Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 30, 2026

Ontario Health

OVERVIEW

Grove Park Home is committed to providing excellence in care and leadership through Continuous Quality Improvement (CQI). Our Quality Improvement Plan (QIP) is an integral part of our strategic plan.
In 2025, Grove Park Home (GPH) concentrated on a number of quality improvement initiatives. These initiatives will include our quality work sustaining and improving our publicly reported clinical indicators. New for 2026 will be a focus on limiting unnecessary ED visits through
the support of the NLOT Program, restructuring levels of care, including interdisciplinary teams,
residents and SDMs.
Resident centred care, has been and, will continue to be a priority. We will continue to build on our previous work to focus on resident rights. This has included re-education for staff related to the new Fixing Long-Term Care Act while improving our complaints reporting and follow-up procedures.

ACCESS AND FLOW

At GPH our Medical Director/In house physician is Dr. Bruce Mc Turk. We are fortunate to have access to the Medical Director via phone after hours. Dr. McTurk also is part of a LTC on-call group which provides coverage on the weekends when he is not on-call.

At GPH we also have a Nurse Practitioner-Mary Ellen Miller. Mary Ellen is available to GPH for 1 day per week and we appreciate her time and her quality care which she brings to the Team. Previously we had a full-time N/P so unfortunately the workload for Dr. McTurk has increased. Mary Ellen works on Mondays and she addressed the acute issues which were identified over the

weekend. She also assists with evaluation of wound care and implementing changes to enhance wound care. Mary Ellen was one of the NLOT (Nurse-Led Outreach Team) Nurses who was employed previously by RVH. Her wound care expertise has been very assistive to GPH. The NLOT Team from RVH has been very assistive in reducing ED visits. They have provided GPH with a Nurse Navigator who can set up appointments for diagnostic imaging, urgent blood draws and IV support. The total Team is 3 Nurse Practitioners. The purpose of their program is Emergency Department avoidance and same day visits to keep residents at home in LTC.
GPH has a PSW lead "Support Lead" Program as well which has been in service for nearly 2 years. This Team recognizes the needs of the residents who are more at risk for demonstrating personal expressions. By risk assessing and implementing interventions to reduce the residents' personal expressions our residents are able to remain at GPH.
At GPH we have numerous care provider services to assist with minimizing transfers to the ED.
OTN-Dr. Daniel
Geriatric Mental Health Team
Silver Fox Pharmacy-emergency box medications available
Life Labs-24-hour service
STL Imaging
North Simcoe Muskoka Hospice Palliative Care Network-Tracy Lavigne
NLOT (Nurse-Led Outreach Team)
GPH Support Lead Program

GPH has invested in their own staff and have 2 full-time "Support Leads" who assist with high-risk individuals. This is another avenue GPH has chosen to assist with the reduction of transfers to the ED. By recognizing the cues of escalation and then mentoring the staff to also recognize those cues, this approach has been beneficial to the Nursing Team as well as our residents.

GPH is a non-for-profit home and we often receive donations from our families and the community. We make every effort to include the direct care providers to be included in the process of allocating our donations. We look into what the current needs of the home are and if there is any equipment which can be purchased to reduce the need to transfer a resident to hospital. Grove Park Home has a bladder scanner, to be able to reduce
transfers to the ED.

EQUITY AND INDIGENOUS HEALTH

Our admission package inquires about what is important to the resident related to their culture and spiritual needs. Inviting families/residents to share with us how to include their culture in the daily living of our residents.
At Grove Park Home we:
Celebrate non-traditional holidays (e.g. Diwali, Ramadan, etc.)
Support an international student workforce
Diversity Team
Diversity board
Celebrating holidays and special events with food and experiences

PATIENT/CLIENT/RESIDENT EXPERIENCE

Grove Park Home continues to be in good standing with many different outside agencies and uses many resources in day-to-day functioning. Presently, Grove Park is working with Health Quality Ontario (HQO), NSM Home & Community Care Support Services

