSW students. This partnership fosters a pipeline of skilled professionals while reinforcing our commitment to high-quality, sustainable care.

Through these initiatives, Cawthra Gardens continues to prioritize prevention, enhance clinical capabilities, and strengthen partnerships to ensure our residents receive the right care at the right time in a supportive, proactive, and resident-centered environment.

CONTACT INFORMATION/DESIGNATED LEAD

Cawthra Gardens Long Term Care Residence
560 Lolita Drive
Mississauga, ON L5A 4N8
905-306-9984

Executive Director: Mike Bakewell - Quality Program Lead
Director of Care: Ursula Dingler
IPAC Lead: Baljinder Sidhu
Director of Regional Operations: Christina Matta

SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan on
March 14, 2025

Christina Matta - Director Regional Operations, Board Chair / Licensee or delegate

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Mike Bakewell, Administrator /Executive Director

Barbara Murphy - Director Quality AgeCare, Quality Committee Chair or delegate

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Ursula Dingler - DOC, Other leadership as appropriate

Access and Flow | Efficient | Optional Indicator

	Last Year		This Year		
Indicator #4	**10.24**	**9.22**	**14.35**	**-40.14%**	**14**
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Cawthra Gardens LTCR)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Employing a tracking tool to report, analyze, and trend all ED transfers to enhance the improvement of indicator.

Process measure

- Date tracking tool is initiated.

Target for process measure

- Tracking tool will be developed and implemented by March 2024.

Lessons Learned

The home continued using a tracking tool to monitor all emergency department (ED) transfers, allowing for detailed analysis of trends and contributing factors. This has helped identify patterns in potentially avoidable transfers and provided data-driven insights to guide interventions.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Conduct monthly reviews of all ED transfers.

Process measure

- % of transfers tracked and trended on a monthly basis.

Target for process measure

- 100% of transfers to hospital will be tracked, trended and analyzed for opportunities for improvement.

Lessons Learned

Monthly reviews of ED transfers were conducted to assess causes, track trends, and evaluate opportunities for early intervention. These reviews helped identify patterns in ED visits, such as those related to wound care, infections, and falls, allowing the home to focus on areas for improvement.

Change Idea #3 ☑ Implemented ☐ Not Implemented

Develop home specific interventions to prevent potentially avoided ED visits by engaging the interdisciplinary team members through committees and meetings.

Process measure

- Integration and review will be identified in CQI meeting minutes during the current QIP year.

Target for process measure

- Quarterly CQI minutes scheduled for 2024-25 will contain the ED review of the trending on avoidable ED transfers and home-specific interventions to prevent future occurrences.

Lessons Learned

Based on identified trends, the home implemented targeted education and in-services related to wound care, infection management, and fall prevention. Interdisciplinary team discussions helped refine strategies for early detection, treatment, and monitoring, reinforcing proactive care approaches to reduce unnecessary transfers.

Comment

Throughout the year, the home has seen an increase in the complexity of resident needs, contributing to a higher rate of emergency department transfers. Some residents required multiple transfers due to ongoing medical concerns, while in other cases, families and residents insisted on hospital visits based on their goals of care. Despite these challenges, our MRPs have emphasized shared decision-making, ensuring consistent medical oversight and timely interventions. They continue to engage in ongoing discussions with families to align care with residents' wishes. While the home faced an increase in transfers, we remain committed to strengthening proactive care and enhancing collaboration with families to improve outcomes.

Access and Flow | Timely | Custom Indicator

Indicator #2

Enhance Palliative Care understanding and integration in the home through Palliative Care Education Initiatives. (Cawthra Gardens LTCR)

Last Year		This Year		
CB	**CB**	**NA**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Enhance the home's palliative care program by providing education to residents, families, and caregivers.

Process measure

- Number of educational sessions conducted and number of attendees throughout the year.

Target for process measure

- Deliver at least 3 education sessions to residents, caregivers, and families throughout the QIP year.

Lessons Learned

We facilitated individualized palliative care consultations for families requiring additional support and guidance, especially in complex cases, in collaboration with our Palliative & Pain Consultant. These sessions addressed specific concerns, provided clarity on care goals, and enhanced family understanding of palliative care principles. Feedback from families was overwhelmingly positive, highlighting the value of these discussions in fostering informed decision-making and emotional support.

Some families who were offered consultations declined, expressing confidence in the interdisciplinary team’s palliative approach and feeling reassured by the existing care planning and symptom management strategies in place.

Additionally, at the September Family Council meeting, families were introduced to Palliative Education Options by our Palliative Consultant. Moving forward, we will continue offering targeted palliative and spiritual care education sessions to ensure ongoing support for residents and their families.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Enhance the home's palliative care program by offering education to staff.

