

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 14, 2025

OVERVIEW

AgeCare Wenleigh is a 161-bed long-term care home located in Mississauga. 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.

For 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) Reducing Antipsychotic Usage without a Diagnosis of Psychosis. We were able to reduce ER transfers by 2%

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. 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 additional information on our initiatives, please refer to the Progress Report.

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) Reducing Antipsychotic Usage without a Diagnosis of Psychosis, 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 (NPSTAT) for weekend and after-hours support in the absence of our Nurse Practitioner. We have added additional Social Service Worker 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 and Registered Staff complement. We

additionally had a few of our registered staff participate in external Leadership and Clinical Skills training and we had several internal educational sessions to support clinical practice such as Wound Care, Pain Management and IV infusion.

Our internal BSO team continues to partner with the Regional Geriatric Mental Health Outreach Team and the Alzheimer's Society PRC to support our residents living with Mental Health and Dementia. We also had additional 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 has partnered with Trillium Health for Virtual support. This Program provides rapid access to hospital services including a same or next day virtual visit with a General Medicine Internist (GIM), GIM consults, and expedited access to diagnostic imaging. 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 LifeLab Portal, CareRX Portal, STL Imaging portal, Vitalaire website, and others.

Our clinical team, including our Social Service Worker working collaboratively with Ontario Health at Home to determine appropriate placement of 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 stay 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. An initiative that the home started in 2024 was to include the land acknowledgement before all team meetings and this was also adopted by our Family Council.

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. Multicultural Days and events are recognized such as Black History Month, St. Patrick's Day, Robbie Burns Day, Caribana, Cinco De Maya, Diwali Celebration and Hanukkah. Wenleigh celebrates the various traditions so that residents and staff will be able to understand and appreciate our various cultures and contributions. We also provided education at team-ups around the National Day of Truth and Reconciliation to bring further awareness to our team members.

Agecare Wenleigh reflects the richness of diversity in our Person Centered Care philosophy. Cultural and ethnic preferences and wishes are reflected in activities of daily living including: menu and food choices; celebrations; and activity programming. Our Home continues to focus on the diverse preferences of residents in terms of food choices that are acknowledged and provided, particularly during holiday periods. A variety of activities are offered that cater to the diverse choices of residents, including community outings, seasonal socials, holiday celebrations, decor, music, and crafting styles.

Our home also supports and respects the traditions and wishes of our resident population and will make community connections that are available. As part of resident-centered focus care our Home continues to individually assess to develop and implement an appropriate nutritional care plan, including during the admission process, resident's food preferences and significant dislikes that include religious and cultural food preferences. Provide additional support to family members. Encourage social service worker to assist family with coping skills. Encourage family members to be involved in delivery of care for their loved one. Social Worker meets with the families and depending on residents culture and religion, reaches out to the church if there is a need to try to reach out for them to have spiritual support.

Furthermore, the promotion of cultural diversity is actively fostered through the recruitment and hiring of a diverse workforce. All job applications are approached with an open-minded perspective, and candidates are selected based on their qualifications and abilities. Our commitment to diversity remains a cornerstone of our

organizational ethos, recognizing that our team members hail from various backgrounds and are fluent in multiple languages. This diversity serves as a significant asset, particularly in addressing the needs of the residents we serve, effectively reducing language barriers and enhancing our ability to provide inclusive and culturally sensitive care.

Gender and Sexual Orientation are self-identified as appropriate and respected across the target audience. Staff support with identity transition and supporting with residents mindset when required. Residents are supported to meet their wishes regarding gender identity and sexual orientation.

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 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 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 December 13th and our Family Council meeting held December 20th. Our team members were updated on the results during the daily Team-Ups the week of December 19th.

Our resident overall satisfaction was 93% 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 – 90%
- Environment – 75%
- AgeCare Staff – 93%
- Programs and Activities – 93%
- Residence Management – 92%
- Dining Services – 59%

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 served.

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 Antipsychotic Usage without a Diagnosis of Psychosis.

The 2024 CQI plan outcomes and the 2025 CQI objectives and action plan were shared with the Resident Council on Feb 12th, the Family Council on Feb 19th, Team-Ups the week of Feb 18th. 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.

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 "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 54% 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 expectation, work that supports the mission, and enjoyment in the work they do. Our areas of opportunity include equipment and supplies, recognition and feeling valued. The transition to AgeCare in late 2023 may have impacted our employee engagement outcomes as systems were changed and team members were

learning and implementing new processes. 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 late 2024, we reintroduced our WOW 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. Once our residents pass, our team holds an honor guard as each resident leaves the home. A Memorial service is held twice yearly where residents, families and staff attend to honour residents who have passed.

POPULATION HEALTH MANAGEMENT

Our home is part of Ontario Health Central/Mississauga Health Team sharing proactive approaches to meeting the needs of our population including update on activities/initiatives happening in Central Region such as funding policies and opportunity for LTC connection and partnership.

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 Halton Region to support residents with reactive personal expressions as well as the Alzheimer Society supporting our BSO team. 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 the 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 14, 2025**

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

Cecile Carrol, Administrator /Executive Director

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

Claudette Coward-Smith - DOC, Other leadership as appropriate
