Continuous Quality Improvement Report 2025/2026

Wellbrook Place West

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Executive Director- Raquel Legaspi Labuntog

Designated Lead- Quality Improvement

Partners Community Health

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PCH Partners Community Health

1. Introduction

Wellbrook Place West is a state-of-the-art Long term Care home located at 2180 Speakman Drive in Mississauga. Operated by PCH, the home has 312 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, Partners Community Health is working with community partners to deliver an integrated system of care that puts people first.

Wellbrook Place West 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 2025/2026

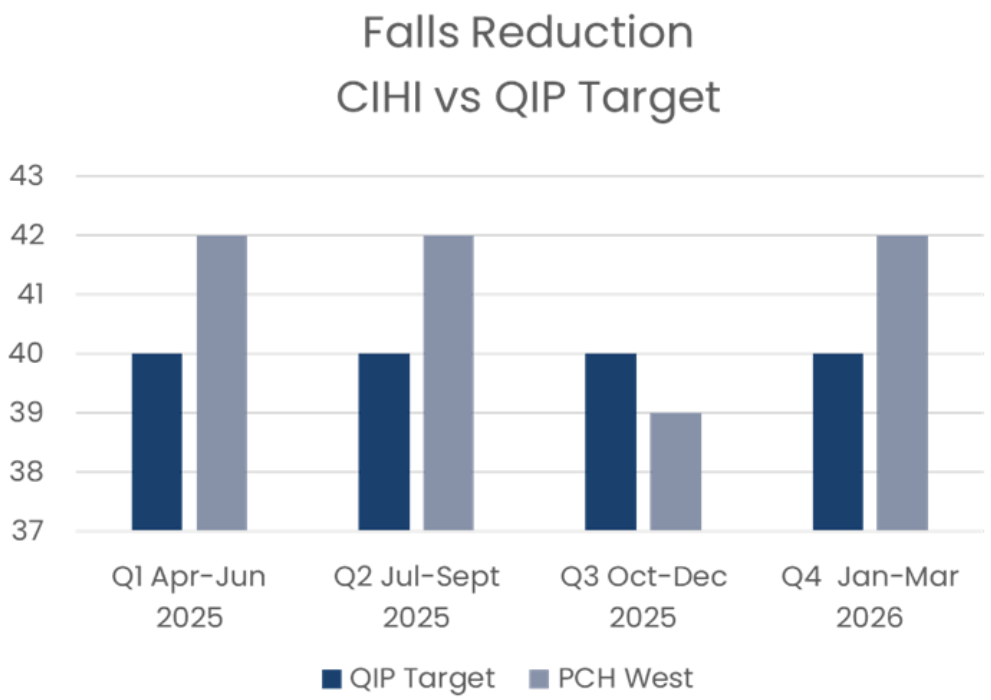
Quality Indicator	Performance Identified in 2024/2025	Current Performance in 2025/2026
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 LTC residents	CB (Collecting baseline)	27.90%
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	13.80%	13.80%
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education.	New indicator	80.5%
Satisfaction with "How well the staff listen to residents" based on annual resident and family satisfaction surveys.	CB (Collecting baseline)	92.71%

3. Quality Improvement Outcomes 2025/2026
Falls Reduction(West)

Actions Taken to Reduce Fall Rates

- **Implementation of Falls Prevention Program:**
  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.
- **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 West Falls Quality Indicator in comparison to the CIHI Ontario Provincial Average



The quarterly CIHI falls rate did not meet the QIP target, as some residents experienced falls despite individualized care plans and prevention measures being in place. Resident safety and falls prevention remain a priority, and ongoing risk reviews, staff education, and targeted strategies continue to help reduce falls and support the safest possible environment for residents.

4. Quality Priorities For 2025/2026

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 program, adapting to the evolving needs of residents and their families. Through ongoing education, expanded resources, and a collaborative, person-centered approach, we strive to provide the highest standard of compassionate care.

- Enhance resident engagement, choice, and quality of life through meaningful participation and family partnerships.

- Promote workforce excellence and continuous quality improvement through education, collaboration, and innovation.

5. Quality Improvement Initiatives Cycle and Priority Setting Process

Wellbrook Place West 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 the Leadership Team, Residents' Council, Family Council, Continuous Quality Improvement (CQI) Council, and 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 the Board of Directors.

