

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 30, 2026



OVERVIEW

Craigwiell 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 49 years ago (1977) and offers private, semi-private, and basic accommodation.

Craigholme is currently in the redevelopment stage with an opening date of September 2026. Our new long-term care home will be 96 beds with 3 home areas of 32 residents each. This is an increase of 26 additional beds from the 70 beds we are currently operating. Founded by the Church at Nairn 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” – Craigwiell Gardens is a unique community of people, all who are stakeholders in achieving its mission and desired outcomes. Craigwiell 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 Craigwiell 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 Craigwiell Gardens delivers its mission each day.

“That enhance the lives and potential of each person we engage” – Craighiel 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.

Craighiel 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 Craigwiel Gardens recognize that waiting in hospital for a long-term care placement is difficult for the residents, families, and the health care system. We have made adjustments and continue to improve the process when admitting a new resident when a bed in our long-term care home to help ease this transition. As a high percentage of residents are admitted directly from the hospital, transitioning patients into long-term care quickly has a significant impact on the overall healthcare system. The faster we can turnover a bed the better it is for getting patients out of the hospital and in a comfortable safe environment. With the new home, the home will increase to 96 beds, bringing 26 new long-term care beds to the community.

We have an active Falls committee that actively works to track and monitor resident falls to prevent avoidable emergency visits. We have implemented increased safety measures, routine checks, and plans for residents identified with a high risk of falls. We continue to provide online and hands-on training to front line team members for safe transferring to reduce the risk of injury.

We have merged our Point Click Care platform with Fairview Parkwood Communities. This has resulted in 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 have also transitioned to interRAI Long-Term Care Facilities (LTCF) assessments. These guide comprehensive care planning, assures greater accuracy of assessments and improve consistency in assessing areas that affect quality of life.

Craigholme has two team members who are GPA certified. This training is valuable to understanding resident behaviours and how

to properly support long-term care residents. We have also offered in-person palliative care training through CLRI to educate team members about high quality end-of-life care for residents and their families.

This year, the home 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 front line driven Kindness committee. The Kindness initiative supports a culture of kindness to support Craigwiel's commitment to equity, diversity and inclusion. This committee's goal is to have monthly meetings, quarterly events and continue to incorporate the kindness survey results in the events for 2026. Our kindness committee has organized a Christmas angel tree, kindness cupboard, international potluck, Diwali celebration, and a wellness fair. This committee looks forward to continuing to grow in 2026 and introducing new event initiatives to foster the culture of kindness to self, kindness to others and kindness to community.

During the past year, Craigholme achieved 100% completion of required equity, diversity, inclusion, and anti-racism education for all staff, including executive leadership. Mandatory education was completed through Surge Learning cultural competence modules, ensuring consistent foundational learning across all departments and roles.

In addition to the mandatory modules, executive and management staff participated in an enhanced land-based education session on

May 13, 2025, led by Indigenous educator Terre Chartrand. This session deepened leadership understanding of Indigenous histories, treaties, land-based worldviews, and the ongoing impacts of systemic inequities. The experience reinforced anti-racism principles, strengthened awareness of unconscious bias, and supported the development of culturally safe leadership practices across the Homes.

Through this layered approach — foundational education for all staff and enhanced experiential learning for leadership — the organization continues to build capacity for inclusive decision-making, culturally responsive care, and equitable workplace practices.

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 opportunity for family 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 are shared with Residents' Council, and Family Council, who provide recommendations into action plans. Surveys are completed 3 months after admission to gather initial input about living in the home and annually thereafter. This information is used to develop quality improvement activities.

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 – 65% said always.
- Number of family who feel their family member's privacy is

respected when people care for them – 60% said always.

Our Family Council was active until late 2024 when participation discontinued. Fortunately, in 2025 we had family interest in the Home to have Family Council return. 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 overall 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 measures.

As a result of the survey, we have made a goal for 2026 to increase resident satisfaction around getting to know what the resident's favourite foods are and how these can be offered more often.

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 to bring policies, procedures and additional supports. This partnership has turned into a unification in late 2025 sharing leadership, financial, building, clinical and administration roles. This has resulted in consistent growth and development as Craigwiel Gardens.

The Home continues to champion student placements throughout all departments. Student placements introduce the long-term care experience 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. Craigwiel is proud to have an active Kindness Committee driven by front-line workers.

