

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

February 20, 2026

OVERVIEW

AgeCare London LTC Home is a top-rated facility that provides first class care to its residents. It is in a suburban area of London, Ontario, and has 95 beds. The building was constructed in 2003 and is divided into three resident neighbourhoods. One of these is a secure unit with 31 beds for residents with dementia. Our home serves the City of London and the surrounding area and is well connected with educational facilities and community organizations that help us provide the best possible care for our residents.

We are proud of our consistently high performance in quality indicators and outcomes, and we continuously measure our results against the Provincial average and other comparable homes. We have maintained a 0% rate on the use of antipsychotic medications and restraint usage. We follow the IMAGINE philosophy, which is centered on supporting residents with dementia to live their lives to the fullest by understanding their uniqueness, abilities, and personal expressions. We conduct regular satisfaction surveys among our residents, employees, and their families to gain insights into their experiences and develop action plans for Strategic Planning and CARF Initiatives.

We also look at opportunity for improvement based on CIHI data and other provincial initiatives. Our goal is to improve the quality of life of our residents by addressing these key areas. Our Quality Teams and Committees have an interdisciplinary approach that includes residents, staff members, and family representatives. The Continuous Quality Improvement (CQI) Team is led by the Executive Director and is responsible for monitoring and reporting on quality issues, residents' quality of life, and the overall quality of care and services provided in the home. We have sub-committees that

support key quality issues, including Resident Care and Services (Continence Care, Skin and Wound, Restraints, Falls, Palliative Care, Responsive Behaviours, Pain Management), Resident and Family Council, Quality Improvement Project Teams, and the Professional Advisory Committee.

Each Quality team and committee functions within the Terms of Reference developed and reports in the home through an organized committee structure. They identify priority areas for quality improvement and integrate the CQI program into their agendas to include analysis of quality assurance and utilization management activities and recommendations for quality improvement projects. The Quality team is structured based on policies that meet the "Fixing Long Term Care Act." Each Quality Meeting follows a term of reference and consists of a multidisciplinary approach with team members from all departments, Physicians, Pharmacy, Social Workers, Dietitians, Physiotherapists, Resident and Family council representatives, and community partners.

Our 2025-26 priority areas were ED visits, resident satisfaction in food at meal times and improving palliative care. The number of ED visits has increased from 17.12 to 19.6% despite the addition of an in house Nurse Practitioner.

Our goal set around resident satisfaction around food was difficult to determine as AgeCare changed the survey questions, but we appear to have made a considerable improvement moving from 35% to 69.5% satisfaction. The goal of the last quality initiative was around Palliative Care. We achieve 100% of our goal in terms of offering palliative care conferences and educating staff.

Our Quality Improvement Plan (QIP) for AgeCare London for 2026-

27 will focus on the following three priority areas: ED Visits, Falls and Equity. These three areas align with Provincial priorities. Our HQO-QIP Workplan will outline our goals and change ideas. The home will also have internal quality improvement initiatives based on other key indicators such as Resident and Family Experience, Employee Engagement and Clinical indicators.

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. With the addition of a full-time Nurse Practitioner, our residents are able to receive optimal levels of care within their home rather than being transferred to hospital. In late 2025 we joined the NLOT (Nurse Leadership Outreach Team) program, enhancing the charting and assessment skills of our nursing team. Our home continues to enhance our internal programs to support resident care needs. In 2025 we offered palliative care education to our nursing and front line team. Our Nurse Practitioner led goals of care conferences with with families and educated them on end of life options. 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 and our Infection Prevention and Control Lead collaborates closely with the regional IPAC Hub.

We have also implemented the use of technology to improve resident care. Our home partners with acute care hospitals in a data sharing initiative AMPLIFI to improve communication between sectors and we continue to utilize eConnect/Clinical Connect to obtain valuable information about our residents' health history to support their plan of care.

EQUITY AND INDIGENOUS HEALTH

Through Surge learning, all employees and managers are required to annually complete a 4 part series on Cultural Competence and Indigenous Cultural Safety, and the team continues to seek ways to ensure its is practiced in everyday life at home.

Throughout the year, the home hosted various events to honor different cultures, spiritual beliefs and practices and recognized 2SLGBTQIA+ communities. The RAI Coordinator (admission lead) identifies new residents who may require extra support during the transition or potentially new education to team members to ensure that the diverse population of residents moving into the home is continually honored. Staff complete initial assessments that are entered into PCC.

