# Continuous Quality Improvement Report 2025/2026

## Wellbrook Place East

Date: June 2026

Executive Director- Liza Reantaso

Designated Lead - Quality Improvement

Partners Community Health

# Table of Contents



PCH Partners Community Health

# 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.

PCH Partners Community Health

# 2. Quality Improvement Outcomes from 2025/2026

| Quality Indicator | Current Performance |
|---|---|
| Rate of ED visits for modified list of ambulatory care-sensitive conditions | 26.27% |
| Percentage of residents who fell in the last 30 days. Measured quarterly against MHLTC averages in Ontario. | 13.36% |
| Percent of staff who have completed relevant equity, diversity, inclusion, and antiracism education. | 100% |
| Satisfaction with "How well the staff listen to residents" based on annual resident and family satisfaction surveys. | 90% |

# 3. Quality Improvement Outcomes from 2025/2026 (Taken antipsychotics without a diagnosis of psychosis)

**Actions Taken to Reduce  Rates**

- **Enhanced Monitoring and Tracking:**

Developed and Implemented Antipsychotic Reduction Program Process

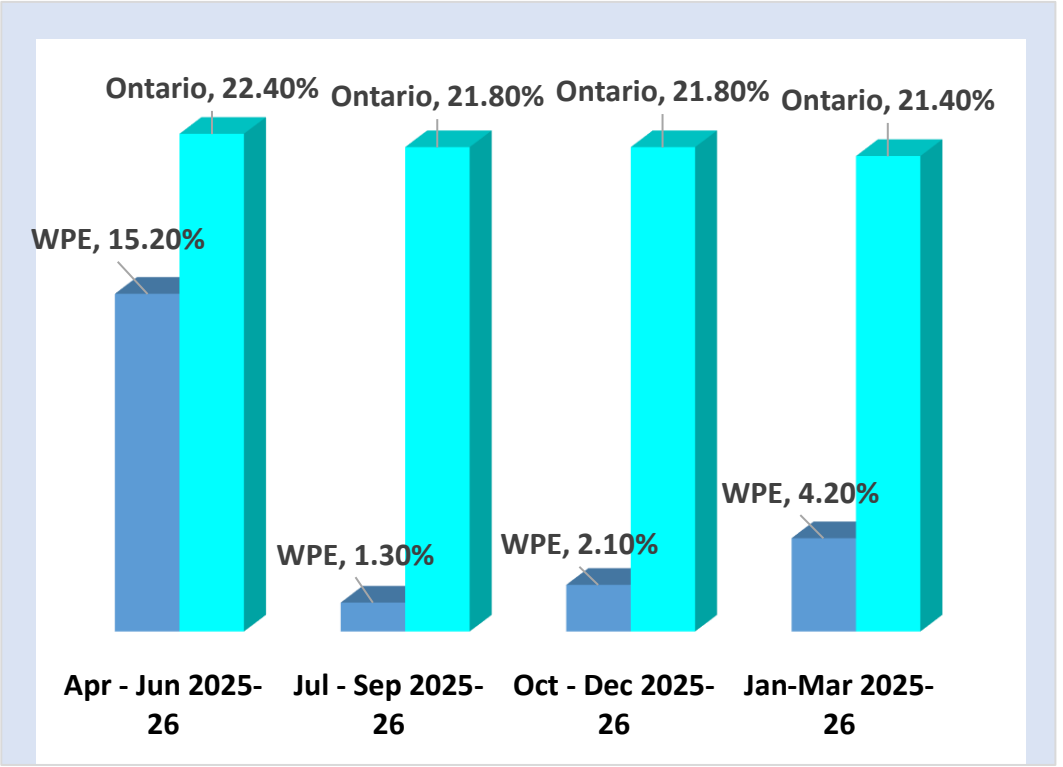
- **Interdisciplinary Collaboration and Referrals:**

Conduct comprehensive reviews of all residents receiving antipsychotics, validate diagnoses, assess and identify residents suitable for gradual dose reduction

Established a multidisciplinary team led by the BSO Lead, and include Medical Director, Attending Physician, NP, DOC, ADOC, Registered Staff, Rai Coordinator and Pharmacist

- **Staff Training and Resident Engagement:**

Staff education on Gentle Persuasive Approach and other non-pharmacological approaches to prevent and respond to responsive behaviours




*Wellbrook Place East Antipsychotic Usage  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 the 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 2026/2027

**Wellbrook Place East Long-Term Care Home is pleased to share its 2026/27 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.