SAFETY

Craigwiel is committed to resident safety. We have a very active Resident's 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 and make recommendation to support the rights and discuss and areas of improvement.

Active committees support the four mandatory clinical programs. The team encourages front line staff participation on these committees by strategically booking meetings when staff have time to participate. The success of these committees comes from strong leadership and support from the front-line members.

Craigwiel Gardens has officially unified to become Fairview / Parkwood / Craigwiel Communities. This partnership has provided the support our organization needed to bring the highest quality of care for our residents.

Our Behavioural Support Ontario (BSO) team offers mentorship and provides education to 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.

We have monthly multidisciplinary program meetings. This allows us to share ideas and gather different perspectives that bring the highest quality of care to our residents. We have an enhanced medication management program with reflections and regular meetings. We have a close relationship Advantage Pharmacy which assist and supports with the Home's medication.

PALLIATIVE CARE

Craigholme has a deep commitment to 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 residents receive care tailored to their individual needs, with a particular focus on person-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. The Palliative Care Committee is a team of dedicated professionals and has representation 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 team members to create opportunities for continuous improvement leading to creating the most compassionate and supportive palliative care experience.

To ensure team member competence remains at the forefront of palliative care best practices, we have partnered with community care organizations to provide ongoing training sessions and collaborative discussions that foster a culture of continuous learning and improvement, for example. CLRI provides in-person palliative, end of life, and grief and bereavement training.

POPULATION HEALTH MANAGEMENT

Craigwiel Gardens is a small rural community in Southwestern Ontario and as a result a hospital in close proximity. Therefore, travel is required for a resident when treatment is needed. 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

emergency visits. When the Paramedicine program was offered as a trail in our area, we knew this would be program that directly impacted residents. This program partnership provides services such as blood work, ECGs etc. for residents in the comfort of their own home. This further limit the number of emergency visits while maintaining high quality of resident care.

We have also partnered with several schools to offer LTC experience to students. Craigwiel 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 Craigwiel the opportunity to learn and grow.

As also mentioned earlier we have amalgamated with Fairview Parkwood Communities to become Fairview / Parkwood / Craigwiel Communities. This opportunity for support and guidance over the past two and a half years has put Craigwiel in a position of growth and development. Not only with the development of the new Long-Term Care home coming in the fall of 2026 but with policy development, HR, financial support, clinical support and building maintenance. This support is valuable in providing the best quality of care to our residents as well as ensuring we are meeting expectation goals for growth and development.

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 30, 2026**

Robert Shantz, 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.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1, 2024, to September 30, 2025 (Q3 to the end of the following Q2)	16.48	16.00	The home would like to maintain and improve slightly ED transfers to hospital. The focus is on avoidable emergency department visits , but want to ensure timely access to hospital care needs when clinically appropriate and when aligned with resident and family input in the decision making.	

Change Ideas

Change Idea #1 Maintain the current rate of ED visits by continuing proactive resident care strategies, enhancing on-site assessments, utilizing the Paramedicine service, and optimizing timely interventions to prevent unnecessary transfers. Utilize point-of-care ultrasound and bloodwork when clinically appropriate Reinforce escalation protocols for early symptom recognition Implement refresher education on paramedicine scope of practice Increase RN clinical assessment confidence through targeted education

Methods	Process measures	Target for process measure	Comments
Continue collaboration with paramedicine and primary care teams, staff training on appropriate escalation protocols, refresh education around paramedicine scope of practice, communication with families and interdisciplinary team regarding residents status and need for advanced care. Ongoing interdisciplinary review of high-risk residents Proactive goals-of-care discussions during quarterly reviews Education for families regarding risks of hospital transfer Improved documentation in PCC	Rate per 100 residents / LTC home residents.	16 % % of eligible residents assessed by paramedicine prior to ED transfer	Review all unplanned hospital admissions following paramedicine assessment , and track if prevented emergency transfer

Change Idea #2 Improve communication and information exchange between hospitals and the long-term care home to ensure continuity and completion of the circle of care. Timely access to discharge information reduces readmissions and repeat transfers.

