

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 9, 2025

## OVERVIEW

AgeCare Parkhill Long Term Care Residence is a beautiful, welcoming home in rural Southwestern Ontario. We are located 20 minutes east of world famous Grand Bend, 30 minutes northwest of London, Ontario and boast a population of approximately 1800-2000 and growing constantly due to new housing initiatives. We are home to 64 family members that reside in two neighbourhoods of 32 members each.

AgeCare Parkhill was formerly known as Chartwell Parkhill and in September of 2023, we transitioned to the new ownership and became AgeCare Parkhill. We have successfully managed the transition over the past year. AgeCare corporate headquarters are in Alberta, Canada.

AgeCare Parkhill has maintained a Quality Assurance program with the support and collaboration of various team members and leads. We continue to facilitate each team meeting by starting off reviewing Mission, Vision and Values. We have nursing and non-nursing team leads to support the quality initiatives. The Quality programs are overseen by the Executive Director/DOC of the home. A Celebration and reflection of our Quality Assurance was the award of our CARF 3 year accreditation, which has been maintained each year. The CARF assessment for 2025 was completed in January 2025 and we anticipate receiving the 3 year accreditation once again. Our current Quality Leads are: K Wark, RN - BSO, Restorative, Imagine; A Morrissey, RN - Falls & Bed Safety, Quality Clinical RN, Pain & Palliative, Skin & Wound; J Turnbull and N Thachuk PSW - Continence Care Lead, Quality Team Member; N Wehring, RN - IPAC Lead; A Morrissey, RN & L Hearn & N Thachuk - JH&S ONA and

worker members.

A continued goal for AgeCare Parkhill is to increase the resident and family council participation. The resident council has been well attended and the family council continues to have limited members. Together, the councils and the home review the strategic plan, resident satisfaction survey results, food committee and many other aspects of life at AgeCare Parkhill. Each month, our Program Manager shares a newsletter with families and residents where we advertise for new members to join the family council.

AgeCare Parkhill has chosen the indicators of Reducing Emergency Department Visits, Reducing the number of falls in the home and Providing activities and programs that meet the interests of the residents as the goals to meet for the 2025/2026 year. This remains an active goal, carried over from 2024, as the goal itself was not fully met. For a full summary of the 2024-25 progress, refer to the QIP Progress Report.

Reducing ED visits is important to AgeCare Parkhill as we believe it is related to the quality of care our residents receive. AgeCare Parkhill is able to offer many services and skills at the home level that reduce the need for ED visits. We have access to mobile X-ray and ultrasound, weekly blood and EKG lab services, physicians accessible 24 hours a day, emergency onsite medications and CAPCE (advanced palliative education) trained nurses. The aim is to provide the care for the residents at the home level and maintain quality of care and prevent added stress and burden of ED visits on the resident and family. Staff continue to use their assessment skills and seek physician direction to maintain care in the home to the best of the homes ability. A factor effecting hospital transfers is

resident POA/SDM decision to transfer to hospital. Nurses continue to receive education around utilizing in home diagnostics and treatments and SBAR tools. The 2024 data shows an increase in the % of potentially avoidable ED visits. This may be attributed to inconsistent staffing. We will continue to work on this in 2025.

Reducing the number of resident falls at AgeCare Parkhill is another very important indicator that we would like to see improved. We have residents who fall frequently due to cognitive impairment and lack of insight related to their abilities. Even with fall interventions in place, falls happen and falls can lead to ED visits. The two indicators are correlated and an improvement in falls will lead to an improvement in ED visits. Last years change idea of 100% staff education received on fall safety and prevention was completed. The change idea of 100% of resident receiving Scott fall risk assessment with admission, annual and significant change has been met. Despite these two initiatives, the number of resident falls has did not see an improvement in the previous year which is why we are continuing to work on it again in 2025.

AgeCare Parkhill adheres to the Mission Statement to Create a home where residents are honored as individuals and where we provide the best quality of life experience with the support of team members and families. By providing programs and activities that meet the many interests of our residents, and offering resident lead programs, we can support them as individuals. When our residents are satisfied with AgeCare Parkhill, then we know we are meeting the mission and our residents are living engaged and fulfilled lives. Our last initiative for 2025 will be focused on improving overall resident satisfaction with a focus on offering activities that meet each residents' interest.

