Continuous Quality Improvement – Annual Report

DESIGNATED LEAD

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QUALITY PRIORITIES FOR 2026/27

Perley Health is pleased to share its 2026/27 Quality Improvement Plan (QIP). Our ongoing commitment to quality is reflected in our mission “to achieve excellence in the health, safety and well-being of Seniors and Veterans with a focus on innovation in person-centred and frailty-informed care and service" and in our long-term strategic plan, which identifies Excellence in Resident Care and Service as one of Perley Health's four key strategic pillars.

Perley Health’s QIP is aligned with our Quality Framework, based on the Quadruple Aim framework adopted by Ontario Health. The high-level priorities for this year's QIP are informed by the quality and safety aims under the various pillars of the framework, as determined by Perley Health's Board of Directors:

- increase resident and family experience
- reduce preventable harm
- provide the "right care" 100% of the time
- improve health-related quality of life
- improve staff experience

Priorities are divided into 3 categories based on the projected scope of work anticipated for the year – focused action, moderate action and monitoring. Areas for **action** are included in this report.

QUALITY OBJECTIVES FOR 2026/27

- Improve the experience of residents by continuing to focus on enhancing opportunities for activation and engagement as well as mealtimes. Work related to mealtimes will focus on improving the overall quality of meals served.
- Improve the experience of residents through a focus on enhancing resident perceptions of staff responsiveness.
- Improve the experience of residents and family members by focusing on person-centred communication. Work in this area will continue to focus on the care conference re-design work as well as the introduction of a comprehensive Resident Guide.
- Improve the staff experience by continuing to implement People First initiatives. Work in this area will focus on enhancing Employee Engagement, Cultural Inclusivity and Workplace safety and Wellbeing.
- Enhance pain assessment and management practice: Work will focus on sustainability of PainChek mobile application to increase quality of pain assessment for residents with cognitive and communication challenges; strengthening approach to non-pharmacological pain management.
- Optimize antipsychotic use: Focus on sustaining interprofessional approach to regularly review and evaluate antipsychotic use aligned with best practice to ensure maximum therapeutic benefit and minimize negative outcomes.
- Enhance person-centred care at end-of-life: Continue to build capacity across interprofessional team through enhanced palliative and end-of-life care training opportunities. Strengthen new and existing supportive processes to ensure consistent, quality care at end-of-life.
- Minimize potentially avoidable emergency department transfers: Work in this area will be aligned with other priority areas, including person-centred care and communication, and end-of-life care. Work will focus on enhancing key practices to better support provision of care aligned with resident/family goals of care following an acute health event, or at end-of-life.

2026/27 QIP PLANNING AND PRIORITY SETTING PROCESS

Perley Health has developed QIPs as part of the annual planning cycle since 2015, with QIPs submitted to Ontario Health every April. Perley Health's QIP planning cycle typically begins in August, and includes an evaluation of the following factors to identify preliminary priorities:

- quality progress achieved in recent years;
- ongoing analysis of performance data over time available from the Canadian Institute for Health Information (CIHI); with areas indicating a decline in performance over time and/or where benchmarking against self-identified peer organizations (and/or other available benchmarks) suggests improvement required

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- resident, family and staff experience survey results;
- emergent issues identified internally (trends in critical incidents, complaints) and/or externally;
- input from residents, families, staff/volunteers, leaders and external partners, including the MOLTC.

Preliminary priorities are subsequently presented and discussed at various forums to validate priorities and identify additional priorities that may have been missed. For the 2026/27 QIP, these forums included (in chronological order) Perley Health's CQI committee (*Quality Council*), Resident Councils, Family and Friends Council, the operational leadership team, and the Quality of Life and Safety Committee (QLSC) of the Board of Directors. This is an iterative process with multiple touchpoints of engagement with different stakeholder groups as QIP priorities, targets and high-level change ideas are identified and confirmed. Final review of the QIP is completed by the QLSC, which endorses the plan for approval by the Board of Directors.

Perley Health's *Quality Council*

Perley Health's QIP planning cycle begins with recommendations from our *Quality Council*. At the September 30 meeting, council members reviewed CIHI QI indicator data, year-to-date progress against the 2025/26 QIP, as well as preliminary resident experience survey results to recommend draft QI priorities for the 2026/27 QIP. The subsequent discussion included identification of the 2025/26 priorities that would need to remain on the QIP as well as any new priorities to be included based on performance data. These recommendations were shared and discussed with subsequent stakeholder groups as outlined above.

PERLEY HEALTH'S APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS)

Perley Health's nursing and administrative policies, combined with practice standards, provide a baseline for staff in providing quality care and service. Perley Health has adopted the *Model for Improvement* to guide quality improvement activity. Interprofessional quality improvement teams, including resident and family advisors, work through the phases of the model to:

1. Diagnose/Analyze the Problem

Teams use various QI methodologies to understand some of the root causes of the problem and identify opportunities for improvement. This work can include process mapping or value stream mapping, Gemba, 5 whys, fishbone, etc. Also included in this work, is an analysis of relevant data and completion of a gap analysis against relevant Best Practice Guidelines.

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2. Set Improvement Aims

Once teams have a better understanding of the current system they aim to improve as well as an understanding of what is important to the resident, an overall improvement aim is identified.

This aim will be used to evaluate the impact of the change ideas through implementation and sustainability.

At Perley Health, improvement teams develop aim statements that are Specific, Measurable, Attainable, Relevant, Time-Bound (SMART). A good aim statement includes the following parameters - “How much” (amount of improvement – e.g. 30%), “by when” (a month and year), “as measured by” (a big dot indicator or a general description of the indicator) and/or “target population” (e.g. all Perley Health residents, residents in specific area, etc.).