5. Quality Improvement Initiatives Cycle and Priority Setting Process (cont'd)

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.

6. Continuous Quality Improvement Framework at Wellbrook Place West

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 West (cont'd)

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.

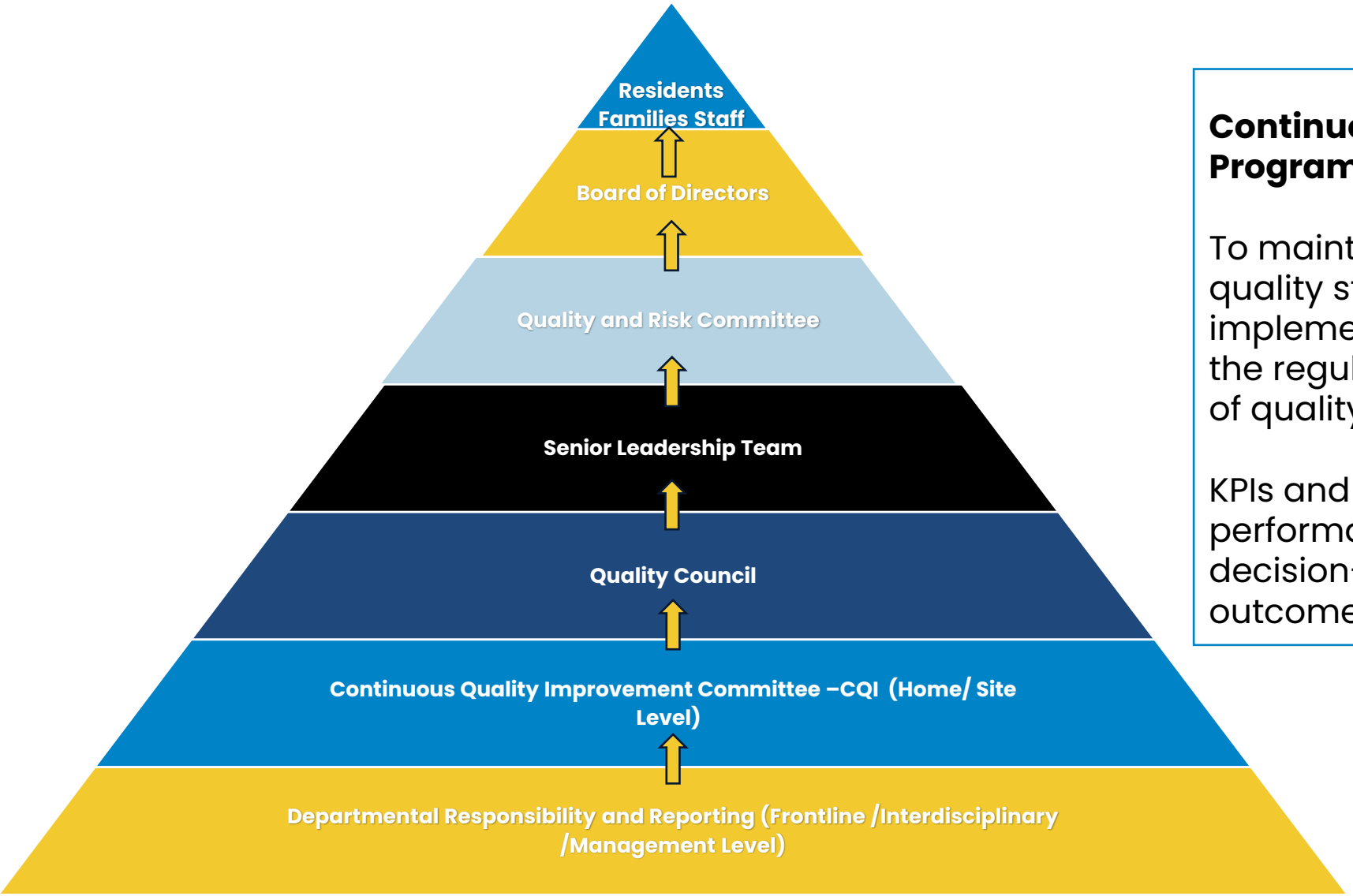
8. Organizational Approach

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.

