

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 3, 2026

OVERVIEW

Glen Oaks is a 168 bed Long Term Care home located in the well established West Oak Trails area of Oakville. Situated in a mature residential area, we are surrounded by beautiful parks and walking trails with no shortage of amenities nearby. We are dedicated to our mission which 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. Obtaining our 3 year CARF accreditation once again in January 2024, we work hard to ensure we are exceeding the international quality standards that have been set.

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, a family member, 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 determine the prioritization of improvement initiatives and develop and monitor our action plans. The CQI plans, actions and evaluation of the plan is shared at Resident and Family Council meetings, Team-Up meetings with staff members and posted on our home website.

In 2025 our homes priority areas included (i) Reducing ED Visits, (ii) Reducing antipsychotic usage without a diagnosis psychosis to get below provincial average (iii) improving resident satisfaction in the areas related to food satisfaction and (iv) reducing resident falls.

Frequent Emergency Department (ED) visits remain a significant challenge, as multiple residents independently call 911. The home continues to collaborate closely with our care partners to implement targeted interventions aimed at reducing unnecessary hospital transfers and improving resident support. Falls reduction remains a key priority for the home. The team adopts a proactive and structured approach by undertaking thorough root cause analysis following each fall. This includes reviewing contributing factors and implement personalized prevention strategies. With the support of our physicians and medical director the clinical leadership team is working to ensure appropriate diagnosis, accurate coding and documentation for antipsychotic usage. Our dining services satisfaction score increased by 4% in 2025, and we continue to collaborate with our resident and food councils to ensure we are meeting the evolving needs and expectations of our community.

In 2025, we transformed our onboarding program to raise the standard from day one. By prioritizing abuse prevention and mandatory reporting, food texture training, and safe lift and transfer techniques, we ensure every new team member is confident, capable, and fully prepared to deliver exceptional care.

Staff in all disciplines continue to take advantage of Creating a Culture of Belonging Workshops, Palliative Care and Dementia education opportunities. Our Imagine team redesigned underutilized space to create a multiuse area for our residents to enjoy and our recreation department added a Virtual Reality program to the calendar. Outings are always popular and our residents enjoyed some great ones this year including Andrews Scenic Acres, Ripley's Aquarium and A Blue Jay Game.

Whether it's helping in the dining room, creating beautiful art work, looming winter hats or the homeless or running our cafe or coffee cart, we strive to ensure our residents have a sense of purpose and enjoyment of meaningful activities and social engagement with their peers.

For the upcoming year, our CQI Committee has prioritized the following areas: (i) Reducing ED Visits (ii) reducing antipsychotic usage without a diagnosis of psychosis as our goal is to be below the provincial average and (iii) Improving Resident Satisfaction in the areas relating to dining satisfaction.

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 action, we continue to partner with the Nurse-Led Outreach Program in our region for Nurse Practitioner support for our home. Our Social Service Worker continues 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 maintain our PSW and Registered Staff complement as well as begin recruiting for a nurse educator to join our team in 2026.

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 also had 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. Staff in all disciplines also attended U-First, GPA training and GPA refresher training, Wound Care and Palliative Care Workshops throughout the year. 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. 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 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. Some of our most recent events included:

Black History Month

Chinese New Year

Anti-Bullying/Pink Shirt Day

Holi

Pride

Truth and Reconciliation

Random Act of Kindness Day

Diwali

National Indigenous Peoples Day

International Day for the Elimination of Racial Discrimination

For our residents, we have different strategies to be able to understand and support cultural awareness. Information gathered on move in day utilizing All About Me helps us to ensure our residents cultural needs are respected from their first day. Follow up care conferences, assessments and goals of care ensure that these needs whether health care, dining, spiritual or recreation are met on a continuing basis.

We are always watching for ways to improve and support the various cultural needs of our residents. Our translation team for language support, Muslim and Sikh prayer groups and Catholic Church Services for spiritual support, and offering multicultural options at meals/snacks for dining are all ways in which we strive to enrich the lives of our residents.

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, a brand new 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 on Oct 29, 2025 and with our Family Council on Feb 17th, 2026 which was their first official meeting. Our team members were updated on the results during Town Halls held throughout December 2025 and January 2026.

Our resident overall satisfaction was 76% 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 – 76%
- Communication – 70%
- Privacy and Choice – 84%
- Safety – 82%
- IPAC – 80%
- Your Care Team – 84%
- Dining Services – 65%
- Recreation – 92%
- Housekeeping and Laundry – 80%
- Environment – 82%
- Contracted Services – 85%

Our homes recreation programs had the highest positive results with notable praise for our care team and contracted services. 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 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 Antipsychotic Usage without a Diagnosis of Psychosis.

The 2025 CQI plan outcomes and the 2025 CQI objectives and action plan were shared with the Resident Council on Jan 28, 2026 the Family Council on Feb 17th, Team-Ups the week of Feb 9th. 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 residents who support our social worker with tours and our laundry team with folding. We welcome residents to run our cafe and many assist in our dining rooms.

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.

To enhance this focus, new in 2026 are our staff Move-In Ambassadors who are here to create a warm, welcoming experience from the very first day. As well, all staff now belong to one or more of the homes Quality Programs to ensure consistent standards of care, continuous improvement, and the highest level of service for our residents and their families.

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 Aug 4th to Aug 22nd. Our employee overall employee engagement score was 76% in response to the following 3 questions: "I am satisfied with my senior living community as a place to work", "I would recommend my community as great place to work" and "I am satisfied enough with my work that I have not considered alternative employment outside of AgeCare in the last 12 months". 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, opportunity for growth, and recognition. Our home shared the results of the Employment Engagement survey with our staff during Town Halls in December and January 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 strive to ensure our staff have the supports they need, our Social Worker and Chaplain are available in house and we have an active social committee who work together with management on employee appreciation events. Various recognition programs and events and regular Team-Ups to encourage two-way conversation are some of the ways that strive to continuously improve our Workplace Culture.

We have also added a Leadership component as part of our Quality Programs. In 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 remain with their loved one during end-of-life care, providing comfort, presence, and support when it matters most. For residents in a shared room, we offer a dedicated Palliative Room giving the resident and family a private space. We also offer a private guest suite, allowing families a quiet space to rest, refresh, and gather in comfort during their time. Once our residents pass, our team holds an honor guard as each resident leaves the home, we place a memorial picture and flower in a prominent picture for their friends and co-residents. Throughout the year, the home honors our residents who have passed with a memorial service. Families, residents, and staff are all encouraged to attend as we remember and celebrate the lives of those we have lost.

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 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.

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 that look at population health and advocacy for our sector.

Our home has several external partnerships which support the complex care needs of our residents. Some of the community partners that we work closely with include:

- Alzheimer's Society
- Parkinson Canada
- Ontario Brain Injury Association
- Veteran's Canada
- Connected Care Halton
- Public Health
- IPAC Canada
- Halton Healthcare
- ALS Canada
- Ontario Disability Support Program
- Ontario Public Guardian and Trustee
- VHA Home Healthcare

Continuous collaboration with all partners allows us to be able to provide individual support of our residents changing physical, mental, social and financial needs.

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**

Lisa Smith - DRO, Board Chair / Licensee or delegate

Taya Di Pede - CQO Lead, Administrator /Executive Director

Priya Sidhu - DOC, Quality Committee Chair or delegate

Barbara Murphy - Sr.Director, Other leadership as appropriate
