

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 7, 2026

OVERVIEW

Regina Gardens is a LiUNA-owned and Agecare managed 128 bed, long term care home. Regina Gardens was built in 2024 and is located on the mountain in Hamilton Ontario. Regina Gardens has 3 floors and 5 neighbourhoods where residents live, these neighbourhoods are named after local Hamilton attractions: Mohawk Trail, Cootes Paradise, Chedoke Falls, Kings forest and Mount Hope.

Regina Gardens was built with bright open spaces, and large windows in all residents rooms. Most of the resident accommodations are private, and there are some shared accommodations as well where resident privacy is maximized as much as possible. Each neighbourhood has their own dining room, family room and living space available for residents and their families to use. In the family rooms, there are amenities that allow residents and families to do their own laundry if they choose as well as some small kitchen appliances. In addition, Regina Gardens has a puzzle room, a celebration room, hair salon, cafe and overnight guest room.

Aside from 24 hour nursing services, Regina Gardens proudly offers the following: regular Physician visits, Pastoral and Spiritual Care, Recreation Services, Physiotherapy and Occupational Therapy, hairdressing, footcare, Dentistry and diagnostic tests and exams

Our Mission is to create a home where residents feel honored as individuals and where we provide the best quality of life experience with the support of team members and families. We foster this by focusing on the following areas: Dementia Care, Palliative Care, The Dining Experience, Social-Recreational model of care, Resident and

Employee Satisfaction Surveys, feedback obtained through Resident and Family Council or through our open door policy and analysis of Quality Indicators, Provincial Initiatives and Benchmarks.

Our Continuous Quality Improvement Committee oversees the Quality Program in our home and is lead by the Executive Director. The Interdisciplinary Team consists of the homes Leadership Team a Resident and Family Representative, Front-Line Team Members and external partners that support our home such as, 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 sub committees. After analyzing and trending home results, our CQI Committee determines the prioritization of improvement initiatives and is responsible for developing action plans. The CQI Committee plans actions and evaluation of the plan is shared at Resident and Family Council meetings, Team-Up meetings with staff members and is posted on the homes website.

In 2025, Our Home focused on the following areas, Decreasing ED visits, percentage of residents who responded positively to the statement "I like the food here" and percentage of LTC home residents who fell in the 30 days leading up to their assessment. We were able to decrease our rate ED transfers from 22.44 to 21.02, we did not meet our target of 20.00. We will continue with initiatives to bring this number down even further such as our partnership with the Nurse Lead Outreach Team from St Josephs Health care where they will provide our residents with timely, high quality assessments for complex medical needs with hands on treatments that respects residents goals of care. For residents who responded

positively to the statement "I like the food here" the question was changed in the 2025 survey to " I enjoy the taste of most of the food served to me" Our goal was to increase the number from 21% to 31%, While our satisfaction scored did increase from 21% to 24%, we did not meet our target goal of 31%. As such, we will work on increasing this satisfaction score again this year.

For the upcoming year, our CQI committee has prioritized the following areas: Reducing ER Transfers and Reducing the number of residents that have UTI's. Additionally as we did not meet our goal in 2025, we will be working to improve our satisfaction score to strongly agree in the following area "I enjoy the taste of most of the food served to me"

ACCESS AND FLOW

Our home is committed to supporting our residents across the care continuum and supporting strategies to avoid unnecessary hospitalizations and avoid emergency visits. To support this initiative as well as timely access to clinical expertise and improve care transitions, we have initiated a new partnership with the Nurse-Led Outreach Team at St. Joseph's Healthcare Hamilton. We continue to be partnered with BSO, St Peters hospital Center for Health and Aging and our local LHIN. Additionally, with Ministry funding we have purchased the following equipment: Bladder Scanner, Dopplers, 30 Air Mattresses with pumps, new vitals machines and Otoscopes.