3. Develop and Test Change Ideas

With a better understanding of the current system, improvement teams identify various change ideas that will move Perley Health towards meeting its aim statement. During this phase, teams will prioritize alignment with best/prevailing practices when designing preliminary change ideas for testing. Additionally, teams leverage the Hierarchy for Effectiveness when selecting change ideas, with teams favouring system redesign, process standardization, and force function over education and policy change.

Plan-Do-Study-Act (PDSA) cycles are used to test change ideas through small tests of change. PDSAs provide an opportunity for teams to iteratively refine their change ideas and build confidence in the solution prior to implementation. Change ideas typically undergo several PDSA cycles before implementation.

4. Implement, Spread and Sustain

Improvement teams consider the following factors when developing a strong implementation/change management plan:

- Outstanding work to be completed prior to implementation (e.g. final revisions to change ideas based on PDSAs, embedding changes into existing workflow, updating relevant P&P, etc.)
- Education required to support implementation, including key staff resources (e.g. Change Champions)
- Communication required to various stakeholders, both before, during and after implementation
- Approach for spread across the facility, if completed in a phased approach

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At this stage, teams will also identify key project measures to determine if the changes implemented resulted in improvement. This family of measures includes the following types of measures:

Outcome:
- Measures what the team is trying to achieve (the aim)

Process:
- Measures key activities, tasks, processes implemented to achieve aim

Balancing:
- Measures other parts of the system that could be unintentionally impacted by changes (this includes both positive and negative impacts)

Prior to implementation, improvement teams develop a sustainability plan. The plan identifies the different strategies the team will use to evaluate and address both short-term and long-term sustainability of the changes implemented.

PROCESS TO MONITOR AND MEASURE PROGRESS, IDENTIFY AND IMPLEMENT ADJUSTMENTS AND COMMUNICATE OUTCOMES

A key component of the sustainability plan is the collection and monitoring of the key project measures over time. Run charts and Statistical Control Charts, with established rules for interpretation, are essential to understanding if there has been an improvement or deterioration in performance. Analysis of the Outcome measure(s) will be used to identify if the Home is achieving the desired outcomes or not. If not achieving desired outcomes, the team can review the Process measure(s) over time to either confirm compliance with key change ideas (suggesting the change idea may not be as effective at improvement outcomes) or identify gaps in compliance that need to be addressed. Based on the results of this analysis, the team may consider alternative change ideas, provide coaching to staff to enhance compliance, engage with staff to better understand gaps in compliance, etc.

At an organizational level, Perley Health has adopted a “Big Dot” report to monitor and measure progress on strategic aims, aligned with the Quadruple Aim. A “Small Dot” report is used for Operational indicators.

Communication strategies are tailored to the specific improvement initiative. These include, but are not limited to:

- Publishing stories and results on the website, on social media or via newsletters
- Direct email to staff and residents/families and other stakeholders
- Handouts and one:one communication with residents
- Presentations at staff meetings, Operations meetings, Quality of Life and Safety Committee, Town Halls, Quality Council, Resident Councils, Family and Friends Council
- Huddles at change of shift
- Use of Champions to communicate directly with peers

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RESIDENT AND FAMILY/CAREGIVER EXPERIENCE SURVEY

Through its membership in the Seniors Quality Leap Initiative (SQLI), Perley Health has been administering interRAI's "Self-Reported Quality of Life Survey for Long-Term Care Facilities" (Resident Experience Survey) since 2015 to measure resident experience annually. Additionally, in 2021, Perley Health adopted interRAI's "Family Survey on Nursing Home Quality of Life" (Family Experience Survey) to measure family/caregiver experience annually.

2025 Surveys

The Resident Experience Survey was administered February through mid-December 2025. All residents with a Cognitive Performance Scale score between 0-2 were eligible to participate in the survey. At the end of the survey period, 80 surveys were completed.

The Family Experience Survey was administered November through mid-December 2025. All individuals with a connection to a current resident, or a resident who lived at Perley Health within the previous year were eligible to participate in the survey. At the end of the survey period, 52 surveys were completed.

Raw results of the resident and family experience surveys are available as appendices to this report (see Appendix A). Following an analysis of both surveys and subsequent discussion of results with resident, family and staff representatives, the following themes have been included as priorities in the 2026/27 QIP:

- Pleasurable Dining (with a focus on quality of food served at mealtimes)
- Social Life
- Resident and Family Centred Communication
- Staff Responsiveness

Extensive communication of results and discussion of next steps has been completed with various stakeholder groups. Please refer to the table below for a complete listing of the stakeholder groups that have received a presentation of the high-level results and participated in discussion about next steps. All communication provided by the Director of Quality & Interprofessional Care, unless otherwise noted.

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Date	Meeting	Content
September 30, 2025	Quality Council	Presentation on preliminary Resident Experience Survey results, as part of development of 2026/27 QIP.
January 26, 2026	Quality Council	Full presentation on Resident and Family Experience Survey Results and discussion of results, including Next Steps.
February 6, 2026	Resident Information Session	Verbal report of the Resident Experience Survey results, including areas of strength and opportunities for improvement. Opportunity for residents in attendance to ask questions, and further inform next steps. Endorsement from residents in attendance on areas of focus, including addition of Staff Responsiveness.
March 19, 2026	Family and Friends Council	Presentation on the Family Experience Survey and discussion of results.
March 25, 2026	Operations Management Committee	Presentation on the Resident and Family Experience Survey and discussion of results, including Next Steps.
April 13, 2026	Quality of Life and Safety Committee of the Board	Presentation on the Resident and Family Experience Surveys and discussion of results.

