

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 1, 2026

OVERVIEW

AgeCare Aurora is a 176-bed long-term care home located in Aurora, Ontario. We provide Long Term Care for 170 residents and offer 6 Convalescent Care beds (which re-opened in December 2022). The building consists of 5 Resident Home Areas (RHAs) with two 32-bed units and the remaining beds spread out over 3 Home Areas that were originally built 51 years ago (1975). Capital redevelopment is planned for those beds that do not meet current design standards. Our resident population is varied in age and level of care requirements.

As a CARF Accredited LTC Home, we strive to provide person centred care and a welcoming and safe environment that mirrors Age Care's Mission to "Create a home where residents are honoured 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.

To prepare for our QIP we utilized feedback from our Resident & Family Satisfaction Survey, Employee Satisfaction Survey, Resident Council, Family Council, MoHLTC Inspections, Quality Indicators, Resident Care and Professional Advisory Committee. What resulted was a clear focus that our overarching theme is "Let's Make It Personal". We plan to continue using this focus as a guide for all of our decision making, planning and implementation of initiatives as we embark on moving from an institutional model of care to a social model of care.

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, Physiotherapy Team 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 the home's 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 Huddles and Town Hall meetings with staff members, and is posted on our home website. We continuously monitor all action plans, make adjustments and provide updates to all as needed.

In 2025, 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 had an increase in ER transfers by 11% due to more complex residents moving into the home and long time residents deteriorating. Our Nurse Practitioner continues to work with Staff and families to provide and support early identification of changes in condition, goals of care discussions 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. Through all our communication huddles, use of email technology software (Hubspot), Town Halls and conversations with Residents and Family Council, we saw an increase awareness of processes, policies, risk identifiers and satisfaction.

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. We are hoping to increase the overall Quality of Life for our residents.

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 (NLOT) in our region for Nurse Practitioner support. Early recognition of resident status decline and prevention of injuries from falls are pivotal strategies in reducing ED visits. The Home will continue to comprehensive screening and monitoring so we can identify at risk residents before an adverse occurrence takes

place. The Home implemented the LTCF Inter RAI program in 2025 and will continue to use PCC/POC software to report resident status changes to provide indications of timely reassessments and guide proactive interventions. Our Physiotherapy team will continue to work closely with the Nursing Team to help residents improve their strength and balance and a focus on restorative programs will take place. The use of FRS (Fracture Risk Scale) will increase the monitoring of residents by NP, MD and PT.

We continue to have a full time Social Worker to support resident transfers across the continuum of care and within our home. 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 another 12 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. In 2026, the AgeCare Corporation is launching a new IMAGINE program that will include train the trainer with champions in our home and a direct focus on the home and its residents. 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. This information has increased the home's knowledge of our residents and we were able to build our "All about Me's" for each resident in

their rooms to share with the staff. We continue with Multidisciplinary Care Conferences and Goals of Care discussions as needed. 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. We utilized our Local Priority Funding to purchase equipment to enhance our residents end of life experiences and Nurses toolbox of items.

Our clinical team, including our 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 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 frontline 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 2026 is to use this knowledge to enhance programs and services offered to our residents that respect their individuality. We want to ensure our staff have training in cultural competency and humility so they can provide respectful and effective interactions with residents while providing care and services.

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, 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 were able. We want to enhance our residents and staff experiences through meaningful engagement and interactions while embracing each persons unique journey. Our Home will continue with our “Living our Values” program that focus on resident first and being person centred.

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 feedback from residents and families through these committees but also through open communication, auditing, concerns and compliments, Town Hall Meetings and surveys. We also work with external partners and align with provincial objectives.

Our 2025 resident/family survey was completed July 7th to 25th, 2025. Residents who required assistance with survey completion were supported by volunteers or a family member. Our survey was changed in 2025 and focused on 11 smaller key areas to gain additional insight into satisfaction in the various areas.

We have a few new categories which hadn't been measured in previous years such as IPAC and Contracted Services and we broke out key areas into the smaller categories such as Environment and Housekeeping and Laundry.

We received our results in September of 2025 and shared it with our Resident Council at their council meeting held October 29th, 2025 and our Family Council meeting held September 24th, 2025. Our team members were updated on the results during the daily Team-Ups the week of October 13th and November 19th as well as a Town Hall Meeting held with staff on November 29th

Our resident overall satisfaction was 75% which was an increase from 68% in 2024 and relates to the four questions “I am satisfied with my residence as a place to live”, “I would recommend my residence as a place to live”, “This home/community feels like home to me” and “I feel part of this community”.

Satisfaction by Domain was:

IPAC (This domain is new) 76%
 Environment 87% (decrease of 3%)
 Communication 68% (Stable)
 Dining Services 70% (increase of 5%)
 Your Care Team 79 % (increase of 3%)
 Privacy and Choice 78% (increase of 4%)
 Safety (This domain is new) 88%
 Contracted Services (This domain is new) 70%
 Housekeeping and Laundry 82% (increase of 14%)
 Recreation 77% (increase of 7%)
 Overall Satisfaction 75% (increase of 7%)

Our home had the highest positive results related to safety (88%), Environmental (87%) and Housekeeping/Laundry at 82%. Comments reflect the highest rates in the questions of Team members are friendly, kind and caring, this home feels like home to me, Team members explain things to me in a way I can understand, the home feels safe and secure and I feel safe when I am alone.

