

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 27, 2025

## OVERVIEW

Our Quality Framework outlines the ways in which our home is supported to achieve success with a focus on quality of life, safety, regulatory compliance, and resident engagement. In alignment with provincial requirements, our home is responsible for directing our quality improvement plan, with the support of a dedicated regional team who assist us with our home's quality initiatives as needed. Our strategic direction and the initiatives that support the plan also meet or exceed standards set by Accreditation Canada and meet the requirements of our LSAA.

Our home's multidisciplinary Continuous Quality Improvement (CQI) Committee oversees our quality program. It is led by our home's CQI lead. Membership includes our home leadership team, each designated program lead, Medical Director, Dietitian, Pharmacy Consultant, resident and family council representatives, and care team representatives, including a Personal Support Worker and Registered clinical staff. Our CQI committee meets at a minimum quarterly and uses our CQI Framework to identify key areas for quality improvement in our home, make recommendations, monitor and measure progress, identify and implement adjustments, and communicate improvement outcomes for the current and following year. Results are discussed and shared with residents, families, team members and external partners to support our priorities, targets, and activities. We measure and monitor our quality initiatives using data accuracy and quality indicator results. Our home's quality reports are circulated monthly and reviewed, to help monitor progress and drive meaningful conversation at our continuous quality committee meetings. Performance monitoring is a key part of our relentless efforts to improve performance and include but are not limited to

the following:

- Monitoring key quality indicators
- Internal audits
- External audits
- Annual program evaluations
- Resident and Family Experience Survey results

In 2024, our home's Quality Improvement priority areas included: Percentage of residents who fell in the past 30 days, Percentage of residents without psychosis who were given antipsychotic medication in the 7 days preceding their assessment, Percentage of residents with worsening pressure ulcers at stage 2-4, and Percentage of residents with daily physical restraints.

The following top areas for improvement identified from our 2023 Resident and Family experience survey results were also included: Residents and Family would recommend this home to others, Resident is updated regularly about any change in my home, Residents have input into recreation programs available, Resident is satisfied with the temperature of food and beverage, Resident is satisfied with the variety of spiritual care services, There is good choice of continence care products.

We are proud of the following achievements and improvements that were implemented based on the 2023 survey results and that were part of our 2024 improvement plan: Resident rating of the Communication in the home improved from 75% in 2023 to 84% in 2024, Families rated resident has input into Recreation programs improved from 42% in 2023 to 63% in 2024, satisfaction with variety of spiritual care services improved from 44% in 2023 to 50% in 2024, and satisfaction with continence care products improved

from 44% in 2023 to 80% in 2024.

Our CQI committee has determined that for 2025 our priority areas for quality improvement will include: Percentage of residents who fell in the past 30 days, Percentage of residents without psychosis who were given antipsychotic medication in the 7 days preceding their assessment, Percentage of residents with worsening pressure ulcers at stage 2-4, and Percentage of residents with daily physical restraints. As well as the following areas from our Resident and Family Experience surveys as determined following consultation with our Resident and Family Councils: I am satisfied with the timing and schedule of spiritual care services, I am satisfied with the variety of spiritual care services, The resident has input into recreation programs available, I am satisfied with the quality of care from the dietitian, I am satisfied with the quality of care from doctors, If I need help right away, I can get it.

## ACCESS AND FLOW

We are committed to working closely with our community partners including our regional Ontario Health at Home team, hospitals and business partners to ensure safe, effective and high-quality care of our residents. We do this through ongoing relationship building and partnerships with health system partners such as local long-term care homes, regional IPAC hubs, Ontario Health teams and various regulatory authorities.

In addition, our partnerships extend to our Medical Advisor and Attending Physicians as we work to improve medication management, clinical care and reduce unnecessary ED visits. We work together with residents, their families and our health system partners to ensure safe, effective admissions to our home, and understand transitions throughout the system are not easy for

those we serve. We work to apply additional care and attention to closely engage and support those in our care at times of change or at times where specialized supports are required in their health care journey.

Throughout the year, we support and participate in awareness campaigns to educate team members, residents and families. Our home has access to an annual awareness calendar that highlights key health promotion and professional recognition events, which are supported through communication and education, with activities that are tailored to our home's needs and demographics. Some of the campaigns include:

- **Safe Spaces:** Combining four key autumn safety awareness events – Infection Control Week, Canadian Patient Safety Week, Seniors' Safety Week, and Fall Prevention Month – Safe Spaces is a six-week sustained safety campaign. Aimed at promoting a culture of safety in our home through education, resources and home-level activities, the campaign equips our team members with knowledge and tools to continuously improve quality and safety and engages residents and families as partners in care.
- **Stick it to the flu:** Through our annual influenza vaccination campaign, we aim for 90% vaccination of residents and staff. Our home also hosts on-site vaccination clinics.
- **Hand Hygiene Day:** Led by an IPAC support team, this annual day is marked with an intensive focus on tools and education to promote proper hand hygiene practices for our team members, residents and families. We participate in a friendly challenge to find the most creative and engaging ways to promote hand hygiene – from writing jingles to hosting events.
- **Alzheimer's awareness:** We care for a population that is impacted by rising rates of Alzheimer's and dementia. In addition to intensive communication focus during Alzheimer's Awareness Month every

