

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 1, 2026

OVERVIEW

Age Care Pine Grove is a 96-bed long term care home. This home is located in quiet neighbourhood in Woodbridge surrounded by trees and nature. Our AgeCare 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, service, 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 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) Falls (ii) Improving Resident Satisfaction in the area relating to food quality and (iii) Equity, Diversity, Inclusion, and Antiracism education for

our front-line team members to align with the provincial objectives. We successfully reduced falls by nearly 50% through comprehensive staff education on falls prevention, medication reviews and adjustments, enhanced training on safe lift and transfer techniques, and by promoting consistent resident engagement in exercise and recreational programs. In efforts to improve resident satisfaction related to food quality, we increased overall satisfaction by introducing themed meals, providing Pleasurable Dining education, and enhancing the visibility and presence of the leadership team during mealtimes. All staff completed the Diversity and Indigenous training in our Surge Learning platform. 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. We did introduce some key initiatives in 2025 such as monthly themed meals, pleasurable dining education, and plating with pride for our dietary staff.

For the upcoming year, our CQI Committee has prioritized the following areas: (i) Enhance dining services, quality and resident experiences (ii) enhance outdoor environment (seating, accessibility, landscaping) (iii) reducing antipsychotic usage without a diagnosis of psychosis. These areas were selected because there has been an increase in antipsychotic use without a documented diagnosis, and the other focus areas were identified through resident surveys, reflecting residents' preferences for improvements they would like to see in the home.

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. Our home has the support of a Nurse Practitioner through Ontario Health and Home. We also continued to partner with the Nurse-Led Outreach Program in our region for Nurse Practitioner support during our recruitment phase and with ongoing support. 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.

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 had 6 PSW staff enroll in the U-First training. We also had another 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. 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 stay 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. This training is mandatory through SURGE training and in-house presentations that focus on key aspects of equity and inclusion. 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. Additionally the home will continue to celebrate and acknowledge cultural awareness, such as national Indigenous People Day, National Day of Truth and Reconciliation, and other cultural celebrations throughout the year. Our home also supports and respects the traditions and wishes of our resident population and will make community connections when able to do so.

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 20th and our Family Council meeting held on November 13th. Our team members were updated on the results during the Town Hall meeting held on January 27th 2026.

Our resident overall satisfaction was 89% 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 – 89%
- Communication – 90%
- Privacy and Choice – 95%
- Safety – 85%
- IPAC – 89%
- Your Care Team – 87%
- Dining Services – 70%
- Recreation – 85%
- Housekeeping and Laundry – 91%
- Environment – 86%
- Contracted Services – 95%

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 with action plans aimed at improving satisfaction with food quality and variety in menu options and enhance more outdoor space and accessibility. The other focus for our 2026 CQI plan will align with the provincial focus on 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 January 21st 2026, the Family Council on Feb 5th & February 26th ED went it so

detailed about the goals created and how they were created based on survey results and feedback provided to the home, staff town hall on January 27th 2026. 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 2024 survey was distributed through an online portal from July 2nd to July 26th. Our employee overall employee engagement score was 73% 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. We have also created an employee of the month board to showcase all the dedication of our employees and recognize our peers.

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

prominent picture 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 in partnership with Trillium Hospital 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.

The 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 1, 2026**

Candace Lanthier - DRO, Board Chair / Licensee or delegate

Elizabeth Minichillo - CQI Lead, Administrator /Executive Director

Ramandeep Kaur - DOC, Quality Committee Chair or delegate

Barb Murphy - Sr. Director, Other leadership as appropriate
