

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 14, 2025

## OVERVIEW

### Overview

Kilean Lodge is a 34 long-term care home located in Grimsby Ontario

Improving the quality of care we provide to our residents and their families guides all we do. We are committed to continuous improvement, and on an ongoing basis, we seek new ways to evolve our practices and strengthen our services.

Our Purpose, Mission, Vision and Values

In 2024, through broad consultation with stakeholders across our organization including direct engagement of residents, team members and family members of those in our care, Extendicare conducted a refresh of the Mission, Vision and Values. Our goals were to capture who we are, what we can all achieve working together and to put the feelings of communities into words.

Our Purpose is helping people live better.

Our Mission is to provide people with the care they need wherever they call home.

Our Vision is a future where everyone in Canada has access to the care and support, they need to live their best lives.

Our Values:

- We embrace every person for the individual they are.
- We care for each person as we would our own family.
- We collaborate with others because we achieve more together.
- We are relentless in our efforts to improve.
- We respect the resources entrusted to us.

In 2023, Revera's long-term care homes joined Extendicare. This has provided an opportunity to combine strengths, learn from one another, establish communities of practice focused on continuous

improvement and collaboration, and reinforce Extendicare's deep commitment to long-term care in Canada.

Throughout our organization, integration work continues to be an important focus in 2025 and beyond. We know collaboration allows us to achieve more together. By aligning and standardizing processes, policies and systems across our homes, all Extendicare LTC homes will deliver consistent, quality care.

### Quality Improvement

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: falls, worsened pressure ulcers, restraint usage, and percent of residents taking an antipsychotic without a diagnosis.

The following top areas for improvement identified from our 2023 Resident and Family experience survey results were also included: Quality care from doctors, input into programs available and spiritual care, and satisfaction with continence 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: reduction in the percentage of falls by the end of the 2024 calendar year, reduction in the percentage of antipsychotic usage without a diagnosis, maintaining low percentage of worsened pressure ulcers and zero

usage of restraints, improvement with satisfaction of continence products, improvement in resident satisfaction with programs available, and improvement in family satisfaction with spiritual care.

Our CQI committee has determined that for 2025 our priority areas for quality improvement will include: continued focus on maintaining low percentage of worsened pressure ulcers, continue to reduce the percentage of falls in the last 30 days and maintain low percentage of antipsychotics without a diagnosis, continue to reduce the number of ED transfers, as well as the following areas from our Resident Experience survey as determined following consultation with our Resident and Family Councils include quality of care from the MD, variety of religious and spiritual programs, and satisfaction with the dietitian and physiotherapist.

## 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.

### Building capacity

We recognize how important long-term care is within our health system. At an enterprise-wide level, Extendicare is actively working to increase access to care through the construction of new homes built to modern design standards with the ability to welcome more people on the province's long-term care waiting list. In communities across the province, Extendicare is building for the future, with plans to redevelop every older home in our network. New homes are designed to deliver significant improvements to resident quality of life, with private bedrooms for all, enhanced communal lounges for activities and family visits, increases in space for restorative therapies 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 Kilean Lodge 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: education has been completed by all managers in First Nations,

Inuit, Metis Culture, Colonization and the Determinants of Health, Indigenous Health Services and Governments, Cultural Competence in Healthcare, and Truth and Reconciliation Commission of Canada and the United Nations Declaration on the Rights of Indigenous Peoples. Management team also attended the Human Library training in March. Educational opportunities that arose for staff were arranged at the end of 2024 and scheduled for February of 2025 for staff. 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? Result: 89.5%  
Family: Would you recommend this home? Result: 82.1%  
Survey results were reviewed by CQI committee: Date December 2024

Survey results were shared and discussed with Resident Council:  
December 18 2024

Survey results were shared and discussed with Family Council:  
January 29, 2025

A copy of the survey results was provided to Resident Council:  
December 18 2024

A copy of the survey results was provided to Family Council: January 29, 2025

Survey results were posted on our bulletin board: December 2024  
Survey results shared with staff in the home: Date December 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. I am satisfied with the quality of care from the doctors 52.6%:  
Quality nurse will ensure MD travels to resident rooms or brings residents to the desk to talk with MD, if MD is unable to attend care conference and family wishes to have MD attend will arrange to have attend via phone, a resident council meeting will be scheduled on a doctors day to have the MD attend
2. I am satisfied with the quality of care from the dietitian and physiotherapist 73.7% and 75% respectively: The home will develop a survey to determine the gaps in satisfaction with services and develop an action plan based on those gaps
3. I am satisfied with the variety of spiritual and religious services

and the schedule 52.6%: The home will develop a survey to determine the gaps in satisfaction with services and develop an action plan based on those gaps. This gap was addressed in last years survey and processes were put in place. The home will complete a deeper dive to determine the underlying cases of dissatisfaction.

## PROVIDER EXPERIENCE

Kilean Lodge 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 will work this year to improve communication with and among staff, providing more opportunities for cross training for greater understanding of alternative roles, and ensuring regular and ongoing staff appreciation events and acknowledgement.

Extendicare has a nationwide Care Champion Program which celebrates the meaningful work, commitment and passion demonstrated by our dedicated team members. This program places a spotlight on team members who go above and beyond to improve care, every day for our residents. Active team members at our long-term care homes can be nominated by our residents, family members, co-workers or managers for special recognition of the extraordinary care they provide.

## SAFETY

At Kilean Lodge 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.

In collaboration with Pallium all Extendicare homes have a registration link to family caregiver education on palliative care. The CARERS course is available free of charge and is an excellent educational opportunity we promote for caregiver support. 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

Kilean Lodge 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 dementia, and multicultural residents. To meet the individualized needs of our residents, we have implemented programs such as monthly resident focused activities whereby a resident determines the programs for a day that focuses on the residents likes and involves them teaching other residents within the home, we have had Alzheimer's Society come in to conduct education and experiences on what it is like to live in the shoes of a resident with dementia, and we continue to have Alzheimer's Society come in on a regular basis to provide education and support to staff in managing challenging behaviours.

We also collaborate with SMHO, Alzheimer's Society Psychogeriatric Consultant, Hospice Niagara, and BSO.

## CONTACT INFORMATION/DESIGNATED LEAD

Quality lead

Maninder Khaira RN 905-945-9243 ext 2106



## 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 14, 2025**

---

**Maggie Walsh**, Board Chair / Licensee or delegate

---

**Maggie Walsh**, Administrator /Executive Director

---

**Maninder Khaira**, Quality Committee Chair or delegate

---

Other leadership as appropriate

---