

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 3, 2026

OVERVIEW

AgeCare Willowgrove Long Term Care is home to 169 residents located in Ancaster. Our mission is to “Create a home where residents are honoured 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 data and input received from our quality sub-committees, Resident and Family Councils, team members, external partners, and annual satisfaction survey results. After analyzing and trending home results, our CQI committee prioritizes the improvement initiatives and is responsible for developing action plans, monitoring the plans, providing updates to key-stakeholders and adjusting the plan. The CQI plans, action and evaluation of the plan is shared at Resident and Family Council meetings, Team-Up huddles with team members, and posted on our home website.

In 2025-2026, our home focused on three key areas: (i) The measure is % of residents who Strongly Agree/ Agree to I am offered activities that meet my interest. (ii) The measures is % of residents who Strongly Agree or Agree to "I am satisfied with the

quality of the food served." iii) percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment. We are very happy with our results for both Food and Activities as they are both very important benchmarks. We set smart goals and were able to achieve and surpass our goals. Some items we did to help with "I am satisfied with the quality of food served" was we purchased a plate warmer in one of our dining rooms, this has really been going over very well but it does keep the plates warmer which helps with the food temperatures. We also have our Dietary department complete audits in each dining room at lunch and dinner to help get honest feedback at each meal. Our culinary team led by our Food Nutrition Manager has been very involved with our Food Committee and ensuring they are heard and as well as having many themed meal days as well as on occasion ordering Pizza and Wings. One event that went well in 2025 was that we purchased 95 Happy Meals for Mc Happy day. The residents were served their meal in the happy meal box and their faces lit up when they got to open it and see everything inside. They were also very happy when it was explained to them what Mc Happy day is. For our resident satisfaction in "I am offered activities that meet my interest" we continue to look for new events, programs or technology to help engage everyone. Some new programs or equipment that we got in 2025 and helped us exceed this benchmark was recruitment of more recreation employees,

For the upcoming year, our CQI Committee has prioritized the following areas: (i) ED Visits (ii) Percentage of residents who strongly agree/ agree to "I am satisfied with the Physician services" and (iii) Diversity training for our front-line team members.

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 two part-time Nurse Practitioners through the Ministry initiative. We also continued to partner with the Nurse-Led Outreach Program in our region for Nurse Practitioner support during our recruitment phase and with ongoing support. We have added additional Social Service Worker services to support resident transfers across the continuum of care and within our home. With the additional Ministry funding for four hours of care, our home was able to enhance our PSW and Registered Staff complement. We have also hired a full-time Clinical Coordinator and an additional Assistant Director of Care 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. After being placed on hold in 2025 for redevelopment, the program has been thoughtfully reimagined and relaunched as Imagine every moment matters. The redesigned program now features a blended learning format that combines flexible online education with a focused, interactive in-class experience.

Our Imagine program 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 and Public Health.

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 resident's health history to support their plan of care. We also utilize additional technology to support residents care and services with external partners such as LifeLab Portal, CareRX Portal, STL Imaging Portal, Vitalaire website, PCC Skin & Wound app, Boomer and others.

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 hospital discharge planned during the move- in process or readmission back to their home after a hospital visit to provide seamless care and service provision.

One new service that AgeCare Willowgrove has started in 2025 is that we have a contract with Nurse Lead Outreach Team (NLOT). They help us if a resident is moving in with expressions or if we need any education or to help get residents the care, they need in a hospital or results back faster from a hospital visit.

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 use this knowledge to enhance programs and services offered to our residents that respect their individuality. Our home also 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 and to celebrate each other's diversity and uniqueness.

To support awareness, our home frequently hosts social events such as resident and team member 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. As a part of our accreditation quality improvement plan with CARF, we are committed to creating a culture and diversity calendar of events to recognize and celebrate diversity in our home.

We look forward to establishing community partnerships that will offer awareness training and enhance our knowledge and intentional workplace practices in 2026-2027.

PATIENT/CLIENT/RESIDENT EXPERIENCE

We are committed to engaging, 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 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/councils 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 our recreation team 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 Environmental, Housekeeping and Laundry.

We received our results in September 2025 and shared them with our Resident Council at their council meeting on October 27, 2025 and our Family Council meeting held November 20, 2025. Our team members were updated on the results with a copy posted by our punch clock as well as a hubspot memo sent out on February 25, 2026.

Our resident's overall satisfaction was 73%.

Satisfaction by domain was:

- Overall Satisfaction – 73%
- Communication – 64%
- Privacy and Choice – 78%

- Safety -83%
- IPAC – 83%
- Your Care Team –80%
- Dining Services –74%
- Recreation –80%
- Housekeeping and Laundry –89%
- Environment –91%
- Contracted Services –56%

Our home had the highest positive results related to Environment.

With input from the residents and families, our CQI Committee has determined that Contracted Services will be one of our items to focus on in 2026 with action plans aimed at improving satisfaction and education on our contracted services specifically around Physician Services. The other focuses for our 2026 CQI plan will align with the provincial focus of decreasing ED transfers and education on EDI-IR.

