

Continuous Quality Improvement Report 2025/2026

Wellbrook Place East

Date: May 2025

Executive Director

Designated Lead – Quality Improvement



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1. Introduction



Wellbrook Place East is a state-of-the-art Long term Care home located at 2180 Speakman Drive in Mississauga. Operated by Partners Community Health (PCH), the home has 320-beds and is part of PCH's larger strategy that introduces innovative and inclusive programs and services and new models of care delivery.

True to our name, PCH is working with community partners to deliver an integrated system of care that puts people first.

Wellbrook Place East supports screening, assessment, and risk prevention through the implementation of standardized assessment tools and RNAO'S clinical pathways that integrate with the Plan of Care.

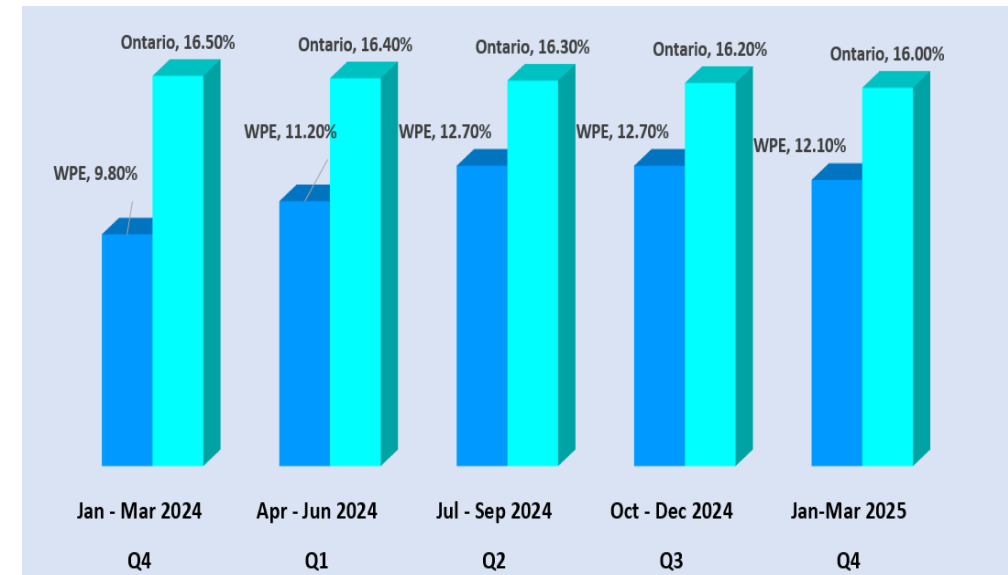
2. Quality Improvement Outcomes from 2024/2025

Quality Indicator	Performance Identified in 2024/2025	Current Performance in 2025/2026
Rate of ED visits for modified list of ambulatory care-sensitive conditions	Collecting baseline (CB)	28.46%
Percentage of residents who fell in the last 30 days. Measured quarterly against MHLTC averages in Ontario.	CB	13.13%
Percent of staff who have completed relevant equity, diversity, inclusion, and antiracism education.	New Indicator	CB
Satisfaction with "How well the staff listen to residents" based on annual resident and family satisfaction surveys.	CB	70%

3. Quality Improvement Outcomes from 2024/2025 (Falls Reduction)

Actions Taken to Reduce Fall Rates

- **Enhanced Monitoring and Tracking:**
Falls are tracked and reviewed at monthly Quality Committee meetings using a shared tracking tool, with structured progress notes completed every shift for high-risk residents.
- **Implementation of Fall Prevention Programs:**
The “Falling Star” program and nursing trackers on RHA boards outline resident-specific fall interventions for easy team reference.
- **Regular Equipment and Environment Checks:**
Mobility alarms are regularly checked to ensure functionality, and staff perform frequent rounding in hallways and resident areas.
- **Interdisciplinary Collaboration and Referrals:**
Referrals are made to physiotherapy, nursing restorative teams, Geriatric Services, pharmacy consultants, and physicians for targeted support and medication reviews.
- **Staff Training and Resident Engagement:**
Staff receive ongoing education on fall-risk documentation and intervention compliance, while the Programs department provides diversional and reminiscence activities to reduce fall risk.



Wellbrook Place East Falls Quality Indicator in comparison to the CIHI Ontario Provincial Average

4. Quality Improvement Initiatives Cycle and Priority Setting Process

Wellbrook Place East has developed an annual planning cycle for their Continuous Quality Improvement Report and Quality Improvement Plan (QIP).