Our areas of opportunity were Communication (68%), Dining Services (70%), and Contracted Services (70%).

With input from the residents and families, our CQI Committee has determined that increased Communication within the home and Dining Experiences will be the focus in 2026 with action plans aimed at improving how the home communicates and shares information and the satisfaction with the pleasurable dining experience through food quality and variety of menu options and the overall

atmosphere. This was reviewed and agreed upon by Resident and Family Council at their meetings. Pleasurable dining action plan items were discussed with the Resident Food Committee in Dec 2025 and ideas re themed meals, resident choice meals and atmosphere were discussed for implementation.

The other focuses for our 2026 CQI plan will align with the provincial focus on decreasing ER transfers and reducing Antipsychotic Usage without a Diagnosis of Psychosis.

The 2026 CQI plan outcomes and the 2026 CQI objectives and action plan were shared with the Resident Council on Dec 21st 2025 and January 21st 2026, the Family Council on Jan 28th 2026, Team-Ups the week of Jan 12th and 19th, 2026 with Town Hall meetings to come. 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. We have a Resident Council member who continues to run our tuck shop, a IPAC Ambassador who helps with resident hand hygiene, we have a resident-led "Howdy Do Crew" welcome team for new residents moving in, and we continue to have residents included in our interviewing process for PSW's and Support Staff. Our active Food Committee hosts meetings monthly and encourages Resident Choice meals and input into the rotating menu.

Additionally, our focus in 2026 is around making connections with

residents and families and we started our first Family Onboarding/Orientation sessions for new families which gave them a more in depth understanding of the long term care environment in which there loved one lives. The onboarding sessions include information about LTC in general, department and program specific information and tours of the home including behind the scenes such as the kitchen and laundry services. We have also engaged our Worker to have meaningful touchpoints with new residents and their families for the first 6 weeks of their move-in to answer any questions and to help with adjusting. Feedback has been positive.

PROVIDER EXPERIENCE

Fostering an inclusive work environment where every team members feels valued, heard and seen is at the fore front of our staff experience. By building a stronger, more dedicated team we can face complexities of the LTC sector together. 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 2025 survey was distributed through an online portal from August 4-22, 2025.

Our employee overall employee engagement score was 33% 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 and matching skills and abilities, and work contributing to AgeCare’s mission and core values while having clear understanding of one’s work. Our areas of opportunity include communication with Leaders, workload, opportunities to grow and learn and recognition. Our home shared the results of the Employment Engagement survey with our staff during Team-Ups and a Town Hall meeting in November 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 SPEG 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 encourage our staff to enjoy their workplace through fun events, special recognitions and empowering learning opportunities. We have also added a Leadership component as part of the IMAGINE program. In 2025, we reintroduced our WOW recognition “Living our Values” 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 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 by purchasing 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 2 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 2025, our organization initiated Medication Administration Scanners as part of the Medication Safety initiatives. In 2026 we will look to implement the use of the Elfea Watch which has a built in GPS tracking system which can be used for residents who are at high risk of elopement.

AgeCare Aurora promotes a safe environment by enforcing a zero tolerance for abuse policy, Whistleblower policy and ensuring our indoors and outdoors are safe. The Home investigates and takes all concerns seriously about violence, bullying, harassment in a non judgmental, person centered fair approach and works closely with MOL and our internal JHSC. Ongoing training on Emergency Codes are completed annually and with all shifts. These include Code White, Black and others. The Home completed monthly Fire Drills and routine evacuations drills with our local Fire Department to practice Emergency Preparedness.

In 2026, our organization initiated a KPI tracking system that works closely with Our Health Connex IPAC and Quality Application. This will enhance our ability to track and trend KPIs based on internal audits.

PALLIATIVE CARE

Our organization is proud of our palliative care program. The program is embedded in the establishing a palliative approach to care focused around the resident's values, beliefs and wishes.

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. Goals of care are reviewed whenever a resident's health status changes or minimally annually during interdisciplinary care conferences. Goals of care discussions include all domains and consider the resident's cultural and spiritual preferences. In 2025, the home met our goal to enhance these discussions with families in a more proactive resident focused way and continue to be 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 external partners who supports the spiritual needs of our residents or connects them with additional 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, local hospices 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. The home will continue to partner with our NLOT team to enhance our palliative care program.

All staff support residents and their families throughout their journey and at end-of-life. We honor and respect our residents. Families are invited to stay with their loved one at end-of-life. 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 resident passes, our team holds a "Code Butterfly" honour guard as they leave the home. We hold quarterly Memorial Services to celebrate our residents lives with their families and place a plaque with the residents name on it on our Celebration of Life trees/wall.

POPULATION HEALTH MANAGEMENT

Our Home is part of an Ontario Health Team Committee and we continue to work very closely with our external partners on proactive approaches to meeting the needs of our population. Our Home attend monthly committee meetings with the OHT team.

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 Southlake 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 the look at population health and advocacy for our sector.

This year we have started to partner with the Emergency Medical Services to provide in home assessment and treatment recommendations which will support a reduction in unnecessary ER transfers. We have also been engaged in utilizing virtual health consultation platforms for wound care and responsive behaviour management.

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 1, 2026

Candace Lanthier - DRO, Board Chair / Licensee or delegate

Rachel Smith - Quality Lead, Administrator /Executive Director

Marcia Hamilton - DOC, Quality Committee Chair or delegate

Barbara Murphy - Sr. Director, Other leadership as appropriate