Methods	Process measures	Target for process measure	Comments
Improve consistent use of the existing inbound tab by educating and training staff on when and how to access, review, and acknowledge incoming hospital information. Clear expectations will be set for timely acknowledgement to reduce reliance on paper copies and prevent loss of information. Reinforce consistent use of PCC inbound tab Set expectations for acknowledgment within 24 hours Monthly inbound audit report review Education for new registered staff (SmartZone PCC-CSNF-218)	Percentage of hospital discharge documents reviewed and acknowledged via the inbound tab	% of hospital discharge documents reviewed and acknowledged within 24 hours Target: 100%	Ongoing interdisciplinary case review of repeat ED utilizers Trend analysis by diagnosis (UTI, CHF, dehydration, pneumonia) Collaboration with primary care for rapid in-home orders Staff education on clinical decision-making and escalation Recognition that some ED transfers remain appropriate and resident-centred

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	CB	100.00	Craigholm is establishing equity, diversity, inclusion, and anti-racism education as a standard expectation for all staff to support equitable, culturally safe, and person-centred care. As baseline data collection is underway, a target of 100% completion reflects the organization's commitment to mandatory education, consistent with other required training for quality and safety. Completion will be monitored through internal tracking and incorporated into onboarding and annual education.	

Change Ideas

Change Idea #1 Sustain 100% staff completion of equity, diversity, inclusion, and anti-racism education and strengthen application of learning into daily practice through ongoing education, reflection, and leadership reinforcement.

Methods	Process measures	Target for process measure	Comments
<p>Mandatory annual DEI education for all staff through Surge Learning Leadership discussions at team meetings to reinforce culturally safe and inclusive care practices Cultural activities are celebrated with Staff on the HUB, programming in the home for both staff and residents. These events will be tracked. Leadership will continue to model DEI principles Home will continue to explore learning opportunities for staff with guest speakers, land based education and cultural awareness sessions.</p>	<p>Percentage of staff completing required DEI education annually Number of DEI learning or reflection sessions held Staff participation rates in additional DEI learning opportunities</p>	<p>Maintain 100% completion of required DEI education annually 100% of new staff complete DEI education during orientation Minimum number of reflective learning sessions per year</p>	<p>The home has achieved full staff participation in mandatory equity, diversity, inclusion, and anti-racism education through Surge Learning and will focus on sustaining completion and strengthening application in practice. Ongoing education, reflective learning, and leadership engagement will support culturally safe, inclusive, and resident-centred care across the organization</p>

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Increase number of specialty meal and snack programs through out the fiscal year to enhance resident choice, cultural inclusivity, social engagement and overall pleasurable dining experience.	C	Number / # of meal/snack programs per year	In house data collection / 2026/2027	CB	10.00	The target of 10 meal/snack programs per year is achievable and sustainable within current staffing and operational capacity. Specialty meal programming enhances resident autonomy, cultural responsiveness, and social connection, supporting the home's commitment to person-centred dining and overall quality of life.	

Change Ideas

Change Idea #1 Increase the number of specialty meal and snack programs offered monthly to better meet residents' food preferences, cultural needs, and dietary goals, enhancing satisfaction and engagement.

Methods	Process measures	Target for process measure	Comments
Collaborate with dietary and recreation teams to design and implement themed specialty meal events and snack offerings each month. Promote specialty meal programs through resident and family newsletter. Implement specialty meal and snack programs regularly throughout the year (e.g., themed meals, cultural celebrations, chef-feature days, seasonal events). Ensure therapeutic diet and IDDSI texture-modified options are available to promote inclusivity. Promote specialty meal programs through newsletters, activity calendars, and menu boards. Track and log each specialty meal program to monitor progress toward the annual target.	Number of specialty meal programs held each month and over the fiscal year	Increase by 10 programs per year	This target represents a structured increase in planned specialty programming beyond routine menu cycles and supports Craigholme's commitment to person-centred dining and meaningful resident experience.

