

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 31, 2025



OVERVIEW

Craigwiel Gardens is a 70-bed “C” long-term care home. We are a not-for-profit, charitable organization located in Ailsa Craig, Ontario. The Home opened 48 years ago (1977) and offers private and semi-private accommodations. We are also in the redevelopment stage with a groundbreaking event on December 11, 2024. Our new long-term care home will be completed early 2027 as a 96-bed home.

Founded by the Nairn Mennonite Church to demonstrate Christian values in action. These values are expressed through the mission and philosophy, culture of kindness, human resources policies, as well as internal and community relationships.

The Mission “We are a Community committed to providing residential and community services that enhance the lives and potential of each person we engage” can be broken into three components:

“We are a Community” – Craigwiel Gardens is a unique community of people, all who are stakeholders in achieving its mission and desired outcomes. Craigwiel Gardens is also part of the larger community within mutually supportive relationships and synergies that collectively enhance the quality of life of the people served.

“Committed to providing residential and community services” – identifies the primary services that Craigwiel Gardens delivers, being residential services for long-term care as well as recreational, professional and other services available for both residents and community members. It is through this range of services and activities that Craigwiel Gardens delivers its mission each day.

“That enhance the lives and potential of each person we engage” – Craigwiell Gardens believes every person has potential. It is through working with each individual served the organization can enhance quality of life and deliver services that are valued and supportive to community members.

Craigwiell actively works through engagement and partnerships to develop and provide innovative, quality health services. The commitment to excellence is exemplified through the positive outcomes for all people served.

ACCESS AND FLOW

We at Craigwiell Gardens recognize that unnecessary hospitalization is difficult for the residents, families, and the health care system. We have made improvements and continue to make improvements to our turnover time when it comes to admitting a new resident when a bed in our long-term care home becomes available. We continue to train and educate registered staff on the admission progress to provide better flexibility for scheduling admission to our Long-Term Care facility. We also have been working with the housekeeping department to have the room cleaned and ready for a new admission within 48 to 72 hrs. of becoming vacant. Due to the fact most admissions come from the hospital the faster we can turnover a bed the better it is for getting patients out of the hospital and in a comfortable safe environment.

We have an active Falls committee and because of that we are putting in measures to track and monitor resident falls to prevent ED visits. We have implemented increased safety measures, routine checks, and toileting plans when it comes to residents at high fall risks. The more falls we can prevent and protect the residents from injury the less ED visits they will require. We

continue to provide online and hands-on training to front line staff for safe transferring to reduce the risk of falls to our residents.

To enhance resident safety, we continue to actively use advanced vital machines that can provide real-time monitoring and early detection of health issues. We have merged our Point Click Care platform with Fairview Parkwood Communities, which has allowed for a more customized task library in POC, creation of tailored care plans, and accurate assessments that are in alignment with our newly adopted policies and procedures. This holistic approach fosters a safer environment while optimizing the quality of care provided.

We also have 2 staff members that are GPA certified. This training is valuable to understanding resident behaviours and how to properly handle situation that arise in long-term care. We continue to train staff with a goal of having 75% staff trained by the end of the 2024/25 fiscal year.

We have partnered with the London Middlesex Paramedicine Program. This program provides primary care services to our residents without having to send them to hospital. These services range from wound management, blood work, oxygen saturation to ECGs etc.