In 2026, the home will be starting a cultural diversity and inclusion committee, focusing on educating employees and providing opportunities to learn about each others cultures in a respectful manner. Residents indicated in the satisfaction surveys that they would like to see more culturally diverse food and celebrations, which will be a focus for us this year.

PATIENT/CLIENT/RESIDENT EXPERIENCE

AgeCare London follows a multidisciplinary approach to develop strategic priorities and quality improvement projects that align with our mission, values, satisfaction survey results, ongoing quality tracking, audits, regulatory inspections, and trend analysis. We involve residents, family members, contracted services, and team members in monthly Resident Council and Family Council meetings as appropriate as well as Quarterly CQI meetings to ensure their participation and feedback in the decision making process.

We conducted the Annual Resident and Family Satisfaction Surveys

from July 7 - 25, 2025, using electronic surveys for both residents and families. Our survey focuses on 11 key domains: Communication, Privacy and Choice, Your Care Team, IPAC, Safety, Recreation, Dining Services, Housekeeping and Laundry, Environment, Contracted Services and Overall Satisfaction. Residents are asked to rate their satisfaction as Strongly Agree, Agree, Neutral, Disagree or Strongly Disagree. As an organization, we value a combined Agree/Strongly Agree result.

79% of our residents Agree/Strongly Agree to satisfaction with their residence as a place to live.

71% Agree/Strongly Agree that they would recommend my residence as a place to live.

Our satisfaction in other service areas were as follows:

Laundry & Housekeeping: 88%

Environment: 84%

Safety: 81%

Your Care Team: 75%

IPAC: 75%

Recreation: 70%

Contracted Services: 70%

Dining Services: 69%

Privacy & Choice: 67%

Communication: 62%

Overall Satisfaction 70%

Areas identified on the survey where the home did extremely well related to the staff members being kind and caring, the residents feeling safe and the home being clean.

Opportunities for improvement focused on communication, choice and more culturally diverse food and activities.

The results of the resident & family satisfaction surveys were received in November 2025 and they were posted on the communication board for all residents, families and staff to be able to review. The results of the surveys and action plans were reviewed in detail with our Resident Council on January 27 2026. A copy of the results and action plan were provided to the Family Council January 6, 2026. A Town Hall for staff (2 sessions) to share survey results and action plan was held December 9, 2025.

Our CQI Team has determined the priority areas as 1) more culturally themed dining and recreation experiences; 2) communication with the residents and 3) introducing more contracted services such as Music Therapy and Optometry, and has developed action plans based on feedback and suggestions obtained from residents, families and staff. These were reviewed at the January 15, 2026 Professional Advisory Committee(PAC)/CQI meeting. The final version is posted for all residents, family and staff and be posted on the website. The CQI team will continue to monitor the plan and make adjustments based on performance and feedback from committees and others throughout the year.

Our Imagine Program did a reset in 2025. We have 30 staff in trained in IMAGINE Living Life to your Potential, and in 2025, AgeCare London began training 15 employees on the new IMAGINE, Every Moment Matters principles. The team put their learnings into practice to ensure that the residents live their best lives through meaningful and purposeful engagement. In 2025 we expanded our BSO team. They are working with Recreation and engaging residents in a variety of programming, geared to the residents

individual needs. We will continue to support and recognize our IMAGINE/BSO team members as instrumental in creating change initiatives and quality programs within the home.

PROVIDER EXPERIENCE

AgeCare London has reduced the use of agencies to a minimal amount, only occasional PSWs. In 2025 we hired a PSW Coordinator who is responsible for hiring and training new PSWs. She supports our student placement program as well. We added a Clinical Coordinator to take the lead on education and have expanded our learning opportunities in the home. We joined the NLOT (Nurse Leadership Outreach Training) program, which has been a valuable asset for our home, specifically providing hands on training for nurses on charting and assessments. We became involved in the PREP program, having 3 staff trained as preceptors which has enhanced our student experience.