The 2025 CQI plan outcomes and the 2025 CQI objectives and action plan were shared with the Resident Council on March 12, 2026, Team-ups the week of March 2, 2026. It is also posted on our Resident/ Family Communication Board, Quality 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, residents helping with announcement of special events. Our residents also provide a welcome card when

new resident move in which is included in a welcome gift including a blanket.

Additionally, our focus for 2026 was around making connections with residents and families and we started our Family Orientation sessions for new families which provide them with a more in depth understanding of the long-term Care environment in which their loved ones live. The onboarding sessions include information about LTC in general, departments and program specific information and tours of the home including behind the scenes such as kitchen and laundry services. We have also engaged our Social Service Worker to have meaningful touch points with new residents and their families.

PROVIDER EXPERIENCE

Each year, our organization distributes an Employee Engagement Survey to our team members 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” with the satisfaction survey questions. Our 2025 survey was distributed through an online portal from August 4-22,2025.

The strongest indicators focused on Employee Experience. Our areas of opportunity include Compensation and Benefits, Job Performance and Communication and Teamwork. Our home shared results of the Employment Engagement Survey with our staff during Team Ups, Hubspot & Staff Stat memo with results and Action Plan that was developed with a CQI team with a mixture of leadership and frontline staff from all departments. This was shared the week of March 9-13,2026.

To address some of the human resources 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 recognition program and events, daily team ups where two-way conversation is encouraged, and having an Employee Family Assistance 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 Living or Values Tree (LOV Tree) 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 recognition 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 include 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 Issues Reporting. Our in-house quality teams and our corporation analyze our data and look for opportunities to improve practices and 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 Fall Prevention resources by purchasing additional alarms, falls mattresses, hip protectors, and raised edge surfaces. We have a fully functioning 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 Lead 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. In the last quarter of 2025, we also purchased a Wanderguard blue system which was installed on our front door

which for residents that are at a high risk for elopement wear a wrist band and it looks the front door if they get to close and if the stay by the door for a while it will alarm for assistance.

PALLIATIVE CARE

Our organization is proud of our palliative care program. The program is embedded in the establishing a palliative approach to care focus around the residents' values, beliefs and wishes.

Goals of Care discussions are a focus when residents move-in 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 residents' health status changes or minimal annually during their interdisciplinary care conference. Goals of care discussions include all domains and consider the residents' cultural and spiritual preferences. During palliative care conferences family and the residents are asked if they would like a song played during the honor guard to show our respect.

Our home has a robust interdisciplinary palliative care team. 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 Surge Learning platform and through in-person education. Our program includes, but is not limited to, the use of comfort 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. Our home has a quiet room which families can

use when staying at the home with their loved one at end-of-life, we also have a cot that folds down into a bed that can be used in the resident room for families that would like to stay at their loved one's bedside. We also have an infirmary where if a resident that is end-of-life has a roommate they can be moved to have their own room that family can visit in.

We continue to partner with external organizations with expertise in palliative care and end-of-life programs such as 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 the other Palliative Care education through colleges and universities.

All staff support residents and their families throughout their journey and at end-of-life. We honor and respect our residents. Families are invited to stay with their loved ones at end of life. At the time of a resident's passing, we pause as a community to honor their life, their story, and the privilege we have had in caring for them. When a resident leaves our home for the final time, they leave through the front doors — the same doors through which they first entered their home with us. Team members gather to form an Honor Guard.

We play the residents chosen song, pause together in reflection, offer words of gratitude, thanking them for allowing us to care for them and we read a meaningful poem. When our Chaplin is in, he offers words of gratitude and thanks as well reads a meaningful poem. This moment is quiet, intentional, and filled with dignity.

Within our home we place a memorial photo in a prominent area and turn on a candle in their honor. This allows friends, co-residents, and team members the opportunity to reflect, remember, and grieve together.

Each quarter, we gather for a Celebration of Life to honor all residents who have passed during that time. Families, residents, and team members are invited to attend. During this service, we share stories and memories, read selected poems, offer prayers led by our Chaplin. As each resident is honored and their story shared, a family member is presented with a rose in remembrance of their loved one. This gathering is a time of connection, healing, gratitude, and reflection a reminder that life is precious.

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 can also contact Nurse Lead Outreach Team (NLOT) for additional support.

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 focusses 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 with various committees that look at population health and advocacy for our sector.

This year we have started to partner with the Emergency Medical Services to provide in home assessments and treatment recommendations which will support a reduction in unnecessary ER transfers. We have also been engaged in utilizing virtual health consultation platforms for wound care and responsive behaviour management.

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 3, 2026

Lisa Smith - DRO, Board Chair / Licensee or delegate

Brendan de Jeu - CQI Lead, Administrator /Executive Director

Moyo Adedibu - DOC, Quality Committee Chair or delegate

Barbara Murphy - Sr. Director, Other leadership as appropriate