EQUITY AND INDIGENOUS HEALTH

Craigwiel Gardens continues to have an active the Kindness committee. The Kindness Initiative supports a culture of kindness to support Craigwiel's commitment to equity, diversity and inclusion. This committee is front-line staff driven and the committee's goal is to have monthly meetings, quarterly events and continue to incorporate the kindness survey results in the events for 2025. Craigwiel Gardens will engage staff in another kindness survey in 2025, once completed the kindness committee will review the survey results and develop 2025 goals for the kindness committee based off the survey results. Our kindness committee has organized an angel tree, kindness cupboard, international potluck, and a summer movement challenge. This committee looks forward to continuing the growth of 2024 and introducing new events for 2025 to foster the culture of kindness to self, kindness to others and kindness to community. Education regarding equity, diversity and inclusion has been added to mandatory education for all team members. We also offered hands-on training on inclusion through an outside educator. We also had the management team engage in a spring leadership event with the entire Fairview Parkwood Communities Leadership Team.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Craigholme continues to use an online survey tool for residents and families. This international tool can be completed online and provides more opportunities for families to participate in the survey. It also provides detailed results to the management team to review and make operational improvements based on the survey results. This Quality-of-Life Resident survey and family survey is through QoLPro. Results have been shared with Residents' Council, and they have provided feedback regarding initiatives. The

Residents' Council approved completing the survey 3 months after admission to gather input about living in home. This information will be used to develop quality improvement activities. Our Family Council was active until late 2024 when participation discontinued. Craigwiel continue to work towards a Family Council as it adds value to our home. Craigwiel advertises through our newsletter semiannually for Family Council participants.

A highlight to point out from our survey was the following questions:

- Number of residents who feel their privacy is respected when people care for them – 44% said always.
- Number of family who feel their family member's privacy is respected when people care for them – 53% said always.

Craigholme strongly supports and encourages its Resident and Family Councils, both of which are viewed as important contributors to the improvement of Resident care and experience. The Home views Resident and Family council members as key participants in the delivery of quality care. Each Council's input provides the Home with a sounding board of its performance and allows for a direct "Voice of the Resident" and a human view of the Home's Quality and Performance efforts.

PROVIDER EXPERIENCE

Craigwiel Gardens embraces engagement with schools, local community, regional and provincial partners. Strong relationships allow for continued expansion to support the Home. In 2023, Craigwiel Gardens entered into a Shared Services Agreement with Fairview Mennonite Homes in Cambridge to bring policies, procedures and additional supports to the Home. Supports include leadership, financial, building, clinical and administrative. This partnership has brought consistent growth and development to Craigwiel Gardens. The Home continues to champion student placements throughout all departments. Student placements allow potential team members to experience long-term care in a rural community. The Home also takes advantage of opportunities such as the PREP LTC. These strategies have proven beneficial for recruitment and retention. Craigwiel Gardens embraces the 'Culture of Kindness' through the "Kindness Speaks" program. This program was rolled out to all team members in 2024. The "Culture of Kindness" committee continues to grow and develop to support team members through education and special events.

SAFETY

Craigwiel continues to be committed to resident safety. We have a very active Resident Council that meets faithfully every month with the support of our Recreation Coordinators. Every month our Recreation Coordinators review the "Resident Bill of Rights" and encourage the residents to discuss how we are supporting this goal and areas of improvement.

Committees are more active since the end of the pandemic and more support and training has been given to our 4 required programs with some new leads for the programs. We also

encourage more front-line staff participation with these committees by strategically booking meeting when staff have more time to participate. The success of these committees comes from strong leadership and support from the front-line members. As a result of these refreshed programs, it has increased regular audits such as IPAC, falls, skin and wound to name a few.

Craigwiel Gardens is in a Shared Service Agreement with Fairview / Parkwood Seniors Communities to share policies and programs, program evaluations. This partnership has provided the support our organization needed to bring the highest quality of care to our resident.

Additional education for leadership and front-line team members has and continues to be a top priority. Our BSO Lead and ADOC recently completed the Mental Health for Seniors First Aide. Our BSO team is moving towards a mentorship approach that provides education and support to front-line workers so they have the tools needed to handle any situation that may arise with a resident with confidence. The BSO team continues to participate in enhanced training for behavioural management to continue to grow and develop strategies that best support our residents.

PALLIATIVE CARE

Within our organization there is a deep commitment to ensuring that every individual receives compassionate, high-quality palliative care. We believe that dignity, comfort, and support should be at the core of every care experience.