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Implementation of RNAO Clinical Pathways including Palliative and End of Life Care.	C	% / Staff	In house data collection / 2026/2027	CB	100.00	<p>The target of 100% Registered Staff education was selected to ensure consistent and standardized implementation of RNAO Clinical Pathways across the Home. As these pathways guide clinical assessment, decision-making, symptom management, and palliative and end-of-life care, full staff participation is necessary to support safe, person-centred care.</p> <p>Given that education delivery is within the Home's control (through scheduled in-service sessions, small group training, onboarding processes, and competency validation), achieving 100% completion is considered attainable and appropriate.</p>	

Change Ideas

Change Idea #1 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 Planned Actions: Deliver structured education sessions (large group, small group, and 1:1 coaching) for all Registered Staff. Embed RNAO Clinical Pathways into PointClickCare (PCC), including care plans, assessments, and documentation prompts. Align pathways with interRAI LTCF triggers and Clinical Assessment Protocols (CAPs). Integrate pathways into interdisciplinary case conferences and goals-of-care discussions. Utilize leadership audits and chart reviews to monitor pathway utilization. Provide refresher education and competency validation where gaps are identified.	Planned Actions: Deliver structured education sessions (large group, small group, and 1:1 coaching) for all Registered Staff. Embed RNAO Clinical Pathways into PointClickCare (PCC), including care plans, assessments, and documentation prompts. Align pathways with interRAI LTCF triggers and Clinical Assessment Protocols (CAPs). Integrate pathways into interdisciplinary case conferences and goals-of-care discussions. Utilize leadership audits and chart reviews to monitor pathway utilization. Provide refresher education and competency validation where gaps are identified.	Percentage of Registered Staff who have completed education on RNAO Clinical Pathways. Target is 100%	Improved consistency in clinical decision-making, earlier identification of resident needs, enhanced goals-of-care discussions, and strengthened person-centred palliative and end-of-life care delivery.

Change Idea #2 Strengthening Palliative & End-of-Life Care Through Early Identification and Interdisciplinary Collaboration

Methods	Process measures	Target for process measure	Comments
<p>Implement standardized triggers for early palliative identification (e.g., clinical decline, recurrent hospitalizations, advanced frailty). Embed pathway tools into advance care planning and Substitute Decision-Maker discussions. Increase interdisciplinary case reviews for residents identified as palliative. Monitor ED transfers among residents identified as palliative to ensure alignment with goals of care. Provide targeted education on symptom management, comfort-focused care, and family communication.</p>	<p>Percentage of Registered Staff educated in palliative pathway tools.</p>	<p>Percentage of Registered Staff educated in palliative pathway tools. Target is 100 %</p>	<p>Earlier integration of a palliative approach, reduced unnecessary hospital transfers, and improved resident and family satisfaction with end-of-life care.</p>

Safety

Measure - Dimension: Safe

Indicator #5	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 September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	20.63	18.00	The target was selected to reflect a meaningful and achievable reduction in the use of antipsychotic medications among residents without a diagnosis of psychosis. A gradual reduction approach supports safe deprescribing practices, interdisciplinary review, behavioural support planning, and physician oversight. The Home will focus on non-pharmacological interventions, medication reviews, and regular interdisciplinary case conferences to support appropriate prescribing while maintaining resident safety and quality of life.	

Change Ideas

Change Idea #1 Implement quarterly BSO interdisciplinary huddles to enhance team communication, coordinate non-pharmacological strategies, and review residents at risk for antipsychotic use.

Methods	Process measures	Target for process measure	Comments
Method(s) Schedule quarterly BSO interdisciplinary huddles including BSO Lead, Nursing, Recreation, Physician/NP (as available), and other relevant team members. Review residents exhibiting responsive behaviours and/or currently prescribed antipsychotics without a diagnosis of psychosis. Discuss non-pharmacological strategies and individualized behavioural care approaches. Evaluate current medication regimens, including PRN usage patterns and effectiveness. Identify deprescribing opportunities in collaboration with prescriber and pharmacy. Update care plans and behavioural documentation following each review.	Percentage of residents on antipsychotics without a psychosis diagnosis reviewed through BSO interdisciplinary huddles each quarter. Residents on reviewed will be captured through huddle meeting minutes	Minimum of 5 residents reviewed each quarter.	This change idea supports appropriate prescribing practices by emphasizing non-pharmacological behavioural strategies, interdisciplinary collaboration, and structured medication review processes. Quarterly review ensures continuous monitoring while maintaining resident safety and quality of life.

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Improve medication incident management through standardized documentation, root cause analysis, staff education and reflection, resident monitoring, and trend analysis to ensure effective follow-up and prevent repeat errors.	C	% / Staff	In house data collection / 2026/2027	CB	95.00	The target of $\geq 95\%$ was selected to ensure high reliability in medication incident follow-up and documentation processes. Standardized review, reflection, and timely follow-up are within the Home's operational control and are critical to preventing repeat errors. This target reflects Craigholme's commitment to strengthening medication safety culture, supporting staff learning, and ensuring continuous quality improvement through structured trend analysis and interdisciplinary oversight.	