(HCCSS), Registered Nurses Association of Ontario (RNAO), CARF Accreditation, Advantage Ontario, Ontario Renal Network (ORN), Canadian Institute for Health Information (CIHI), Ontario Telemedicine Network (OTN), Simcoe Muskoka District Health Unit (SMDHU), Ontario Health Central Region, and Royal Victoria Regional Health Centre (RVH), this assists us with ensuring safe and effective transitions of care for residents. Some resources we work with to find the right balance of staff, resident, and family support. Education is required to safely care for this vulnerable population, some of these clinical supports; our Medical Director (MD), who is on site, Dr. Bruce McTurk is very committed to geriatric care, a Nurse Practitioner (NP), Mary Ellen Miller also works on site and available at all times for complex medical advice, NSM Specialize Geriatric Services Team (NSMSGS). Grove Park Home continues to have collaborative partnerships with education resources such as Georgian College, and many local high schools in the area, accommodating field/learning placements.

We strive to offer mandatory Gentle Persuasions Approach (GPA) education sessions to all staff. We have 3 staff who are certified GPA coaches and provide “in house” GPA training. We have encouraged staff in all disciplines including housekeeping/laundry, dietary, programs, nursing, maintenance, administrative and managers, and refreshment courses are regularly offered. We have also sent some of our workforce to the Positive Approach to Care education sessions, as well as participated in the Initiative for Long-Term Care Palliative education program. Grove Park Home is dedicated to our resident's well-being and overall satisfaction. Through our Residents' Council; residents have the opportunity to express concerns and voice opinions without fear of consequences. The results of our annual
resident and family surveys provide us with an understanding of how residents and their families perceive Grove
Park Home and the delivery of services. The results of these surveys enable us to continue on our mission to continuously provide excellent care in a secure environment. It is a continuous goal to have families, residents, staff and long-term care committee members be involved in Quality Improvement and strive for increased cooperation in our areas of focus.

At GPH we recognize the admission into Long Term Care (LTC) is often the first time someone has left their home and family. This causes extreme distress to the person being admitted to LTC and to their families. We have reviewed and revised our admission package to include definitions of what a "Palliative Approach to Care" and "End of Life" means at GPH. We believe that every resident who resides at GPH arrives as a palliative person therefore the planning should start upon arrival, including providing a list of local funeral homes for end-of-life planning.

The goal for this year is to provide a Palliative Care information to include care
planning for end-of-life as part of the admission package.

We often receive letters from family members who share what their loved ones have shared with them or how they feel about their loved one living at GPH. We recognize that an admission into LTC is very stressful on the resident and their family. We make every effort to share information with our new families so they are aware of what to expect. We have updated our admission package information and encourage our families to review the information and reach out with any questions or concerns they may have. For our new residents the Support Lead Team is assisting with the transition into long term care. For those who are identified as having personal expressions prior to admission we are informed by

our admission liaison and provided additional time with them, as well as starting a PIECES profile and behavioural care plan.

PROVIDER EXPERIENCE

One of our initiatives for 2025 is sustainability and recruitment of staff. Our staff shared that one of the most challenging aspects of requiring additional assistance from agency staff was the need for orientation. Our scheduling staff
make every attempt to have the same staff back to GPH once they have been orientated. It has been difficult to recruit and retain qualified
staff. Grove Park Home has developed relationships with a number of third-party agencies to maintain adequate staffing levels. We continue to provide staff the opportunity to address burnout through flexible scheduling, float and emergency leave days and preplanned vacation schedules.
A number of mental health and therapy/counselling resources have been made available to staff through our benefit provider.

Some of the incentives GPH has provided is incentives for picking up shifts, new benefit package and competitive wages. Another aspect of work/home life balance is flexibility in work hours when possible.

At GPH we celebrate our staff's advancements in designations. Several of our staff have taken additional education to change their designation or their experience prior to coming to Canada has been recognized and there is room for advancement. GPH makes every effort to provide opportunity for advancement and further education when possible.