- ❖ Organizational priorities are established through discussions held across multiple committees and councils, with input from interprofessional and interdisciplinary team members.
 - These forums include Wellbrook Place's Leadership Team, Residents' Council, Family Council, Continuous Quality Improvement (CQI) Council, and PCH Board-level committees such as the Quality and Risk Committee.
- ❖ This collaborative process actively involves a wide range of stakeholders. Quality Improvement Plan (QIP) objectives and proposed practice improvements are reviewed, validated, and formally approved by PCH's Board of Directors.

4. Quality Improvement Initiatives Cycle and Priority Setting Process (cont.)

Quality Improvement (QI) planning involves a comprehensive review of multiple information sources to establish initial improvement priorities. Progress achieved in past year based on previous QIP

- ❖ Progress toward prior Quality Improvement Plan objectives is reviewed annually.
- ❖ Ongoing monitoring of performance indicators includes analysis of publicly reported CIHI and Health Quality Ontario data, with attention to trends over time and comparative benchmarking with identified peer organizations.
- ❖ Quality Indicator raw data extracted from the Point Click Care electronic documentation system, along with results from resident, family, and staff satisfaction surveys, contribute to identifying improvement opportunities.
- ❖ Priority areas are further shaped by program evaluation outcomes, recommendations from the Continuous Quality Improvement Committee, results of care and service audits, and the identification of emerging risks such as trends in critical incidents.
- ❖ Meaningful input from residents, families, staff, leadership, and external partners supports this process.
- ❖ Quality Improvement priorities are aligned with provincially mandated initiatives, legislative and regulatory requirements for Long-Term Care Homes, and recognized best-practice standards.

5. Quality Priorities For 2025/2026

Wellbrook Place East Long-Term Care Home is pleased to share its 2025/26 Continuous Quality Improvement Plan Report.

- ❖ This is a roadmap to integrating excellent care, collaboration and enhanced quality of life for residents in our Home.
- ❖ Committed to meeting the requirements of the Fixing Long Term Care Act 2021 and Ontario Regulations 246/22, respecting Residents' Bill of Rights, maintaining an environment that supports evidence-based practices and innovation
- ❖ We remain dedicated to continuously enhancing our falls prevention and management, pain and palliative care programs and adapting to the evolving needs of residents and their families. Through ongoing education, expanded resources, and a collaborative, person-centered approach aligned with our Philosophy of Care, we strive to provide the highest standard of compassionate care.

6. Continuous Quality Improvement Framework at Wellbrook Place East

Wellbrook Place’s policies and procedures, electronic documentation systems, and established practice standards form the foundation for staff to deliver high-quality care and services while ensuring safety. To support continuous quality improvement, Wellbrook Place utilizes the Model for Improvement as the framework for all quality initiatives. Interprofessional quality improvement teams—including resident and family advisors—collaborate throughout each phase of the model to achieve the following:

1. Trend Analysis:

- ❖ Quality improvement teams apply a range of methodologies to explore underlying causes of identified issues and to recognize opportunities for improvement. These methods may include process mapping, the Five Whys, fishbone (cause-and-effect) diagrams, and Plan-Do-Study-Act (PDSA) cycles. This phase also involves reviewing relevant data and conducting gap analyses in comparison to applicable Best Practice Guidelines.

2. Establishing Improvement Aims:

- ❖ With a clear understanding of current processes and practice gaps, improvement aims are developed and formally documented. These aims outline the intended performance targets and consider resident and family experiences, satisfaction with outcomes, staff compliance with practice changes, staff engagement, and effective use of resources. The defined aims serve as a basis for evaluating the impact, implementation, and sustainability of improvement initiatives. All aim statements follow the SMART framework: Specific, Measurable, Achievable, Relevant, and Time-bound.

Each aim statement clearly identifies the scope of improvement by specifying the degree of change expected (e.g., percentage improvement), the timeframe for achievement, the measurement method or indicator used to assess progress, and the target population (e.g., all residents or residents within a specific unit or area).

6. Continuous Quality Improvement Framework at Wellbrook Place East (cont.)

3. Developing and Evaluating Practice Changes

- ❖ Wellbrook Place advances care quality by introducing practice updates informed by current evidence and recognized clinical guidelines.
- ❖ Opportunities for improvement are identified through gap reviews and program evaluations conducted by interdisciplinary teams, supporting achievement of established improvement goals.
- ❖ The effectiveness of practice updates is evaluated using direct observation, audit findings, and performance data.

