

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

February 26, 2026

## OVERVIEW

AgeCare Ballycliffe is a long-term care home located in central Ajax. The newly built “A” facility opened on August 14, 2025, and has the capacity to serve 224 residents. The home is fully accredited by Commission on Accreditation of Rehabilitation Facilities (CARF).

We have implemented the AgeCare Mission, Vision and Values. AgeCare's mission is 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 and our values include 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.

Our residents have diverse medical and mental health needs, and we offer specialized healthcare services to meet those needs. Medical services are provided by community partners such as physicians, nurse practitioners, dermatologists, enterostomal therapists, ultrasound, ECG, portable X-ray, medical laboratories, dentists, denturists, audiologists, foot care nurses, physiotherapists, physical therapy assistants, occupational therapists, speech pathologists, registered dietitians, hairdressers, psychogeriatric resource consultants, and a behavioral support team.

According to the latest Quality and Risk Report provided by AgeCare using data from Canadian Institute for Health Information (CIHI), the home is performing well across all six publicly reported quality indicators.

The indicators were temporarily impacted by the onboarding of 124 residents over a 10-week period, which contributed to short-term fluctuations in performance results. We remain committed to further reducing their use, recognizing the importance of resident safety and overall well-being.

In 2025, our home was focused on four key areas: (i) Reducing ER Transfers (ii) Improving Resident Satisfaction in the area relating to pleasurable dining and (iii) Reducing antipsychotic Medication in residents We were unable to reduce ER transfers however we had ongoing support with Nurse Practitioners, early identification of changes in condition and clinical support of complex care needs such as, 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. 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.

Our home continued to enhance the goals set in the previous year with Equity, Diversity, Inclusion, and Antiracism education for our front-line team members to align with the provincial objectives. All staff completed the Diversity and Indigenous training in our Surge Learning platform and we continue to train newly hired staff during our onboarding process.

Our 2026 Quality Initiatives will focus on our two priority areas as identified in collaboration with our Resident and Family Councils which includes the Dining Experience and Recreation and Programming. Our third focus area will be to continue to work towards the provincial priority of decreasing ED Visits.

## **ACCESS AND FLOW**

Ballycliffe works closely with Ontario Health at Home to fill bed vacancies and coordinate prospective residents from the waitlist. The home successfully admitted 124 residents within a 10-week period and onboarded an additional 300 employees to support operations and resident care.

The Home is supported by one medical director and three attending physicians and the NPSTAT team for medical services. In-house services include a Registered Dietitian (RD), Physical Therapy (PT), Occupational Therapy (OT), laboratory services, X-ray services, foot care, and hairdressing. The Home also contracts optometry, dentistry, audiology and Botox injections.

Ballycliffe offers private and basic accommodations only.

The Home utilizes Ontario Shores for psychogeriatric and inpatient assessments as needed. Wound assessments are outsourced to VHA NSWOC, and pain assessments are available through Palliative/Pain and Symptom Management through Durham Region.

To improve care during transitions, the Home uses technology such as e-Connect and AMPLIFI to enhance information sharing. Recent equipment purchases include additional nursing supplies and equipment to support and accommodate the needs of the new home.

Ballycliffe has a full-time RPN for the BSO program and additional PSWs to support the Responsive Behavior Program and education, provided by a Psychogeriatric Resource Consultant. This includes training in U-First, PIECES, the 3Ds, GPA, and disease-related topics. In-house roles also include a skin and wound lead and an IPAC lead to support their respective programs, Nurse Educators along with a PSW Coordinators.

For pharmacy services, Ballycliffe continues its partnership with CareRx and is implementing new systems such as BOOMR and IMM. The home successfully transitioned to digipen to scanners for communication and medication orders.

## **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 2026 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, 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. The Home is dedicated to promoting cultural diversity and inclusivity. All meetings begin with an Indigenous Land Acknowledgement, and the Home hosts events to honor Black History Month, National Day for Truth and Reconciliation, and Pride Week, Lunar New Year, Ramadan, Christmas, Easter, and Diwali.

Learning modules on Surge Learning address key topics such as Equity, Inclusion, Diversity, Anti-Racism, and Indigenous Cultural Safety and Awareness. Several team members have completed the \*Creating a Culture of Belonging\* workshop and will continue to advance the work of the home's Equity, Diversity, and Inclusion Committee.

Both residents and staff at the Home reflect a rich cultural diversity, fostering opportunities for mutual support. This includes providing language translation services when needed and ensuring that cultural needs and interests are met.

The Home is fully accessible to everyone.

## PATIENT/CLIENT/RESIDENT EXPERIENCE

In 2025, the Home successfully transitioned all 100 residents from the old Bally facility to the new Ballycliffe location and admitted an additional 124 residents within just 10 weeks. Despite the challenges associated with this significant milestone, the Home performed well, as reflected in our Corporate Risk and Quality Reports

Each year, we conduct a resident satisfaction survey. The most recent survey was completed between July 7 and July 18, 2025. Results are shared with staff, the Resident and Family Councils, and reviewed quarterly to monitor progress. These councils are invited to discuss the findings and provide input for the action plan. The 2025 survey results were shared with the Resident and Family Councils on October 27, 2025, and presented to staff during in-person huddles during the week of November 10, 2025. The results are also posted on the Resident and Family Communication Board.