Our home continues to be partnered with acute care hospitals in data sharing through 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. We have also been using a Skin and Wound App that has a multidisciplinary approach to looking at skin integrity through monitoring and assessment. We also utilize additional technology to support resident care and services through our external partners such as BOOMR® (Better Coordinated Cross-Sectoral Medication Reconciliation). It is a pharmacist-led admissions process by CareRx that completes medication reconciliation prior to admission, ensuring timely, standardized medication orders and delivery on day one. This reduces admission delays, minimizes workflow inefficiencies, and improves care flow by decreasing the administrative burden on nursing and physicians. We also continue to use the lifelab portal, Carerx portal, STL Imaging portal, vitalair website and others.

Our clinical team, including our Social Service Worker work collaboratively with Ontario Health at Home to determine appropriate placement for residents in our home. We also partner with hospital discharge planners 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

Diversity and inclusion are very important to us here at Regina Gardens, we work hard to educate each other and to celebrate our differences and what makes us the people we are. We take part in creating events around Chinese New Year, Black History Month, Pride and days for Truth and Reconciliation. We encourage each other to share our values and traditions and we enjoy taking part and learning about other cultures rituals such as Diwali and Eid.

As part of our Local Service Accountability Agreement with the Province, our home ensured that we had our staff receive training in Equity, Inclusion, Diversity, Anti Racism and Indigenous Cultural Safety and Awareness through our Surge Learning Portal. In 2026, our goal is to use this knowledge to enhance programs and services offered to residents that respect their individuality.

As a part of our Strategic Plan, our home has developed a 3 year Cultural and Diversity Plan. Our plan focuses on programming and events that are culturally specific. This will be done through 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, pride parades and others.

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 residents council,

family council and food committee and we have a resident and family representative that sit on our CQI committee. We gather additional feedback from residents and families through committees but also through open communication, auditing, concerns and complaints and surveys. We also work with external partners and align with provincial objectives.

Our 2025 resident/family survey was completed July 7-25, 2025. Residents who required assistance with survey completion were supported by volunteers or a family member. Our survey focuses on 6 key areas: Residence Management, Home Staff, Nursing, Programs and Activities, Dining Services and Environment. Residents are asked to rate their satisfaction as Strongly Agree, Agree, Neutral, Disagree or Strongly Disagree. As an organization, our goal is to have residents rate their satisfaction as "Strongly Agree".

We shared our results with the Residents Council at their meeting held on February 12, 2026. As our Family Council has very recently disbanded, the results have been posted on our family communication board located in the main lobby and will be reviewed with families at our next Family Information Meeting. The posted copy is also available for Employee review and we discuss at Team-Ups.

Our resident overall satisfaction was 71% Strongly Agree plus Agree to the two questions "I am satisfied with my residence as a place to live" and "I would recommend my residence as a place to live"

Satisfaction by domain was:

IPAC - 81%

Environment - 87%

Communication - 68%

Dining Services - 75%

Your Care Team - 86%

Privacy and Choice - 79%

Safety - 79%

Contracted Services - 60%

Housekeeping and Laundry - 80%

Recreation - 86%

Our home had the highest positive results related to:

I am regularly invited and encouraged to join recreation programs and activities - 97%

I find the activities offered engaging and well run - 96%

The building is well maintained - 94%

Activities are adapted to accommodate my abilities and interests - 93%

I am satisfied with the maintenance of my room - 91%

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) - 91%

The care team treats me with respect - 90%

Communication from the home/community has been informative and timely - 81%

Our areas of opportunity were primarily related to dining services, specifically related to enjoying the food and being informed when a substitution or change is made to the menu and not being satisfied with the laundry services offered.

With input from the Residents, our CQI Committee has determined that dining will continue to be a focus in 2026 with action plans aimed at satisfaction with the quality of food and communication

around menu changes and substitutions. We will also look at the laundry and create actions plans on how we can improve the service. The other focuses for our 2026 CQI Plan will align with the provincial focus on decreasing ER transfers and percentage of residents who have a UTI.