January, our home has access to tools and education year-round that help our team members to tailor care to the unique needs of those living with dementia – from Gentle Persuasive Approaches (GPA) training to dementia-focused tools for skin and wound care. Right care in the right place at the right time

On an ongoing basis, we work hard to support, train, retain and recruit qualified and compassionate team members to work together in the service of quality care for residents. We know strong interdisciplinary teams are essential to the delivery of quality care and we foster a culture of collaboration to contribute coordinated expertise, as resident plans of care are executed. In addition, we are actively recruiting Nurse Practitioners to support our collaborative models of care, continue to invest in building credentials among our team for advanced wound nurses (SWAN's), provide training and resources for our team to enhance skillsets in IV therapy with multi-venous IV training arms, compassionate end-of-life care and more.

## EQUITY AND INDIGENOUS HEALTH

We are committed to improving equitable access, experience and outcomes to reduce health inequities and advance indigenous health in our home.

At Garden City Manor we embrace every resident for the individual they are, and care for them as we would our own family. Our Equity and Indigenous Health program reflects our core values by recognizing and honouring the diverse identities, cultures, and experiences of each resident. By integrating culturally appropriate care and Indigenous traditions, we affirm the importance of personal heritage in shaping well-being. Through culturally diverse programming, menu selection, staff education and meaningful community partnerships, we create a safe and inclusive

environment where residents feel valued, respected and empowered to be their authentic selves. This commitment is essential to providing compassionate and equitable care. Our Equity and Indigenous Health program is informed by our Resident Council and Family Council, and by the data we gather from our annual Resident and Family Experience Survey. Personalized support ensures residents feel seen, respected and connected to their heritage.

Implementing mandatory training on cultural safety, anti-racism, and the history of Indigenous Peoples in Canada for all staff, fosters awareness and equips caregivers with the skills to address systemic barriers and biases. Identifying and addressing systemic gaps in care, including access to interpreters, culturally appropriate meals and resources, and the provision of trauma-informed care, are skills taught in staff training. Regularly assessing program outcomes through resident feedback, and staff input, helps us ensure continuous improvement.

Some examples of programs we have implemented include: all management has completed educational courses on diversity and inclusivity, the home celebrates a variety of cultural holidays and traditions throughout the year to promote awareness and inclusion for staff, families and residents. In 2025 we commit to continued support and recognition for diversity and inclusion for staff, residents and families in our home.

## **PATIENT/CLIENT/RESIDENT EXPERIENCE**

Active engagement of residents and families is essential to our values. Annually, through an anonymous survey, we seek feedback from residents and their families about what is going well and what we can do to improve. The annual survey provides our home with a summary of the scores and comments for each of the areas of care

and services offered. We use this report to collaborate with the residents and family councils to determine an action plan to improve the experiences of those we serve. On a regular basis during the year, we discuss progress updates and strategies for improvement via town halls, resident and family council meetings and newsletters.

Our ongoing goal is to incorporate feedback to continually improve the quality of care we provide by ensuring the care each resident receives is reflective of their individual needs and wishes.

Our 2024 Resident and Family Experience Survey Results:  
Date of 2024 Annual Resident and Family Experience Survey:  
September 3 – October 11, 2024

Resident: Would you recommend this home? 88 %

Family: Would you recommend this home? 79.8 %

Survey results were reviewed by CQI committee: Dec. 13, 2024

Survey results were shared and discussed with Resident Council:  
Jan. 30, 2025

Survey results were shared and discussed with Family Council: Jan.  
28, 2025

A copy of the survey results was provided to Resident Council: Jan.  
30, 2025

A copy of the survey results was provided to Family Council: Jan. 28,  
2025

Survey results were posted on our bulletin board: Jan. 28, 2025

Survey results shared with staff in the home: Dec. 16, 2024

During discussions with the Residents and Family council when sharing our 2024 results, three areas were determined to be most important priorities for us to focus on and these are included in our 2025 QIP.

Top three areas Resident Experience survey priorities for improvement in 2025:

1. Satisfied with quality of care from dietitian 44 %: Ensure dietitian is introducing herself each time she works with a resident, as many residents did not recognize our dietitian when asked. Residents on altered diets stated that they are unhappy with dietitian care because they want to eat regular food textures. Education continues for residents on why altered diets are required.