4. Implementation, Knowledge Sharing, and Sustainability

- ❖ Quality teams plan implementation by confirming operational readiness, including completion of preparatory tasks, integration into daily workflows, and updates to relevant policies, tools, and documentation systems. Training needs are addressed through designated staff leads and subject-matter supports.
- ❖ Communication plans ensure timely information sharing with stakeholders throughout all stages of implementation.
- ❖ Strategies for organization-wide adoption are incorporated, with outcomes and lessons shared through routine quality and committee forums.

7. Methodology for Measuring Performance, Identifying Opportunities for Improvement, and Reporting Outcomes

- ❖ Sustainability planning includes the systematic collection and ongoing analysis of key performance measures to ensure sustained improvement over time.
- ❖ Performance data are monitored using run charts and Statistical Process Control charts, supported by standardized interpretation rules, to evaluate trends and signal meaningful change.
- ❖ Outcome measures are reviewed to determine whether the Home is achieving its intended objectives.
- ❖ When performance targets are not met, process measures are analyzed over time to assess fidelity to key change interventions and to identify areas of non-compliance.
- ❖ This analysis supports informed decision-making, including refinement of improvement strategies, provision of targeted staff coaching, and engagement with staff to better understand and address barriers to consistent practice.

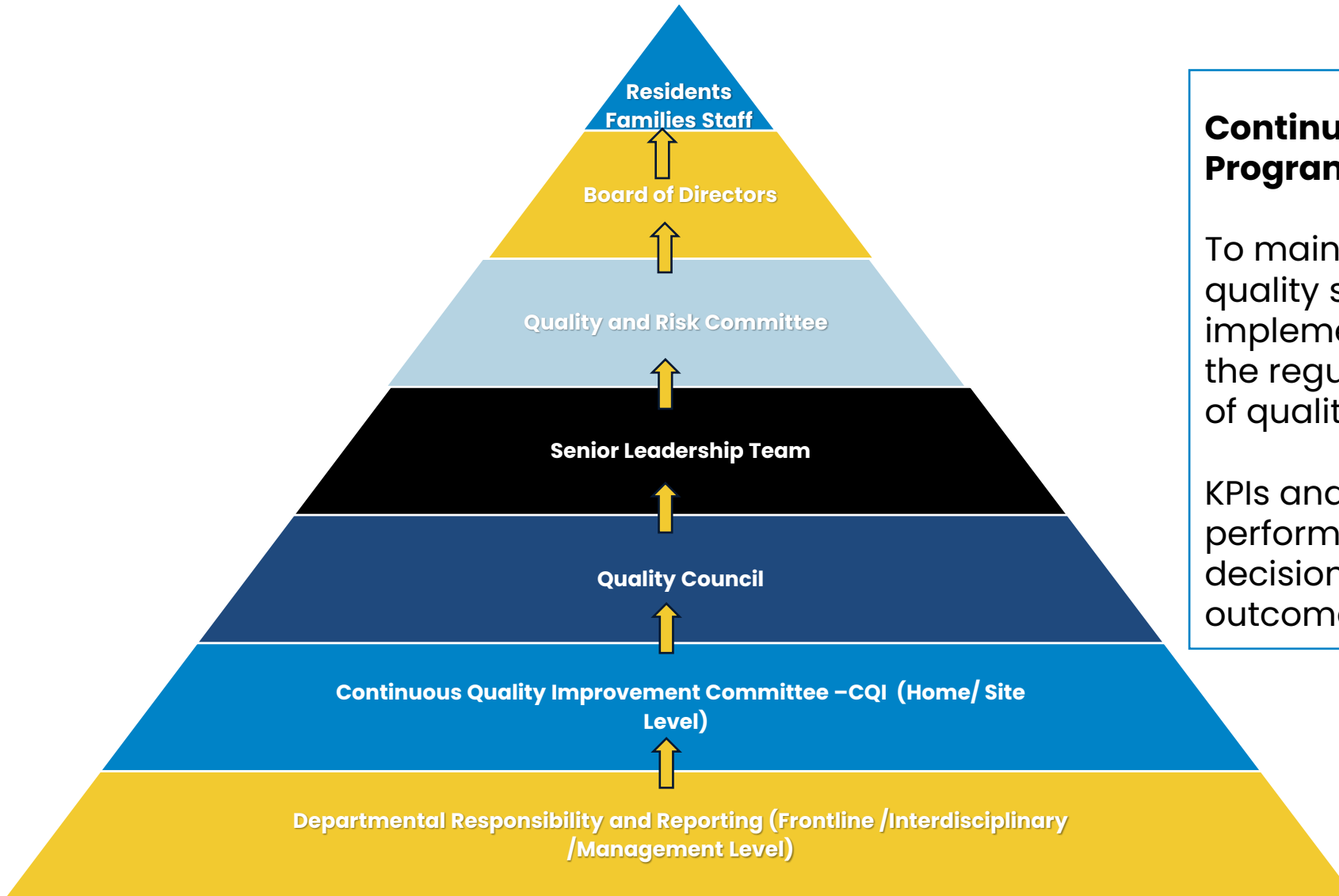
8. Organizational Approach

Wellbrook Place uses a range of reporting and analytic tools to track progress toward strategic priorities. These include quality improvement reports, CQI modules, best practice indicators linked to guideline and RNAO clinical pathway implementation and data analysis tools available across multiple systems.

Communication approaches are selected based on the specific improvement initiative and target audience.

- ❖ Strategies may include posting updates on unit-based CQI and Best Practice boards in common areas and staff lounges;
- ❖ sharing outcomes and success stories through newsletters, webinars, and digital platforms; and distributing information through direct emails to staff, families, and other stakeholders.