The 2026 CQI objectives and action plan were shared with the Residents council on March 26, 2026. It is also posted on our resident/family communication board, staff communication board and will be posted on our homes website. Our CQI committee continues to monitor the plan and will make adjustments to the plan based on outcomes.

PROVIDER EXPERIENCE

Each year, our organization distributes an Employee Engagement Survey to our staff to obtain a pulse check on their satisfaction with our 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 4-22, 2025.

Our Employee overall engagement score was 68% 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 a place to work" and "It rarely crosses my mind to leave my organization an work somewhere else". These are important indicators when looking at retention and recruitment.

Satisfaction by domain was:

Employee Experience - 76%
 Supervisor/Leadership - 67%
 Job Performance - 82%
 Recognition - 62%
 Communication/Teamwork - 81%
 Personal Growth - 52%
 Compensation/Benefits - 55%

Our home had the highest positive results related to:

I enjoy the work that I do - 95%

My role and responsibilities are clear and I know what is expected of me at work - 92%

I feel proud to work at this senior living community - 90%

My work gives me a sense of personal accomplishment - 90%

My coworkers are dedicated to doing their best work - 86%

I have the necessary training to perform my job effectively - 85%

There is a strong sense of teamwork in my department/neighbourhood - 82%

Our areas of opportunity were primarily related to: Recognition and Growth and Advancement..

The home shared the results of the Employment engagement Survey by adding them to the staff communication board located outside the break room and by the punch clock. We will also be asking for input and ideas to address some of the opportunities listed at our upcoming team ups and departments meetings.

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 referral program and dedicated recruitment team to assist our home with 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 programs and events, daily team-ups where two way conversation is encouraged. We have a 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. Our home has a robust process for responding to resident safety events which include incident reporting, analyzing safety events and developing individual safety plans. We also track and trend safety events with the use of Point Click Care, Workbooks, and Emerging Issues Reporting. Out in-home 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. Each home area has a dedicated falls caddie that keeps all the necessary equipment on hand should there be an urgent need to interventions/equipment in place for our residents.

We have a fully functioning Automated 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 the 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 for education 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.

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 team members on risk and prevention.

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 the residents wished related to their care and treatment goals. In 2025 we simplified the goals of care template to be 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 has a Chaplain who supports spiritual needs of our residents and 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 included 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 planning such as Palliative Pain and Symptom Management, NLOT, CLRI and funeral homes that come in a provide education to families.

All staff support residents throughout their journey at end-of-life. We honour and respect our Residents. At Team-ups we talk about residents who are at end-of-life so that other residents and staff are aware and have the opportunity to visit. Once our resident passes, our team holds an honour guard as each resident leaves on their final journey. We place a memorial picture on our memorial wall with candles, angel figurines and butterflies for their friends and co-residents.

POPULATION HEALTH MANAGEMENT

Our Organization is not part of an Ontario Health team however, we work very closely with our external partners on proactive approaches to meeting the needs of our residents.

Our home partners with 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 all our residents. Some of our partnerships include, Behaviour Supports Ontario, Physiotherapy, Occupational Therapy, Registered Dietitian, Pharmacy Consultant, Social Work and more recently The Nurse Lead Outreach Team from St Josephs Healthcare. Each partnership brings in expertise and suggestions on how to support our LTC population.

Several of our team members participate in local communities of practise such as LHIN meetings where regional focuses are discussed and planned, Public Health Forums and other forums with other managers in similar roles. Our organization maintains its membership with OLTCA and we have a corporate membership on various committees that look at population health and advocacy for our sector.

CONTACT INFORMATION/DESIGNATED LEAD

Heather Gates, Executive Director
Quality Program Lead

536 Upper Paradise Road
Hamilton, Ontario
L9C 5E3
(P) 905-383-2970
(f) 905-383-9861

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 7, 2026**

Lisa Smiith - DRO, Board Chair / Licensee or delegate

Heather Gates - CQI Lead, Administrator /Executive Director

Rebecca Kalka - Interim DOC, Quality Committee Chair or delegate

Barbara Murphy - Sr.Director, Other leadership as appropriate