IMPROVEMENTS TO CARE, SERVICES, PROGRAMS AND GOODS AT PERLEY HEALTH (2025-2026)

Care/Services

- Enhanced complement of Nurse Practitioners to 4 (completed spring 2025)
- Introduced 2nd Foot Care Nurse and expanded services to community
- Continue to meet Ministry target of 4 hours of nursing care
- Ongoing enhancements to clinical care and services as outlined in the 2025/26 QIP (status updates for all QIP activities are included in Appendix B: QIP Summary Report, and Appendix C: QIP Update presentation brought forward to Quality Council April 28, 2026).

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Programming (Therapeutic Recreation & Creative Arts)

- Ongoing collaboration with Centre of Excellence to support the evaluation of various interventions to enhance resident engagement/mental stimulation
    - Rhythms of Remembrance project launched in June 2025
- Evaluation of programming times/offerings with a focus on maximizing not only the quantity, but quality of unit-specific programs offered daily (completed 2025)
- Introduced collaborative monthly activity program planning sessions on units – winter 2026
- ActivityPro Gold Package Implementation (program plans, calendar creation)
    - Program plans updated and created for all current TRCA programs (completed Feb 2025)
    - Digital calendar feature launched (April 2025)
- Updated Recreation Care Plan library content to enhance focus on Leisure & Well-being
- Integrated intergenerational childcare programming
    - Resident focus groups (completed Q4 2024 and Q1 2025)

Facility Enhancements –

- LED lighting upgrade campus wide (2025)
- Completed facility-wide migration to Microsoft 365 (winter 2025)
- HVAC upgrades consisting of the following components:
    1. Chiller Optimization – complete
    2. Cooling tower refurbishment– complete
    3. New BAS system- in progress, completion targeted for June 2026
    4. Installation of four EV stations - completed February 2026
    5. Installation of Variable Frequency Drives (VFD's) and Variable Air Volume (VAV's) and thermostats in resident rooms – completed May 2026
- Roof replacement for the Ottawa Residential Building (summer 2025)
- Repairs to Ottawa building due to leaks prior to roof replacement (May 2026)
- Roof replacement for Perley Senior Care Centre Roof – in progress
- Construction of Admissions office (Spring 2025)
- Construction of intergenerational childcare space (partnership with Andrew Fleck) – in progress (projected completion June 2026)
- Electrical De-energized maintenance- Vault and Secondary Switchboard (June 2025)

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Resident and Family Engagement and Partnering (Role of Resident and Family Councils, Quality Council, Resident and Family Advisors)

Perley Health has three active councils focused on resident and family experience; the Veteran Residents' Council, the Community Residents' Council, and the Family and Friends Council (FFC). These councils are a valuable forum for ongoing collaboration and engagement. The leadership team and councils enjoy a positive and productive relationship. The Management team routinely seeks feedback and involvement from the councils regarding various aspects of Perley Health's operations such as the annual budget, operating plan and quality improvement plan (QIP). Results of the annual Resident Experience Survey and Family Experience Survey are brought to the FFC and Residents' Councils, providing a platform for the councils to further inform the final QIP.

In 2022, Perley Health established its first Quality Council (aligned with requirements from the FLTCA to establish a Continuous Quality Committee). The Quality Council serves in an advisory capacity, providing recommendations to leadership related to the ongoing implementation of continuous quality improvement at Perley Health, including identification of priority areas for the annual QIP. This council also plays a role in reviewing and evaluating progress of initiatives identified in the annual QIP and supports preparation of the annual report on continuous quality improvement.

In an effort to more directly involve residents and families in quality improvement activities, the Resident and Family Advisor Program was established in 2017. The goal of this program is to promote resident and/or family participation on all QI projects, and other initiatives, as appropriate. Since its inception, this program has successfully matched resident/family advisors with a variety of QIP teams as well as other initiatives across the Home. Active QIP teams that currently have advisors, include Social Life, Pleasurable Dining, Palliative Care, Pain, Resident and Family Centered Care (RFCC) Steering Committee, Care Conference Redesign.

Approach to Communication

Communication about improvements to care, facilities and programming varies based on the nature of the change. Communication methods include, but are not limited to, the following:

- Verbal reports to Family and Friends Council Executive, as well as Family and Friends Council Meetings (meeting minutes available)
- Verbal reports to Veteran Residents' Council and Community Residents' Council Meetings (meeting minutes available)
- Verbal reports by Senior Leadership team at annual Resident Information Session (meeting minutes available)
- Verbal reports at departmental meetings, e.g. RN/RPN, PSW, etc. (meeting minutes available)
- Written communication via email to resident and family distribution list
- Written communication via email to All Users staff distribution list
- Written communication via TVs installed and signage posted across the Home

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- Written communication via Perley Post, a resident/family-focused newspaper style newsletter delivered to units, also available on website
- Written communication on website and through social media channels (as applicable)

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Appendix A: Resident Survey Results

