

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 6, 2026

OVERVIEW

Queens Garden is a LIUNA-owned, AgeCare-managed, 128-bed long term care home, situated in the downtown area of the City of Hamilton, Ontario.

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 publicly funded long-term care sector in Canada”. Our values and guiding principles focus on Trust, Respect, Quality and Teamwork. We align the care we provide for our residents and families following principles in our Imagine Program. This program holds key components of care practices that include the Person, Approach, Connection, and Engagement. Our program provides education to all team members, including leadership, on expectations such as; Improving the quality of life of our residents by having a better understanding of who they are and by altering our approach to care and meeting resident needs, creating a more purposeful life for our residents by creating meaningful engagement, effectively connect with others through building of relationships with empathy, and improving the quality of work life for our staff. Our leaders influence motivation and gratitude with our teams.

Our 2026/2027 Quality Improvement Plan will be guided by our Values and Principles.

Our Continuous Quality Improvement Committee oversees the quality programs in our home and is led by the Executive Director. The members of our committee is comprised of an interdisciplinary team which includes the home’s leadership team, a resident and

family representative from the perspective Councils, front line team members as well as external partners that support our home. Our external partners include our Medical Director, Dietician, Pharmacy consultant and other allied health professionals. Our team meets quarterly to review, analyze, and identify trends from our annual survey results, Resident and Family Councils, team members, external partners, and our other quality sub-committees. Our CQI committee then determines the prioritization of the improvement initiatives and is responsible for developing, monitoring, updating key stakeholders and adjusting our plan as required. Our CQI plans, actions and evaluation of the plan are shared at Resident and Family Council meetings, Team-up meetings with our front-line team members, and posted on our home's Resident and Family boards.

In 2025, our home focused on three key areas: (i) All team members to complete relevant equity, diversity, inclusion, and anti-racism education, (ii) Reducing ED visits, and (iii) Improving the percentage of residents responding positively to "I like the food here".

All team members and leaders have completed education on Equality, Diversity, and Inclusion (EDI) as part of our ongoing Quality Improvement efforts. To ensure sustained engagement and continuous learning, we conduct monthly EDI committee meetings with representation from across teams. Each month, we focus on a specific EDI theme, incorporating evidence-based information and practical applications relevant to our work environment. Key learning points are reinforced through daily team huddles across all neighborhoods to promote consistent communication and shared understanding. Additionally, resources and updates are displayed on our EDI communication board, which is accessible to

all staff. This structured approach supports accountability, fosters an inclusive culture, and promotes continuous improvement in equitable practices across the organization.

We did not meet our target of 14% for reducing avoidable ED visits in 2025 however the home will continue to provide ongoing education for our residents and families following the PoET program principles.

We improved our residents' satisfaction with meal variety by reviewing our menus and seeking feedback from our residents at Food Committee. Menu changes and once a month resident choice of meals continue with feedback from Food Committee.

For the upcoming year, our CQI Committee has prioritized the following areas: (i) Improving resident satisfaction in the area relating to enjoying the food at the home, (ii) Meeting the Spiritual needs of our resident population, and (iii) Residents will have enjoyable things to do on the weekends. Our home will continue with the interventions in place to maintain/Improve Resident falls and use of antipsychotics.

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 been successful in recruiting a part time Nurse Practitioner and we will continue to recruit for the support of a full time Nurse Practitioner through the Ministry initiative.

We continue to provide Social Work support for our residents in the home as well as Social Work services 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 enhance our PSW and Registered Staff complement. We have 1 Quality Registered Staff nurse and a PSW Coordinator who support our nursing team with quality improvement and care initiatives.

We actively applied for Local Priorities Funding and were successful in purchasing bariatric lifts.

We continue to work alongside our community BSO team, who supports our home twice weekly, as we continue to partner with the regional Geriatric Mental Health Outreach Team to support our residents living with mental health and dementia. We also have partnered with an independent psychogeriatrician who provides in-house services to our residents living with mental health or dementia.

We continue to utilize eConnect/Clinical Connect to obtain valuable information about our residents' health history to support their plan of care.

We had 9 front line staff attend GPA. We also had another 18 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 utilize technology to improve resident care. In 2025 we began a collaborative relationship with our city's Nurse Lead Outreach Team. This is an RN lead team, from St Joseph's hospital, that provides clinical support to our nursing department, education and support in residents returning from hospital. Our home continues to utilize eConnect/Clinical Connect to obtain valuable information about our residents' health history to support their plan of care. We utilize Health Connex for all of our audits within the home. We utilize software that supports our Skin and Wound Care Program. 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 and additional training on Indigenous Cultural Safety and Awareness. Our goal for 2026 is to continue to build upon 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.

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 additional 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 from July 7 to 25. Residents who required assistance with survey completion were supported by volunteers or a family member. Our survey focuses on 10 key areas: IPAC, Environment, Communication, Dining Services, Your Care Team, Privacy and Choice, Safety, Contracted Services, Housekeeping and Laundry and Recreation. 4 new domains were to our survey in 2025, these included IPAC, Safety, Contracted Services and Housekeeping and Laundry. Residents are asked to rate their satisfaction as Strongly Agree, Agree, Mixed, Disagree or Strongly Disagree. As an organization, our goal is to have residents rate their satisfaction as “strongly agree”.

The results of the 2025 survey was an overall average of 63% satisfaction.