Change Ideas

Change Idea #1 Following each medication incident, the resident will be closely monitored for any adverse effects or changes in condition, with observations documented in real time.

Methods	Process measures	Target for process measure	Comments
Provide staff education on post-medication-incident monitoring expectations. Have registered staff complete a reflection of incident Reinforce expectations during shift huddles and Medication Safety Meetings. Implement a standardized TAR order set to prompt required monitoring and documentation. Add temporary monitoring orders (e.g., vital signs, symptom monitoring, pain scale, level of consciousness) based on incident type. Ensure documentation occurs in real time in the EMR. Review compliance through quarterly medication safety audits.	Percentage of medication incidents with documented post-incident resident monitoring	A 100% target was selected because post-incident resident monitoring is essential to ensure resident safety and mitigate potential harm following a medication error. Monitoring is fully within the Home's operational control and represents a non-negotiable clinical safety standard. Achieving full compliance supports early identification of adverse effects, strengthens documentation practices, and reinforces a culture of safety and accountability.	Documented clinical assessment and monitoring appropriate to the type of medication incident (e.g., vital signs, symptom assessment, level of consciousness, pain scale, blood glucose, etc.) within the required monitoring period

Change Idea #2 Standardize reflective incident documentation and medication safety analysis meeting tracking across all three homes to ensure consistent follow-up, learning, and resident monitoring after medication incidents.

Methods	Process measures	Target for process measure	Comments
Review medication incidents to identify trends and patterns, analyze contributing factors, develop follow-up plans, and implement actions to avoid medication errors and repeated patterns of medication errors.	The proportion of medication incidents that include documented trend analysis, pattern identification, and follow-up plans.	To obtain 100 % for this	

Access and Flow | Efficient | Optional Indicator

	Last Year		This Year		
Indicator #5	19.54	18	16.48	15.66%	16
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Craigholme)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

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.

Process measure

- Number of assessments conducted by paramedicine team monthly.

Target for process measure

- Number of ED transfers reduced

Lessons Learned

Successes

Successfully launched as a pilot site for the Middlesex County paramedicine program, establishing new partnerships, workflows, and communication processes for on-site assessments.

Enhanced resident care through access to in-home diagnostics, including point-of-care ultrasound, bloodwork, and additional clinical assessments, reducing the need for some hospital transfers.

Improved ability to gather timely diagnostic information within the resident's home environment, supporting more informed discussions around goals of care and treatment decisions.

Supported residents who may not tolerate hospital transfers well by providing assessment and intervention in a familiar, less disruptive setting.

The paramedicine team provided on-site education to staff regarding available services, referral processes, and clinical scope, strengthening collaboration.

Strong support from the in-home Medical Director and resident physician has reinforced clinical integration of the program.

Challenges

Initial limited staff familiarity with the program resulted in missed opportunities to utilize in-home services, including minor delays in imaging.

Certain diagnostics (e.g., Doppler ultrasounds) remain outside the paramedicine team's scope, limiting some on-site capabilities.

Ongoing need to clearly define clinical criteria and appropriate scenarios to optimize program utilization.

Ensuring staff and families understand and feel confident in the program to increase uptake and impact over time.

Comment

The organization remains committed to ongoing efforts to reduce avoidable Emergency Department (ED) visits while recognizing that some transfers remain clinically appropriate and necessary. Future improvement efforts will focus on strengthening interdisciplinary collaboration among Nursing, Physicians, Paramedicine, Pharmacy, and BSO to proactively identify residents who may benefit from in-home assessment and early intervention.

We will continue to incorporate regular discussions with residents and Substitute Decision-Makers (SDMs) regarding goals of care, ensuring that care decisions reflect individual preferences, values, and clinical realities. Enhanced advance care planning and timely review of goals of care will support more informed decision-making when acute changes occur.