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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:

149

Resident & Family Satisfaction Survey - West

Top three areas with highest satisfaction rates

TOTAL PARTICIPANTS 149

Question	Very satisfied	Satisfied
The Resident's choices are respected?	42.28%	53.02%
Experience with Registered Staff?	41.61%	55.03%
Do you feel welcomed and comfortable within the home?	44.97%	51.01%

Priority areas of opportunity to enhance services

Question	Very satisfied	Satisfied
Temperature of food	17.45%	47.65%
Are you satisfied with outing experience?	16.11%	47.65%
Variety of menu options	26.17%	48.99%

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2025 Survey Results

Catergories	2025(West)	Notes
Therapeutic Relationships	94.97%	**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	90.61%	**Improved resident and family participation in care planning and delivery**, led to noticeable improvements in engagement, decision-making, and overall satisfaction.
Cultural, Diversity, Engagement	91.28%	**Expansion in the variety of cultural services offered** resulted in greater resident engagement, satisfaction.
Care and Services	90%	The questions in this category were added to the 2025 survey.
Recreation and Programs	82.77%	**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	89.78%	**Focused on improving the process and communication** related to personal laundry services
Meals and Dining Experience	78.91%	**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	86%	**Increased visibility and availability** of the physiotherapy team, along with greater leadership engagement and interdisciplinary collaboration, contributed to positive outcomes.
Medical Services	85.91%	**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	90.83%	**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	88.42%	**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.

10. Resident and Family/Caregiver Experience Survey 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.
- The 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

a) Partnering with Residents and Families to Improve Quality
b) Monitoring Clinical Quality and Measuring Outcomes
c) Strengthening Clinical Quality, Safety, and Information Management
d) Building a Strong and Engaged Workforce

a) Partnering with Residents and Families to Improve Quality

Annual Satisfaction Surveys
We seek feedback from residents and families through annual satisfaction surveys to better understand their experiences, identify areas of strength, and recognize opportunities for improvement. Survey results are reviewed and incorporated into our quality improvement planning.

Engagement with Resident and Family Councils
We maintain ongoing collaboration with the Residents' Council and Family Council through regular meetings that provide meaningful opportunities to share feedback, discuss concerns, and contribute ideas that enhance the quality of care, services, and resident life.

Quality Improvement Action Plans
Feedback received from residents, families, staff, and quality monitoring activities is used to develop targeted action plans that address identified opportunities for improvement. Progress is monitored regularly to ensure initiatives result in meaningful and sustainable improvements.

Resident and Family Partnership in Quality Governance
Residents and family members are encouraged to participate on quality and advisory committees, providing valuable perspectives that inform decision-making, quality improvement initiatives, and strategic planning. Their involvement helps ensure that care and services remain responsive to the needs, preferences, and experiences of those we serve.

b) Monitoring Clinical Quality and Measuring Outcomes

Clinical Documentation and Care Pathway Audits
We conduct regular audits of admission assessments, Resident and Family-Centred Care (RFCC) practices, and the delirium clinical pathway to monitor compliance with evidence-informed standards and organizational expectations. Audit findings are analyzed to identify opportunities for improvement, strengthen clinical practice, and support the consistent delivery of high-quality, person-centred care.

Quality Measurement and Reporting
As part of our commitment to evidence-informed practice and continuous quality improvement, we monitor and report clinical outcomes and implementation measures to the Registered Nurses' Association of Ontario (RNAO). We also submit nursing quality indicator data through the Nursing Quality Indicators for Reporting and Evaluation (NQuIRE®) program, using the results to evaluate performance, benchmark outcomes, and inform quality improvement initiatives that enhance resident care and experiences.

c) Strengthening Clinical Quality, Safety, and Information Management

Point-of-Care Testing
Through our partnership with Dynacare, we utilize point-of-care testing to support timely clinical decision-making, improve access to diagnostic services, and enhance resident care by enabling faster assessment and treatment when appropriate.

Protecting Resident Health Information
We are committed to safeguarding residents' personal health information by ensuring that all digital systems, technologies, and electronic records comply with privacy, confidentiality, and cybersecurity requirements. Ongoing education and established protocols support the secure collection, storage, access, and sharing of health information.

