

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 9, 2026

OVERVIEW

AgeCare West William is a 160-bed long-term care home located in Kitchener. 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. 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) Reducing ER Transfers (ii) Resident Satisfaction related to the Dining Experience (iii) Resident Satisfaction related to Overall Communication. Unfortunately we were unable to meet our targets related to ED

visits as we have seen an increase in complexity of residents entering our home. We will be looking at additional strategies to support our clinical team with meeting resident care needs in the home through education and through an interdisciplinary approach.

For Communication, our satisfaction scores showed an improvement from 81% to 82% but we did not meet our target goal of 85%. We will continue to utilize the strategies and lessons learned to continue to enhance communication. An initiative that we are just getting started with includes a Family Orientation and also enhanced Move-In Program aimed at building relationship through effective communication. Through these new initiatives, we hope to see an increase in this area in 2026. Our Dining Experience Score improved from 71% to 80% (last years performance was incorrectly identified as 81%). Our improvements were realized through collaboration with our residents, additional menu variety that focuses on cultural preferences or resident choice, and a focus on ensuring staff are providing a pleasurable dining experience through coaching and audits.

For the upcoming 2026 year, our CQI Committee has prioritized the following areas: (i) Although we met our goals on Reducing ER Transfers, there is still an opportunity to improve this indicator(ii) Improving resident and family satisfaction in the area relating to timely communication amongst nursing staff and updates to families with resident status change , and (iii) Although we did improve on our satisfaction survey on dining experience, we still have the opportunity to further Improve Resident Satisfaction in the area relating to pleasurable dining in 2026.

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. We continued to partner with the Nurse-Led Outreach Program to provide any education or supports to the home to reduce the ED transfers. Our Social Service Worker is there to support resident transfers across the continuum of care and within our home. We also have a PSW coordinator in place that provides ongoing training and coaching to the PSWs.

In April, our Medical Director met with our families to provide education around when to send residents to hospital and the services that are available to the home. Our physician also supports our Registered Staff with coaching and teaching on assessment and more advanced clinical skills. The home had two of our Registered Staff complete the IV Course to be able to support IV therapy within the home.

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 also had 42 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. In 2024 we

also introduced the Health Connex to further assist the Nursing team with audits and documentation. 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. We continue to include this training as part of our onboarding experience.

In 2025, our home introduced an in-home Diversity Committee. Our committee includes a diverse group of staff from all departments and they work collaboratively to bring awareness to all staff, residents, and families around inclusion and respect.

To support awareness, our home has hosted 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 where able.

In 2025 our home celebrated many cultural holidays and events such as Black History Month, Holi, Pride, Indigenous Truth and Reconciliation and Red-Dress Day, Somali and Jamaican Independence Days, and many others including traditional Canadian celebrations. These events include education and awareness for everyone and often include cultural food, traditional clothing, and themed programming events.

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 2025 and shared it with our Resident Council at their council meeting held on October 30, 2025 and our Family Council meeting held October 15th, 2025. Our team members were updated on the results during the daily the Town Hall held Feb 3rd and our CQI team reviewed the survey as a group on February 5th.

Our resident overall satisfaction was 81% Strongly Agree plus Agree to the questions "I would recommend my residence as a place to live". Satisfaction by Domain was:

- Overall Satisfaction – 81%

- Communication – 88%
- Privacy and Choice – 79%
- Safety – 79%
- IPAC – 83%
- Your Care Team – 80%
- Dining Services – 75%
- Recreation – 87%
- Housekeeping and Laundry – 89%
- Environment – 92%
- Contracted Services – 73%

Our home had the highest positive results related Housekeeping and Laundry, Environment and respecting Privacy and Choice. We scored well in many other areas specifically to individual questions related to feeling safe, trust, and staff members being friendly. Our areas of opportunity were primarily related to dining services, specifically related to cultural variety in the menu and food satisfaction and communication in the home. We also scored lower on contracted services which may be attributed to lack of knowledge about services that are available and can be offered.

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 2025 CQI plan will be on continuing the efforts to decrease the ER transfers and improving communication.

The 2025 CQI plan outcomes and the 2025 CQI objectives and action plan will be shared with resident and family council during their next council meetings. It will also be posted on our

Resident/Family Communication Board and will be posted on our home's website. Our CQI Committee will review the final plan on April 29th and will continue to monitor the plan and will make adjustments to the plan based on outcomes. Updates will be shared quarterly with the councils.

Some additional initiatives that have been implemented in our home to improve our resident experience include providing meaningful engagement. We are looking to recruit a new resident IMAGINE Ambassador, and also are hoping to have resident-led welcome tea for new residents moving in.

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. Also had Townhalls on Dec 5th, January 14/15th 2025 and January 30th, 2025 to get feedback from staff. This will be reviewed 3-4 times a year.

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. We continue to practice 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, 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 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 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 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.

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 , 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 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, 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

Penny Silva
Executive Director - Continuous Quality Improvement Program Lead

519-570-2115 EXT 502
penny.silva@agecare.ca

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 9, 2026**

Lisa Smith - DRO, Board Chair / Licensee or delegate

Penny Silva - CQI Lead, Administrator /Executive Director

Euline Thompson and Anantdeep Kaur - Co-DOCs, Quality Committee Chair or delegate

Barbara Murphy - Sr.Director, Other leadership as appropriate