Recognizing the importance of standardized, evidence-based care, we have embraced the RNAO Clinical Pathways as a guiding framework for 2025 and beyond. These pathways ensure that every resident receives care tailored to their needs, with a particular focus on resident and family centered care, palliative and end of life care, and delirium and pain management. By following these pathways, we not only improve outcomes but also enhance staff confidence and are able to provide quality palliative care.

Our Palliative Care Committee is a team of dedicated professionals from all disciplines. The intention of the committee is to develop and refine care protocols to ensure excellence, encourage open communication between residents, families, and staff, and create opportunities for continuous improvement, creating the most compassionate and supportive palliative care experience possible. To ensure that our staff remains at the forefront of palliative care best practices, we partner with community care organizations to provide ongoing training sessions and collaborative discussions that foster a culture of continuous learning and improvement.

POPULATION HEALTH MANAGEMENT

Craigwiell Gardens is a small rural community in Southwestern Ontario and as a result not located in a city with a hospital close. This means travel is required for our residents when they need treatment in a hospital, and this can be costly if they require transportation to or from the hospital. As a sector we are all working towards reducing the amount of ED visits. It can also be

difficult to secure transportation at times, which is a barrier for residents and families. When the Paramedicine program was offered as a trail in our area, we knew this would be something we need to support and partner with for the betterment of our residents. This program partnership provides services like blood work, ECGs etc. to our residents in the comfort of their own home. This will limit the amount of ED visits and still maintain high quality of care to our residents.

We have also partnered with several schools to offer LTC experience to students as we learn from students. Craigwiell partners with the Waterloo Works Program through the University of Waterloo, Fanshawe College Health Services Program, COOP education through both local high schools and a reading program through a local elementary school. Providing opportunity for our residents to engage with many different students gives them the best intergenerational program. We all can learn from others so partnering with many different schools gives Craigwiell the opportunity to learn and grow.

As also mentioned earlier we have a shared partnership with the Fairview Parkwood Communities. This opportunity for support and guidance over the past year and a half have put Craigwiell in a position of growth and development. Not only with the development of the new building coming early 2027 but with policy development, HR, financial support, clinical support and building maintenance. This support has been valuable in not only providing the best quality of care to our residents but making sure we are meeting expectation goals for growth and development

CONTACT INFORMATION/DESIGNATED LEAD

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OTHER

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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 31, 2025

Jennifer Gillies, Board Chair / Licensee or delegate

Sarah Campbell, Administrator /Executive Director

Cindy Pedro, Quality Committee Chair or delegate

Elaine Shantz, PCEO, Other leadership as appropriate

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 1, 2023, to Sep 30, 2024 (Q3 to the end of the following Q2)	19.54	18.00	We believe through our change ideas we can reduce the number of residents and family members wanting or needing to go to hospital.	

Change Ideas

Change Idea #1 Becoming a pilot home for the paramedicine project in Middlesex County, which provides enhanced support, allowing for on-site assessments and interventions before resorting to an ED visit. The new program consists of point of care ultrasound in the home, as well as bloodwork and additional assessments in the home which could prevent some transfers to hospital. More diagnostic information done in the residents home will help in discussing goals of care, as many of the residents do not do well with transfer to hospital and being away from their home environment.

Methods	Process measures	Target for process measure	Comments
In services, hub communications, 1:1 education, discussion during huddle, communication with families regarding goals of care and necessity for resident emergency transfers, ongoing education regarding paramedicine program. Collaboration with leadership, Medical Director and Paramedic services.	Number of assessments conducted by paramedicine team monthly.	Number of ED transfers reduced	

Equity

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	100.00	100.00	For all staff to complete on orientation and annually. This will be mandatory education done for 2025.	

Change Ideas

Change Idea #1 All staff from all departments will receive equity, diversity, inclusion and anti-racism education annually and on hire.

Methods	Process measures	Target for process measure	Comments
Education on equity, diversity, inclusion and anti-racism will be assigned annually through surge learning	Education is assigned annually with deadline, and for orientation education on hire	The education assigned is mandatory and 100% of all staff to complete by deadline.	Total LTCH Beds: 70 new and different education was assigned for the coming year, to reflect diversity, culture and equity

Change Idea #2 Leadership will continue to have enhanced education on equity, diversity, inclusion and anti-racism.

