

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 13, 2025

OVERVIEW

AgeCare Royal Oak is a 160-bed long-term care home located in Kingsville. Our AgeCare mission is 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.” Our vision is to “Transform and lead quality, services, and innovation in the publicly funded long-term care sector in Canada.” Our values and guiding principles focus on trust, respect, quality and teamwork.

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 home was focused on three key areas: (i) Reducing ER Transfers (ii) Improving Resident Satisfaction in the area relating to pleasurable dining and (iii) Equity, Diversity, Inclusion, and Antiracism education for our front-line team members to align with

the provincial objectives. We were able to reduce ER transfers by 4.7% with Nurse Practitioner support, early identification of changes in condition and clinical support of complex care needs such as IV therapy, advanced wound care, and infection management. Clinical Leadership education was completed for some of our full-time registered staff which was geared towards clinical assessment. All staff completed the Diversity and Indigenous training in our Surge Learning platform. This will be our basis for enhancing awareness and building out our internal programs and processes. Our home was focused on pleasurable dining but unfortunately, we did not meet our targeted goal. We did introduce some key initiatives in 2024 such as monthly themed meals, pleasurable dining education, and plating with pride for our dietary staff.

For the upcoming year, our CQI Committee has prioritized the following areas: (i) Reducing ER Transfers as our goal is to be below the provincial average (ii) Percentage of residents who have fallen in the last 30 days, and (iii) Improving Resident Satisfaction in the area relating to pleasurable dining as we did not meet our target goal in 2024.

ACCESS AND FLOW

Our home is committed to supporting our residents across the care continuum and supporting provincial strategies to avoid unnecessary hospitalizations and avoid emergency visits. Our home has the support of a full time Nurse Practitioner through the Ministry initiative. We also continued to partner with the Nurse-Led Outreach Program in our region for Nurse Practitioner support. We have a full time Social Worker for services to support resident transfers across the continuum of care and within our home. With

the additional Ministry funding for 4 hours of care, our home was able to enhance our PSW, Recreation Staff and Registered Staff complement. Our Music Therapy Program was increased to 4 days/week with 5 groups sessions and 20 one to one sessions held weekly and two acoustic café sessions/month for residents to increase their socialization through music, movement and reminiscing. We also hired a full time Resource Nurse who will help support our residents and family members with our move in process, this position works with Ontario Health at Home to welcome resident to our home. In addition to initiating the assessments, this role follows our new residents for 6 weeks through to the Initial Care Conference. The introduction of the Resource Nurse will allow our Social Worker to focus on providing enhanced 1-1 support for our residents. We have also hired two full time PSW Coordinators to assist with hiring/onboarding of new PSW team members, education for front line team, audits in the home to support resident care and IPAC measures. We have plans to add a full time Clinical Coordinator who will help support our nursing team with quality improvement and care initiatives. Our Wound Care Nurse has obtained Advanced Wound Care Certification and supports our clinical team two days/week with wound care audits.

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. We had 2 PSW staff enroll in the U-First training. We also had another 15 staff participate in the AgeCare IMAGINE program which focuses on supporting residents living with dementia, making meaningful relationships with families and providing front-line team members with leadership skills. Our home has a full time Infection Prevention and

Control Lead that has advanced education in IPAC and collaborates closely with the regional IPAC Hub.

We have also implemented the use of technology to improve resident care. Our home continues to utilize AMPLIFI and eConnect/Clinical Connect to obtain valuable information about our residents' health history to support their plan of care. We also utilize additional technology to support resident care and services with external partners such as Life Lab Portal, CareRX Portal, STL Imaging portal, Vitalaire website, and others. Our Recreation Team has recently added several new programming tools with enhanced technology to engage and stimulate our residents. The Mobii is an Interactive Sensory Projector where residents can engage with various games and scenes on a tabletop or floor. It is designed for people living in long term care and includes videos that cater to all levels of cognitive abilities. The iN2L is a portable large screen computer that connects to the internet for use with countless web-based applications and houses a plethora of interactive options on the touch screen such as games, music, television shows, trivia, cognitive games and more. Our team has also introduced inmu, a revolutionary multisensory technological cushion designed to offer a unique experience to users. Designed to bring well-being to people living with cognitive impairments, these cushions allow residents to be engaged in music, rhythm and movement, relaxation and move based on their own experience with the cushion. A Snoezelen Cart has been introduced to allow our teams including Recreation and BSO to offer opportunities for creating a calming environment in either a resident room, or to assist with easing stress in a spa room.

Our clinical team, including our Resource Nurse and Social 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

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 use this knowledge to enhance programs and services offered to our residents that respect their individuality.

Our home 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.

To support awareness, our home frequently hosts social events such as resident themed meals focused on cultural traditions, special events that recognize various cultures such as involving residents in baking or cooking cultural recipes to try, religious practices and diversity. Our home also supports and respects the traditions and wishes of our resident population and will make community connections where able. A Guest Speaker provided education to our front-line team in November with focus on inclusion and diversity. Our Leadership Team has completed Indigenous Cultural Safety and Awareness training through CLRI. We have invited members from Caldwell Grant First Nations to visit our home and provide education on Truth and Reconciliation and demonstrate traditional dances and customs. The home has sought to recognize and bring awareness to specific days such as National Indigenous Peoples Day, National Day for Truth and Reconciliation and Pride Day to name a few.