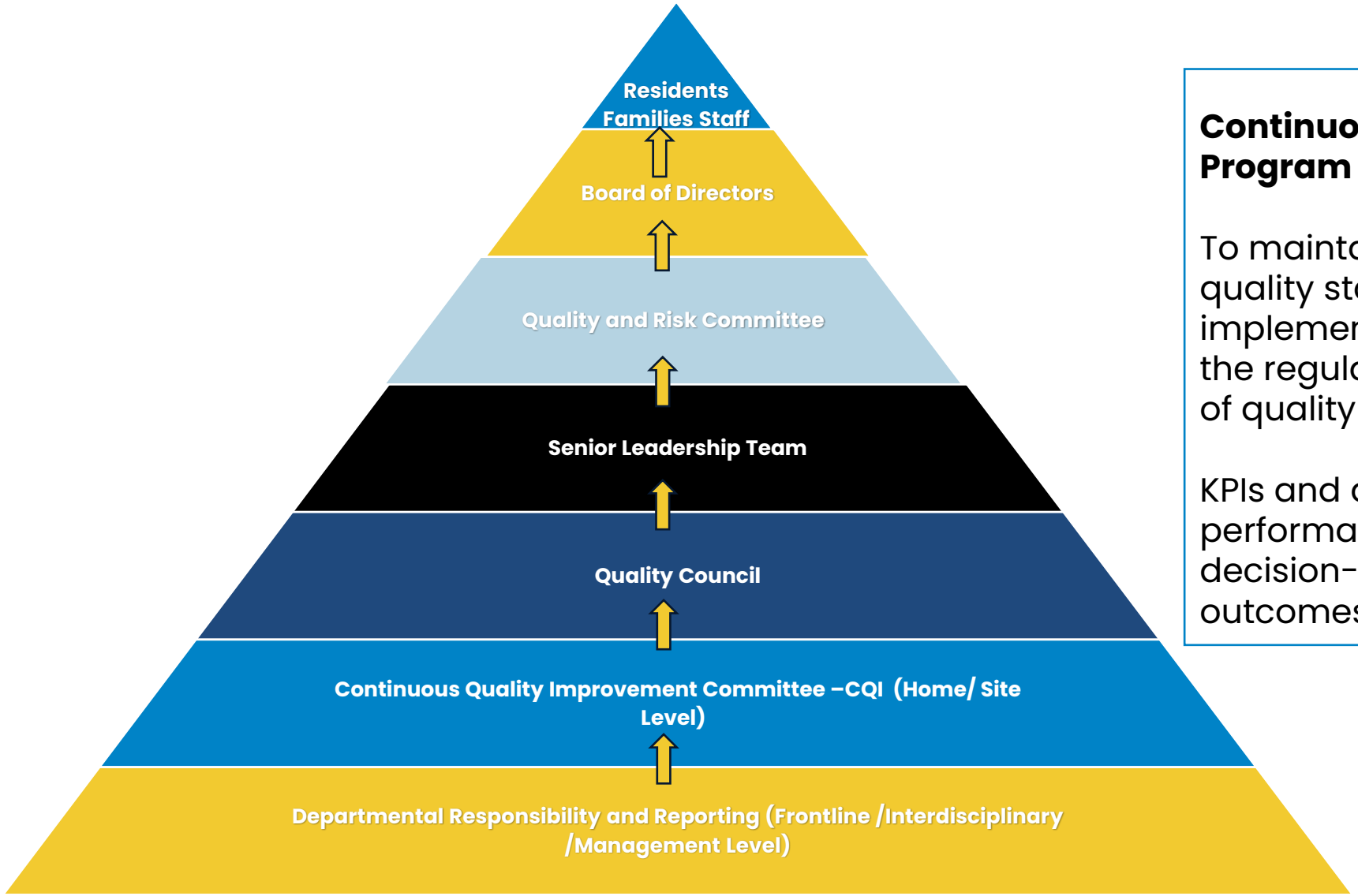
# 8. Organizational Approach

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.

Partners Community Health

# 10. Resident and Family/Caregiver Experience Survey 2025/2026

- 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.

# 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
- CHeCHs- electronic auditing and risk monitoring platform
- Research and Innovation project: RxFood AI-powered Nutritional Assessment
- Surge Learning QRM- Clinical Programs Evaluation and auditing electronic platform

## 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

# Resident & Family Survey Components and Statistics

The 2025 Survey was designed to capture Resident and Family satisfaction across key service areas at Wellbrook Place. The survey consisted of **46 questions**, using a rating scale of *Very Satisfied, Satisfied, Dissatisfied,* and *Not Applicable* where appropriate.