Methods	Process measures	Target for process measure	Comments
Review of policies annually. Review at Management meetings and leadership days	To review the number of staff that attend leadership days. Review of minutes from management meetings. Record of team members that complete additional education.	All leadership will receive enhanced education annually for 2025	

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Increased programming on evenings and weekends	C	Number / N/a	In house data collection / 2024/2025	70.00	78.00	Increase programs on evenings and weekends by 8 per month	

Change Ideas

Change Idea #1 Expanding evening and weekend programming through recreation team re-alignment

Methods	Process measures	Target for process measure	Comments
Adjustment of recreation schedule and staffing hours, utilize Welbi for tracking	Number of programs	Increase evening and weekend programming by 8 programs per month	

Safety

Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	14.65	13.50	We believe through our change ideas we can reduce the number of residents will have reduced antipsychotics	

Change Ideas

Change Idea #1 Reconfiguring the BSO team to incorporate diverse perspectives and expertise, enhancing the depth and effectiveness of resident and staff support

Methods	Process measures	Target for process measure	Comments
In person workshops, online modules, and hands-on practice, case studies	Percentage of BSO team members receive additional training on alternative behavior management strategies	That there will be 100%	Implement mentorship opportunities where experienced BSO members guide newer staff

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Implementation of RNAO Clinical Pathways including admission assessment, delirium management pathway, and resident and family centered care pathway.	C	% / Staff	In house data collection / March 2025	CB	100.00	100% of registered staff educated and using new clinical pathway assessments	

Change Ideas**Change Idea #1** Change Idea: Integration of RNAO Clinical Pathways to Standardize and Enhance Resident Care

Methods	Process measures	Target for process measure	Comments
Staff training in large and small groups, integration of pathways into PCC, continuous evaluation	Percentage of registered staff educated	That there will be 100%	

Change Idea #2 Implementing person-centered education to strengthen resident centered care

Methods	Process measures	Target for process measure	Comments
Staff training in large and small groups, comprehensive RNAO Clinical Pathway education, ongoing GPA education	Percentage of registered staff educated through RNAO Clinical Pathway education	That there will be 100%	

Access and Flow | Efficient | Custom Indicator

Indicator #5	Last Year		This Year		
	24.47	22	19.54	--	NA
Rate of ED visits for modified list of ambulatory care - sensitive conditions* per 100 long-term care residents. (Craigholme)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Aim to reduce number of ED visits related to falls.

Process measure

- Percentage of ED visits related to falls

Target for process measure

- Reduce number of ED visits from 24.47 to 22.

Lessons Learned

Successes:

- Becoming a pilot home for the paramedicine project which provides enhanced support, allowing for on-site assessments and interventions before resorting to an ED visit
- Designating a falls lead helped to create consistent oversight, ensuring that fall prevention strategies were consistently implemented and monitored
- Introduced more comprehensive fall risk assessments, improving early identification of at-risk residents
- Implemented targeted interventions such as bed and chair alarms, mobility aids, and exercise programs to strengthen balance and reduce fall risk

Challenges:

- Some staff experienced difficulty balancing new more comprehensive fall assessments with existing duties
- Cognitive impairments in certain residents made it difficult to reinforce safety measures
- Some falls still resulted in injuries that necessitated hospital evaluation, despite prevention efforts
- Ensuring that all shifts consistently documented falls and follow-ups required additional oversight

Change Idea #2 ☒ Implemented ☐ Not Implemented

Registered Staff and Nursing Leadership Team will discuss and provide ongoing education to the registered staff so that they can support families and residents regarding goals of care upon admission and prior to ED transfers (as appropriate).

Process measure

- Percentage of ED visits.

Target for process measure

- Reduce number of ED visits from 24.47 to 22.