	Never (#)	Never (%)	Rarely (#)	Rarely (%)	Sometime:	Sometime:	Most of th	Most of th	Always (#)	Always (%)	Don't kno	Don't kno	Refused (#	Refused (%	No respon	No response or canno
I can be alone when I wish.		0.00%	3.00	3.75%	8.00	10.00%	39.00	48.75%	30.00	37.50%		0.00%		0.00%		0.00%
My privacy is respected when people care for me.		0.00%	2.00	2.50%	8.00	10.00%	32.00	40.00%	37.00	46.25%		0.00%	1.00	1.25%		0.00%
I get my favorite foods here.	19.00	23.75%	8.00	10.00%	20.00	25.00%	22.00	27.50%	11.00	13.75%		0.00%		0.00%		0.00%
I can eat when I want.	16.00	20.00%	11.00	13.75%	17.00	21.25%	21.00	26.25%	14.00	17.50%	1.00	1.25%		0.00%		0.00%
I have enough variety in my meals.	5.00	6.25%	14.00	17.50%	17.00	21.25%	24.00	30.00%	19.00	23.75%	1.00	1.25%		0.00%		0.00%
I enjoy mealtimes.	12.00	15.00%	6.00	7.50%	14.00	17.50%	31.00	38.75%	17.00	21.25%		0.00%		0.00%		0.00%
Food is the right temperature when I get to eat it.	7.00	8.75%	11.00	13.75%	20.00	25.00%	25.00	31.25%	17.00	21.25%		0.00%		0.00%		0.00%
If I need help right away, I can get it.	1.00	1.25%	9.00	11.25%	12.00	15.00%	28.00	35.00%	27.00	33.75%	3.00	3.75%		0.00%		0.00%
I feel my possessions are secure.	3.00	3.75%	3.00	3.75%	4.00	5.00%	20.00	25.00%	49.00	61.25%	1.00	1.25%		0.00%		0.00%
I feel safe when I am alone.	2.00	2.50%	2.00	2.50%	3.00	3.75%	24.00	30.00%	49.00	61.25%		0.00%		0.00%		0.00%
I get the services I need.	2.00	2.50%	4.00	5.00%	2.00	2.50%	37.00	46.25%	33.00	41.25%	1.00	1.25%		0.00%	1.00	1.25%
I would recommend this site or organization to others.	3.00	3.75%	5.00	6.25%	4.00	5.00%	21.00	26.25%	46.00	57.50%		0.00%	1.00	1.25%		0.00%
This place feels like home to me.	14.00	17.50%	12.00	15.00%	13.00	16.25%	17.00	21.25%	24.00	30.00%		0.00%		0.00%		0.00%
I can easily go outdoors if I want.	12.00	15.00%	5.00	6.25%	14.00	17.50%	14.00	17.50%	34.00	42.50%	1.00	1.25%		0.00%		0.00%
I am bothered by the noise here.	30.00	37.50%	18.00	22.50%	20.00	25.00%	7.00	8.75%	5.00	6.25%		0.00%		0.00%		0.00%
I can have a bath or shower as often as I want.	27.00	33.75%	7.00	8.75%	13.00	16.25%	10.00	12.50%	18.00	22.50%	5.00	6.25%		0.00%		0.00%
I decide when to get up.	14.00	17.50%	6.00	7.50%	12.00	15.00%	14.00	17.50%	34.00	42.50%		0.00%		0.00%		0.00%
I decide when to go to bed.	7.00	8.75%	3.00	3.75%	4.00	5.00%	15.00	18.75%	51.00	63.75%		0.00%		0.00%		0.00%
I can go where I want on the “spur of the moment.”	16.00	20.00%	9.00	11.25%	8.00	10.00%	17.00	21.25%	30.00	37.50%		0.00%		0.00%		0.00%
I control who comes into my room.	8.00	10.00%	8.00	10.00%	10.00	12.50%	18.00	22.50%	35.00	43.75%	1.00	1.25%		0.00%		0.00%
I decide which clothes to wear.	5.00	6.25%	2.00	2.50%	4.00	5.00%	14.00	17.50%	54.00	67.50%	1.00	1.25%		0.00%		0.00%
I decide how to spend my time.	2.00	2.50%		0.00%	4.00	5.00%	26.00	32.50%	48.00	60.00%		0.00%		0.00%		0.00%
I am treated with respect by staff.		0.00%	3.00	3.75%	6.00	7.50%	22.00	27.50%	49.00	61.25%		0.00%		0.00%		0.00%
Staff pay attention to me.		0.00%	2.00	2.50%	13.00	16.25%	27.00	33.75%	38.00	47.50%		0.00%		0.00%		0.00%
I can express my opinion without fear of consequences.	4.00	5.00%	4.00	5.00%	5.00	6.25%	19.00	23.75%	43.00	53.75%	5.00	6.25%		0.00%		0.00%
Staff respect what I like and dislike.		0.00%	1.00	1.25%	7.00	8.75%	29.00	36.25%	43.00	53.75%		0.00%		0.00%		0.00%