Ongoing education for staff regarding appropriate utilization of paramedicine services, early clinical recognition, and escalation pathways will further support safe care in place. Through continuous monitoring, case review, and quality analysis of ED transfers, the home aims to optimize in-home supports while ensuring that residents receive hospital care when it is clinically indicated and aligned with their goals of care

Equity | Equitable | Optional Indicator

Indicator #4	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Craigholme)	100.00	100	NA	--	100

Change Idea #1 Implemented Not Implemented In Progress

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

Equity, Diversity, Inclusion and Anti-Racism Education – Annual and On Hire

All staff across all departments, including executive leadership, management, and frontline team members, receive equity, diversity, inclusion, and anti-racism education annually and upon hire.

Over the most recent 12-month period, we achieved organization-wide participation in mandatory education through Surge Learning. All staff completed:

1. Cultural Competence Part I: An Introduction
2. Cultural Competence Part II: Knowledge and Application
3. Long-Term Care – Building Cultural Competence in Healthcare

This education strengthened staff knowledge and awareness of equity and cultural safety principles, reinforcing reflection on personal and unconscious (unknowing) bias, understanding lived experience, and recognizing how stereotypes, prejudice, and discrimination can impact residents, families, colleagues, and overall workplace culture. The learning emphasized moving beyond awareness toward meaningful application in daily care practices and team interactions.

Challenges

While education increases awareness, unconscious bias can persist despite training and may influence decision-making, communication, and care delivery in subtle ways. Ongoing reinforcement, reflective practice, leadership modeling, and continuous dialogue are required to ensure principles of equity and inclusion are consistently embedded into everyday practice beyond initial education sessions.

There are set deadlines for completion of education in our surge learning platform, and completion of education easy to track, but leadership is often challenged with giving staff frequent reminders about completing education and following up until completed.

Change Idea #2 Implemented Not Implemented In Progress

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

Process measure

- To review the number of staff that attend leadership days. Review of minutes from management meetings. Record of team members that complete additional education.

Target for process measure

- All leadership will receive enhanced education annually for 2025

Lessons Learned

During the past year, Craigholme achieved 100% completion of required equity, diversity, inclusion, and anti-racism education for all staff, including executive leadership. Mandatory education was completed through Surge Learning cultural competence modules, ensuring consistent foundational learning across all departments and roles.

In addition to the mandatory modules, executive and management staff participated in an enhanced land-based education session on May 13, 2025, led by Indigenous educator Terre Chartrand. This session deepened leadership understanding of Indigenous histories, treaties, land-based worldviews, and the ongoing impacts of systemic inequities. The experience reinforced anti-racism principles, strengthened awareness of unconscious bias, and supported the development of culturally safe leadership practices across the Homes.

Through this layered approach — foundational education for all staff and enhanced experiential learning for leadership — the organization continues to build capacity for inclusive decision-making, culturally responsive care, and equitable workplace practices.

Comment

The Home remains firmly committed to advancing Diversity, Equity, and Inclusion (DEI) as a core organizational value. This commitment is reflected in ongoing education, leadership development, inclusive policies, and the intentional creation of a respectful, culturally safe, and psychologically safe environment for residents, families, and staff.

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #2	70.00	78	79.00	--	NA
Increased programming on evenings and weekends (Craigholme)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Expanding evening and weekend programming through recreation team re-alignment

Process measure

- Number of programs

Target for process measure

- Increase evening and weekend programming by 8 programs per month

Lessons Learned

Expanding Evening and Weekend Programming Through Recreation Team Re-Alignment

Successes

Successfully increased the number of structured recreation programs offered during evenings and weekends, improving access to meaningful engagement opportunities beyond traditional weekday hours.

Expanded the variety and inclusivity of programming to better reflect diverse resident interests, cognitive abilities, cultural backgrounds, and functional levels.

Improved overall resident engagement, with an increase in the number of residents participating in structured and small-group programs.

Positive feedback from residents and families, including reports of enhanced enjoyment, improved mood, and reduced feelings of boredom and social isolation during evenings and weekends.

Strengthened interdisciplinary collaboration between Recreation, Nursing, and Care teams to support attendance and individualized participation. Through participation in huddles, and quality meetings.

Enhanced alignment with person-centered care principles by offering flexible programming options that reflect resident choice and preferences.

Challenges

Scheduling and calendaring complexities related to increased program volume and coordination across multiple home areas, staff roles, and shifts.

Variable participation levels at certain evening time slots due to residents' established routines and preference for earlier bedtimes.