Completion date: March 31, 2025

2. Satisfied with quality of care from doctors 48%: Ensure doctors introduce themselves each time they meet with residents as many residents did not recognize the doctors when asked. Encourage residents to ask questions of the doctor, or else to ask the nurse in follow up when they have questions or concerns about a treatment or medication to ensure a better understanding and a higher level of satisfaction. Completion date: March 31, 2025

3. If I need help right away, I can get it. 56%: Ensure residents use the call bell when needed, which includes ensuring the resident call bell is within reach when resident is in their room. We are also increasing direct hours of staffing care as per the government plan, which will ensure call bells are answered more quickly. Completion date June 30, 2025

Top three areas Family Experience survey priorities for improvement in 2025:

1. I am satisfied with the timing and schedule of spiritual care services: 45% and:

2. I am satisfied with the variety of spiritual care services: 50%  
Family council states that these first two results partially stem from them not knowing these details about the recreation calendar. Family council was informed/reminded about the Family Portal

online which they can sign up for by speaking with the Recreation Manager. It enables them to see the recreation calendar each month, including highlights of what their loved one has attended in the past 30 days. Family Council has also been reminded that paper recreation calendars are available each month by the elevator. Recreation will continue to work with residents and volunteers to ensure a variety of spiritual programs are available for residents in the home. Completion date March 31, 2025

3. The resident has input into the recreation programs available: 63% Family Council was informed about the structured resident feedback which takes place each month through the Resident Council meetings wherein feedback is encouraged regarding resident satisfaction with programs and gives opportunity for suggestions. There is also an informal process wherein recreation aides ask residents to give their feedback on programs as they occur, to ensure residents are satisfied and have the opportunity to provide input on recreation activities available each month. Completion March 31, 2025

## PROVIDER EXPERIENCE

Garden City Manor has many opportunities to engage with staff and leadership in sharing quality improvement goals and commitments. This is achieved through employee engagement surveys, sharing of best practices with other long term care homes, regional quality labs and participation in the Ontario Long Term Care Association Quality Committee and annual quality forums.

Our annual employee engagement survey provides an opportunity for team members to give their feedback on various issues such as staff satisfaction, innovation, and work environment. Based on previous employee engagement results we worked this year to improve Staff Engagement, which increased from 41% in 2023 to 65% in 2024, Satisfaction with Communication by Leadership improved from 48% in 2023 to 63% in 2024, and Satisfaction with Manager Support improved from 47% in 2023 to 69% in 2024. In 2025, our home will continue to include staff members and to seek their input where possible in changes within the home. We will also continue to improve staff satisfaction with workload by adding more staff through the direct hours of care increase which has been implemented by the government. Our home has a designated recruitment specialist to help us recruit qualified staff to ensure appropriate staffing levels. We will also continue to celebrate the holidays and events of various cultures to promote a positive and inclusive work culture and a positive staff (and resident) experience.

## SAFETY

At Garden City Manor, we take a system approach to preventing and reducing resident safety incidents. At the core of this approach is system learning and process improvement.

Incidents and risks are escalated rapidly, so that they can be addressed and mitigated, with access to specialized support team members if needed.

Safety data is analyzed continually in our home, to identify improvement opportunities. Standardized process, policy, practice and technology improvements are developed in response, and shared through education with our care team. We can attend weekly education and question and answer (Q&A) webinars that are held on safety and clinical practice topics derived from this analysis and are attended by leaders and clinicians from other long term care homes in our network throughout the year.

From front-line to senior leadership, safety incident reporting, awareness and response, is embedded in our roles and daily work. All these program elements, and more, comprise our safety culture program.

## PALLIATIVE CARE

Residents and families in long-term care deserve compassionate, high-quality care. Our teams collaborate with residents and families to tailor plans of care that are based on each residents' individual needs.

We have access to enhanced palliative care training for interdisciplinary teams, in partnership with Pallium Canada, enabling high-quality clinical, spiritual and emotional palliative care supports for residents and their families.

We are currently updating our Palliative Program policies and procedures to further emphasize the importance of a palliative care philosophy. The revised policies and procedures will be implemented in 2025 with associated staff education and training. The focus will be on earlier awareness and identification of those who require a palliative approach to care through implementation of a standardized Palliative assessment which is designed to guide staff in addressing the holistic needs and symptom management of each resident.

## POPULATION HEALTH MANAGEMENT

Garden City Manor considers the unique demographics in our home when planning care delivery requirements, programs, resources and external partnerships. In our home our population needs consist of residents with dementia, mental health and addiction issues and younger residents. To meet the individualized needs of our residents, we have implemented programs such as DementiAbility and Montessori programming, Pride Programs, a Mental Health Support Group, Alcoholics Anonymous Meetings, and we have hired our own on-staff Social Worker to work with residents who benefit from this service.

We also collaborate with Behaviour Supports Ontario (BSO), Pride Niagara, and The Alzheimer's Society.

## CONTACT INFORMATION/DESIGNATED LEAD

Jay Kostoff, DOC and Designated Quality Lead 905-934-3321 x.203

Lisa Burton, ED, 905-934-3321 x.202

## OTHER

At Garden City Manor we are honored to work with our residents, families and staff members to ensure the best possible quality care and quality of life for those who live and work with us.



## 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 27, 2025**

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**Erin Coreno**, Board Chair / Licensee or delegate

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**Lisa Burton**, Administrator /Executive Director

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**Jay Kostoff**, Quality Committee Chair or delegate

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Other leadership as appropriate

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