

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 24, 2025

OVERVIEW

Partners Community Health (PCH) is a not-for-profit, charitable organization that operates independently. PCH's focus is on bringing healthcare services together to meet the needs of people living in Mississauga and West Toronto. Wellbrook Place East operated by PCH is a 320-bed Long Term Care home located in Mississauga Toronto. To ensure that the residents and families at Wellbrook Place East receives holistic care, PCH developed a Philosophy of Care that emphasizes a relationship-focused and social model of care. This approach tailors services to everyone's needs, both clinically and socially, within the comfort of their home. The Philosophy of Care was validated through stakeholder engagement sessions that included residents, families, and seniors from the community. PCH's Quality Improvement Plan for WBPE 2025/2026 aims to enhance the quality of care services provided to residents, boost their safety and satisfaction, and make optimal use of resources within the home. The plan has four key components: Access and Flow, Equity, Experience, and Safety. Wellbrook Place East specializes in clinical complex care, including a specialized dialysis program. Wellbrook Place East will continue to work in collaboration with stakeholders to elevate the clinical services and access to specialized care and services to ensure all residents receive the care they require in the comfort of their own home.

ACCESS AND FLOW

PCH is committed to removing barriers that are obstacles to seniors' access to LTC and specialized services. PCH works closely and collaboratively with acute care partners to ensure that specialized care is available within the LTCHs. This collaboration supports and reduces unnecessary transfers to hospitals and enhances the quality and care experience of the residents. PCH is committed to our quality initiatives that support access and flow through the implementation and use of (1) Preview ED (2) connecting specialists through virtual technology (3) seven days a week physician coverage including physicians with a multitude of specialties. (4) Internal Nurse Practitioner Services , (5) On-site Geriatrician Services

EQUITY AND INDIGENOUS HEALTH

PCH has developed and is committed to an Equity, Diversity, Inclusion and Anti-Racism (EDIAR) strategy that will advance EDIAR across all areas of the organization. The vision of PCH's EDIAR strategy is "To support equitable care delivery and a diverse and inclusive workforce." PCH has identified work related to the five (5) areas of focus included in the strategy. 1. Data Collection, Analysis, using comprehensive data to measure and monitor equity within and across the organization to address identified inequities. 2. Team PCH Engagement: The role leadership, staff and our broader community have in contributing and shaping the equity, diversity, inclusive and anti-racism work we are currently doing, and help inform the work we have ahead of us. 3. Program Planning with EDIAR lens: To enhance health equity, we are committed to a comprehensive, holistic approach to understanding how care is received by diverse communities and groups through our programs and services and identify opportunities for specialized external partnerships. 4. EDIAR Education and Training: Designing and delivering an education and training program that ensures people at every level of our organization have the skills, knowledge, and tools to create positive, inclusive, equitable experiences with each other and our clients, residents and community. 5. Structural Framework (Sustaining and Embedding EDIAR @PCH): An approach to guide, enable and sustain an organizational culture focused on equity, diversity, inclusion and anti-racism, and to contribute to better outcomes for residents, families and providers within the health system.

PATIENT/CLIENT/RESIDENT EXPERIENCE

PCH is dedicated to ensuring resident and family satisfaction. To achieve this, PCH regularly encourages feedback from residents and families. In the fall of 2025 PCH officially launched the annual resident and family satisfaction survey. The survey provides a safe environment for families, residents, and caregivers to share their experiences and provide feedback. The outcome of the survey is used to drive quality improvement and future strategic planning for PCH. PCH will continue to enhance and promote the Belonging @ PCH program which focuses on embracing and promoting a unified culture that touches all parts of the organization, from staff engagement to resident care.

PROVIDER EXPERIENCE

PCH is committed to ensuring workforce stability and retention by implementing the following initiatives: (1) conducting group interviews and making on-the-spot employment offers, (2) engaging front-line staff, leaders and physicians in quality improvement (QI) efforts through the formation of a QI committee.