Adjustment period for both residents and staff as they adapted to new programming schedules and expectations.

Ongoing need to balance program timing, staffing availability, resident fatigue levels, and safety considerations to optimize participation and quality of engagement.

Ensuring consistent documentation of attendance and meaningful engagement outcomes to support measurement of impact. This is tracked through Welbi

Comment

The organization remains committed to actively seeking and incorporating resident and family feedback to guide programming decisions. Regular input is gathered through Resident Council meetings, satisfaction surveys, and informal feedback mechanisms to ensure that recreation services reflect resident preferences, interests, and evolving needs. The Programming Department reviews this feedback as part of its continuous quality improvement process and is prepared to adjust program schedules, formats, and activity offerings as required. This ongoing responsiveness ensures that recreation services remain meaningful, person-centered, and aligned with resident choice and engagement goals.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #3	14.65	13.50	20.63	-40.82%	18
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Craigholme)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

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

Process measure

- Percentage of BSO team members receive additional training on alternative behavior management strategies

Target for process measure

- That there will be 100%

Lessons Learned

Added a new BSO team member, increasing capacity and strengthening behavioural supports for residents and staff.

Expanded BSO services across all three homes and established Corporate BSO Collaboration Meetings (every two months) to promote consistency and shared best practices, and to support one another.

Implemented a structured BSO task list to improve organization, prioritization, and follow-up.

Increased individualized supports and targeted programming for residents with responsive behaviours.

Expanded BSO hours, allowing for more timely assessments, interventions, and staff coaching. Day-of-Service charting is now completed through POC.

Introduced a new BSO assessment tool and Antipsychotic Evaluation progress notes to support monitoring when antipsychotic medications are started or adjusted.

Improved electronic documentation, including BSO assessment tools and Personhood documentation, enhancing clarity and interdisciplinary communication.

Strengthened medication stewardship practices through implementation of a structured antipsychotic assessment tool in collaboration with the attending physician, supporting appropriate prescribing, monitoring, and review. The physician now contributes a response in the assessment

Enhanced interdisciplinary collaboration among Nursing, Physicians, Pharmacy, and BSO to promote resident-centered behavioural care and appropriate use of psychotropic medications.

Continuing to refine role clarity and delineation of responsibilities within the reconfigured BSO team to ensure optimal utilization of each member's expertise.

Ensuring alignment in behavioural care approaches among BSO, Nursing, and frontline staff to promote consistency and avoid mixed messaging in interventions.

Ongoing need for staff education and coaching to strengthen confidence and competence in managing responsive behaviours using non-pharmacological strategies.

Managing increasing complexity and acuity of resident behaviours while balancing available BSO hours and organizational resources.

Ensuring consistent and meaningful documentation across all shifts to maintain continuity and effectiveness of behavioural care plans.

Comment

The organization remains committed to the continued strengthening of Behavioural Supports Ontario (BSO) in our home. Future plans include ongoing evaluation of resident needs and the progressive addition of BSO hours as resources allow to ensure timely, proactive behavioural support. We are dedicated to sustaining and expanding staff education in responsive behaviour management, non-pharmacological interventions, and person-centered approaches. Regular interdisciplinary collaboration, continuous monitoring of antipsychotic use, and refinement of assessment and documentation tools will remain key priorities. Through these efforts, we aim to further enhance resident quality of life, support frontline staff, and promote safe, evidence-informed behavioural care well into the future

Safety | Safe | Custom Indicator

Indicator #1	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Implementation of RNAO Clinical Pathways including admission assessment, delirium management pathway, and resident and family centered care pathway. (Craigholme)	CB	100	100.00	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Change Idea: Integration of RNAO Clinical Pathways to Standardize and Enhance Resident Care

Process measure

- Percentage of registered staff educated

Target for process measure

- That there will be 100%

Lessons Learned

Integration of RAO Clinical Pathways to Standardize and Enhance Resident Care

Successes

Successfully implemented multiple RAO Clinical Pathways in 2025, including Delirium, Admission, Resident and Family-Centered Care, Pain, and Falls Prevention, supporting a structured, evidence-informed approach to assessment and care planning.

Delivered comprehensive staff education and training sessions to facilitate pathway adoption, with additional coaching and point-of-care support provided to reinforce learning.