The care and support I get help me live my life the way I want.	4.00	5.00%	1.00	1.25%	12.00	15.00%	30.00	37.50%	32.00	40.00%		0.00%		0.00%	1.00	1.25%
Staff respond quickly when I ask for assistance.	1.00	1.25%	4.00	5.00%	14.00	17.50%	33.00	41.25%	26.00	32.50%	2.00	2.50%		0.00%		0.00%
[This site] staff respond to my suggestions.	2.00	2.50%	4.00	5.00%	26.00	32.50%	26.00	32.50%	16.00	20.00%	6.00	7.50%		0.00%		0.00%
I get the health services I need.	2.00	2.50%	4.00	5.00%	10.00	12.50%	24.00	30.00%	40.00	50.00%		0.00%		0.00%		0.00%
Staff have enough time for me.	6.00	7.50%	7.00	8.75%	17.00	21.25%	25.00	31.25%	23.00	28.75%	1.00	1.25%	1.00	1.25%		0.00%
Staff know what they are doing.		0.00%	2.00	2.50%	17.00	21.25%	32.00	40.00%	28.00	35.00%	1.00	1.25%		0.00%		0.00%
My services are delivered when I want them.	5.00	6.25%	2.00	2.50%	10.00	12.50%	33.00	41.25%	26.00	32.50%	3.00	3.75%		0.00%	1.00	1.25%
Some of the staff know the story of my life.	12.00	15.00%	15.00	18.75%	30.00	37.50%	13.00	16.25%	8.00	10.00%	2.00	2.50%		0.00%		0.00%
I consider a staff member my friend.	5.00	6.25%	5.00	6.25%	27.00	33.75%	18.00	22.50%	25.00	31.25%		0.00%		0.00%		0.00%
I have a special relationship with a staff member.	26.00	32.50%	5.00	6.25%	25.00	31.25%	12.00	15.00%	9.00	11.25%	2.00	2.50%	1.00	1.25%		0.00%
Staff take the time to have a friendly conversation with me.	5.00	6.25%	13.00	16.25%	29.00	36.25%	21.00	26.25%	12.00	15.00%		0.00%		0.00%		0.00%
Staff ask how my needs can be met.	8.00	10.00%	12.00	15.00%	25.00	31.25%	16.00	20.00%	16.00	20.00%	3.00	3.75%		0.00%		0.00%
I have the same nurse assistant on most weekdays.	6.00	7.50%	10.00	12.50%	16.00	20.00%	31.00	38.75%	11.00	13.75%	4.00	5.00%		0.00%	2.00	2.50%
I have enjoyable things to do here on weekends.	9.00	11.25%	15.00	18.75%	24.00	30.00%	20.00	25.00%	11.00	13.75%	1.00	1.25%		0.00%		0.00%
I have enjoyable things to do here in the evenings.	7.00	8.75%	9.00	11.25%	24.00	30.00%	27.00	33.75%	10.00	12.50%	2.00	2.50%		0.00%	1.00	1.25%
I participate in meaningful activities.	13.00	16.25%	9.00	11.25%	20.00	25.00%	19.00	23.75%	16.00	20.00%	2.00	2.50%		0.00%	1.00	1.25%
If I want, I can participate in religious activities that have meaning to me.	5.00	6.33%	8.00	10.13%	11.00	13.92%	14.00	17.72%	34.00	43.04%	5.00	6.33%	2.00	2.53%		0.00%
I have opportunities to spend time with other like-minded residents.	8.00	10.13%	14.00	17.72%	17.00	21.52%	27.00	34.18%	12.00	15.19%		0.00%	1.00	1.27%		0.00%
I have the opportunity to explore new skills and interests.	8.00	10.13%	10.00	12.66%	21.00	26.58%	13.00	16.46%	25.00	31.65%	1.00	1.27%		0.00%	1.00	1.27%
Another resident here is my close friend.	31.00	39.24%	12.00	15.19%	15.00	18.99%	9.00	11.39%	11.00	13.92%	1.00	1.27%		0.00%		0.00%
People ask for my help or advice.	26.00	32.91%	14.00	17.72%	25.00	31.65%	8.00	10.13%	6.00	7.59%		0.00%		0.00%		0.00%
I have opportunities for affection or romance.	47.00	59.49%	8.00	10.13%	13.00	16.46%	2.00	2.53%	6.00	7.59%	1.00	1.27%	2.00	2.53%		0.00%
It is easy to make friends here.	9.00	11.39%	17.00	21.52%	17.00	21.52%	16.00	20.25%	14.00	17.72%	4.00	5.06%	1.00	1.27%	1.00	1.27%
I have people who want to do things together with me.	16.00	20.25%	17.00	21.52%	21.00	26.58%	13.00	16.46%	8.00	10.13%	3.00	3.80%	1.00	1.27%		0.00%