We received our results on October 18, 2025. We shared it with our Resident Council at their council meeting held October 14 and our Family Council meeting held October 15. Our team members were updated on the results during our Townhall meeting on December 3.

Our resident overall satisfaction was 74% Strongly Agree plus Agree to the question “The home/community appears to run smoothly (Team members know what is happening and when activities and meals are offered; know what is going on in the home and work as a team)I am satisfied with my residence as a place to live”. For the quesiton "I feel a part of this community" the overall satisfaction was 59% Strongly Agree plus Agree.

Satisfaction by Domain was:
Environment – 90%

Housekeeping & Laundry – 87%

Contracted Services – 84%

Safety – 80%

Your Care Team – 80%

Infection Prevention and Control – 80%

Recreation – 69%

Communication – 69%

Privacy & Choice – 66%

Dining Services – 64%

Our home had very high positive results related to staff respecting residents' privacy, the residents trust the team members, the home feels safe and secure, 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 taste of food and menu variety.

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, we will also focus on improving customer

service and engaging residents in daily activities. Our other internal focuses for 2026 to support provincial initiatives will be decreasing resident transfer to hospital and decreasing falls.

The 2026 CQI plan outcomes and the 2026 CQI objectives and action plan was 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 resident hand hygiene ambassadors and residents provide meaningful input into their Programming monthly calendar.

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 22. Our employee overall employee engagement score was 78%. Comparing 2024 to 2025 satisfaction survey are home improved by 10%. In response to the following questions "I am very satisfied with my senior living community as a place work" and "I really enjoy the work that I do" the results were 90%. "I feel proud to work at this senior living community" also had a high satisfaction experience of 91%. Respect in the workplace had a very strong satisfaction of

being respected by peers at 88% and respected by supervisors at 85%. These are important indicators when looking at retention and recruitment.

The strongest indicators focused on expectations are clear for roles and responsibilities, enjoying the work they do, and work gives a sense of personal accomplishment. Our areas of opportunity include opportunities to recognize team members, improve communication and training and education.

Our home shared the results of the Employment Engagement survey with our staff during a Townhall meeting on Dec 3. Team members participated readily with input and ideas to address some of the opportunities listed.

Our Equity, Diversity and Inclusion Committee plays an active and vital role in our home by engaging team members in meaningful wellness and educational opportunities throughout the year. In 2025, we proudly hosted celebrations recognizing diverse religious holidays, commemorated Black History Month, organized staff appreciation events, and facilitated Truth and Reconciliation education and awareness initiatives. These events, along with many other activities, foster a culture of respect, inclusion, learning, and belonging for all team members.

To address some of the human resource challenges, our home continues to partner with various colleges and universities for student placements, 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 which has been most successful in achieving full compliment in all departments.

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.

SAFETY

The safety and security of our residents is paramount. In our most recent resident survey, “strongly agree” responses to feeling safe and secure were among our highest-rated indicators, reflecting the trust residents place in our home.

We maintain a robust and proactive process for responding to resident safety events. This includes comprehensive incident reporting, thorough analysis of each event, and the development of individualized safety plans to mitigate future risks. Safety events are systematically tracked and trended using Point Click Care, Workbooks, and our Emerging Issues Reporting processes.

Our in-house quality teams, in collaboration with our corporate partners, regularly review and analyze this data to identify trends and opportunities for improvement. Through continuous monitoring and evidence-informed decision-making, we strengthen our practices and implement changes designed to prevent future safety events and enhance resident well-being.

Our Canadian Institute for Health Information (CIHI) quality indicators have consistently remained well below provincial benchmarks throughout 2025. This sustained performance reflects our team's strong commitment to evidence-informed practice, proactive monitoring, and continuous quality improvement to ensure optimal outcomes for our residents.

Our home has been able to implement changes and 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.

The ISMP Medication System Safety Assessment is completed annually with our Pharmacy partner to identify further opportunities for improvement. 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 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 home has further strengthened resident safety by implementing enhanced safety technologies, including medication scanning systems and the Elfea Watch. These tools support accurate medication administration, real-time monitoring, and proactive response to potential safety risks.

We actively utilize our new Health Connex app for infection as well as Outbreak tracking and auditing.

By integrating innovative technology into our daily practice, we further reduce the risk of errors and enhance the overall safety and well-being of our residents.

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 2024, our organization initiated the Health Connex IPAC and Quality Application. This will enhance our ability to track and trend KPIs based on internal audits. The Health Connex application will be furthered enhanced in 2025 with additional audit tools that focus on clinical programs, occupational health and safety and IPAC.

PALLIATIVE CARE

With the introduction of the Fixing Long Term Care Act in 2021, our organization revisited the Palliative Care Program. The organization partnered with CLRI to look at the gaps and areas of focus which might enhance our program.

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. In 2025, the Goals of Care template will be simplified and more aligned with some of the concepts that are being supported through the PoET initiative.

Our home has a robust interdisciplinary palliative care team. The team focuses on all domains associated with a palliative approach

to care. Our home will be focused on onboarding a chaplain who will support 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 are 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, MAID. 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 throughout their journey and at end-of-life. We honor and respect our residents. 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 is leaves the home and we place a memorial picture in a prominent

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 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.

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 6, 2026**

Lisa.Smith-DRO, Board Chair / Licensee or delegate

Penny Fox - CQI Lead, Administrator /Executive Director

Navjot Navjot - DOC, Quality Committee Chair or delegate

Barbara Murphy - Sr. Director, Other leadership as appropriate