The 2025 Employee Satisfaction Surveys were available online from August 4 - 22, 2025. The survey was redeveloped corporately. The results of the survey indicated that the top three areas for improvement were "I receive recognition and praise for a job well done on a regular basis" (44% agreed or strongly agreed), and "I have opportunities to share my ideas or concerns with leadership" (51% agreed or strongly agreed), "My leadership team listens to staff concerns and addresses them in a timely manner" (42% agreed or strongly agreed). These concerns are being addressed with a refreshed and expanded leadership team working in tandem with our front line team. More communication opportunities, various methods of communication including electronic, posters, huddles, dept meetings and town halls.

We recognize the need to support our team members as a retention strategy. Some of the ways we support our team are our recognition program and events, daily team ups and huddles and department meetings where two-way conversation is encouraged. We have an Employee Family Assistance Program available when needed. A Leadership component has been added to our IMAGINE program, which is attended by staff from all levels in the home.

To address some of the human resource challenges, our home continues to partner with various colleges and universities for student placements. Our corporate organization has a dedicated recruitment team to assist our home in our recruitment efforts. We are above the 4 hours of care level of staffing.

SAFETY

At AgeCare London, patient safety is of utmost importance. Our team ensures that all incidents that occur with our residents are documented through PCC. Critical incidents are reported to the Ministry and tracked in our complaint log and escalated through our corporate Emerging Issues reporting. We encourage residents, families, and employees to bring concerns, complaints and compliments to a supervisor or leadership team member. Alternatively, they can file a complaint with our whistleblowing protection hotline. Information on how to file a complaint and contact details are posted throughout the home for the convenience of residents and families.

The Quality Team reviews workbooks and logs every quarter to identify trends and develop action plans. The workbooks and logs include the Complaint Log, Medication Error Tracking Workbook,

Restraints, Critical Incident Log Workbook, Infection Control Workbook, and Annual Program Evaluation Goals. The team also reviews Quality Indicators as reported by CIHI to track, trends, and develop further action plans to address areas of concern. After the quarterly review, action plans are created based on the results of the review. These plans are then reviewed with the Professional Advisory Committee (PAC) and Resident and Family Councils. The team also provides further education to all partners based on the trends and action plans.

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.

PALLIATIVE CARE

The addition of a full-time Nurse Practitioner had enhanced the level of care in the home which allows us to have more fulsome conversations with residents and families about their conditions, including end of life care. The NP works with our multidisciplinary team including the Dietitian, Medical Director, primary physician, Social Worker and registered staff to support families with educational needs and anticipatory grief. They are supported as well by our Pain and Palliative committee.

On Admission nursing staff/NP discuss Expressed Wishes and provide documentation to new residents and/or their family members. This ensure their beliefs and wishes are incorporated into end of life planning.

The Registered team utilizes Palliative Performance Scale, PPS, on admission and with significant changes as an assessment tool. The home uses palliative care carts, provides a cot in the room if the family wishes.

In 2025 the home focused on enhanced communication with residents/SDM through Goals of Care (Palliative) conferences for all families who it was felt would benefit and/or the family was interested in this support. The NP also developed and delivered palliative care training to registered and front line staff which was very well received and will continue to build in 2026.

POPULATION HEALTH MANAGEMENT

Our organization is not part of an Ontario Health team but we work closely with our external partners on proactive approaches to meeting the needs of our population.

Our home partners with Ontario Health at Home to view applications for appropriate placement. 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 Dietitian, Pharmacy Consultants, Social Worker, Music Therapist 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 London Middlesex Public Health team and IPAC hub to support the home with Outbreak and case management. We are in regular contact with LHSC concerning ongoing acute care of our residents. We also partner with the Geriatric Mental Health Outreach team to support residents with reactive personal expressions We also have access to virtual care platforms for advice or consultations.

Some of our team members participate in local communities of practice such as BSO, public health forums. The Executive Director is a member of the London Middlesex Long Term Care Committee, a group who shares information with other homes in our region. Our organization maintains its membership with OLTCa and we have corporate membership on the various committees that look at population health and advocacy for seniors in long term care.

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 **February 20, 2026**

Lisa Smith-VP Ops, Board Chair / Licensee or delegate

Lori Demaiter-ED and Quality Chair, Administrator /Executive Director

Deborah Adetinkan-Interim DOC, Quality Committee Chair or delegate

Barbara.Murphy-SDRCS, Other leadership as appropriate