The survey evaluates ten key areas: Communication, Privacy and Choice, Safety, IPAC, The Care Team, Dining Services, recreation, Housekeeping and Laundry, Environment and Contracted Services. Residents provide satisfaction ratings, highlighting areas requiring improvement. The top improvement priorities identified were dining, programs, and care.

Overall, 59% of residents strongly agreed with the statement “Overall satisfaction.” This score may have been influenced by delays in the opening of the redeveloped Ballycliffe Home, which affected overall satisfaction.

Survey Results (2025):

Communication – 53%  
 Privacy and Choice – 63%  
 Safety – 66%  
 IPAC – 66%  
 Your Care Team – 56%  
 Dining Services – 44%  
 Recreation – 71%  
 Housekeeping and Laundry – 53%  
 Environment – 54%  
 Contracted Services – 58%

Based on feedback from the Resident and Family Councils and the Quality Committee, we identified three priority areas for improvement:

Resident satisfaction, specifically related to Dining Services, Programs and Emergency Department Visits.

These priorities align with provincial objectives.

The final version of the Quality Improvement Plan will be shared with the Resident Council, Family Council, Staff Team-Ups, and the CQI Committee in March 2026 for further feedback and suggestions on proposed initiatives. The QIP will also be posted on the Home’s website for broader visibility. Progress on the QIP will be reviewed quarterly with each committee.

In addition to these quality initiatives, the Home maintains an open-door policy to encourage residents and families to discuss concerns and provide feedback. Policies and procedures are in place to

address verbal or written concerns promptly and to respond with appropriate action plans.

The Home also hosts a Resident Food Council, allowing residents to provide input on menus, offer feedback on food-related issues, and request special meals based on personal preferences.

Our end-of-life and palliative care program ensures that families can be present at the bedside 24/7. The approach supports families in making care decisions based on individual goals while respecting all aspects of resident-family care during the end-of-life process, including honoring the resident after death.

Care conferences are held annually and as needed, providing residents and families with opportunities to review care plans and offer input.

In 2026, the Home has focused on strengthening connections with residents and families. We launched our first Family Onboarding sessions for new families, providing a comprehensive introduction to the long-term care environment. Sessions cover general LTC information, department and program-specific details, and tours of the Home, including behind-the-scenes areas such as the kitchen and laundry. Additionally, our Social Service Worker engages with new residents and their families during the first six weeks of move-in to answer questions and support adjustment. Feedback on these initiatives has been very positive.

## **PROVIDER EXPERIENCE**

The staff satisfaction survey is conducted annually. Survey results are reviewed at departmental staff meetings and town hall,

providing staff with the opportunity to offer input and suggestions for the development of action plans aimed at improving satisfaction.

Each year, the home celebrates Employee Recognition Month with a variety of events to acknowledge and appreciate staff contributions. Throughout the year, the home also hosts celebrations for diverse cultural and holiday events, including Easter, Canada Day, Thanksgiving, Halloween, Christmas, Diwali, and Hanukkah, among others.

Staff participate in mandatory education as required by legislation. In addition, a wide range of learning opportunities is offered based on needs assessments conducted in Surge Learning, staff interests, and current events within the home. External partners are often engaged to provide educational sessions either in-person or virtually.

Individual recognition is also an important part of Ballycliffe's culture, including celebrating staff birthdays and anniversaries. Many team members have over 35 years of service at the home.

To address some of the human resource challenges, our home continues to partner with various colleges and universities for student placements, 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. Staff are encouraged to identify personal goals for the year through annual performance appraisals, supporting professional growth and development.

This year, the home will focus on opportunities for communication, recognition, and praise.

## **SAFETY**

The safety and security of our residents is paramount. 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 education/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.

CIHI Quality Indicators are reviewed by both the home and the corporation, with performance benchmarked against other homes within the organization and across the province.

Education is provided to residents, families, and staff on topics including the Falls Prevention Program, infection prevention and control (IPAC), and other quality and safety-related 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 home has a interdisciplinary palliative care team. Our home has a external local volunteers that support with our spiritual needs of our residents. 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 is 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 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 residents pass, our team holds an honor guard as each resident is leaves the home and we place a memorial picture on the board located in our Place Of Worship.

## **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.

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 Lakeridge Health 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.

## CONTACT INFORMATION/DESIGNATED LEAD

Duna McKay, Executive Director

### 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 **February 26, 2026**

---

**Candace Lanthier-DRO**, Board Chair / Licensee or delegate

---

**Duna McKay - CQI Lead**, Administrator /Executive Director

---

**Janaki Kapoor - DOC**, Quality Committee Chair or delegate

---

**Barbara Murphy-Sr Director**, Other leadership as appropriate

---