Ongoing education, mentorship, and audit-feedback processes are in place to promote sustainability and continuous improvement.

Standardized pathway assessments now provide a more comprehensive and consistent clinical picture of each resident, improving clinical decision-making.

Enhanced early identification of risks (e.g., delirium, pain, falls), supporting proactive interventions and reduced variability in practice.

Strengthened interdisciplinary communication and care planning processes through structured documentation tools.

Improved alignment with RAO Best Practice Guidelines, organizational standards, and regulatory expectations under the Fixing Long-Term Care Act, 2021.

Challenges

Initial staff resistance related to change fatigue and adjustments to established documentation workflows.

Increased time required for staff to learn and become proficient in the new assessments, particularly during early implementation phases.

Competing clinical priorities and staffing pressures limited opportunities for education sessions and reinforcement during peak operational periods.

Ongoing need to ensure consistent documentation and pathway utilization across all shifts and all three homes.

Continuous monitoring required to ensure pathways are not viewed as “additional paperwork,” but as integrated clinical tools that replace duplication and enhance resident outcomes.

Change Idea #2 Implemented Not Implemented In Progress

Implementing person-centered education to strengthen resident centered care

Process measure

- Percentage of registered staff educated through RNAO Clinical Pathway education

Target for process measure

- That there will be 100%

Lessons Learned

Implementing Person-Centered Education to Strengthen Resident-Centered Care

Successes

Ongoing Gentle Persuasive Approaches (GPA) education has strengthened staff competency in supporting residents with responsive behaviours through respectful, relationship-based, and person-centered approaches.

Increased staff awareness and understanding of residents' individual preferences, life histories, cultural backgrounds, routines, values, and behavioural triggers through structured education, coaching, and reflective practice.

Implementation of the Resident and Family-Centered Care Assessment alongside the enhanced Admission Assessment has improved the comprehensiveness of information gathered at admission and during ongoing care.

Improved ability of interdisciplinary team members to individualize care plans, supporting resident dignity, autonomy, identity, and meaningful engagement in daily routines.

Strengthened collaboration and shared decision-making with residents and families, enhancing trust, communication, and transparency.

Completed a review of organizational policies to embed stronger person-centered language and expectations, ensuring alignment between written standards and care delivery practices.

Integrated additional person-centered education into orientation for all new hires and established annual education requirements to reinforce principles and sustain practice.

Greater alignment with person-centered principles embedded within the Fixing Long-Term Care Act, 2021, organizational values, and best practice guidelines.

Challenges

Ensuring consistent completion and meaningful use of person-centered assessments across all staff, departments, and shifts.

Time constraints and competing clinical priorities that may limit opportunities for reflective practice, education reinforcement, and individualized care planning.

Variability in staff confidence and comfort with person-centered approaches, particularly among new hires or staff transitioning into LTC practice.

Need for ongoing coaching, leadership oversight, and audit-feedback processes to ensure education translates into sustained practice at the point of care.

Balancing standardized documentation requirements with the capture of individualized, meaningful resident information that reflects the whole person rather than task-focused care.

Comment

Our organization is firmly committed to the sustained implementation and integration of RNAO Clinical Pathways as a foundational clinical quality improvement strategy over the next three years and beyond. The phased rollout of pathways—including Admission, Delirium, Resident and Family-Centered Care, Pain, Falls Prevention, and future pathway expansion—reflects a deliberate and structured approach to embedding evidence-based practice into daily care delivery across all homes.

By aligning with the Registered Nurses' Association of Ontario (RNAO), recognized as provincial and international leaders in nursing best practice guidelines, we are ensuring that our clinical practices reflect the most current, research-informed standards of care. RNAO Clinical Pathways provide structured, standardized assessments and decision-support tools that strengthen interdisciplinary collaboration, enhance early risk identification, and support consistent, person-centered care planning.

Our multi-year commitment includes ongoing staff education, audit and feedback processes, leadership oversight, and integration of pathways into electronic documentation systems to ensure sustainability. This work positions the organization not only to meet regulatory expectations under the Fixing Long-Term Care Act, 2021, but to exceed them by fostering a culture of continuous improvement, clinical excellence, and resident-centered care.

Through this long-term commitment, RNAO Clinical Pathways will remain embedded as a core driver of quality, safety, and positive resident outcomes well into the future.