

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 4, 2026

OVERVIEW

AgeCare Brant is a 175-bed long-term care home located in Burlington. 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 subcommittees. 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 2025, our home was focused on three key areas: (i) LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (ii) Percentage of Residents who Fell and (iii) Percentage of residents who like the

food (based on annual resident survey results). Our indicator for antipsychotic usage continued to decrease keeping us well below the provincial average. The clinical team reviews antipsychotics and diagnosis and will continue to work to maintain at or below provincial average based on assessment of resident need. Our resident falls continues to reduce staying around the provincial average with our team focused on reviewing circumstances that led to falls and utilizing fall prevention equipment and strategies. Our home saw an increase in the number of residents that like the food at Brant. This is directly related to our real time follow up with residents and our food committee feedback on menu items during taste testing.

We are also proud to say that our home has been able to maintain our below average ER transfers by maintaining our process with our in house medical team and treatment, where we were able to avoid unnecessary hospital transfers and supports our registered staff in the management of more complex clinical care needs.

For the upcoming year, our CQI committee has prioritized i) decreasing the percentage of LTC residents who fell in the 30 days leading up to their assessment ii) although we did improve on our satisfaction survey on dining experience, we want to further improve Resident Satisfaction in the area relating to pleasurable dining in 2026 and iii) increase overall satisfaction for resident & family surveys related to communication and move in experience.

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. To

support this initiative, our home continues to partner with the Nurse-Led Outreach Program in our region for Nurse Practitioner support. Our home was also able to purchase additional equipment to support complex care needs of our resident population including bariatric equipment and palliative care supplies.

Our home continues to enhance our internal programs to support resident care needs. 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 Clinical Coordinator who will help support our nursing team with quality improvement and care initiatives. Further, we hired a full time BSO Recreation Therapist to join our team and continue the work with the regional Geriatric Mental Health Outreach Team to support our residents living with mental health and dementia. We had 3 PSW staff enroll in U-First Training and 30 staff complete Dementiability education in 2025.

In 2026, we will have 2 additional registered staff complete PIECES training and 3 staff certified in Gentle Persuasive Approach training to facilitate in house education for all staff.

Infection Prevention and Control Lead continues to collaborate 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 LifeLab Portal, CareRX Portal, STL

Imaging portal, Vitalaire website, and others.

Our clinical team, including our Social Service 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 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 continue 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. We had five front line staff members participate in Creating a Culture of Belonging Workshop through the Ontario Centres for Learning, Research and Innovation in Long-Term Care at Bruyère Health.

In 2026 we aim to have a translation app added to all the iPads to enhance communication with non-English speaking residents and add spiritual readings to our Memorial Service to reflect the different cultures of residents who have passed away.

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 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 21st and our Family Council meeting held October 23rd. Our team members were updated on the results during the town hall meetings held between Nov13th - 19th.

Our resident overall satisfaction was 87% 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 – 87% an increase of 22%
- Communication – 89%
- Privacy and Choice – 910%
- Safety – 92%
- IPAC – 92%
- Your Care Team – 91%
- Dining Services – 77%
- Recreation – 85%
- Housekeeping and Laundry – 83%
- Environment – 90%
- Contracted Services – 83%

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 snack service and meal presentation.

With input from the residents and families, our CQI Committee has determined that Dining will continue to be a focus in 2026 with action plans aimed at improving satisfaction with meal presentation and snack service. The other focuses for our 2026 CQI plan will focus on decreasing falls and Increasing overall resident satisfaction with a focus on communication.

The 2025 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.

The 2025 CQI plan outcomes and the 2026 CQI objectives and action plan will be shared with the Resident Council on March 25th, the Family Council on March 19th, and staff town halls in the week of March 24th. It is also posted on our Quality 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 a Resident to welcome new residents, a PSW Ambassador to welcome & support new residents on move in day and continuing to involve our residents in making daily announcements.

Additionally, our focus in 2025 was around making connections with residents and families and we started our first Family Onboarding 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 Social Service 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

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 July 2nd to July 26th. Our employee overall employee engagement score was 53% 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 coworker partnerships. Our areas of opportunity include workload, communication, and recognition. Our home shared the results of the Employment Engagement survey with our staff during town halls 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 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 and daily Team-Ups where two-way conversation is encouraged. We have also added a Leadership component as part of the IMAGINE program. In late 2025, 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 2025, our organization initiated Medication Administration Scanners as part of the Medication Safety initiatives. We also implemented 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.

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 robust interdisciplinary palliative care team. 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 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 honour and respect our residents. Families are invited to stay with their loved one at end-of-life. A white dove 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 honour guard as each resident leaves the home and we place a memorial picture at our

team centers 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 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 to support the home with Outbreak and Case Management. We also partner with BSO, PRC and a Psychogeriatric Physician 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 4, 2026**

Lisa Smith - DRO, Board Chair / Licensee or delegate

Catherine Donahue - CQI Lead, Administrator /Executive Director

Manpreet Kaur - DOC, Quality Committee Chair or delegate

Barbara Murphy - Sr.Director, Other leadership as appropriate