Another resource available for staff within Grove Park Home is Social Worker that is available to provide frontline staff with counselling during difficult periods such as resident deaths and sentinel events.
Our social worker supports the staff on the home areas
and also offers to assist staff who recognize they may benefit from a social worker.
GPH also has a Employee Assistance Program (EAP) which staff can utilize
if they wish to. Some of the supports available are: mental health, physical health, absence management, consulting services, training and benefits administration.

SAFETY

Grove Park Home culture includes operating a safe and secure environment for all residents, visitors and staff. It is imperative to maintain a high-degree of safety to protect our stakeholders. With changing directives and
guidance, we have ensured good communication and the ability to pivot quickly.
Utilizing tools such as security cameras, wander guards, nurse call systems, and door control systems, we are able to keep our residents safe and comfortable each and every day. The Professional Advisory Committee (PAC) meets quarterly to review indicators that will maintain resident safety, by addressing medication distribution and errors, ethical issues, family and resident concerns.
The Geriatric Mental Heath Team (GMH) works directly with GPH staff to recognizing those individuals who are high risk to themselves & others. They assist staff to identify triggers and how to reduce the responsive resident from becoming heightened. The GMH Team is "in-house" 2-3 times weekly and provides hands on

care with GPH staff. The GMH Team also ensures the families are up to date with the current interventions and successful approaches to care. Our Support Team works directly with GMH Team to mentor and support staff with any recommendations made.

The Director of Resident and Family Services reviews each resident who is looking for an admission into GPH on an individualized basis to ensure this person is appropriate for the admission to a specific home area. Often, we may consider an in-house transfer to ensure placement of new residents is manageable and not placing those residents currently living on the home area at risk.

PALLIATIVE CARE

At Grove Park Home we recognize the value in end-of-life care. Our residents come into LTC and make our home their home. And we in turn are with them throughout their life journey. Grove Park Home provides monthly education to staff to ensure that the best palliative care approaches are being provided. We also have the NSMHPC Network with all its resources available to our staff and residents if required.

We received a 1 years certification of POET at Grove Park Home with extensive training for all departments. We continue to expand our training to meet the goals of re-certification for 3 years . The training and education for staff have allowed them to understand the palliative approach to care and implement goals of care that are resident focused.

We have a “Palliative Care Team” at Grove Park Home which meets monthly to review the current residents who have a palliative approach to care order and to identify those residents who may benefit form a palliative approach to care. A palliative care assessment is then completed and shared with our clinicians and Nurse Practitioner for their review. Our approach is to include our residents and their families in recognizing what may be important to each individual resident. Our approach is multidisciplinary and resident focused.

In 2025 Grove Park Home also participated in the “Collaborative Project to Sustain a Palliative Approach to Care”. The project was assistive in integrating a palliative approach to care and completing the following project milestones: completing a self-assessment, identify palliative care priorities, participate in debrief meeting, implement project activities and participate in project touchpoint meetings.

POPULATION HEALTH MANAGEMENT

The age of the population of our residents at GPH vary from 49 to 106 years young. With such a variance of needs within our home we are reaching out to resources in our community more frequently.
We are recognizing the needs of our population and making changes to ensure we are providing what our residents recognize as quality of life to them. Some of these resources include:
Brain Injury Team
Quadriplegic Society
Alzheimer's Society
GPH Social Worker assisting with the transition of younger adults into LTC & arranging for appointments
Programs in the community which our residents may attend to stay connected to the community
Geriatric Mental Health Team (GMH) providing education to staff related to the individuals they are providing care to
Partnership with Hospice Simcoe
Providing automated doors which open to the outdoor courtyard to allow our physically disabled residents outdoors without staff accompaniment
Providing residents who smoke outdoors a handheld door opener to allow independent entry/exit to the home
BACTS Bus applications upon admission
Social Worker assists with the mental well-being of the residents who reside at GPH. A referral can be completed by staff or upon the request of the resident or their family.
Care Conferences so that our residents and their family members all receive the same information and can reinforce the needs of the individual. This enhances continuity of care.