Business Continuity and System Downtime Preparedness
To ensure continuity of care, staff receive education on established downtime procedures and contingency plans for temporary interruptions to electronic systems. These processes help maintain safe, uninterrupted resident care while protecting the integrity of clinical documentation.

Clinical Program Audits and Continuous Quality Improvement
We conduct regular audits of mandatory clinical programs to monitor compliance with legislative requirements, organizational policies, and evidence-informed best practices. Audit findings are reviewed to identify opportunities for improvement, inform action plans, and support ongoing quality improvement initiatives that enhance resident safety and quality of care.

d) Building a Strong and Engaged Workforce

Comprehensive Staff Orientation and Onboarding
We provide a structured and comprehensive orientation and onboarding program that prepares new team members to deliver safe, high-quality, person-centred care. Orientation includes education on residents' rights, infection prevention and control, emergency preparedness, quality improvement, and the home's policies and procedures, helping staff transition successfully into their roles while fostering a culture of safety, respect, and accountability.

Team Engagement in Quality Improvement
We recognize that frontline staff are essential partners in improving quality of care. Personal Support Workers (PSWs), dietary staff, housekeeping, environmental services, recreation, nursing, and other interdisciplinary team members are encouraged to participate in quality improvement initiatives, provide feedback, and contribute to developing solutions that enhance resident outcomes, safety, and quality of life.

Developing the Future Healthcare Workforce
We collaborate with local colleges, universities, and educational institutions to provide clinical placements for nursing students and learners from other health disciplines. These partnerships support workforce sustainability, encourage evidence-informed practice, and bring new perspectives and current knowledge into our home while helping prepare the next generation of long-term care professionals.

Supporting Staff Well-Being and Professional Growth
We are committed to creating a healthy, inclusive, and supportive workplace where staff feel valued and empowered. We promote employee well-being through mental health supports, recognition programs, ongoing education, leadership development, and opportunities for professional growth. By investing in our people, we strengthen staff engagement, retention, and the delivery of compassionate, resident-centred care.

Commitment to Continuous Learning
Continuous learning is fundamental to our culture of quality. Staff participate in mandatory education, competency assessments, and ongoing training to maintain clinical excellence and respond to evolving best practices, legislative requirements, and the changing needs of our residents. This commitment supports continuous quality improvement and excellence in resident care.

12. Quality Objectives for 2026/2027

Ensuring Regulatory Compliance and Supporting Our Transition to Wellbrook Place West

a) A Safe and Seamless Transition
We are committed to ensuring a safe, well-coordinated, and resident-centred transition to the new Wellbrook Place West. Comprehensive planning, staff preparedness, and ongoing communication with residents and families will support continuity of care, minimize disruption, and promote a positive transition experience.

b) Delivering Person-Centred Care

Respecting Resident Choices and Preferences
We are committed to providing person-centred care that reflects each resident's unique values, preferences, goals, and life experiences. Individualized care planning ensures that residents' choices and wishes guide care decisions and support their quality of life.
Evidence-Informed Clinical Programs
We implement evidence-informed clinical assessment tools and care pathways to promote optimal resident outcomes. These include comprehensive skin and wound care management, pressure injury prevention, pain assessment and management, falls prevention, and mobility support. Standardized approaches help ensure timely assessment, consistent interventions, and high-quality clinical care.
Resident and Family Partnerships in Care Planning
Residents and their substitute decision-makers and families, where appropriate, are actively engaged in care conferences and ongoing care planning discussions. Collaborative decision-making ensures that care goals, treatment preferences, and comfort measures reflect the resident's wishes and evolving needs.

c) Strengthening Clinical Decision-Making Through Technology

Electronic Assessments and Integrated Clinical Pathways
We utilize an electronic clinical documentation platform that integrates standardized assessment tools, validated clinical pathways, and individualized plans of care. This technology supports early screening, comprehensive assessment, risk identification, preventive interventions, and timely point-of-care clinical decision-making, while promoting consistent documentation, interdisciplinary collaboration, and continuous quality improvement

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* per 100 long-term care residents.	27.90%	28%

2. Safety		
Indicator	**Current Performance**	**Target Performance**
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	13.80%	13.00%

3. Equity		
Indicator	**Current Performance**	**Target Performance**
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	80.50%	80%

4. Resident Centered Care		
Indicator	**Current Performance**	**Target Performance**
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences"	90.72%	65%

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