Appendix A: Family Survey Results

	Never (#)	Never (%)	Rarely (#)	Rarely (%)	Sometime	Sometime	Most of th	Most of th	Always (#)	Always (%	Don't kno	Don't kno	Prefer not	Prefer not
A1. My family member enjoys mealtimes.	3.00	5.66%	3.00	5.66%	15.00	28.30%	16.00	30.19%	13.00	24.53%	3.00	5.66%		0.00%
A2. My family member has enough variety in their meals.		0.00%	5.00	9.62%	10.00	19.23%	16.00	30.77%	14.00	26.92%	6.00	11.54%	1.00	1.92%
B1. My family member's possessions are secure.	2.00	4.00%	1.00	2.00%	6.00	12.00%	13.00	26.00%	27.00	54.00%	1.00	2.00%		0.00%
B2. If he/she needs help right away, my family member can get it.		0.00%	4.00	7.69%	6.00	11.54%	20.00	38.46%	18.00	34.62%	4.00	7.69%		0.00%
B3. My family member is safe living at this home.		0.00%	2.00	3.85%	1.00	1.92%	14.00	26.92%	35.00	67.31%		0.00%		0.00%
B4. My family member can be alone when they wish.	1.00	1.92%		0.00%	1.00	1.92%	13.00	25.00%	33.00	63.46%	3.00	5.77%	1.00	1.92%
C1. My family member gets the services he/she needs.		0.00%	2.00	3.85%	6.00	11.54%	18.00	34.62%	26.00	50.00%		0.00%		0.00%
C2. I would recommend this site or organization to others.	1.00	1.92%	1.00	1.92%	5.00	9.62%	8.00	15.38%	36.00	69.23%	1.00	1.92%		0.00%
C3. This home has a clean and pleasant environment		0.00%	2.00	3.85%	2.00	3.85%	12.00	23.08%	36.00	69.23%		0.00%		0.00%
C4. This home is the best place to meet my family member's needs.		0.00%	1.00	1.92%	3.00	5.77%	9.00	17.31%	38.00	73.08%		0.00%	1.00	1.92%
D1. Staff pay attention to my family member.		0.00%	2.00	3.85%	4.00	7.69%	22.00	42.31%	24.00	46.15%		0.00%		0.00%
D2. This home is well managed.		0.00%	4.00	7.69%	3.00	5.77%	15.00	28.85%	30.00	57.69%		0.00%		0.00%
D3. I trust the staff to take good care of my family member.		0.00%	2.00	4.00%	4.00	8.00%	15.00	30.00%	29.00	58.00%		0.00%		0.00%
D4. I trust the information I receive from staff here.		0.00%	1.00	2.00%	4.00	8.00%	15.00	30.00%	30.00	60.00%		0.00%		0.00%
E1. My family member is treated with respect by staff.		0.00%	2.00	4.00%		0.00%	12.00	24.00%	36.00	72.00%		0.00%		0.00%
E2. Staff treat me with respect.		0.00%	2.00	4.00%		0.00%	7.00	14.00%	41.00	82.00%		0.00%		0.00%
F1. Staff respond quickly when my family member asks for assistance.		0.00%	2.00	4.00%	6.00	12.00%	17.00	34.00%	20.00	40.00%	5.00	10.00%		0.00%
G1. I have the information I need about my family member's health status.		0.00%	1.00	2.00%	4.00	8.00%	11.00	22.00%	34.00	68.00%		0.00%		0.00%
G2. I know who to contact if I have concerns about my family member's care.		0.00%	2.00	4.00%	5.00	10.00%	10.00	20.00%	33.00	66.00%		0.00%		0.00%
H1. I can visit my family member when I choose.		0.00%		0.00%	1.00	2.00%	4.00	8.00%	45.00	90.00%		0.00%		0.00%
H2. There are comfortable places to visit with my family member here.	1.00	2.04%	2.00	4.08%	2.00	4.08%	14.00	28.57%	30.00	61.22%		0.00%		0.00%
I1. I participate in care decisions about my family member.		0.00%		0.00%	2.00	4.00%	9.00	18.00%	39.00	78.00%		0.00%		0.00%
I2. I am consulted about changes in my family member's care plan.		0.00%		0.00%	3.00	6.00%	5.00	10.00%	42.00	84.00%		0.00%		0.00%
J1. My family member participated in meaningful activities in the past week.	6.00	12.00%	6.00	12.00%	11.00	22.00%	11.00	22.00%	10.00	20.00%	6.00	12.00%		0.00%
J2. Another resident is my family member's close friend.	24.00	51.06%	6.00	12.77%	4.00	8.51%	4.00	8.51%	3.00	6.38%	5.00	10.64%	1.00	2.13%

Draft · Not started · Behind · On Track · Overdue · Complete · → Direct Alignment · ⇢ Indirect Alignment

2025-2026 ANNUAL QUALITY IMPROVEMENT PLAN

BETTER PROVIDER EXPERIENCE

Goal	Current Completion	Executive Summary of Status
Continue to foster a culture of inclusivity and engagement	On Track	
→ **Continue implementation of DEI activities**	Complete	
→ **Evaluate Connecting Sessions with staff across departments**	On Track	**NEW** **Executive Summary:** targets identified for larger departments: - NPC (tracked in Cascade) - TRCA (tracked in Cascade) - Support services (not tracked in Cascade) Departments with fewer direct care members have met 100% of Connecting Sessions. *07/04/2026*
→ **Follow-up on 2024 Employee Engagement survey results**	Complete	

BETTER EXPERIENCE OF CARE

Goal	Current Completion	Executive Summary of Status
Reduce percentage of residents with symptoms of depression : 100	Overdue	
→ **Implement PHQ-9 assessment and supporting process**	Overdue	NEW **Executive Summary:** Implementation of the interRAI LTCF has resulted in an opportunity to streamline approach to ongoing monitoring for changes in resident mood. Options to be evaluated this spring. *07/04/2026*
Optimize antipsychotic use across the home	Complete	**Executive Summary:** Work continues with the AUA team to create change ideas following guidance from the Sparking Change Challenge. All residents on antipsychotics at initial and annual care conferences have a review completed and reviewed at the care conference. Staff education sessions on non-pharmacological strategies took place in August. Work continues surrounding education, awareness and next steps for 2026. *27/03/2026*
→ **Participate in Healthcare Excellence Canada's Antipsychotic Optimization Collaborative**	Complete	**Executive Summary:** The Healthcare Excellence Canada Sparking Change Initiative has been completed. Work will continue from lessons learned during the process. *27/03/2026*
Enhance Resident and Family Centred care and communication	On Track	
→ **Enhance Welcome Book**	On Track	NEW **Executive Summary:** Welcome Book well underway. First PDSA currently being planned for June 2026. Resident is included in the working team. *08/04/2026*
→ **Introduction of post-admission communication strategy and process(es)**	Complete	
→ **Re-design admission and annual care conference**	On Track	NEW **Executive Summary:** 3 initial workstreams have been identified, and are on track for initial rounds of PDSA cycles in April. This is a multi-year initiative in the QIP, team is on track with planned activity for 2025/26 QIP cycle. *07/04/2026*
Enhance resident experience in engaging in meaningful activities	On Track	