Process measure

- % of staff completing education and training sessions.

Target for process measure

- 100% of care staff to participate in education on Palliative Care via Surge Learning.

Lessons Learned

To strengthen our palliative care program, we prioritized staff education to enhance knowledge and competencies in end-of-life care. Five Registered Staff participated in a comprehensive external training on Pain Assessment and Management, equipping them with advanced skills in pain recognition and treatment. Additionally, online learning modules were implemented, achieving 100% completion for both Pain and Palliative Care for Registered Staff and Palliative Care and End-of-Life for All Staff.

Beyond online training, several in-person educational sessions were held throughout the year, including Hospice Palliative Care and Grief in Long-Term Care, led by our Palliative Consultant; Treating Pain, facilitated by our Pharmacy Consultant; and The Spiritual Side of Palliative Care, presented by our Internal Chaplain. These initiatives ensured a comprehensive and interdisciplinary approach to palliative care, equipping staff with the necessary tools to provide compassionate, person-centered support.

Comment

Moving forward, we recognize the need to further integrate palliative education into daily practice, ensuring that learnings translate into enhanced resident care. We will continue to explore opportunities for hands-on training, scenario-based learning, and interdisciplinary case discussions to further strengthen our approach to palliative and end-of-life care.

Equity | Equitable | Optional Indicator

Indicator #3

Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Cawthra Gardens LTCR)

Last Year		This Year		
CB	**100**	**100.00**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Provide all staff with comprehensive equity, diversity, inclusion, and anti-racism education.

Process measure

- Number of staff completing educational and training sessions.

Target for process measure

- 100% of staff participation in education and/or training sessions.

Lessons Learned

The 100% completion rate of the online equity, diversity, inclusion, and anti-racism education module reflects strong staff engagement and a commitment to fostering an inclusive workplace. The flexibility of the online format allowed staff to complete the training at their own pace, ensuring accessibility and compliance. However, some staff expressed a preference for more interactive, discussion-based sessions to explore real-world applications.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Implement a comprehensive equity, diversity, inclusion, and anti-racism awareness program.

Process measure

- Number of themed events and attendance rate/participation.

Target for process measure

- Host and celebrate at least 12 events throughout the year.

Lessons Learned

We hosted 17 cultural events throughout the year, creating meaningful opportunities for residents, staff, and families to celebrate diversity and strengthen inclusivity. However, participation varied, with some events experiencing lower attendance due to various factors.

Comment

To strengthen our equity, diversity, and inclusion efforts, we are establishing a committee to oversee the program, improve event planning, and gather feedback to enhance participation and engagement.

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #1	**57.00**	**63**	**65.00**	**--**	**NA**
Dining Services- Percentage of residents who responded Strongly Agree to the statement: "I like the food here". (Cawthra Gardens LTCR)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

To improve the dining experience towards a more pleasurable dining experience for the residents.

Process measure

- % of staff attended the Sequence of Dining Service Education

Target for process measure

- 100% of all full time staff and over 75% of part time or casual staff will have attended the Sequence of Dining Service Education in 2024.

Lessons Learned

The implementation of dining service education, combined with ongoing dining audits, has strengthened staff knowledge to ensure a pleasurable and safe dining experience for residents. The 100% completion rate of online modules provided a strong foundation, while a completion rate of >70% for in-person sessions reinforced key principles and best practices.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Ensure at least 1 meal per month is chosen by residents at the Food Committee meeting.

Process measure

- # of meals per month that is chosen by residents at the Food Committee meeting.

Target for process measure

- 1 meal per month or minimally 12 meals per year will be chosen by residents.

Lessons Learned

Encouraging resident involvement in meal selection has enhanced engagement and satisfaction with dining services. Throughout the year, residents actively participated in food sampling sessions and provided feedback on seasonal menus, including selections for Oktoberfest, Halloween, Thanksgiving, and Christmas/New Year's dinners. These initiatives have helped ensure that meals reflect residents' preferences while maintaining dietary and operational standards. While participation in Food Committee meetings has been positive, ensuring a diverse range of voices and accommodating all preferences remains a challenge. Moving forward, we will continue to engage residents in menu planning, seek feedback through structured sampling sessions, and explore additional ways to enhance resident choice in meal offerings.

Change Idea #3 ☑ Implemented ☐ Not Implemented

To improve plating presentation to enhance the overall dining experience.

Process measure

- # of neighbourhoods where dishes and cutlery have been replaced.

Target for process measure

- 2 neighbourhoods will have new dishes and cutlery by the end of 2024.