Lessons Learned

Successes:

- Increased understanding among families about care options, reducing unnecessary ED transfers
- Discussions about goals of care were initiated earlier in the admission process, allowing for clear expectations and planning
- Nursing leadership played an active role in mentoring and guiding staff during daily Nursing huddles ensuring increased communication and support

Challenges:

- Some registered staff are uncomfortable discussing goals of care, particularly around palliative care and end-of-life decisions
- Some staff were more proactive than others in initiating conversation around goals of care

Change Idea #3 ☒ Implemented ☐ Not Implemented

Have an in depth analysis of all ED transfers at monthly nursing meetings for a more detailed discussion, if there could have been earlier interventions

Process measure

- Use standardized tracking tool, all ED visits will be tracked with this tool

Target for process measure

- 100% of all ED visits will be reviewed

Lessons Learned

Successes:

- The team recognized the importance of analyzing ED transfers to identify patterns and areas for improvement
- Conversations around resident care escalation and prevention efforts were initiated in nursing huddles

Challenges:

- Staff workloads sometimes limited participation or engagement in detailed analysis
- Not all ED transfers had obvious solutions. Some staff viewed certain cases as unavoidable while others believed earlier intervention could have helped

Change Idea #4 ☒ **Implemented** ☐ **Not Implemented**

Becoming a pilot home for the paramedicine project which provides enhanced support, allowing for on-site assessments and interventions before resorting to an ED visit

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

this is a new initiative

Indicator #4	Last Year		This Year		
	CB	100	100.00	--	100
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Craigholme)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

All staff from all departments will receive equity, diversity, inclusion and anti-racism education annually and on hire.

Process measure

- Education is assigned annually with deadline , and for orientation education on hire

Target for process measure

- The education assigned is mandatory and 100% of all staff to complete by deadline.

Lessons Learned

Successes:

All staff received training on diversity, inclusion, equity and racism through surge learning , with 100 % compliance. This provided increased awareness for this education to all departments and provided opportunity to emphasize fair treatment, access and opportunity for all staff.

- A standardized onboarding program ensured that all new hires received foundational training from the start and encourages a just culture.

Challenges:

- Education on DEI and racism is helpful to identify barriers that exist in the workplace and provides increase awareness, but each team member based on their experience and unconscious biases may not recognize inequity.

Tracking of equity and identifying barriers, is not always easy to monitor.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Leadership will have enhanced education on equity, diversity, inclusion and anti-racism

Process measure

- During a leadership meeting enhanced education will be given to help support leadership on equity, diversity, inclusion, and anti-racism. Policy will be referenced as well as educational resources.

Target for process measure

- All leadership will receive the education @ 100%

Lessons Learned

Successes:

- All Leadership had enhanced education on DEI and racism at our leadership day May 2024, called Nurturing Belonging. The ED and DOC team members successfully completed enhanced education from Ontario Health team on Indigenous History and Political Governance, First Nations, Inuit and Metis Culture and Attestations were completed.

The ED participated with resource team and board of directors to Crow shield lodge a day of sharing about Indigenous culture.

Challenges:

Lack of complete representation within staff members. Unconscious bias is a difficult item to measure and overcome.

Indicator #6	Last Year		This Year		
	0.00	4	9.00	--	NA
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
To Embrace the Kindness Way (of kindness to one self and others), to enhance our home's inclusivity of belonging within our home. We have established a kindness committee and would look to further develop the culture of kindness in our home (Craigholme)					

Change Idea #1 ☒ Implemented ☐ Not Implemented

The level of kindness, inclusivity, and sense of belonging within our home, particularly focusing on fostering kindness towards both oneself and others. It assesses the homes efforts in promoting inclusivity, diversity, and a supportive environment, especially within a small, rural community context.

