

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 26, 2025

OVERVIEW

Forest Heights is a 172 long-term care home located at 60 Westheights Drive in Kitchener Ontario.

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

Our Purpose, Mission, Vision and Values

OUR MISSION:

To provide people with the care they need, wherever they call home.

OUR VISION:

Everyone in Canada has access to the care and support they need to live their best lives.

OUR VALUES:

We embrace every person for the individual they are.

We care for each person as we would our own family.

We collaborate with others as we achieve more together.

We are relentless in our efforts to improve.

We respect the resources entrusted to us.

Quality Improvement

Our Quality Framework outlines the ways in which our home is supported to achieve success with a focus on quality of life, safety, regulatory compliance, and resident engagement. In alignment with provincial requirements, our home is responsible for directing our

quality improvement plan, with the support of a dedicated regional team who assist us with our home's quality initiatives as needed. Our strategic direction and the initiatives that support the plan also meet or exceed standards set by Accreditation Canada and meet the requirements of our LSAA.

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

- Monitoring key quality indicators
- Internal audits
- External audits

- Annual program evaluations
- Resident and Family Experience Survey results

In 2024, our home's Quality Improvement priority areas included: Resident Satisfaction, Family Satisfaction, Falls, Restraints, Antipsychotics without a diagnosis, and Worsening Pressure Ulcers.

The following top areas for improvement identified from our 2023 Resident and Family experience survey results included: The Resident has input into recreational programs available, I have the opportunity to provide input into food and beverages options, I am updated regularly about changes in my home and I am satisfied with the food and beverages served to me.

We are proud of the following achievements and improvements that were implemented based on the 2023 survey results and that were part of our 2024 improvement plan: I am aware of recreation services offered in the home 82.7%, increase of 1.6%, I am satisfied with the variety of recreation programs 62.7%, improvement of 4.7%, I am satisfied with the schedule of recreation programs, 60.0%, increase of 4.9% and The resident has input into the recreation programs available 38.1%, increase of 5.6%. The increase in scores is a result of the family "script" that was used during conversations with families and residents which started in May through to June. Continuous, ongoing conversations with residents and families continue to seek valued feedback to continue to improve our quality related to the above-mentioned areas. A home communication board was also initiated in July for families and residents to review for any changes that are happening in the home so they would know what is happening at all times. A suggestion box was also implemented in July seeking input related to food and

beverage choices and programming ideas. When meeting with Family council a suggestion was made to have a “what you need to know” type pamphlet with details and “did you know” for areas around the home that they may not be aware of. A template is being created and presented to the council in March for collaboration.

Our CQI committee has determined that for 2025 our priority areas for quality improvement will include: Falls, Antipsychotics without a diagnosis, Restraints and Worsening Pressure Ulcers as well areas from our Resident Experience survey. After consultation with our Resident and Family Councils our focus will be on improving survey results for satisfaction in food and beverages, religious and spiritual care programs and input into recreational programs available.

ACCESS AND FLOW

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

In addition, our partnerships extend to our Medical Advisor and Attending Physicians as we work to improve medication management, clinical care and reduce unnecessary ED visits. We work together with residents, their families and our health system partners to ensure safe, effective admissions to our home, and understand transitions throughout the system are not easy for those we serve. We work to apply additional care and attention to closely engage and support those in our care at times of change or

at times where specialized supports are required in their health care journey.

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

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

those living with dementia – from Gentle Persuasive Approaches (GPA) training to dementia-focused tools for skin and wound care. Right care in the right place at the right time

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

EQUITY AND INDIGENOUS HEALTH

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

At Forest Heights we embrace every resident for the individual they are, and care for them as we would our own family. Our Equity and Indigenous Health program reflects our core values by recognizing and honouring the diverse identities, cultures, and experiences of each resident. By integrating culturally appropriate care and Indigenous traditions, we affirm the importance of personal heritage in shaping well-being. Through culturally diverse programming, menu selection, staff education and meaningful community partnerships, we create a safe and inclusive environment where residents feel valued, respected and empowered to be their authentic selves. This commitment is