CONTACT INFORMATION/DESIGNATED LEAD

Assistant Director of Care
Quality Improvement 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

_____

Board Chair / Licensee or delegate

Administrator /Executive Director

Quality Committee Chair or delegate

Other leadership as appropriate

Equity | Equitable | Optional Indicator

	Last Year		This Year		
Indicator #2					
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Grove Park Home for Senior Citizens)	**CB** Performance (2025/26)	**CB** Target (2025/26)	**NA** Performance (2026/27)	**--** Percentage Improvement (2026/27)	**NA** Target (2026/27)

Change Idea #1 ☐ Implemented ☐ Not Implemented ☑ In Progress

Improve organizational culture of the Home.

Process measure

- Increase diversity training and awareness within the home and track the number of attendees.

Target for process measure

- Increase our staff satisfaction survey result by 15%

Lessons Learned

This initiative continues to be in progress as the organization works to strengthen and sustain a positive organizational culture within the facility. Efforts remain focused on fostering a supportive, respectful, and collaborative work environment for all staff while promoting person-centered care for residents.Several key lessons were identified throughout the year:
• Consistency in communication is essential to ensuring staff understand organizational values, expectations, and ongoing initiatives.
• Leadership visibility and support play a critical role in reinforcing a positive workplace culture and encouraging staff engagement.
• Staff involvement and feedback are important for creating meaningful and sustainable improvements. When staff feel heard and included, they are more likely to participate in initiatives that support culture change.
• Cultural change takes time, and sustained effort is required to embed positive practices into everyday workflows and interactions.

Successes
• Increased staff engagement and participation in initiatives that support workplace culture.
• Continued promotion of respectful communication and teamwork among interdisciplinary staff.
• Greater awareness of organizational values and expectations related to professionalism and resident-centered care.
• Opportunities for staff feedback through meetings and discussions, helping to identify areas for improvement.

Challenges
• Staffing pressures and workload demands sometimes limited staff participation in culture-focused initiatives.
• Ensuring consistent messaging and engagement across all shifts and departments remains an ongoing challenge.
• Sustaining momentum for culture change initiatives requires continuous reinforcement and leadership support.

Change Idea #2 ☐ Implemented ☐ Not Implemented ☑ In Progress

No new change ideas were introduced during this reporting period. The focus remained on continuing and strengthening previously established initiatives aimed at improving staff engagement, communication, and workplace culture.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

No lessons learned entered

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #1 Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Grove Park Home for Senior Citizens)	**23.35** Performance (2025/26)	**22.35** Target (2025/26)	**19.35** Performance (2026/27)	**17.13%** Percentage Improvement (2026/27)	**NA** Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

1)Implement a comprehensive fall risk assessment tool for all residents 2)Increase staff education and training on fall intervention and techniques 3) Enhance environmental modifications and safety checks

Process measure

- 1)Decrease in fall related injuries and hospitalizations, more individuals care plans, and improved identification of high risk residents 2)Improved staff confidence in fall prevention, a reduction in falls d/t improper handling, and improved adherence to fall prevention protocols 3)Fewer environmental hazards, decrease in falls related to an unsafe environment, and enhanced mobility and independence for residents.

Target for process measure

- 1) 100% of residents who have fallen will have a comprehensive fall assessment done by Unit RPN by completing the assessment toll in PCC 2) 80% of all direct care staff has completed fall prevention fall education within the first 3 months of their employment. 70% of staff receive annual refresher training. 3)staff will do their best to check on high risk residents for fall every few hours to ensure safety, and addressing any environmental hazards.