- ❖ Additional methods include printed materials and one-on-one discussions with residents, families, and staff, presentations at staff meetings and Resident and Family Council meetings, change-of-shift updates, and peer-to-peer communication led by committee leads and frontline staff leaders

9. Continuous Quality Improvement Program (QIP) Reporting - CQI



Continuous Quality Improvement (CQI) Program Reporting Structure

To maintain consistent focus on enhancing quality standards, the home has implemented a structured approach for the regular monitoring and communication of quality improvement efforts.

KPIs and audits are used to monitor performance and support data-driven decision-making to ensure quality care outcomes.

10. Resident and Family/Caregiver Experience Survey 2024/2025

- ❖ Resident and family/caregiver experience surveys are administered annually to support ongoing improvement in the quality of care and services.
- ❖ Survey findings are shared with residents, families, the Residents' Council and Family Council, and staff through established communication channels such as council meetings, staff meetings, newsletters, and posted materials.
- ❖ All feedback is reviewed by Wellbrook Place and used to inform Continuous Quality Improvement (CQI) planning. Improvement priorities are developed collaboratively with residents, families, council representatives, CQI committee members, and staff, and are incorporated into the CQI action plan to address identified opportunities for enhancement.

10. Resident & Family/Caregiver Experience Survey 2024/2025 (cont.)

2024: Resident and Family Satisfaction Survey

YOUR OPINION MATTERS TO US

Instructions

The 2024 survey aims to capture the Resident & Family Satisfaction level on key areas of service at Wellbrook Place. The survey includes the evaluation of the following services;

- Connection in Care
- Communication
- Empowered Decision-Making
- Diversity, Equity and Inclusion
- Environmental Services
- Management
- Programs/Activities
- Meals and Dining Experience
- Contracted Services
- Medical Services
- Overall Care Services

Please rate the quality of service provided by indicating your response that best reflects your satisfaction with our service and quality of care.

If you require translation services please connect with the Associate Director of Programs.