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

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

Some examples of programs we have implemented include but not limited to: Chinese New Year, Diwali, Ramadan, Eid, Ukrainian Christmas, Christian Christmas, Middle Autumn Festival, Hanaka, and Smudging. In 2025 we commit to continued support and recognition for diversity and inclusion for staff, residents and families in our home

PATIENT/CLIENT/RESIDENT EXPERIENCE

Active engagement of residents and families is essential to our values. Annually, through an anonymous survey, we seek feedback from residents and their families about what is going well and what we can do to improve. The annual survey provides our home with a summary of the scores and comments for each of the areas of care and services offered. We use this report to collaborate with the residents and family councils to determine an action plan to improve the experiences of those we serve. On a regular basis

during the year, we discuss progress updates and strategies for improvement via town halls, resident and family council meetings and newsletters.

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

Our 2024 Resident and Family Experience Survey Results:

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

Resident: Would you recommend this home? 56.3%

Family: Would you recommend this home? 58.9%

Survey results were reviewed by CQI committee: January 16, 2025

Survey results were shared and discussed with Resident Council:
January 27, 2025

Survey results were shared and discussed with Family Council:
January 20, 2025

A copy of the survey results was provided to Resident Council:
January 16, 2025

A copy of the survey results was provided to Family Council: January
16, 2025

Survey results were posted on our bulletin board: January 16, 2025

Survey results shared with staff in the home: February 26, 2025

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

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

1. I am satisfied with the schedule of religious and spiritual care

programs 41.7%. Rosary is now offered every Wednesday, started October 2024. Chaplain will focus on 1:1 visits starting January 2025. A peace garden has been developed and will begin to be utilized in the spring of 2025.

2. I have input into the recreation programs available 42.7%. A “subcommittee” will be developed starting April 2025 to obtain direct feedback from residents and will be reported during quarterly quality council meetings starting April 17, 2025. We will seek input during each quality council meeting from family and residents in attendance starting April 17, 2025. Collaboration with BSO will also begin starting January 2025. During MDC meetings, the questions are also asked to encourage continuous feedback.

3. I am satisfied with the food and beverages served to me 45.6%. Residents' choice meal will be served once a month starting January 2025. The options will be obtained from the residents. Menu changes also occur seasonally to improve variety in food and beverage choices.

PROVIDER EXPERIENCE

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

Our annual employee engagement survey provides an opportunity for team members to give their feedback on various issues such as staff satisfaction, innovation, and work environment. Based on previous employee engagement results we worked this year to improve employee recognition. Recruitment and retention at FH is in an excellent position. Several employees have a great number of years of service. A very low percent on new hires choose to find employment elsewhere. Students also have positive feedback about their experiences while completing their placements at FH. Agency nurses were also obtained and became part of FH employee pool. IEN also inquire about positions due to positive experience following their clinical placements. FH employs a PSW in the position of Student Coordinator which improves recruitment, retention, workplace culture and staff experience. The Student Coordinator becomes a “person to go to” for all students during their placements improving the sense of belonging to the home and desire to seek employment in the home.

SAFETY

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

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

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

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

PALLIATIVE CARE

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

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

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

POPULATION HEALTH MANAGEMENT

Forest Heights considers the unique demographics in our home when planning care delivery requirements, programs, resources and external partnerships. In our home our population needs consist of a multitude of age ranges and interests. Forest Heights is welcoming to support, honour and respect all lifestyle choices. To meet the individualized needs of our residents, we have implemented programs such as Dementiability (including a certified dementiability trainer in house to train others), on site Behavioural Support team, full time physiotherapist with OT in collaboration, social work, music therapy, Chaplaincy and a Registered Dietitian. We also collaborate with Acheiva, Arjo, Denturist Services as needed, on-site hairdressing, Vitalis and Pro Resp.

CONTACT INFORMATION/DESIGNATED LEAD

Nancy Longley – Executive director

Helen Lyons – Regional Director of Operations

OTHER

Quality improvement approaches, initiatives and outcomes are posted in the home for all staff, families and residents to review continuously.

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 26, 2025**

Erin Coreno, Board Chair / Licensee or delegate

Nancy Longley, Administrator /Executive Director

Nancy Longley, Quality Committee Chair or delegate

Paul Rooyakkers, Other leadership as appropriate
