

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 4, 2026

OVERVIEW

Villa Forum is a 160-bed long-term care home located in Mississauga. Our Mission is "We are committed to providing a comfortable home, full of joy and traditions, with passionate staff that embrace resident centered care and celebrate cultural diversity". Our Vision is "to provide a vital, engaging lifestyle for residents who require quality care. We provide peace of mind afforded by a choice of supportive services and celebrate living by recognizing each person's past experiences, community connections and individual needs to foster a sense of wellbeing and belonging".

Our home is deemed to be ethno-specific and has a high population of Italian residents.

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 result, 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 two key areas: (1) Reducing ER Transfers (2) Improving Resident Satisfaction in the area relating to pleasurable dining. The home was able to meet or exceed targets that were set for reducing ER transfers. The home did not meet the target set for the area pleasurable dining and will be working on this again for this year. See the Progress Report for additional details into the initiatives taken.

Our home is performing well in the 6 publicly reported quality indicators: Psychotropics, Falls, Worsened Pressure Injuries, Restraints, Pain and Worsened Depression.

For the upcoming year, our CQI Committee has prioritized the following areas: (1) Reducing ER Transfers (2) Improving Resident Satisfaction in the area relating to pleasurable dining (3) Reducing Worsening Pressure Ulcers.

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 Nurse Practitioner through NP STAT (Nurse Practitioners supporting teams averting transfers). We have a Full Time Social Service Worker who supports 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 will also be hiring 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 determined that we would have our BSO lead be an RN so that the proper depth and understanding would be brought to the position. We had another 73 staff participate in the Age Care 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 education in IPAC and collaborates closely with the regional IPAC Hub.

Our clinical team, including our Social Service Worker work collaboratively with Ontario Health at Home to determine appropriate placement of 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. All of our executive level staff completed the EIDA-R training.

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.

Many table displays are put together in the Piazza for staff and visitors to view. These have included Reconciliation Day(Every child matters) Orange T-Shirts have been worn by staff. Black History Month, Pride Month and others.

Our Menu consists of one choice being Italian to meet the high Italian population. There is always a second choice which will vary in cultural preferences including some items: Jerk Chicken, Portuguese Chicken, Butter Chicken, to name a few.

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 7 - 18th. Residents who required assistance with the survey completion were supported by volunteers or a family member. Our survey focuses on 9 key areas: Communication, Privacy and Choice, Safety, IPAC, Your Care Team, Dining Services, Recreation, Housekeeping and Laundry, and Environment. Additionally we have an Overall Satisfaction Score based on a couple key questions. 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".

We received our results November 21, of 2025 and shared it with our Resident Council at their council meeting held February 23,2026 for review and feedback. There was no meeting held in January related to Respiratory Outbreak. The results were also shared with our Family Council at their meeting held January 22, 2026. The councils did not meet in November or December. Our team members were updated on the results during the daily Team-Ups the week of January 5th.

Our resident overall satisfaction was 81% 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:

Environment - 97%

Housekeeping and Laundry - 97%

IPAC - 90%

Privacy and Choice - 90%
Your Care Team - 89%
Safety - 88%
Recreation - 84%
Dining Service - 80%
Communication - 78%

Our home is so pleased to have higher scores in all domains than AgeCare Corporate. The highest results were in the following: Environment, Housekeeping and Laundry, and IPAC. Our areas of opportunity were primarily related to dining services, specifically related to 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. The other focuses for our 2025 CQI plan will align with the provincial focus on decreasing ER transfers as we remain higher than the provincial average. Lastly, although we are performing well on worsening pressure ulcers we will be focused on this for 2026 as we have seen an increase in the indicator related to residents being admitted with wounds.

The finalized plans will be shared with the Resident and Family Councils at their next meeting. The plan will also be posted in the home and on the website for all residents, family and staff to be able to review. The plans will continue to be reviewed and monitored quarterly with our CQI committee and our progress shared with the councils.

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 July 21nd to Aug 1. Our employee overall employee engagement score was 83% in response to the following 3 questions: "I am satisfied with my organization as a place to work", "I would gladly recommend 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 included workload. With Ministry funding initiatives we are able to increase our staffing and will be adding positions.

Our home shared the results of the Employment Engagement survey with our staff during Team-Ups in 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 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.

We have had a few senior staff that have retired and remained part-time. These staff are assisting in the provision of orientation to our new staff and also supporting the new staff through provision of ongoing education.

SAFETY

The safety and security of our residents is paramount. Residents strongly agreeing to feeling safe and secure scored at 88% 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 fall mattresses 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 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 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 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 further enhanced in 2026 with additional audit tools that focus on clinical programs, occupational health and safety and IPAC.

Risk and Quality Indicators for our home are all in the low quartiles in comparison to our sister homes and well below the provincial average.

PALLIATIVE CARE

Our organization is proud of our palliative care program. The program is embedded in the establishing of a palliative approach to care focused around the 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 strong interdisciplinary palliative care team. The team focuses on all domains associated with a palliative approach to care. Our home has an on call chaplain who supports the spiritual needs of our residents or we connect 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. 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.

The home was approached by Trillium Health Partners to participate in a Palliative Care Project. The home has initiated this participation and will continue.

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. Our Music Therapist who is aware of each resident's favorite songs will gather with family and the resident and sing or play their favorite music. Once our residents pass our team holds a ceremony in our Piazza as the Funeral Home escorts the deceased from the home. It includes all residents that would like to be in attendance, family and staff. The funeral home will pause with the deceased resident who is covered with a special quilt. The staff will then recite foot prints in the sand and follow with the singing of Amazing Grace and Hallelujah. We then place a memorial picture and flower one on the floor and one in the Piazza for their friends and co-residents. In addition the staff will gather resident's belongings in a special box that the residents paint and leave it on the resident's bed with a rose and a battery operated candle for the family to pick up.

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 is deemed to be ethno-specific and has a high population of Italian residents. Our home has specific programming and meals to cater to the Italian population.

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, g feeds, 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, 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 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 to support residents with reactive personal expressions. We have access to pain and palliative care specialists, nursed 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

Iwona Marasovic - Executive Director

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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 4, 2026

Candace Laanthier - DRO, Board Chair / Licensee or delegate

Iwona Marasovic - CQI Lead, Administrator /Executive Director

Majlinda Dedelli - DOC, Quality Committee Chair or delegate

Barbara Murphy - Sr.Director, Other leadership as appropriate
