

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 6, 2026

OVERVIEW

Care Aylmer is a 64-bed long-term care home located in Aylmer. 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 Council, 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 plans are shared at Resident Council meetings and family meetings, Team-Up meetings with staff members, posted on our home website.

In 2025, our home was focused on three key areas: (i) Reducing avoidable ER Transfers (ii) Improving Resident Satisfaction in the area relating to enjoying the meals served in our home and (iii) Decreasing the number of residents that fell. We were able to

reduce ER transfers by 9.9% with NLOT 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 focused on improving residents' enjoyment of the meals served in our home which led to an improvement of pleasurable dining by 35.29%. Some of the strategies that led to this success were related to developing a Menu Review Committee and regular baking programs.

For the upcoming year, our CQI Committee has prioritized the following areas: (i) Reducing ER Transfers with our goal set to meet the provincial average (ii) decreasing the number of residents experiencing falls to meet the provincial average, and (iii) Improving Resident Satisfaction in the area our home appearing to run smoothly. Our focus on reducing resident falls has the potential to decrease resident trips to the ER, decrease skin impairments and overall improve quality of life for our residents. Our focus on "our home appearing to run smoothly" will help our residents and families to have enhanced confidence in the care and services we provide in our home.

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 RN through the Nurse-Led Outreach Program. We have the support of a Social Worker 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 also hired a full-time Associate Director of Care who will help support our nursing team with quality improvement and care initiatives.

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 plan to focus on continuing to train our team in our IMAGINE program which is a program which focuses on supporting residents living with dementia, making meaningful relationships with families and providing front-line team members with training to enhance their leadership skills. Our Infection Prevention and Control Lead is one of our full time nurses that has advanced education in IPAC and collaborates closely with Southwestern Public Health.

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 LifeLab Portal, CareRX Portal, STL Imaging portal, Vitalaire website, and others.

Our clinical team works collaboratively with Ontario Health at Home to determine appropriate placement or residents to our home. We also partner with the hospital discharge planner and families 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

Through Surge Learning, all employees and managers are required to annually complete a four-part training series on Cultural Competence and Indigenous Cultural Safety. The team continues to seek opportunities to integrate these principles into everyday practices within the home.

Throughout the year, the home hosts various events to recognize and celebrate diverse cultures, spiritual beliefs, and practices, and to acknowledge the 2SLGBTQIA+ community. Our team also identifies new residents who may require additional support during their transition into the home and provides education to staff as needed to ensure the diverse backgrounds of residents are respected and supported.

The Equity, Diversity and Inclusion Committee remains focused on educating employees and creating opportunities for staff to learn about and appreciate each other's cultures in a respectful and inclusive environment.

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 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, and surveys. We also work with external partners and align with provincial objectives.

Our 2025 resident/family survey was completed July 7th to 25th. 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 in order 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 November 24, 2025. We do not have an active family council in our home so we shared our results with our Family Representative during our CQI/PAC meeting held October 29, 2026 and will share the results during our next family meeting. Our team members were updated on the results during the daily Team-Ups the week of October 27, 2026.

Our resident overall satisfaction was 67% which 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:

- Overall Satisfaction – 67%
- Communication – 72%
- Privacy and Choice – 80%
- Safety – 84%

- IPAC – 84%
- Your Care Team – 80%
- Dining Services – 76%
- Recreation – 87%
- Housekeeping and Laundry – 77%
- Environment – 87%
- Contracted Services – 79%

Survey results identified several areas where the home performed exceptionally well, including staff demonstrating respect, kindness, and compassion in their care, residents reporting that they feel safe, and the strength of the recreation programs offered.

Our survey identified opportunities for improvement in the areas of communication, enhancing the overall perception that the home operates smoothly, and further strengthening an environment that feels comfortable and home-like for residents. With input from the residents and families, and our CQI committee we have determined that we will focus on addressing these areas while also working to reduce emergency room transfers and decrease the number of resident falls. This reviewed at the October 29, 2025 Professional Advisory Committee(PAC)/CQI meeting. The final version is posted for all residents, family and staff and to be posted on our website. Our CQI Committee continues to monitor the plan and will make adjustments to the plan based on outcomes. These outcomes will be shared with the councils during quarterly meetings.

Additionally, in 2025 rolled out our updated Family Onboarding sessions for new families which give them a more in depth understanding of the long-term care environment in which their 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.

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 2025 survey was distributed through an online portal from August 4th to August 22nd. Our employee overall employee engagement score was 50% 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 employee experience, job performance, and leadership support. Our areas of opportunity include improved communication and teamwork, personal growth, and recognition. Our home shared the results of the Employment Engagement survey with our staff during Team-Ups in January and asked for input and ideas to address some of the opportunities listed.

In 2026, the focus will be on strengthening communication and teamwork to support high-quality, resident-centered care. A review of the shift report process will be conducted to identify opportunities to enhance information exchange. Team members

will be encouraged to share effective resident-centered care approaches to promote positive resident experiences and best practices. Communication practices throughout the shift will also be reviewed to identify opportunities to improve team communication, supporting both resident care and staff efficiency. In addition, there will be a renewed focus on ensuring team huddles occur on all shifts to review priorities, address concerns, and strengthen collaboration among staff.

We recognize the importance of supporting our team members as a key component of staff retention. This is achieved through initiatives such as our recognition programs and staff events, daily Team-Ups that encourage open two-way communication, and access to the Employee and Family Assistance Program when needed. A leadership development component has also been incorporated into the IMAGINE program to further support staff growth.

In late 2025, the WOW recognition program was reintroduced, allowing team members to be recognized by their peers and providing opportunities for nomination into a corporate recognition program. In 2026, there will be a renewed focus during team meetings to highlight WOW and Gratitude recognitions, reinforcing appreciation for the contributions of our staff.

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, and hip protectors. 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 2025, our organization initiated Medication Administration Scanners as part of the Medication Safety initiatives.

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.

Our 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 is not limited to, the use of palliative care carts, 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.

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. Once our residents pass, our team holds an honor guard as each resident is leaves the home and we place a memorial picture and flower in a prominent picture for their friends and co-residents.

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 NLOT 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 the Southwestern Public Health team and IPAC hub to support the home with Outbreak and Case Management. We are in regular contact with STEGH concerning ongoing acute care of our residents. We also partner with our regional Geriatric Mental Health Outreach Team 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 and consultations.

Several of our team members participate in local communities of

practice such as Elgin/Oxford Long Term Care (FOG), 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

Crystal Forbes
Executive Director
AgeCare Aylmer
crystal.forbes@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 6, 2026**

Lisa Smith - DRO, Board Chair / Licensee or delegate

Crystal Forbes - CQI Lead, Administrator /Executive Director

Rosalyn Cusson - DOC, Quality Committee Chair or delegate

Barbara Murphy - Sr.Director, Other leadership as appropriate