Lessons Learned

Successes
Standardized Assessment Implementation:
Successful implementation of the SCOT Falls Risk Assessment Tool for all residents, with consistent completion on admission, quarterly, and post-fall. This has improved early identification of high-risk residents.
Interdisciplinary Collaboration:
Monthly falls meetings and regular discussions at PAC and Quality Improvement meetings have strengthened interdisciplinary collaboration, allowing for timely review of high-risk residents and implementation of targeted interventions.
Improved Care Planning:
Residents identified as high risk have individualized interventions in place, contributing to a more proactive approach to fall prevention and injury reduction.
Increased Staff Awareness:
Ongoing education and discussions have improved staff awareness of fall risks and prevention strategies. Purposeful rounding has been increasingly adopted, supporting resident safety.
Enhanced Monitoring of Trends:
Regular review of falls indicators and trends has supported data-driven decision-making and continuous quality improvement.
Challenges
Sustaining Staff Education Compliance:
Ensuring consistent staff participation in ongoing education and training sessions remains a challenge, particularly with staffing constraints and scheduling.
Consistency in Documentation:
Variability in documentation of assessments, interventions, and post-fall follow-up can impact tracking and evaluation of outcomes.
High-Risk Resident Population:
Managing residents with complex needs (e.g., cognitive impairment, mobility limitations) continues to present challenges in fully preventing falls despite interventions.
Environmental Limitations:
Some environmental factors (e.g., shared spaces, resident behaviors) can be difficult to fully control, impacting fall risk.
Sustaining Practice Changes:
Maintaining consistent implementation of interventions such as purposeful rounding across all shifts can be challenging.

Change Idea #2 ☐ Implemented ☐ Not Implemented ☑ In Progress

Implementation of Furniture Corner Protectors:
Furniture corner protectors were introduced in resident care areas to reduce the risk of injury related to falls. This initiative focuses on minimizing harm, particularly for residents at high risk of falls, by reducing exposure to sharp edges and hard surfaces.
Reduction of Noise Pollution:
Unnecessary sound-emitting devices (e.g., alarms not clinically indicated) were reduced to create a calmer and less disruptive environment. This supports resident comfort, decreases agitation (especially in cognitively impaired residents), and contributes to overall fall risk reduction.
Enhanced Use of Purposeful Rounding:
Purposeful rounding has been further reinforced as a proactive strategy to anticipate and meet residents' needs. By reducing reliance on alarm-based systems and increasing direct staff engagement, this approach supports improved safety, timely assistance, and fall prevention.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Successes
Implementation of Injury Prevention Strategies:
The introduction of furniture corner protectors has enhanced resident safety by reducing the risk of injury related to falls, particularly for high-risk residents.
Reduction in Environmental Triggers:
The removal of unnecessary sound-emitting devices has contributed to a calmer environment, helping to reduce noise pollution, resident agitation, and potential fall risks.
Strengthened Proactive Care Approach:
Increased emphasis on purposeful rounding has improved staff responsiveness to resident needs, reducing reliance on alarm-based systems and supporting fall prevention.
Improved Interdisciplinary Oversight:
Continued review of high-risk residents during monthly falls meetings and QI/PAC discussions has supported timely interventions and collaborative decision-making.
Challenges
Adjustment to Reduced Alarm Use:
Transitioning away from sound-based devices required a shift in staff practice, and ensuring consistent adoption of purposeful rounding across all shifts remains a challenge.
Sustaining Consistency in Practice:
Ongoing reinforcement is required to ensure that new interventions, such as environmental modifications and rounding practices, are consistently implemented by all staff.
Monitoring Effectiveness of New Interventions:
As these initiatives are relatively new, continued monitoring and evaluation are needed to measure their full impact on fall rates and injury reduction.
Balancing Safety and Resident Independence:
Implementing environmental safety measures while maintaining a home-like environment and resident autonomy continues to require careful consideration.

Comment

Grove Park Home will continue to build on current fall prevention strategies by prioritizing resident safety in all aspects of care and the environment. Moving forward, the home will ensure that newly purchased furniture is designed with rounded edges to further reduce the risk of injury associated with falls.

The organization remains committed to ongoing quality improvement initiatives aimed at reducing the number of falls and minimizing injuries. This will be supported through continued use of standardized risk assessments, interdisciplinary collaboration, staff education, purposeful rounding, and regular review of fall-related data and trends.