Process measure

- Number of events in 2024/2025

Target for process measure

- 4 events during 2024/2025

Lessons Learned

Successes:

- Established a dedicated team to lead initiatives, ensuring accountability and ongoing engagement
- Hosted a variety of events catering to different interests, cultures, and backgrounds, reinforcing inclusivity. Some events included: International Potluck, Angel Tree, Kindness Cupboard, Summer Movement Challenge.
- Regular discussions helped sustain momentum and keep kindness initiatives active
- 9 events in 2024/2025 thus far

Challenges:

- Some events had lower participation than expected
- Organizing multiple kindness initiatives required staff time and effort, sometimes conflicting with daily responsibilities
- While events were successful, integrating kindness into daily routines and workplace culture remained an ongoing effort

Change Idea #2 ☒ **Implemented** ☐ **Not Implemented**

Introduce the kindness education program across the home and develop kindness mentors

Process measure

- # of members involved in the kindness committee and # of kindness mentors.

Target for process measure

- # of staff participating in the education, tracked through sign in sheets.

Lessons Learned

Successes:

- Staff attendance at the Kindness Speaks Customer Service Training
- Created a shared understanding of kindness as an intentional practice rather than a passive concept
- Allowed individuals to take ownership of kindness initiatives and influence positive change

Challenges:

- Initial enthusiasm was high, but maintaining engagement over time required ongoing reinforcement
- While many embraced the program, some individuals viewed it as unnecessary

Experience | Patient-centred | **Custom Indicator**

Indicator #2	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Increased number of small group programs (5 or less residents) offered each month. (Craigholme)	34.00	44	60.00	--	NA

Change Idea #1 ☒ Implemented ☐ Not Implemented

Adjust current recreation calendar to incorporate increased number of small group programs offered.

Process measure

- Number of small group programs through Welbi.

Target for process measure

- Increased number of small group programs offered by 10 per month.

Lessons Learned

Successes:

- Designed and implemented new small-group programs based on resident preferences, increasing engagement and participation
- Residents who were less likely to participate in larger programs felt more comfortable and involved
- Successfully adjusted the recreation calendar to accommodate more small-group programs
- Provided more opportunities for residents with dementia or mobility limitations to participate meaningfully

Challenges:

- Programs had to be adjusted, postponed, or cancelled based on public health guidelines and resident safety concerns during outbreaks
- Transitioning from larger group activities to more small group focused programming required a shift in staff planning and execution
- Needed ongoing evaluation to determine which small group programs were most effective and meaningful

Indicator #8	Last Year		This Year		
	CB	100	80.00	--	NA
To maintain accurate temperatures to ensure safety of residents and following safe food handling procedures. (Craigholme)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Add after service temperature checks to production sheets and staff to take action when residents food is in the danger zone.

Process measure

- Number of temperatures recorded.

Target for process measure

- 100% of temperatures recorded accurately.

Lessons Learned

Successes:

- Successfully integrated post service temperature checks into production sheets, ensuring compliance with food safety protocols
- Regular temperature tracking helped prevent food from entering the danger zone
- Residents experienced fewer issues with cold or improperly heated meals, improving satisfaction with meal service

Challenges:

- Required frequent reminders and reinforcement to establish consistency
- Needed consistent oversight and accountability

Safety | Safe | **Optional Indicator**

	Last Year		This Year		
Indicator #3	12.14	11	14.65	-20.68%	13.50
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Craigholme)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ **Implemented** ☐ **Not Implemented**

To increase the number of our staff members who are trained in a gentle approach to care, which will enhance their skills in the handling of residents with responsive behaviours.

Process measure

- 38.9% of staff trained by April 1st, 2024

Target for process measure

- 75% of staff trained in 2024

Lessons Learned

Successes:

- Successfully trained 54% of staff in GPA, improving their ability to manage responsive behaviors without relying on antipsychotic medications
- Staff who completed the training demonstrated improved confidence and skill in handling residents with responsive behaviors
- Greater emphasis on non-pharmacological interventions
- Staff became more aware of the importance of reducing antipsychotic use and embracing alternative care approaches
- Increased awareness around the importance of ongoing training and education in dementia care and behavioural management

Challenges:

- 10 trained staff members left, reducing the overall percentage of trained staff
- Finding time for training within already demanding staff schedules was a challenge
- Some staff were unable to attend due to shift conflicts
- Some staff needed extra support to fully grasp and implement gentle care techniques effectively

Change Idea #2 ☒ **Implemented** ☐ **Not Implemented**

BSO Lead team members to complete antipsychotic assessment tool each quarter, and review with attending physician and review if there is recommendations to increase, decrease or keep at current levels.