SAFETY

PCH has established a Quality Improvement (QI) Committee to collect, track, and evaluate quality indicators to improve the quality of life and experiences of residents. PCH is committed to ensuring a safe environment for all members of the community, particularly our vulnerable residents, through regular audits, leadership daily walkabouts, daily risk management huddles and meetings, clinical rounding, and continuous education and training on best practices and evidence-based initiatives. Through our QI committees, we ensure that all interventions and action plans are developed and in place to address the safety needs of our residents.

PALLIATIVE CARE

PCH at Wellbrook Place East has consistently prioritized the delivery of high-quality palliative care through strategic activities that ensure effective, compassionate, and comprehensive care for our residents and their families.

Wellbrook Place East has engaged in Palliative Care Training for our team. This is to ensure that our staff and team leads are equipped to provide high-quality palliative care, we have implemented ongoing training programs in partnership with local academic institutions and palliative care specialists. These training modules focus on advanced symptom management, communication skills, ethical decision-making, and psychosocial support. Our team includes doctors, nurses, social workers and PSWs, all of whom undergo regular training sessions. By continually upgrading our staff's expertise, we ensure that our health human resources can deliver resident-centered, culturally sensitive, and compassionate palliative care.

Recognizing the importance of patient and family involvement in the palliative care process we have regular family meetings, the

provision of educational resources about illness progression, symptom management, and end-of-life care. Additionally, residents and families are invited to create personalized care plans that align with their values, preferences, and goals for care. End of life and palliative care directives are also carefully discussed at admission with the resident and family.

To ensure comprehensive care that addresses the physical, emotional, spiritual, and social needs of our residents, our organization employs an interdisciplinary approach. Teams consist of physicians, nurses, nurse practitioners, social workers PSWs, spiritual care providers, and other relevant professionals who work collaboratively to provide holistic care tailored to the individual needs of the resident. These teams meet regularly to review care plans, ensure seamless transitions between levels of care, and proactively address potential issues that may arise during the palliative care journey. A palliative care order set flowchart was also developed and implemented to support the palliative program.

POPULATION HEALTH MANAGEMENT

PCH is a healthcare organization that specializes in providing care to residents. Our organization is committed to addressing the unique health and social needs of the community through effective population health management. We actively collaborate with a variety of health service providers, including nontraditional partners, to gather data and insights that guide the development of personalized, equitable, and integrated care solutions. By leveraging these partnerships, we ensure that our approach is proactive, person-centred, and cost-effective, aiming to improve the health and well-being of individuals across the continuum of care.

As part of our work within the Ontario Health Team framework, we

are engaged in population identification and co-design initiatives. This includes actively involving individuals with lived experience to shape the services and support that best address the community's diverse needs. Through these efforts, we aim to create sustainable, efficient solutions that improve overall health outcomes and promote equity in healthcare access and delivery.

In addition, our home has a 16- station dialysis clinic that caters to both Hemodialysis and Peritoneal Dialysis patients. This partnership is formed with Trillium Health Partners. The unique feature of the clinic is that residents can receive the care they need without leaving the long term care home. This eliminates the need for exhausting and lengthy transportation to and from appointments. As part of our ongoing commitment to providing specialized clinical services to our residents, we utilize technology and provide onsite clinical services and point-of-care testing. This approach helps to prevent unnecessary transfer of residents to hospitals and service providers, making healthcare easily accessible and convenient for residents.

CONTACT INFORMATION/DESIGNATED LEAD

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SIGN-OFF

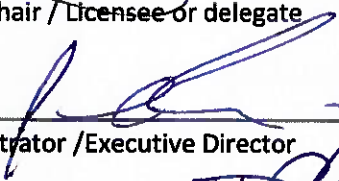
It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan on

March 24, 2025.



Board Chair / Licensee or delegate



Administrator / Executive Director



Quality Committee Chair or delegate



Other leadership as appropriate