## ACCESS AND FLOW

AgeCare Parkhill is committed to supporting our residents across the care continuum and supporting provincial strategies to avoid unnecessary hospitalizations and avoid emergency visits. To support this initiative, our home has two physicians available 24-hours per day. We also continue to partner with Ontario Health West and VHA for wound care services that go beyond the scope of knowledge at the home. We are currently in the process of adding a chaplain to support resident transfers across the continuum of care and within our home.

Our home continues to enhance our internal programs to support resident care needs. In 2024 we provided palliative care education to our home staff and our families on goals of care and palliative approach. We provided customer service education to our staff through AgeCare Senior Management. Our internal BSO team continues to partner with the regional Geriatric Mental Health Outreach Team to support our residents living with mental health and dementia and our Infection Prevention and Control Lead collaborates closely with the regional IPAC Hub.

We have also implemented the use of technology to improve resident care. Our home partnered with acute care hospitals in a data sharing initiative AMPLIFI to improve communication between sectors and we continue to utilize eConnect / Clinical Connect to obtain valuable information about our residents' health history to support their plan of care. We also utilize an automated medication dispensing cabinet to aid in the dispensing of emergency medications. We are also excited to be introducing the PCC Skin and Wound Application this February 2025 as well. Technology has also

been implemented in the form of continued virtual calls and visits, a new zinnia app for resident engagement that can build on and support resident restorative care programs.

## EQUITY AND INDIGENOUS HEALTH

As part of our Local Service Accountability Agreement with the province, our home has ensured that all our managers and front-line team members have completed training related to Equity, Inclusion, Diversity and Anti-Racism and additional training on Indigenous Cultural Safety and Awareness. Our goal for 2025 is to continue education in both these areas for our newly hired front-line team members.

AgeCare Parkhill has developed a 3-year Cultural and Diversity Strategic plan. Our plan includes a focus on education and awareness for our team members and residents. As we are becoming more culturally diverse, it is important to be aware of the many cultures represented here.

To support awareness, our home frequently hosts social events such as resident themed meals focused on cultural traditions, special events that recognize various cultures, religious practices and diversity, staff cultural potluck lunches, and others. Our home also supports and respects the traditions and wishes of our resident population and will make community connections when able.

AgeCare Parkhill has attained the three year CARF accreditation, to be renewed in January 2025. The recommendations /action plan from the January 2025 assessment included completion of annual Contractor Performance appraisals and including the word "race" in the cultural and diversity policy.

## PATIENT/CLIENT/RESIDENT EXPERIENCE

At AgeCare Parkhill, we are committed to resident-centered care and optimizing care and services for our residents. We engage our residents and families by gathering their feedback and getting input into quality initiatives within our home. We have an active Resident Council, Family Council, and Resident Food Committee and we have a resident and family representative on our CQI Committee. We gather additional feedback from residents and families through these committees but also through open communication, auditing, concerns and compliments, and surveys. We also work with external partners and align with provincial objectives.

Our 2024 resident/family survey was completed in the summer of 2024 with results available in the fall of 2024. 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 and shared it with our Resident Council at their council meeting held November 21, 2024 and the Action plan was reviewed February 7, 2025 and our Family Council meeting held November 19, 2024 and the action plan was reviewed February 18, 2025. Our team members are to be updated on the results during the daily Team-Ups during the month of March 2025. The survey is also posted on our Communication board for all residents, families and staff to review.

Our resident overall satisfaction was 84% satisfied to the question “I am satisfied with my residence as a place to live” and 90% satisfied “I would recommend my residence as a place to live”. (Overall satisfaction of Strongly Agree + Agree=87%). Our home had the highest positive results related to being given the opportunity to enjoy the outdoors, I feel safe around those that provide me with care and support, and a four way tie of 94% for Age-care provided housekeeping is performed to my satisfaction, have trusting relationships with those who provide me with support/ care, satisfied with quality of services provided by AgeCare nursing team and staff members honor my personal preferences."

Our areas of opportunity were primarily related to dining services, specifically related to variety in the menu and food satisfaction, being offered programs of interest and communication of plan of care.

Resident satisfaction results by service area included:

Environment: 93% Satisfied

Staff: 87% Satisfied

Nursing: 91% Satisfied

Programs and Activities: 74% Satisfied

Residence Management: 81% Satisfied

Dining Services: 71% Satisfied

Resident overall satisfaction is 87% in all areas.