Process measure

- 12.14% currently

Target for process measure

- 11.0% new goal for 2024/2025

Lessons Learned

- Successes:
- Adopted new assessment from Fairview Parkwood
 - Successfully conducted quarterly antipsychotic assessments, ensuring regular monitoring of medication use
 - Strengthened communication between BSO Lead team and attending physicians, facilitating informed decision-making regarding medication adjustments
 - Staff became more engaged in monitoring behavioural changes that might indicate the need for adjustments
- Challenges:
- Ensuring all assessments were completed on time each quarter required coordination and diligence
 - Behavioural documentation leaves gaps requiring additional follow up and increased need for ongoing education

Comment

ongoing education and GPA training

Safety | Safe | Custom Indicator

Indicator #7	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
To increase Medication incident follow up, with reflective practice and education, and encourage reporting of medication incidents through a Just culture approach to reporting of Medication incidents (Craigholme)	CB	100	100.00	--	NA

Change Idea #1 ☒ **Implemented** ☐ **Not Implemented**

Promotion and support of a Just Culture of reporting medication incidents to embrace the learning opportunity to make medication administration safer. A Just culture approach is an important part of a safety culture and it is founded on the assumption that all human beings make mistakes and that those mistakes give us insight in to how to avoid repeating them in the future. We venture to foster an environment of prompt reporting with analysis of root causes and contributing factors to build on quality improvement.

Process measure

- Percentage of medication incident reflection forms completed.

Target for process measure

- 100% of medication incident reflection forms completed, with registered staff advising of their learnings and reflection into how the incident occurred.

Lessons Learned

Successes:

- Staff became more comfortable discussing errors as learning opportunities rather than failures
- Encouraged self-assessment and professional growth, reinforcing best practices in medication administration
- Staff felt more supported in improving their practices rather than being scrutinized
- Medication incidents became discussion points during meetings, leading to shared learning experiences

Challenges:

- Some staff were still hesitant to report medication incidents despite the Just Culture approach
- While some teams embraced reporting and reflection, others were slower to adopt the new approach
- Some reflection forms lacked depth and thorough analysis

Indicator #1	Last Year		This Year		
	CB	100	100.00	--	NA
Adoption of new policies and procedures from Fairview Parkwood, and to adopt Pointclick care platform with new assessments, care plan library, POC task library and new progress notes. (Craigholme)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Access and education about new policies, procedures, and ability to access and utilize new policies.

Process measure

- Percentage of staff to complete Surge Learning and Education day

Target for process measure

- 100% of staff to complete Surge Learning and Education day

Lessons Learned

Successes:

- 100% of education completed by staff through in person, 1:1, and Surge learning education
- Transitioned to PCC with new assessments, care plan library, POC task library, and progress notes
- Policy manager accessible on all desktop computers and staff trained on how to use the platform effectively
- Improved documentation accuracy and consistency
- Leadership provided necessary support, resources, and troubleshooting

Challenges:

- Initial learning curve with adapting to the new PCC system and assessments
- Some users required additional support and time to become proficient
- Balancing training with daily responsibilities required strategic planning

Change Idea #2 ☒ Implemented ☐ Not Implemented

Education and updating of policies and procedures through Policy Manager.

Process measure

- Percentage of staff to complete Surge Learning and Education day

Target for process measure

- 100% of staff to complete Surge Learning and Education day

Lessons Learned

Successes:

- Successfully integrated new policies and procedures from Fairview Parkwood
- Policies reviewed and updated at the corporate level ensuring ministry compliance
- Provided access and education on new policies and procedures
- Staff engaged in training sessions and demonstrated competency

Challenges:

- Ensuring all staff read, understand, and acknowledge new policies
- Staff who are less comfortable with technology may struggle with using Policy Manager