

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 4, 2026

OVERVIEW

AgeCare Wenleigh is a 161-bed long-term care home located in Mississauga. 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 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. This 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 subcommittees. 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, Department meetings and posted on our home website.

In 2025, our home was focused on three key areas: (i) Reducing ER Transfers (ii) Improving Resident Satisfaction in the area relating to pleasurable dining and (iii) Reducing Antipsychotic Usage without a Diagnosis of Psychosis.

We were able to reduce ER transfers by 2% with Attending Nurse Practitioner support, early identification of changes in condition and clinical support of complex care needs such as IV therapy, advanced wound care, and infection management. Clinical Leadership education was completed for some of our full-time registered staff which was geared towards clinical assessment.

We successfully reduced Antipsychotic Usage by 75% through proper identification and documentation of residents experiencing hallucinations and delusions and weekly meetings to review caseloads and reduction strategies with the BSO Lead, Nursing and MD.

We were also able to improve our Resident Satisfaction in the area relating to Pleasurable Dining by 8% by introducing some key initiatives in 2025 such as monthly themed meals, pleasurable dining education, and plating with pride for our Dietary staff.

All staff completed the Diversity and Indigenous training in our Surge Learning platform. This will be our basis for enhancing awareness and building our internal programs and processes.

For 2026, our CQI Committee has prioritized the following areas: (i) Reducing ER Transfers as our goal is to be below the provincial average (ii) Reducing Worsening Stage 2-4 Pressures Ulcers, and (iii) Improving Resident Satisfaction in the area relating to Pleasurable Dining for further improvement.

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 room visits. Our home has the support of a full time Nurse Practitioner through the Ministry of Long Term care initiative. We also continued to partner with the Nurse-Led Outreach Program (NPSTAT) for weekend and after-hours support in the absence of our Nurse Practitioner.

Our Social Service Worker 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 additionally had our registered staff participate in external Leadership and Clinical Skills training and we had several internal educational sessions to support clinical practice such as Wound Care, Pain Management and IV infusion. We have also hired a second Assistant Director of Care who will help support the Nursing Team in enhancing resident care.

Our internal BSO team continues to partner with the Regional Geriatric Mental Health Outreach Team and the Alzheimer's Society Psychogeriatric Resource Consultant to support our residents living with Mental Health and Dementia. We also had additional 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. We plan to continue to train staff in GPA training. Our home has a full time Infection Prevention and Control Lead that has advanced education in IPAC and collaborates closely with Region of Peel Public Health and Trillium Regional IPAC Hub. We are supported by a Registered Social Worker who clinically supports our residents. We are able to access a clinical resource specialist for skin and wound care through Medline our vendor for supplies.

We have also implemented the use of technology to improve resident care. Our home continues to partner with Trillium Health for Virtual support. This Program provides rapid access to hospital services including a same or next day virtual visit with a General Medicine Internist (GIM), GIM consults, and expedited access to diagnostic imaging.

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 working 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 frontline 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 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.

We have continued to include the land acknowledgement before all team meetings and this was also adopted by our Family Council. 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. Multicultural Days and events are recognized such as Black History Month, St. Patrick's Day, Robbie Burns Day, Caribana, Cinco De Maya, Diwali Celebration and Hanukkah. Wenleigh celebrates the various traditions so that residents and staff will be able to understand and appreciate our various cultures and contributions. We also provided education at team-ups around the National Day of Truth and Reconciliation to bring further awareness to our team members.

Agecare Wenleigh reflects the richness of diversity in our Person Centered Care philosophy. Cultural and ethnic preferences and wishes are reflected in activities of daily living including: menu and food choices; celebrations; and activity programming. Our Home continues to focus on the diverse preferences of residents in terms of food choices that are acknowledged and provided, particularly during holiday periods. A variety of activities are offered that cater to the diverse choices of residents, including community outings, seasonal socials, holiday celebrations, decor, music, and crafting styles.

Our home also supports and respects the traditions and wishes of our resident population and will make community connections that are available. As part of resident-centered focus care our Home

continues to individually assess residents to develop and implement their appropriate nutritional care plan including resident's food preferences and significant dislikes that includes religious and cultural food preferences.