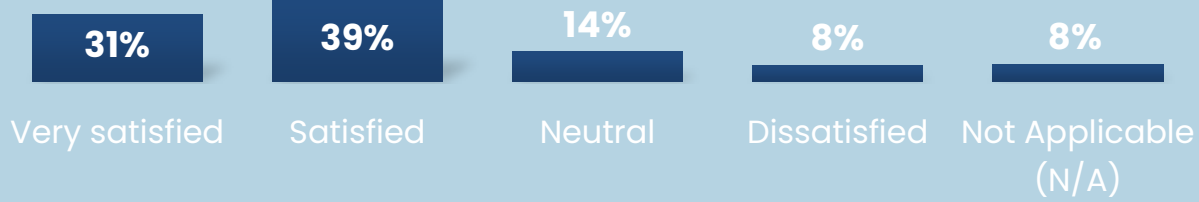
Total responders: 321

Online Survey Completed: 121

Paper-based: 200

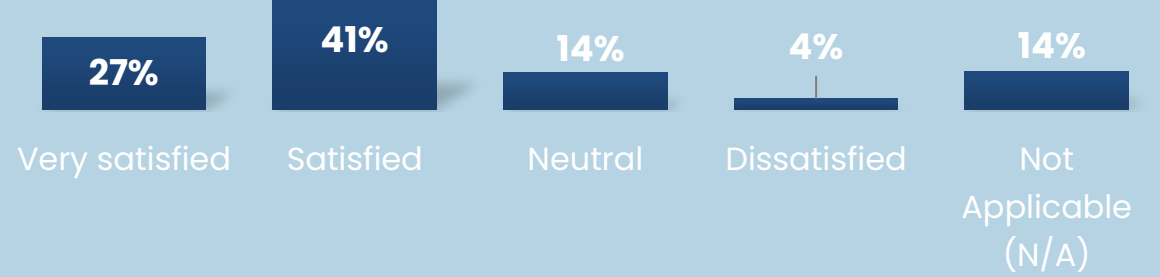
Survey Completion Rate: 92%

Connection in Care



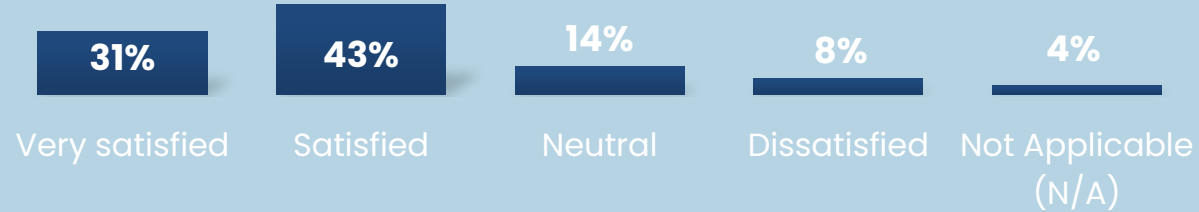
1. Improve staff practice related to introducing themselves and explain their role
2. Improve staff ability to listen and engage residents during care
3. Improve staff knowledge and skill to meet residents care needs

Diversity, Equity and Inclusion



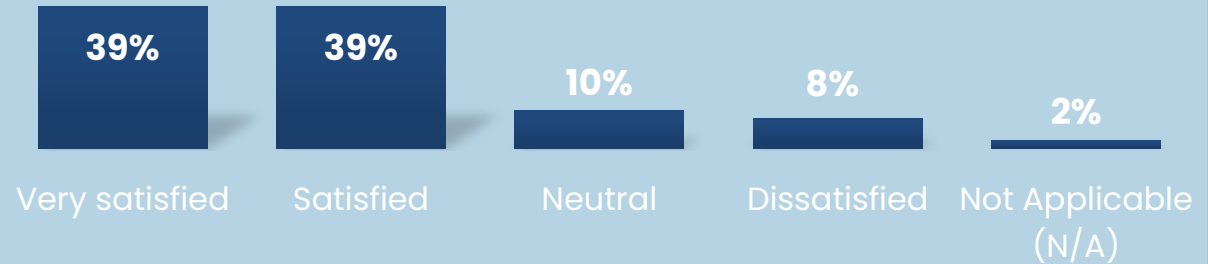
1. Increase the variety of cultural services offered

Communication



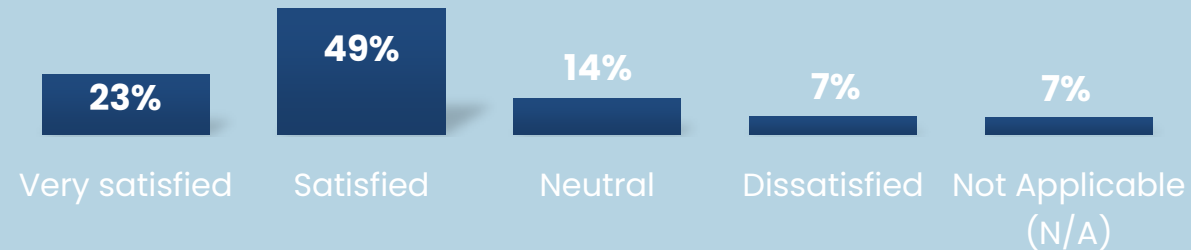
1. Increase opportunities to express their values, wishes and expectations
2. Staff training on addressing residents and family feedback
3. Improve timely response to residents and families' opinions and concerns