Grove Park Home will also continue to evaluate the effectiveness of current interventions and implement evidence-based strategies to enhance resident safety while maintaining a comfortable, home-like environment.

Safety

Measure - Dimension: Safe

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Grove Park Home aims to enhance resident safety by fully implementing a Dementia care program over the coming year. This includes training staff in an emotion-based model of care, integrating individualized and meaningful activity programs, and promoting a resident-centered approach to care. Through this initiative, the home expects to improve staff understanding of responsive behaviours, reduce reliance on pharmacological interventions, and support safer, more engaging environments for residents.	C	Number / LTC home residents	In house data collection / starting April 2026	CB	CB	The target to implement the Dementia care program has been set based on best practices in dementia care that emphasize emotion-based, person-centered approaches as effective strategies to improve resident safety and reduce responsive behaviours. Grove Park Home has identified this initiative as a key priority to align with leading practices in behavioural care and to build on existing collaborations with Behavioural Supports Ontario (BSO) and internal resources. The Activation Team, Personal Support Workers (PSWs), and the resident Support Leads will work collaboratively and directly with DementiAbility facilitators to support staff training, program implementation, and integration into daily care practices. The target is considered achievable within the coming year through this interdisciplinary approach. Challenges and Risks: Potential challenges include staff training capacity, competing	

					organizational priorities, and ensuring consistent adoption of the program across all shifts and departments. There may also be variability in staff comfort and experience with emotion-based care approaches. To address these risks, the home will implement ongoing education, leadership support, and regular monitoring to reinforce practice changes. This target reflects a realistic and evidence-informed approach to improving resident safety while supporting sustainable, long-term practice change.	

Change Ideas

Change Idea #1 1 , expand education and training in emotion based approaches, 2 enhanced the physical environment to support engagement and comfort, 3 implement individualized non-pharmaceutical interventions tailored to residents' cognitive needs, 4 track and measure outcomes through resident quality assessments, staff satisfactions and data on behavioural symptoms and medications use.

Methods	Process measures	Target for process measure	Comments
1: extensive education for staff regarding lementation of DementiAbility kits and structured activity programs to support emotion-based, resident-centered care. 2: Introduce tactile-based interventions (e.g., hands-on materials and touch-based activities) to support engagement and reduce responsive behaviours. 3: Develop and utilize a sensory room to provide a calming and therapeutic environment for residents. 4: Incorporate visual stimulation strategies (e.g., memory aids, visual cues, and personalized items) to enhance resident engagement and orientation.	Percentage of residents transferred to the Emergency Department (ED) each month (including those admitted vs. not admitted). Number and percentage of residents assessed by the Nurse Practitioner prior to ED transfer (monthly). Percentage of ED transfers with documented NP assessment and intervention prior to transfer (monthly). Number of ED transfers avoided through NP intervention and use of NLOT services (monthly). Quarterly review of ED transfer data (including admission status) presented at Quality Improvement (QI) and Professional Advisory Committee (PAC) meetings. Identification and analysis of trends associated with ED visits (e.g., time of transfer, reason for transfer, high-risk residents), reviewed quarterly. Data will be collected from PointClickCare and analyzed monthly, with formal review and discussion at QI and PAC meetings each quarter to evaluate progress and guide improvements.	By March 31, 2027, Grove Park Home aims to achieve a 20% improvement in DementiAbility programming, as measured by increased implementation and utilization of DementiAbility kits, structured activities, and emotion-based interventions across the home. Progress will be tracked quarterly through documentation of program participation, staff engagement, and resident involvement in DementiAbility-based activities. process measure: Percentage of residents participating in DementiAbility and other structured, capability-focused activities (quarterly). Percentage of residents without psychosis receiving antipsychotic medications (quarterly). Percentage of residents with documented improvements in mood or decreased	To ensure sustainability of the program, Grove Park Home will build on its strong foundation of resident-centered care. Ongoing staff education, interdisciplinary collaboration, and consistent use of DementiAbility principles will support the integration of emotion-based care approaches into daily practice, promoting long-term success and improved resident outcomes.