

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

February 23, 2026



OVERVIEW

West Park Long-term Care Centre is a 200-bed long-term care home located in Toronto, 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 and strengthen our practices to best support the residents we serve and their families.

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

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

Our Values:

- We embrace each person as the individual they are.
- We care for others as we would our own family.
- We collaborate because 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 of subject matter experts 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 about ways we can improve, 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 2025 our home's Quality Improvement priority areas included:

1. Worsened pressure ulcers
2. Falls in the last 30 days
3. Resident without a diagnosis of psychosis whose been given antipsychotics in the last 7 days

We are proud of the following achievements and improvements that were implemented based on the 2024/25 survey results and that were part of our 2024/25 improvement plan:

1. I am satisfied with the schedule of programs available.
2. I have input into the recreation programs available.
3. I am satisfied with the variety of recreational programs.

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

1. Reduction of falls in the last 30 days
2. Reduction of worsening pressure ulcers
3. Reduction of residents without a diagnosis of psychosis whose been given antipsychotics in the last 7 days

as well as the following areas from our Resident Experience survey as determined following consultation with our Resident Council and Family Town hall sessions being:

1. To improve the quality of laundry services for my clothing and linens.
2. To improve the food and drinks served to me.
3. To improve that residents can see a doctor or nurse practitioner when they need to.

ACCESS AND FLOW

Ensuring good access to care and supporting flow means that the right care is received in the right place at the right time across the health care system. We have an important role to play, and we are committed to working closely with our community partners including our regional Ontario Health at Home team, hospitals, community and business partners to ensure safe, effective and high-quality care of our residents. We do this through ongoing relationship building and active partnerships with health system partners such as local long-term care homes, regional Infection Prevention and Control (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 emergency department (ED) visits.

We work together with residents, their families and our health system partners to ensure safe, person-centered and effective admissions to our home, including through a collaborative process to develop individualized care plans to meet each resident's unique needs. We 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.

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 West Park Long-term Care Centre, 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 and cultural 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 specific 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 Truth and Reconciliation and National Indigenous History Month. In 2026 we commit to continued support and recognition of the many diverse histories, perspectives, identities and traditions among our team, residents and families in our home community.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Active engagement of residents and families is essential to our values and is a foundational pillar of quality care. Annually, through an anonymous survey, we seek feedback from residents and their families about what they feel 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 the people 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 2025 Resident and Family Experience Survey Results:

Dates of 2025 Annual Resident and Family Experience Survey:
September 3 – October 11, 2025

Resident: Would you recommend this home? Enter Result: 89.9%

Family: Would you recommend this home? Enter Result: 74.6%

Survey results were reviewed by CQI committee: March 3, 2026

Survey results were shared and discussed with Resident Council:
January 21, 2026

Survey results were shared and discussed with Family Council: No
Family Council

A copy of the survey results was provided to Resident Council:
January 21, 2026

A copy of the survey results was provided to Family Council: No
Family Council

We currently do not have a Family council in our home. We continue to try and recruit members through newsletters, family town halls and posting information about family council. As a result, we shared our resident and family experience survey results at a family town hall meeting that was held: March 11, 2026

Survey results were posted on our bulletin board: February 2, 2026

Survey results shared with staff in the home: January 21, 2026.

During discussions with the Residents Council and Family Town Hall session, 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 2026:

1. Improve the quality of laundry services for my clothing and linens. Current performance 81%.

Summary of actions to be taken:

- Hold lost and found day 2 times per year
- Communicate to residents and families about the importance of having machine washable clothes and not delicates due to heat of commercial laundry systems

2. Improve the food and drinks served. Current performance 84.70%.

Summary of actions to be taken:

- Ensure dedicated time (standing agenda item) during Resident Council meetings to discuss food complaints and recommendations
- Hold food tastings prior to each menu launch to obtain feedback on types of food to be incorporated into next menu cycle.

3. Improve when residents can see a doctor or nurse practitioner when they need to. Current performance 88.10%.

Summary of action to be taken:

- Improve visibility of doctors and nurse practitioners in the home for residents
- Hire a nurse practitioner for the home

PROVIDER EXPERIENCE

West Park Long-term Care Centre 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 on Workload, ensuring staff have the right materials and tools to complete their work, and improving their freedom of opinion. We host a variety of multicultural events for staff and residents throughout the year such as Black History Month, Breast Cancer Awareness event, Diwali and Eid Mubarak.

SAFETY

At West Park Long-term Care Centre, 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 as effectively as possible, with access to specialized support team members if needed.

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

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

PALLIATIVE CARE

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

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

In 2025, we updated our Palliative Program policies and procedures to further emphasize the importance of a palliative care philosophy. Our 2026 focus will continue to build upon 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

West Park Long-term Care 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 residents who have dementia and younger residents. To meet the individualized needs of our residents, we have implemented programs such as Montessori Activities, sensory based stimulation, music therapy programs targeted for both young and older adults, a variety of musical entertainment and adaptable trivia.

We also collaborate with Humber River Hospital as part of the Northwest Ontario Health Team.

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

Board Chair / Licensee or delegate

Administrator /Executive Director

Quality Committee Chair or delegate

Other leadership as appropriate
