

Quality Improvement Plan (QIP)

# **Narrative for Health Care Organizations in Ontario**

March 28, 2025

## OVERVIEW

Lakeside is a 128 bed long-term care home located in Toronto.

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

### Mission

Lakeside Long Term Care Centre will improve the aging experience through excellence, innovation, and research by competent professionals committed to providing quality care with empathy, courtesy, respect and dignity. We will pursue community partnerships that will enable us to build capacity by actively supporting and promoting educational opportunities and quality initiatives in a state of art facility.

### Vision

Lakeside Long Term Care Centre will be a place to experience living and learning.

### Values

**Primary Care and Individuality:** Each person is a unique individual and we value their uniqueness. Our competent and compassionate staff will support continuity in our care and services inspired by the

goals of excellence and cohesion for each resident.

**Respect and Dignity:** We promote open and honest communication to foster a culture of trust, respect and dignity.

**Teamwork and Collaboration:** Teamwork is essential in achieving our vision. We actively engage with each other to continuously improve the quality of care to our residents.

**Accountability and Integrity:** We are accountable for the quality of care and services we provide. We promote honesty and a fair and consistent approach in all of our relationships.

**Diversity and Inclusion:** We create a culture that is inclusive and respects and values diversity.

#### 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.

This committee has not been functioning as intended due to leadership turnover over the past year. Our home's multidisciplinary Continuous Quality Improvement (CQI) Committee will continue to oversee 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

1. Input into resident programs

External audits

2. Communication with leadership

Annual program evaluations

3. Variety of Food and beverages

Resident and Family Experience Survey results

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:

In 2024, our home's Quality Improvement priority areas included:

1. Falls
2. Worsened Stage 2-4 pressure injury
3. Antipsychotics
4. ED visits

1. New Java Club program for residents started in 2023. The program was trialed first and residents enjoyed the program so it became a regular program, which improved their survey results from 26.3% to 41.4%. It was trialed and was enjoyed by residents so it became a regular program.

The home continues to maintain restraints at 0% and continue to inform new residents and families with a brochure in the admission package.

2. The Dietary Manager met with the residents for input into their menu choices and made changes to the menu with their input. Many new menu items were added to the menu cycle. Taste testing is routinely done with the residents and meals are introduced if approved at the taste testing, improving results from 44.8% to 75%. Food choices have improved but the home is continuing to focus on this area.

The following top areas for improvement identified from our 2023 Resident and Family experience survey results were also included:

Due to turnover in management, we were unable to implement all of our quality improvement plans but were able to continue to exceed targets for antipsychotic use and falls.

Our CQI committee has determined that for 2025 our priority areas for quality improvement will include:

1. Falls
2. Antipsychotics
3. Worsened Stage 2-4 pressure wounds

as well as the following areas from our Resident Experience survey as determined following consultation with our Resident and Family Councils:

1. Communication from Leadership
2. Quality of Food
3. Variety of recreational programs

## 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 support is 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:

**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.

The IPAC Hub members from UHN provide feedback and support with our IPAC program and participate in our Outbreak management meetings.

#### 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 Lakeside 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: celebrating Nepalese culture as part of staff appreciation. In 2025

we commit to continued support and recognition for diversity and inclusion for staff, residents and families in our home.

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

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

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

Our 2024 Resident and Family Experience Survey Results:

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

Resident: Would you recommend this home? 88.9 %

Family: Would you recommend this home? 60.5%

Survey results were reviewed by CQI committee: Due to management turnover the CQI committee has not yet reviewed the

survey results. There is a meeting scheduled for April 8th and the results will be reviewed at that time.

Survey results were shared and discussed with Resident Council:  
March 26, 2025

Survey results were shared and discussed with Family Council:  
March 27, 2025

A copy of the survey results was provided to Resident Council:  
March 26, 2025

A copy of the survey results was provided to Family Council: March  
21, 2025

Survey results were posted on our bulletin board: February 24,  
2025

Survey results shared with staff in the home: March 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. Communication with leadership-improving from 56.8% in 2023 to 62.9% We are hoping to improve communication with regular Tea and Chat program where new leadership sits down with residents

to chat on a monthly basis as new managers are hired. This program will start in June 2025.

2. Satisfaction with food and beverages served which has improved from 46.5% in 2023 to 63.9% but continues to be identified as an area for improvement. The home will re-implement the Food Committee who met regularly with the Dietary manager to discuss ideas to improve the quality of the food.

3. Variety of recreational programs improving from 83.3% to 87.9%. Although this has improved, there are still need to improve programs for the cognitively intact residents as requested by Residents' Council members. Once hired the Program Manager will meet with these residents to discuss opportunities for improvement.

## PROVIDER EXPERIENCE

Lakeside 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. The results of the employee survey reflect that many of the areas of concern are impacted by the turnover of leadership for Nursing and Programs in the home. Lakeside is working on recruiting and retaining a strong nursing team and a new Program Manager. Once these positions are filled based on previous employee engagement results we will work this year to improve:

1) Staff appreciation

2) Improved communication with front line staff by holding monthly departmental meetings including PSW and Registered staff meetings to get input from staff for any new initiatives in the home.

3) Schedule performance management review to ensure staff receive feedback on their work performance.



## SAFETY

At Lakeside 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

Lakeside considers the unique demographics in our home when planning care delivery requirements, programs, resources and external partnerships. In our home our population needs consist of dementia and younger residents with mental health issues. To meet the individualized needs of our residents, we have implemented programs such as Dementiability.

We also collaborate with NLOT to help prevent ED transfers.

## 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

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Board Chair / Licensee or delegate

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Administrator /Executive Director

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Quality Committee Chair or delegate

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Other leadership as appropriate

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