Lessons Learned

Enhancing plating presentation through updated dishes and cutlery has contributed to a more appealing dining experience for residents. New plates, bowls, and dessert bowls were introduced, ensuring all tableware is free from wear and tear. Additionally, new tumblers were provided to each floor, and cutlery was replaced as needed throughout the home. These improvements have been well received by residents, contributing to a more dignified and enjoyable mealtime. Moving forward, ongoing assessments of tableware condition will ensure continued quality, and future replacements will be planned based on resident feedback and operational needs.

Comment

Moving forward, the home has implemented increased dining audits and supervision from the leadership team, and educational/training opportunities will be reevaluated based on audit trends to ensure continuous improvement in dining service quality.

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 1, 2023, to Sep 30, 2024 (Q3 to the end of the following Q2)	14.35	14.00	Home is currently significantly outperforming provincial average, but will continue to strive for improvement in this indicator.	

Change Ideas

Change Idea #1 Enhance Tracking and Analysis of ED Transfers

Methods	Process measures	Target for process measure	Comments
Continue utilizing a tracking tool to monitor and analyze ED transfers, identifying trends and areas for proactive intervention, including targeted education.	Percentage of ED transfer reviews completed and analyzed per month.	100% of ED transfers reviewed and analyzed monthly.	

Change Idea #2 Strengthen Proactive Medical and Interdisciplinary Interventions

Methods	Process measures	Target for process measure	Comments
1) Provide targeted education to staff on recognizing early signs of deterioration and managing conditions in-home to prevent avoidable transfers 2) Enhance communication with families to ensure a clear understanding of residents' health status, prognosis, and goals of care, supporting informed and shared decision-making.	1) Number of targeted staff education sessions initiated based on review findings per quarter. 2) Number of annual care conferences completed throughout the year, including discussions on goals of care	1) At least one targeted staff education session per quarter. 2) 100% completion of annual care conferences, including goals of care discussions.	

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the survey question "I am encouraged to build friendships with other residents."	C	% / Residents	In house data collection / Quarterly	75.00	77.00	Target performance aligns target for this improvement objective in home's internal CQI plan.	

Change Ideas

Change Idea #1 Encourage friendships among residents.

Methods	Process measures	Target for process measure	Comments
1. Implement more cultural programs to bring together residents with like-cultures. 2. Implement more home-wide special events to bring together residents from different home areas. 3. Joint staff/resident social events (i.e. euchre tournaments) where staff can facilitate discussions amongst residents.	1. Number of cultural programs/month 2. Number of home-wide special events/month 3. Number of joint staff/resident programs/quarter	1. At least one per month 2. At least one per month 3. 1/quarter starting in Q2.	

Change Idea #2 Connect more frequently with residents to gauge their satisfaction in this area.

Methods	Process measures	Target for process measure	Comments
Management to add resident touch-base to it's existing weekly Management Rounding Tool. Management team members will ask residents for their input on care and life in the home.	Resident responses to the annual survey question "I am encouraged to build friendships with other residents." We will do a quarterly review of weekly responses.	At least two residents per week.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the survey question "I like the food here."	C	% / Residents	In-house survey / Quarterly	65.00	67.00	Target performance aligns target for this improvement objective in home's internal CQI plan.	

Change Ideas

Change Idea #1 Improve satisfaction with food served in the home.

Methods	Process measures	Target for process measure	Comments
1. The home will do food tasting events for Resident Food Council. 2. More cooking from scratch/fresh foods vs pre-made foods.	1. How many tasting events/quarter. 2. How many meals/month.	1. At least one. 2. 25 soups and 30 desserts/month.	

Change Idea #2 Connect more frequently with residents to gauge their satisfaction in this area.

Methods	Process measures	Target for process measure	Comments
Management to add resident touch-base to it's existing weekly Management Rounding Tool. Management team members will ask residents for their input on care and life in the home.	Resident responses to the annual survey question "I like the food here." We will do a quarterly review of weekly responses.	At least two residents per week.	

Safety

Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	12.00	11.76	Home's performance is significantly better than provincial average. We will continue to strive for improvements and will target a 2% improvement for the coming year.	Achieva - Physiotherapy, Geriatric Mental Health Team, National Pharmacy, Occupational Therapist

Change Ideas

Change Idea #1 Strengthen Staff Awareness & Training

Methods	Process measures	Target for process measure	Comments
1) Conduct daily review of recent falls and utilize the falls workbook to analyze patterns. 2) Reinforce education on prevention strategies at shift changes. 3) Tailor educational sessions on identified trends.	1) Rate of fall reviews completed per month. 2) Number of fall-related huddles conducted per month. 3) Number of targeted education sessions conducted based on trend analysis per quarter.	1) 100% of falls reviewed daily. 2) Number of fall-related huddled conducted per month. 3) At least 2 sessions per quarter.	