The questions were grouped into 11 categories, consistent with those used in last year's survey. These categories included:

- Therapeutic Relationships
- Empowered Decision Making
- Cultural, Diversity, Engagement
- Care and Services
- Recreation and Programs
- Environment
- Meals and Dining Experience
- Support Services
- Medical Services
- Leadership
- Overall Experience

**Total responders:**

176

# Resident & Family Satisfaction Survey - East

**TOTAL PARTICIPANTS 176**

## Top three areas with highest satisfaction rates

| Question | Very satisfied | Satisfied |
|---|---|---|
| Staff are practicing therapeutic relationships, are respectful and courteous | 28.98% | 66.48% |
| Are you satisfied with the recreation staff? | 48.3% | 52.84% |
| Do you feel welcomed and comfortable within the home? | 37.5% | 61.93% |

## Priority areas of opportunity to enhance services

| Question | Very satisfied | Satisfied |
|---|---|---|
| Are you satisfied with our outing experience? | 9.66% | 60.8% |
| Temperature of food? | 15.34% | 59.09% |
| Variety of menu options? | 18.18% | 59.09% |

# 2025 Survey Results

| Categories | 2025(East) | Notes |
|---|---|---|
| **Therapeutic Relationships** | 93.3% | **Enhanced staff interactions** to strengthen therapeutic relationships by ensuring they introduce themselves and their role, actively listen and engage residents during care, and apply the knowledge and skills needed to meet each resident's care needs. |
| **Empowered Decision Making** | 87.69% | **Improved resident and family participation in care planning and delivery**, led to noticeable improvements in engagement, decision-making, and overall satisfaction. |
| **Cultural, Diversity, Engagement** | 95.75% | **Expansion in the variety of cultural services offered** resulted in greater resident engagement, satisfaction. |
| **Care and Services** | 91.39% | The questions in this category were added to the 2025 survey. |
| **Recreation and Programs** | 87.69% | **Increasing the range and quality of programs and activities,** boosted resident engagement and satisfaction; some improvement noted on the West, but further work is needed. |
| **Environment** | 91.85% | **Focused on improving the process and communication** related to personal laundry services |
| **Meals and Dining Experience** | 77.69% | **Satisfaction rates saw a significant drop** in this category due to Temperature of food being served & lack of variety of menu options. This will be an area of focus on the Action Plan for 2025 Survey. |
| **Support Services** | 87.28% | **Increased visibility and availability** of the physiotherapy team, along with greater leadership engagement and interdisciplinary collaboration, contributed to positive outcomes. |
| **Medical Services** | 88.64% | **Continuous engagement with the attending physician** and increased visibility of the Nurse Practitioners in the home areas, as well as collaboration and interprofessional engagement by the Medical Director and attending physicians in clinical operations and home-specific committees, also contributed to improved resident and family satisfaction. |
| **Leadership** | 94.14%L | **Improved engagement** with the Associate Director of Care and Food Service leadership, and increasing support from the Office Manager, resulting in stronger communication, collaboration, and overall satisfaction. |
| **Overall Experience** | 92.42% | **Strengthened resident and family involvement** in care plan discussions, leading to increased participation and higher satisfaction with care decisions. Active Family and Resident Councils in the homes created opportunities for engagement, transparency, and building of rapport, thus enabling a positive overall experience. |

# 12. Quality Objectives for 2026/2027

- Wellbrook Place East transitioned to InterRAI LTCF effective July 1, 2025, to support regulatory compliance and continuity of care.

- Meeting Resident's care needs, wishes and choices through the implementation of Clinical Pathways (Admission, 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 2026/2027

| 1. Access & Flow | | |
|---|---|---|
| **Indicator** | **Current Performance** | **Target Performance** |
| Rate of ED visits for modified list of ambulatory care-sensitive conditions | 26.27% | 25.00% |

| 2. Safety | | |
|---|---|---|
| **Indicator** | | **Target Performance** |
| % of LTC home residents who fell in the 30 days leading up to their assessment | 13.36% | 12.7% |
| % of residents without psychosis who were given antipsychotic medications in the 7 days preceding their resident assessment days | 14.20% | 13.50% |

| 3. Experience | | |
|---|---|---|
| **Indicator** | **Current Performance** | **Target Performance** |
| % of Residents who responded positively to the statement " I can express my opinion without fear of consequences"<br>* Responded ALWAYS | 90% | 94% |

Partners Community Health