

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 3, 2026

OVERVIEW

Gibson LTC Residence is a 162-bed long-term care home located in North York, Ontario. Managed by AgeCare, our 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 are shared at Resident and Family Council meetings, Team-Up meetings with staff members, and is posted on our home website.

2025, our home was focused on three key areas: (i) Reducing ER Transfers (ii) Reducing Antipsychotics Usage without a Diagnosis of Psychosis and (iii) Improving Resident satisfaction related to dining.

We saw a marked improvement in our ED visits but there continue to be challenges impacting rates. These outcomes may be related to changes in our Clinical Leadership presence within the home, challenges accessing in-house diagnostic services, and physicians' preference to transfer residents to hospital for assessment and treatment—particularly after hours. Some of our full-time registered staff completed Clinical Leadership education focused on strengthening clinical assessment skills.

We also observed a downward trend in antipsychotic medication use across the quarters. However, we continue to face challenges with new admissions arriving from the community or hospital already prescribed antipsychotic medications without a clearly documented diagnosis. This creates difficulty in safely titrating or discontinuing these medications, particularly when they have been used long term. Our BSRT Lead continues to collaborate with interdisciplinary team members to support appropriate medication tapering and ensure accurate diagnoses are obtained and documented.

Additionally, the home prioritized pleasurable dining initiatives. While this remains an area of focus, there is room for improvement in maintaining satisfactory food temperatures, enhancing communication regarding menu substitutions or changes, and ensuring consistent quality of meals served. In 2025, we introduced key initiatives, including pleasurable dining education and increased leadership presence in the dining rooms, which will continue into 2026 to further strengthen the dining experience.

For the upcoming year, our CQI Committee has prioritized the following areas: (i) Reducing avoidable ED transfers, (ii) Reducing

worsened stage 2-4 pressure ulcers, and (iii) Improving Resident Satisfaction in the area relating to Pleasurable Dining.

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. We continue to collaborate with the North York General Hospital Palliative Care team, who offer ongoing guidance and education to our staff and families to support effective pain management and the delivery of compassionate palliative care for our residents.

Our internal Behavioural Support Resource Team (BRST) collaborates closely with the regional Geriatric Mental Health Outreach Team to support residents living with mental health conditions and dementia. The team meets monthly with the Outreach Nurse Practitioner to review residents' needs and care strategies.

When a CASS bed is unavailable or not the preferred option, we access virtual assessment services through the Baycrest team to ensure timely support. Our Psychogeriatric Psychiatrist also utilizes virtual platforms to assess residents experiencing responsive behaviours.

In addition, our Psychogeriatric Resource Consultant (PRC) provides ongoing education to staff to strengthen their understanding of best practices and approaches to meeting residents' individual needs. Supporting residents within their home environment remains our priority, as we believe this approach enhances comfort, stability, and overall quality of life for those experiencing responsive

behaviours.

Additional staff participated in the AgeCare IMAGINE program, which focuses on enhancing support for residents living with dementia, fostering meaningful partnerships with families, and strengthening leadership skills among front-line team members. In addition, a significant number of staff completed GPA training, further building capacity in dementia care and responsive behaviour support.

The team has also developed individualized “All About Me” posters for residents, highlighting personal history, preferences, and what matters most to them. These tools help staff build deeper understanding and stronger connections with residents. This knowledge supports the development of individualized approaches during times of distress and helps proactively reduce the likelihood of responsive behaviours.

Our home has a full time Infection Prevention and Control Lead that has advanced education in IPAC and collaborates closely with the IPAC Hub through the North York General Hospital.

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. In other areas, we continue to leverage technology to enhance resident care. This includes the ongoing use of virtual platforms to help residents

connect with family members who are unable to visit in person or who live at a distance, supporting meaningful engagement and maintaining important relationships.

Our clinical team, including our Social Service Worker (SSW) works collaboratively with Ontario Health at the 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, we have ensured that all managers and front-line team members completed education in Equity, Diversity, Inclusion, and Anti-Racism, along with additional training in Indigenous Cultural Safety and Awareness. In 2026, we will focus on applying this knowledge to further enhance programs and services that respect and reflect the individuality of each resident.

In 2025, our home also established an EDIB (Equity, Diversity, Inclusion, and Belonging) Committee. This committee has taken an active role in planning and implementing initiatives and programs for both staff and residents that promote equity, celebrate diversity, and foster a culture of belonging.

Additionally, we developed a 3-year Cultural and Diversity Strategic Plan, with a strong emphasis on ongoing education and awareness for team members and residents. To support this work, we regularly host events such as themed cultural meals, resident drumming circles, celebrations recognizing diverse cultures and religious practices, and staff cultural potluck gatherings. We remain committed to honoring the traditions, beliefs, and preferences of our residents and to building meaningful community connections wherever possible.

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 family members. 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 smaller categories such as Environment and Housekeeping and Laundry.

We received our results in October of 2025 and shared it with our Resident & Family Council at their council meetings held in December 2025. Our team members were updated on the results during the daily Team-Ups.

Our resident overall satisfaction was 69% 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 – 69%

Communication – 57%

Privacy and Choice – 79%

Safety – 84%

IPAC – 91%

Your Care Team – 84%

Dining Services – 51%

Recreation – 76%

Housekeeping and Laundry – 86%

Environment – 66%

Contracted Services – 71%

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 variety in the menu and food satisfaction.

With input from the residents and families, our CQI Committee has determined that Dining will continue to be a focus in 2026-27 with action plans aimed at improving satisfaction with food quality and variety in menu options. The other focuses for our 2026 CQI plan will align with the provincial focus on decreasing ER transfers and reducing Worsened Pressure Ulcers.

The 2025 CQI plan outcomes and the 2025 CQI objectives and action plan were shared with the Resident Council on Feb 26th, the Family Council on January 14th, Team-Ups the week of Feb 13th. 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 IMAGINE Ambassador, we have a resident-led welcome team for new residents moving in, we involve our residents in making daily announcements, and we have recently included residents in our interviewing process for PSW's.

Additionally, our focus in 2026 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 August 4 to August 22nd. Our employee overall employee engagement score was 67% 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, coworker partnerships, and leadership support. Our areas of opportunity include workload, communication, and recognition. 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 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 honor 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 honor guard as each resident leaves the home, we present the family with a personalized gift, and we place a memorial picture and flower in a

POPULATION HEALTH MANAGEMENT

Our organization works closely with the North York Toronto Health Partners. The groups that we interact frequently with in this partnership are the IPAC hub, the NYCAST group including the NLOT team which includes the Nurse Practitioners and Clinical Nurse Specialists who are in the home on a weekly basis at minimum, and two physicians who also visit, at least weekly, and have been particularly been working very closely with our palliative residents and their families. Our Palliative Care team meets regularly with these physicians to partner to meet the needs of our residents and their families during the End-of-Life experience.

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, 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 North York General Hospital to support the home with Outbreak and Case

Management. We are closely aligned with external support in our Behavioural Support efforts. As previously mentioned, we work closely with our PRC, our GMOT team and BSO to assess, plan and implement interventions to improve the wellbeing of residents who experience responsive behaviours.

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 3, 2026**

Candace Lanthier - DRO, Board Chair / Licensee or delegate

Kevin Diep - CQI Lead, Administrator /Executive Director

Mithun Mathew - DOC, Quality Committee Chair or delegate

Barbara Murphy - Sr.Director, Other leadership as appropriate