Goal	Current Completion	Executive Summary of Status
1) Complete facility-wide roll-out of the revised tools and processes for the "All About Me" tool, tailored towards social engagement	Complete	**Executive Summary:** Completing All About Me Posters with newly admitted residents has been integrated into the Admissions process. All buildings now have a designated poster holder for the All About Me poster. Current residents who don't have a poster will be contacted to offer additional opportunities to complete an All About Me poster. *01/04/2026*
2) Introduction of "busy bins" on dementia units	On Track	**Executive Summary:** The Busy Bin station was implemented in June 2025 on G1N. Staff feedback has been obtained about the bins. Residents' families were also emailed a survey for evaluating the Busy Bin station. Based on feedback, more changes are needed to optimize accessibility and interest of the activities. Co-leads considering Montessori training for project support. *01/04/2026*
Enhance resident dining experience	On Track	
Complete facility roll-out of daily table rotation for meal service	On Track	**NEW** **Executive Summary:** Final rollout to G1N starts April 13th- communication to family and residents and staff training already completed. Move to maintenance phase after launch (May onwards) *07/04/2026*
Complete facility roll-out of enhanced dining service process	On Track	**NEW** **Executive Summary:** Final rollout to G1N starts April 13th- communication to family and residents and staff training already completed. Move to maintenance phase after launch (May onwards) *07/04/2026*
Continue roll-out of Food Photo project	Complete	**NEW** **Executive Summary:** Completed for seasonal menus. *07/04/2026*
Complete Food Service Review	On Track	**NEW** **Executive Summary:** Still waiting for final report from Kaizen Food Service as part of the LTC expansion project; project on track to be completed by the end of 2026. *07/04/2026*
Reduce percentage of residents who experienced pain	On Track	
Continue roll-out of PainChek across facility	Complete	**Executive Summary:** PainChek has been rolled out to the whole facility (Ottawa & Rideau bldg completed April-June). Work continues to ensure sustainability. *27/03/2026*

Goal	Current Completion	Executive Summary of Status
Continue to enhance pain documentation practices	On Track	**Executive Summary:** Gap Analysis completed with QI Pain team to plan for work in 2026. *27/03/2026*
Enhance end-of-life care	On Track	
Re-design admission and annual care conference	On Track	**NEW** **Executive Summary:** 3 initial workstreams have been identified, and are on track for initial rounds of PDSA cycles in April. This is a multi-year initiative in the QIP, team is on track with planned activity for 2025/26 QIP cycle. *07/04/2026*
Enhanced Palliative and End-of-life education/resources for the interprofessional team	On Track	**NEW** **Executive Summary:** Work underway: 1) Development of Palliative Skills Day dedicated to the role of PSWs at EOL. Target fall 2026. 2) Existing interprofessional staff will be scheduled to attend the palliative session at NHWD (effective May 2026). Goal = 10 staff per NHWD. *08/04/2026* **NEW** **Executive Summary:** Completed: 1) 2025 Palliative Skills Day attended by 26 RNs/RPNs/NPs; 2) Palliative & EOL Care for Volunteers delivered to 17 volunteers, 3) 2 weeks of SMART SUMMER dedicated to EOL care (cultural awareness at EOL and s/s of EOL), attended by 172 staff *08/04/2026*
Enhance and sustain process for Comfort Care Carts (10) and Chairs (10)	Complete	
Develop consistent after death processes to address visual inequity between veteran and community residents	On Track	**NEW** **Executive Summary:** Initial process has been developed r/t when deceased resident escorted out of facility. Implementation is underway. *08/04/2026*
Enhance resources for residents/families	On Track	**NEW** **Executive Summary:** Palliative Care team has identified initial topics for inclusion in the resource "library". Development work planned for 26/27 QIP cycle. *08/04/2026*
Reduce potentially-avoidable ED transfers	On Track	

Goal	Current Completion	Executive Summary of Status
Participate in community paramedic/LTC program (pilot)	Complete	NEW **Executive Summary:** Pilot completed (Feb-Mar 2025). Community Paramedic incorporated into Acute Health Event pathways completed. Pilot results reviewed with registered staff in August. Staff aware they can contact the CP program going forward for resident situations as required. *07/04/2026*
Develop and deliver nursing competency training program	On Track	NEW **Executive Summary:** Project evolved to developing LTC standards/competencies. Partners involved in the development; Algonquin College, NLOT, CoE. Project charter developed. Currently in Phase 1 of the project. *07/04/2026*

