



Continuous Quality Improvement – Annual Report

DESIGNATED LEAD

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The 2025/26 Quality Improvement Plan (QIP) and Narrative demonstrate our commitment to advancing equity, enhancing the experiences of residents, providers, and families, strengthening resident safety, and collaborating with external partners to optimize care outcomes.

QUALITY OBJECTIVES FOR 2025/26

1. Safe and Effective Care: Percentage of LTC residents who fell in the 30 days leading up to their assessment. Current: 16.40% Target: 15.52%
2. Equitable: Collecting baseline data - Percentage of staff who have completed relevant equity, diversity, inclusion, and anti-racism education (40 frontline team members and 100% of Leadership members). Current: 70% Target 100%
3. Patient Centered: Percentage of residents who responded positively to the statement: “I can express my opinion without fear of consequences”. Current: 93.02% Target: 95%
4. Reduce the number of ED visits for modified list of ambulatory care-sensitive conditions per 100 long term care residents. Current: 24.56% Target: 19.56%

Quality Improvement Priority Selection Process

This year’s indicators remain consistent with those established last year to maintain momentum toward achieving our target goals, many of which have been met or are nearing completion. The quality improvement priority selection process is informed by a comprehensive review that includes statistical data trends, program evaluations, Ministry of Long-Term Care reports,

Resident and Family Experience Survey results, Ontario Health system-level priorities, and collaboration with healthcare partners.

The selection process carefully balances available resources, identified opportunities, and the potential for significant impact on the quality of care and services provided. The Quality Improvement Plan is developed through a consultative approach and receives final approval from the Site Continuous Quality Improvement Committee.

Policies, Procedures that Guide Continuous Quality Improvement

Gateway Haven's integrated quality management framework, under the leadership of the LTC Home's Quality Improvement Lead, takes a proactive approach to identifying and addressing opportunities for improvement. This framework encompasses strategic planning, quality initiatives, risk management, and the promotion of a strong culture of safety. All committees operate within clearly defined terms of reference that ensure compliance with legislative requirements for both membership and accountability.

A significant achievement has been the successful collaboration between Gateway Haven and Brucelea Haven, Bruce County's long-term care homes, in advancing resident-centered initiatives. This year, both homes continue to work on the implementation of Best Practice Spotlight Organization (BPSO) and RNAO clinical pathways, embedding evidence-based practices that enhance care quality and improve resident outcomes

Resident and Family Survey

The perspectives of the Residents' Council and Family Council were formally sought in the development and administration of the Annual Satisfaction Survey, which was conducted throughout the year in conjunction with residents' and families' annual care conferences.

The Survey results were subsequently presented to both Councils, and their input was considered in the formulation of the Quality Improvement Plan (QIP) and Action Plans. Ongoing updates regarding the QIP and associated initiatives will be provided throughout the year, as requested by the respective Council Chairs.

Satisfaction Survey Action Plans

1. “This place feels like home to me”

In 2024, the performance score for the initiative “This place feels like home to me” was recorded at 49%, with a target of 54% set for 2025. To achieve this improvement, several action items were identified.

The SensoryScapes project encompassed multiple spaces within the resident home areas, with a focus on promoting life in the Bruce Peninsula and creating a calming, spa-like atmosphere, particularly at the tub room entrance. Activity boards have been confirmed and are scheduled for completion by the end of September 2025, with installation to follow as soon as possible. Efforts to coordinate the installation of SensoryScapes alongside the activity boards have presented some challenges. Residents were initially introduced to the Sensory Scape project at the February 2025 Resident Council meeting. A detailed proposal was subsequently presented on May 13, 2025, where it was very well received. Residents expressed strong support for the initiative, noting that it would significantly enhance the environment and contribute to a more homelike atmosphere.

The Furniture and Fixtures initiative, including sitting nooks, artwork, and window coverings began in May 2025. This project involved repurposing furniture and creating inviting spaces that enhance comfort and social engagement. Efforts are underway to procure additional furniture and décor to further support a warm and homelike environment.

The Outdoor Seating project was initiated and completed in June 2025. Seating was purchased and installed throughout key outdoor spaces, including courtyards, the front entrance and patios, to create accessible and inviting environments for residents. These enhancements support increased opportunities for outdoor engagement and social interaction.

The Courtyard Refresh project began in June 2025 and has an anticipated completion date of December 2025. Outdoor seating was set up to improve the usability of the courtyard spaces. A committee and stakeholder meeting was held in August 2025 to gather ideas and input. There was collaboration with Horticulture and Health Care Support Services (HCSS) to enhance planting and landscaping elements, including the repurposing of a memorial bench, to further enrich the outdoor environment.

Looking ahead to 2026, the focus will be on re-engaging the planning for the 2025 SensoryScape projects and discussing potential additions for 2026. Options presented included incorporating additional local artwork, as well as enhancing resident activity room, dining rooms and the Café space with more home-like elements. Installation is expected to take place in August. A grand Opening event has been planned for summer of 2026 to celebrate the completion of the Courtyard Refresh Project.

2. Staff and Resident Bonding

In 2024, the category of staff and resident bonding achieved a performance level of 62%. For 2025, the target has been set at 65%, reflecting a commitment to fostering stronger, quality relationships with staff members and other residents.

To support sustained relationship improvement, several targeted action items were identified and implemented. These included the consistent completion of purposeful rounding to promote regular resident engagement, as well as Manager WalkABOUTs to enhance oversight and responsiveness in care delivery.

Efforts were also made to enhance resident connection and familiarity with members of the leadership team by Manager photos being posted outside their offices to support recognition of faces and names, as well as a monthly Meet and Greet opportunity that was initiated during resident social/happy hour programs.