With input from the residents and families, our CQI Committee has determined that Programs of Interest will continue to be a focus in 2025 with action plans aimed at providing more individualized programs to meet our resident needs and to increase resident involvement. The other focuses for our 2025 CQI plan will align with

the provincial focus on decreasing ER transfers and the reduction in the number of resident falls.

Our CQI Committee continues to monitor the plan and will make adjustments to the plan based on outcomes. Outcomes of the 2024 CQI plan were also reviewed at this time. CQI continues to meet quarterly in conjunction with PAC and IPAC. Our final plan will be shared with our councils, posted in the home and is also available on the website.

Some additional initiatives that have been implemented in our home to improve our resident experience include providing meaningful engagement. We are recruiting for a resident IMAGINE Ambassador, we would like to initiate a resident-led welcome team for new residents moving in, we would like to involve our residents in making daily announcements, and we would like to resume the practice of including residents in our interviewing process for PSW's.

We have been able to add the services of Hear Canada, a hearing testing service, free of charge for the residents on a bi-monthly basis and this has been a positive for the residents

## **PROVIDER EXPERIENCE**

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 are "satisfied" with the satisfaction survey questions.

Our 2024 survey was distributed through an online portal. Our

employee overall Satisfied was 69% 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 job satisfaction, coworker partnerships, and leadership support. Our areas of opportunity for improvement include communication, feedback and recognition. Our home shared the results of the Employment Engagement survey with our staff during Team-Ups in November and asked for input and ideas to address some of the opportunities listed.

The home has struggled with staffing since the Covid-19 Pandemic and as such, an unprecedented ratio of agency support staff has been utilized over the last 2 years. This instability has effected the overall staff satisfaction with the home and as a result, the leadership team is placing recruitment and retention and improved satisfaction at the top of its action plan. To address some of the human resource challenges, our home continues to partner with various colleges and universities for student placements, a referral program was initiated, and our corporate organization has employed a dedicated recruitment team to assist our home in our recruitment efforts.

We recognize the need to support our team members as a retention strategy. Some of the ways we support our team would be through our recognition program and events, daily Team-Ups where two-way conversation is encouraged, and having an Employee Family Assistant Program available when needed.

## SAFETY

The safety and security of our residents is paramount. Residents strongly agreeing to feeling safe and secure was one of our best indicators in our resident survey, at 100%. Our home has a robust process for responding to resident safety events which includes incident reporting, analyzing safety events and developing individualized safety plans. We also track and trend safety events with the use of Point Click Care, Workbooks, and Emerging Issue Reporting. Our inhouse quality teams and our corporation analyze our data and look for opportunities to improve practices or implement changes to prevent future safety events.

Our home has been able to implement changes or purchase additional equipment/ technology with Ministry funding initiatives. We have increased our Falls Prevention resources by purchasing additional alarms, fall mattresses, hip protectors and wander gates. We have a fully functioning Automatic Drug Dispensing Cabinet for Emergency Drugs and we have upgraded our electronic medication management module in PCC so that we can explore additional technologies in the future to support safe medication practices. We also partnered with pharmacy to initiate electronic medication incident reporting which has increased our ability to trend medication incidents and look at root causes with more advanced reports. We have also completed the medication safety assessments as required on an annual basis. We are seeking to take advantage of educational opportunities for our team members such as Infection Prevention and Control credentialing for our IPAC Leads, Advanced Wound Care Training for our Skin and Wound Leads and IMAGINE training for leadership and front-line team members to name a few.

Our corporation has recently added a Safety Alert/Notification process to our safety event process. Alerts or notifications are shared across the organization in response to a safety event in one home that has the potential to affect another home. We use these notices to look at our own processes and to educate our team members on risk and prevention.

As mentioned previously, our 2024 focus was on fall prevention. Our team members were educated on purposeful rounding which involved focusing on anticipating and meeting resident needs during each interaction. We also focused on ensuring the 4 P's of Fall Prevention were met with our interdisciplinary team to prevent a future fall with individualized fall prevention strategies. Another component of safety is to ensure all staff are completing the Mandatory Annual Education via Surge, which includes, but is not limited to AgeCare Policy and Procedure, Ministry Regulations, Occupational Health and Safety, Workplace Violence, Abuse and Prevention Reporting. Additional non-surge education opportunities are provided and supported from corporate and noncorporate levels.