The promotion of cultural diversity is actively fostered through the recruitment and hiring of a diverse workforce. All job applications are approached with an open-minded perspective, and candidates are selected based on their qualifications and abilities. Our commitment to diversity remains a cornerstone of our organizational ethos, recognizing that our team members hail from various backgrounds and are fluent in multiple languages. This diversity serves as a significant asset, particularly in addressing the needs of the residents we serve effectively reducing language barriers and enhancing our ability to provide inclusive and culturally sensitive care.

Gender and Sexual Orientation are self-identified as appropriate and respected across the target audience. Staff support with identity transition and supporting with residents mindset when required. Residents are supported to meet their wishes regarding gender identity and sexual orientation.

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, Resident Food Committee and we have a resident and family representative on our CQI Committee. We gather additional feedback from residents and families through these

committees but also through open communication, auditing, concerns, 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 11th and our Family Council meeting held December 20th. Our team members were updated on the results during the daily Team-Ups the week of November 3rd.

Our resident overall satisfaction was 90% 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 – 90%
- Communication – 83%
- Privacy and Choice – 90%
- Safety – 91%
- IPAC – 94%

- Your Care Team – 88%
- Dining Services – 67%
- Recreation – 83%
- Housekeeping and Laundry – 90%
- Environment – 92%
- Contracted Services – 94%

Our home had the highest positive results related to improvements in the environment and the kindness of staff. 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. The other focuses for our 2026 CQI plan will align with the provincial focus on decreasing ER transfers and reducing Worsening Stage 2-4 Pressure Ulcers.

The 2026 CQI plan outcomes and the 2026 CQI objectives and action plan were shared with the Resident Council on Feb 12th, the Family Council on Feb 19th, Team-Ups the week of Feb 18th. 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 announcements on special occasions and are actively involved in sponsoring staff appreciation events. Our Family Council actively raises funds for residents expressed recreation desires.

Additionally, our focus in 2026 is around making connections with residents and families and we will start our first Family Onboarding sessions for new families in March 2026 which will give them a more in depth understanding of the long term care environment in which their loved ones 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.

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 July 21st to August 8th.

Our employee overall engagement score was 63% 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 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 meetings in December and asked for input and ideas to address some of the opportunities listed. Our actions plans for 2026 will focus on Recognition and Communication.

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. We have hosted over 60 students in 2025.

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, Coaches Corner where we discuss, educate and offer solutions regarding areas of staff concerns for improvement.

Our Clinical Social Worker provides support to staff as 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.

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, beveled edge surfaces and Hi-LO beds. 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 our 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

Assistant 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 establishing a palliative approach to care focused around the resident's values, beliefs and wishes. Staff are trained in using the Palliative Order Sets and comfort measures at end of life.

Goals of Care discussions are a focus when residents move-in and are revisited with significant changes to health and annually during care conferences. 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 an interdisciplinary palliative care team. Our home

has access to 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 24 hour accommodation at end-of-life, pain and symptom management, education for families and residents around goals of care, end-of-life, 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. We are further supported by our Attending Nurse Practitioner, Social Worker and Social Service Worker.

All staff support residents and their families throughout their journey and at end-of-life. We honour and respect our residents. Families are invited to stay with their loved ones at end-of-life. When a residents passes away, they are covered with a memorial blanket and our team holds an honor guard.

POPULATION HEALTH MANAGEMENT

Our organization is part of Ontario Health Central and we work very closely with all of 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 through the Local Priorities Funding. We have utilized external supports such as the NPSTAT program and Physician on Call to cover after hours care support for our residents.

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, Chiropodist, Optometry and Audiologist and others. Each allied health team member is integral to our success and 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 Peel Public Health team and the Trillium 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 and the Behavioural Supports Ontario (BSO) support team through the Alzheimer Society Peel 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 they look at population health and advocacy for our sector.

We have also been engaged in utilizing virtual health consultation platforms for wound care, responsive behaviour management clinical support to decrease emergency transfers.

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 4, 2026**

Candace Lanthier - DRO, Board Chair / Licensee or delegate

Cecile Carrol - CQI Lead, Administrator /Executive Director

Claudette Coward-Smith - DOC, Quality Committee Chair or delegate

Barbara Murphy - Sr.Director, Other leadership as appropriate