In addition, ongoing staff development in Person-Centered Care remained a key focus. Educational initiatives included RNAO training on July 15, 2025, and a session on Establishing Therapeutic Relationships on October 10, 2025. These initiatives are intended to strengthen staff competencies and support improved resident outcomes.

These initiatives are designed to enhance relationship building, encourage collaboration and participation, and build confidence among residents and staff. By implementing these actions consistently, the organization aims to meet and ideally exceed the 2025 target of 65%, demonstrating a clear commitment to quality improvement and positive relationships.

3. “I get my favourite foods here”

The improvement initiative focuses on enhancing resident satisfaction with food choices, aiming to increase the performance metric from 41.90% in 2024 to the 2025 target of 45%. Several action items were identified and scheduled throughout the year to achieve this goal.

Action Items:

The dietary services team made progress on several initiatives aimed at enhancing meal quality, responsiveness to resident preferences, and overall dining experience.

New menus were finalized and implemented under the leadership of the Dietary Services Manager (DSM). Menu review logs indicate that residents were actively consulted through Food Committee meetings in 2025.

This collaborative approach has ensured that resident feedback is incorporated into menu planning and adjustments.

Ongoing monthly menu reviews through the Food Committee remain a key component of continuous improvement. Residents consistently provide feedback on menu items, including suggestions to modify offerings such as sandwiches and food temperatures, as well as positive feedback regarding the use of show plates. In addition, there is an opportunity to refine how feedback is collected, with a focus on incorporating seasonal or cultural food themes and improving the way questions are posed to residents to elicit meaningful input.

Efforts to provide special meals and ordering opportunities have been implemented. Special meals were successfully prepared for occasions such as Mother's Day and Father's Day, all incorporating resident input. Additional engagement activities included opportunities for residents to enjoy homemade pie during an outing to an apple orchard, as well as "ice cream cart" service offering sundaes with a variety of toppings. Monthly baking activities were also provided, with residents contributing their own preferred recipes, further supporting engagement and personalization.

Communication efforts have also been strengthened through regular updates in the organizational newsletter. Progress and highlights, including dietary initiatives, were featured in the July 2025 newsletter, ensuring transparency and keeping stakeholders informed. Additional updates were shared on menu boards, with recent revisions reflecting resident feedback as of September 2025.

Finally, the implementation of the "Also Available" menu has been successfully completed. This menu provided residents with additional meal options and enhanced choice and flexibility within the dining program, supporting a more resident-centered approach to food services.

Looking into 2026, menu tasting sessions will be conducted prior to implementing new menu cycles to gather resident feedback. The first session occurred on May 26, 2026, and had very positive feedback from residents.

4. “I have opportunities to spend time with other like-minded residents”

This improvement initiative focuses on supporting residents in engaging in meaningful, high-quality interactions with others who share similar interests. The 2024 performance level was 48.8%, with a 2025 target of 54%. To achieve this, a focused action plan was implemented.

Interest-Based Group Programming

Several targeted group programs were implemented to reflect diverse resident interests:

Men’s Group

There was a session conducted in collaboration with the local *Men’s Shed Program*, providing an opportunity for social engagement and community partnership. Future opportunities for ongoing collaboration will be explored.

Horticulture Therapy Program

Continued emphasis has been placed on horticulture-based activities for residents interested in gardening. This program supports mental wellness, physical activity, and meaningful engagement. Efforts will continue to expand participation and enhance program offerings.

Monthly Social / Happy Hour - initiated June 2025

Introduced as a recurring monthly event, this initiative has received very positive feedback from residents.

Residents reported enjoyment in meeting new peers and increased opportunities to connect with individuals they were previously unfamiliar with.

Fall Fair Event

A highly successful collaborative initiative that brought together residents, families, friends, and staff in a festive and inclusive environment. The event fostered meaningful social interaction and strengthened community relationships.

Resident Engagement & Program Planning

Residents have remained actively involved in shaping programming through monthly Resident Council Meetings and Calendar Planning Meetings. This collaborative approach ensures that recreational offerings align with resident interests and preferences, promoting greater satisfaction and participation.

Communication and Records of Quality Improvement Work

A comprehensive communication strategy is integral to advancing quality improvement initiatives within the Long-Term Care home and at the divisional level. This strategy ensures the broad sharing of the annual Quality Improvement Plans and the outcomes of quality initiatives with senior leadership, residents, caregivers, families, team members, and volunteers. A fundamental aspect of this strategy involves actively seeking input from the Residents Council and Family Council, and incorporating their recommendations, where appropriate, to enhance the quality of care and services provided.

Communication strategies are in place to share the Satisfaction Survey results and included the following:

- Sharing the Satisfaction Survey results at the Residents' Council meeting on January 9, 2025. The lowest scoring areas were chosen by residents to inform the associated action plans.
- Presented the survey results with the Continuous Quality Improvement Committee Meeting on January 14, 2025.
- Action plans were discussed at minimum quarterly during the Continuous Quality Improvement Committee Meetings which are held monthly.
- Posting the Satisfaction Survey results and Action Plans on the Quality Board for staff and families on March 3, 2025.
- The survey results were shared with the Quality Stakeholder Advisory Committee on June 18, 2025.
- Annual Program Evaluation's and goals were shared throughout the year at Resident's Council.
- The QIP and updates were shared with the Quality Stakeholder Advisory Committee on June 18, 2025, and November 27, 2025.

Progress Report is prepared annually, identifying improvements achieved, changes implemented and opportunities for improvement.