AgeCare Parkhill also utilizes external supports from BSO, BRT and GOT to support the cognitive challenges faced in the home. These organizations provide the home with front line, registered and family support to manage ongoing personal expressions for those living with dementia or other cognitive diseases.

## PALLIATIVE CARE

With the introduction of the Fixing Long Term Care Act in 2021, our organization revisited the Palliative Care Program. The organization partnered with CLRI to look at the gaps and areas of focus which

might enhance our program.

Goals of Care discussions are a focus when residents move-in and are revisited with significant changes to health and annually. The Goals of Care discussions outline residents wishes related to their care and treatment goals. In 2025, the Goals of Care template will be simplified and more aligned with some of the concepts that are being supported through the PoET initiative.

Our home has a robust interdisciplinary palliative care team. The team focuses on all domains associated with a palliative approach to care. Our home has a social worker who supports the spiritual needs of our residents or connects them with external partners where needed. The home is currently recruiting a chaplain to provide additional support for the resident and families, especially during the palliative phase. The entire team (clinical, dietary, programs and environmental) is educated on the palliative approach to care through our Surge Learning platform and through in-person education. Our program includes but are not limited to, the use of palliative care carts, family and caregiver accommodation at end-of-life, pain and symptom management, education for families and residents around goals of care, end-of-life and bereavement, and emotional support for residents, families, and staff.

We continue to partner with external organizations with expertise in palliative care and end-of-life programs such as the Palliative Care Network, Palliative Pain and Symptom Management Consultants, and CLRI. We also have staff who have taken the Fundamentals of Palliative Care program, Comprehensive Advanced Palliative Care Education (CAPCE) program, the LEAP program, and

other Palliative Care education through colleges and universities.

All staff support residents throughout their journey and at end-of-life. We honor and respect our residents. A butterfly is placed at the door of our residents who are passing so that residents and staff are aware and have the opportunity to visit. Once our residents pass, our team holds an honor guard as each resident leaves the home, and we place a memorial picture and flower in a prominent picture for their friends and co-residents. Twice a year the program department holds a celebration of life service for all the who have passed the previous six months. The home is able to utilize various members of the clergy (any denomination) to support the resident and family during the end-of-life phase.

## **POPULATION HEALTH MANAGEMENT**

Our organization is not part of an Ontario Health Team but we work very closely with our external partners on proactive approaches to meeting the needs of our population. Our home partners with the Home and Community Care Support Services, rebranded to Ontario Health West to review applications for appropriate placement. Our home has been able to support more complex care needs with the support of education and equipment provisions (Tube feeding, tracheostomy and suction care). We have utilized external supports such as the Community Visiting Nursing to assist with capacity building and to support complex care needs such as IV therapy, central line care, and others.

We also have several internal programs that are supported by allied health care professionals that aim to promote health for our residents. Some of our partners include Physiotherapy, Occupational Therapy, Registered Dietitians, Pharmacy Consultants,

Social Work, Multigen Mobile Dental Clinics, Hear Canada and Specialized Foot Care Nursing. Each allied health team member brings expertise and suggestions on how to support our LTC population.

Our home has several external partnerships which support the complex care needs of our residents. We work closely with our local Public Health team and the IPAC Hub in partnership to support the home with Outbreak and Case Management. We also partner with the Geriatric Mental Health Outreach Team through Parkwood to support residents with reactive personal expressions. We have access to pain and palliative care specialists, nurses with advanced wound care training and other specialists. We also have access to virtual care platforms for advice or consultations.

Several of our team members participate in local communities of practice such as FLAG and OHW meetings where regional focuses are discussed and planned, Public Health forums, and forums with other managers in similar roles. Our organization maintains its membership with OLTCA and we have corporate membership on the various committees that look at population health and advocacy for our sector.

## **CONTACT INFORMATION/DESIGNATED LEAD**

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## 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 9, 2025**

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**Lisa Smith - Director Regional Operations**, Board Chair / Licensee or delegate

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**Tania Taylor**, Administrator /Executive Director

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

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**Cara VanMassenhoven - ADOC**, Other leadership as appropriate

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