PATIENT/CLIENT/RESIDENT EXPERIENCE

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 additionally gather 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 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 12, with Family Council for their meeting held on November 20th. Our team members were updated on the results during the daily Team-Ups the week of November 11th. Our resident overall satisfaction was 63% 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:

Programs – 83%

Nursing – 82%

AgeCare Staff – 79%

Environment – 79%

Residence Management – 68%

Dining Services – 67%

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 variety in the menu and food satisfaction.

With input from the residents and families, our CQI Committee has determined that Dining will continue to be a focus in 2025 with action plans aimed at improving satisfaction with food quality and variety in menu options. 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 were shared with the Resident Council on February 18, the Family Council on February 26, Team-Ups the week of February 24. 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.

Some additional initiatives that have been implemented in our home to improve our resident experience include providing meaningful engagement. The addition of a Resource Nurse to assist with the move in process including follow-up through the first 6 weeks has resulted in consistent oversight and a point person to build rapport and provide support to our residents. Expanding our Music Therapy Services has resulted in 10 additional 1-1 sessions for our residents to maintain their connections with music, song and memories. We have added two PSW positions from 10am-6pm with a focus on our Imagine Program Values to support our residents with expressions or who may benefit from having increased time for care needs. The addition of 2 FT Recreation Team members has allowed for daily coverage of programs in our secured neighbourhood and additional activities to support our varied interests of our residents. Volunteer opportunities have been provided to a resident to assist with helping daily in our Leggett's Store. Our Imagine Consultant provided Customer Service Training for 96 of our team members to reinforce the importance of our interactions with residents, families and friends and creating a memorable experience every day.

PROVIDER EXPERIENCE

Each year, our organization distributes an Employee Engagement Survey to our staff to obtain a pulse check on their satisfaction with our 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 44% 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 include workload, communication, and recognition. 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.

To address some of the human resource challenges, our home continues to partner with various colleges and universities for student placements, we have hosted Internationally Educated Nurses through the SPEP program, and we have hosted PSW students through the Ontario Health PSW initiative. Our corporate organization has a referral program and 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. We have also added a Leadership component as part of the IMAGINE program. In 2024, members of our Leadership Team participated in Working Minds – a full day course with focus on wellbeing and mental health. While the home has partnerships with many

Agencies to complement our staffing, we have been able to reduce with the successful hiring of team members. An employee referral incentive program continues to be a successful initiative for our front line team to recruit team members. Our Leadership Team mailed out Birthday Cards to our team through 2024 and received favourable feedback from this initiative. In early 2025, we reintroduced our Wow Program with a Living Our Values recognition program where individuals in the home are recognized by their peers and have the opportunity to be entered into a corporate recognition program. All our meetings have a focus on WOW and Gratitude recognitions of our team members.

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. 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 in-house 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 raised edge surfaces. We have a fully functioning Automatic Drug Dispensing Cabinet for Emergency Drugs, we have upgraded our electronic medication management program to enable further enhancements

to medication safety and we complete the ISMP Medication System Safety Assessment annually with our Pharmacy partner to identify further opportunities. We partner with pharmacy with electronic medication incident reporting which increases our ability to trend medication incidents and look at root causes with more advanced reports. We have also taken advantage of educational opportunities for our team members such as Infection Prevention and Control credentialing for our IPAC Lead, 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 provides Safety Alerts/Notifications 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.

In 2024, our organization initiated the Health Connex IPAC and Quality Application. This will enhance our ability to track and trend KPIs based on internal audits. The Health Connex application will be furthered enhanced in 2025 with additional audit tools that focus on clinical programs, occupational health and safety and IPAC.

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 chaplain who supports the spiritual needs of our residents or connects them with external partners where needed. 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 several 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. In addition to palliative carts available within the resident room, we have a reclining lounge chair that can be placed in the residents room and we offer our stay over suite for loved ones to remain close during their journey. Once

our residents pass, a white dove is placed on their door to let our team know of their passing, an honor guard is held as each resident leaves the home with options to personalize music selections. A memorial recognition is located at reception along with a light angel to honour their passing. Our Pastoral Team offers a Memorial Service two times/year to remember our residents. Family/friends are invited to attend along with our residents and team members, a keepsake memory stone is provided families/friends.

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 Ontario Health at Home to review applications for appropriate placement. Our home has been able to support more complex care needs with the support of additional funding for equipment, technology and staffing. We have utilized external supports such as the NP Stat program 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 and others. 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 with Trillium Hospital to support the home with Outbreak and Case Management. We also partner with the Geriatric Mental Health Outreach Team through Ontario Shores 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 Regional Health 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

Pam McDonald, Executive Director

Email: Pam.McDonald@AgeCare.ca

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 13, 2025**

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

Pam McDonald, Administrator /Executive Director

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

Jillian Comartin - DOC, Other leadership as appropriate