Environmental Services



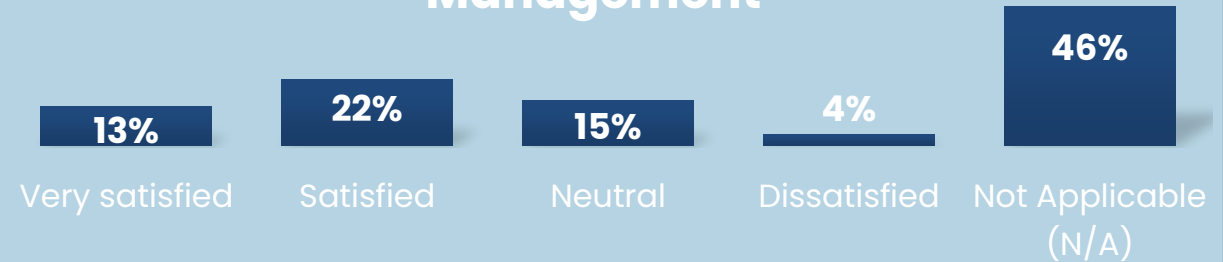
1. Improve process and communication related to personal laundry services

Empowered Decision-Making



1. Empower resident and family participation on care planning and delivery.

Management



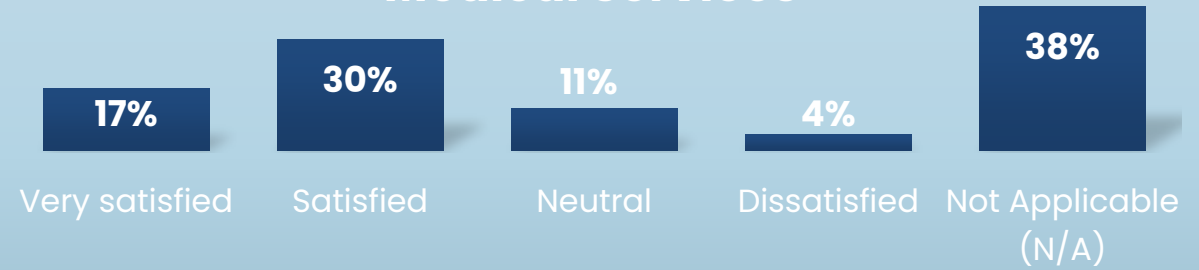
1. Improve the engagement with Associate Director of Care
2. Improve the engagement with Food Service Leadership
3. Increase support from Office Manager (i.e. trust account, billing etc.)

Programs/Activities



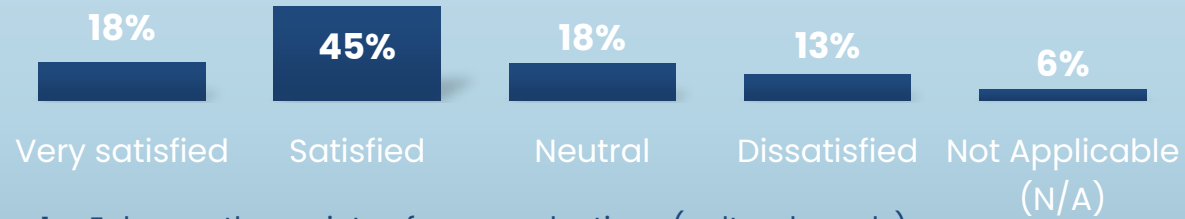
1. Improve the variety and quality of programs and activities

Medical Services



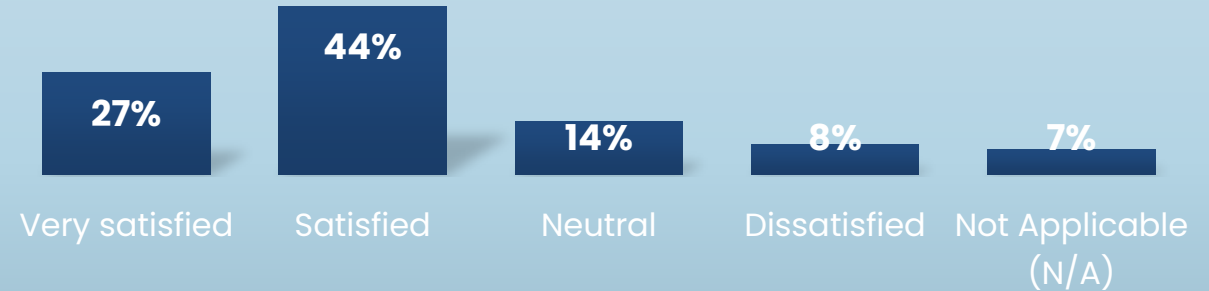
1. Improve engagement with the attending Physician
2. Improve visibility of the Nurse Practitioner work

Meals and Dining Experience



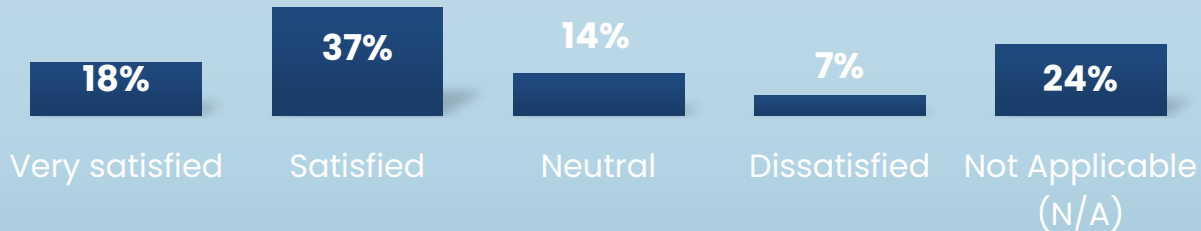
1. Enhance the variety of menu selections (cultural meals)
2. Enhance the dining experience and appearance of the meals towards a more enjoyable experience

Overall Care Services



1. Enhance engagement of residents and family in care plan discussions
2. Improve experience with bath, shower, personal hygiene, and grooming

Contracted Services



1. Increase visibility and services of the physiotherapy & physiotherapy assistance team

11. Supporting Quality Improvement Initiatives and Sustainability

Resident and Family/Caregiver Engagement

- Conducting annual experience surveys, evaluating outcomes
- Gathering input through Residents' and Family Councils feedback
- Implementing action plans to address areas identified for improvement
- Involvement of resident and family representation at CQI committee meetings

Clinical Pathway Maintenance

- Implementation of RNAO admission assessments, Falls, Pain and delirium clinical pathways
- Monitoring and evaluation of fall prevention and management programs
- Ongoing review of pain assessment and management practices
- Oversight of palliative and end-of-life care delivery
- Reporting outcomes and feedback to RNAO NQuIRE and within PointClickCare

Safety and Technology Enhancements

- Point of Care testing – Dynacare partnership
- Electronic auditing of mandatory clinical programs

Staff Experience and Support

- Robust Staffing orientation and onboarding
- Staff participation and engagement in various quality and programs committees
- Building staff capacity via partnerships with colleges and universities

12. Quality Objectives for 2025/2026

- ❖ To support regulatory compliance and continuity of resident care through the transition of Wellbrook Place East to InterRAI LTCF effective July 1, 2025.
- ❖ Meeting Resident's needs, wishes and choices through the implementation of Clinical Pathways (Falls Assessment, Pain Assessment and Management, Palliative Care and End of Life Care) and integration of goals of care discussions during resident care conferences.
- ❖ Supporting screening, assessment, prevention of risk and point of care decision making by using the Assessment Tools and Clinical Pathways that integrate with Plan of Care through electronic platform for residents' assessment.

13. Priority Indicators 2025/2026

1. Access & Flow

Indicator	Current Performance	Target Performance
Rate of ED visits for modified list of ambulatory care-sensitive conditions	28.46%	27.00%

2. Safety

Indicator	Current Performance	Target Performance
% of LTC home residents who fell in the 30 days leading up to their assessment	13.13%	12.5%
% of residents without psychosis who were given antipsychotic medications in the 7 days preceding their resident assessment days	20.38%	19.0%

3. Equity

Indicator	Current Performance	Target Performance
% of staff and management team who have completed relevant equity, diversity, inclusion and anti-racism education	Collecting Baseline (CB)	80%
# of cultural specific and diverse programs implemented in the home	CB	2 per month

4. Experience

Indicator	Current Performance	Target Performance
% of Residents who responded positively to the statement " I can express my opinion without fear of consequences" * Responded ALWAYS	CB	65%