Welcome to Perley Health's *Quality Council!*

Meeting 12: April 26, 2026

Update on 2025/26 QIP

- Indicator performance
- NEW Activities

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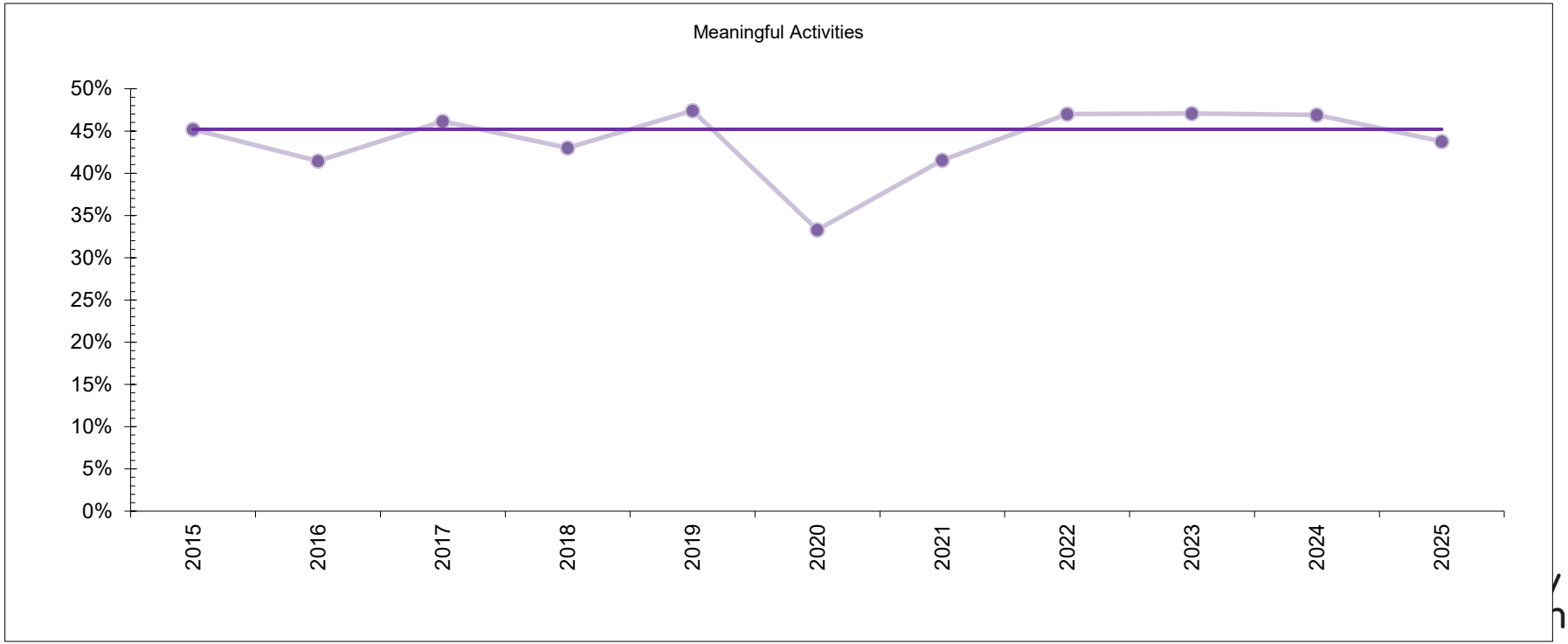
2025/26 QIP Priorities

- **Focused Action**
  - Enhance Resident Experience
    - activities and engagement
    - enjoyable mealtimes
    - staff responsiveness **(work to begin 2026)**
  - Enhance Resident and Family Experience
    - Person-centred communication

- **Moderate Action**
  - Enhance pain assessment and management practices
  - Optimize antipsychotics
  - Enhance person-centred care at end-of-life
  - Minimize potentially avoidable emergency department transfers

Resident QOL – Social Life

Definition: Percentage of residents who responded positively to "I participate in meaningful activities" (Source: Resident Experience Survey)



Busy Bins Project

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Why This Work Matters

- Busy bins offer additional meaningful activity opportunities outside of structured scheduled activities
- Enables social engagement with families, staff, other residents
- Busy bins can provide cognitive stimulation and help minimize boredom and responsive behaviours

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G1N PDSA 1

- 8 bins
- Feedback given about potential visual overwhelm and top bins not being as accessible

G1N PDSA 2

- Took out 2 bins and doll crib
- Hand sanitizer more easily accessible
- Books/Magazines on bookshelf instead of in a bin

G1N Staff Feedback

- Items might not be easily accessible in bins
- Provide less items
- Include homemaking items or office work items
- Residents not able to engage independently with items
- Staff too busy to engage with activities

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G1N Family Evaluation

- Survey sent out to G1N families
- Q1. Have you ever used the Busy Bin station with your resident? n=7
  - 42.86% said yes
  - 57.41% said no

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G1N Family Evaluation

- Q2. How can we improve the busy bin station to encourage more engagement with it?
  - *Appreciate the thought and effort put forth with this initiative. Great resource for family/caregivers. Hope more and more become aware of it in time. Thank you.*
  - *Remind residents of its presence more frequently*
  - *Maybe a bin with natural objects to explore and/or hold. Something like large pinecones, driftwood, large seashells, stones, etc.*

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Next Steps

- Trialing use of Montessori approach for enhancing resident/staff engagement
  - Training: Montessori Dementia Care Professional Course (Centre for Applied Research in Dementia)
- Trialing rotation of new items from staff/family feedback
- Connecting with unit staff to address barriers with utilizing busy bin activities to support resident engagement

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Resident Social Life Resident Team

Team Leads:

- Michelle Proulx, Manager of Therapeutic Recreation and Creative Arts
- Laura Torontow, Recreation Therapist

Q1 Focus: Strategic Shift

- 2025 centrally located program stability
  - Averaging 40 residents with engagement scores 2.42/3
  - 3 programs: twice monthly trivia in pub, monthly documentary, bi-monthly lectures
- Q1 2026 focus: understanding resident needs at building and unit levels
- Aim: more meaningful, responsive, and sustainable social engagement

Resident Engagement Approach

- Introduced unit-level calendar planning sessions with residents in Ottawa building
- Ongoing initiative focused on:
  - Resident voice
  - Choice and autonomy
  - Alignment with daily routines and preferences
  - Building resident relationships through shared ideas

Early Outcomes

- Initial engagement was slowed by outbreaks and restrictions on programs
- Participation in group calendar planning is slowly increasing
- Residents identified interest in 1 new program

Supporting Consistency & Inclusion

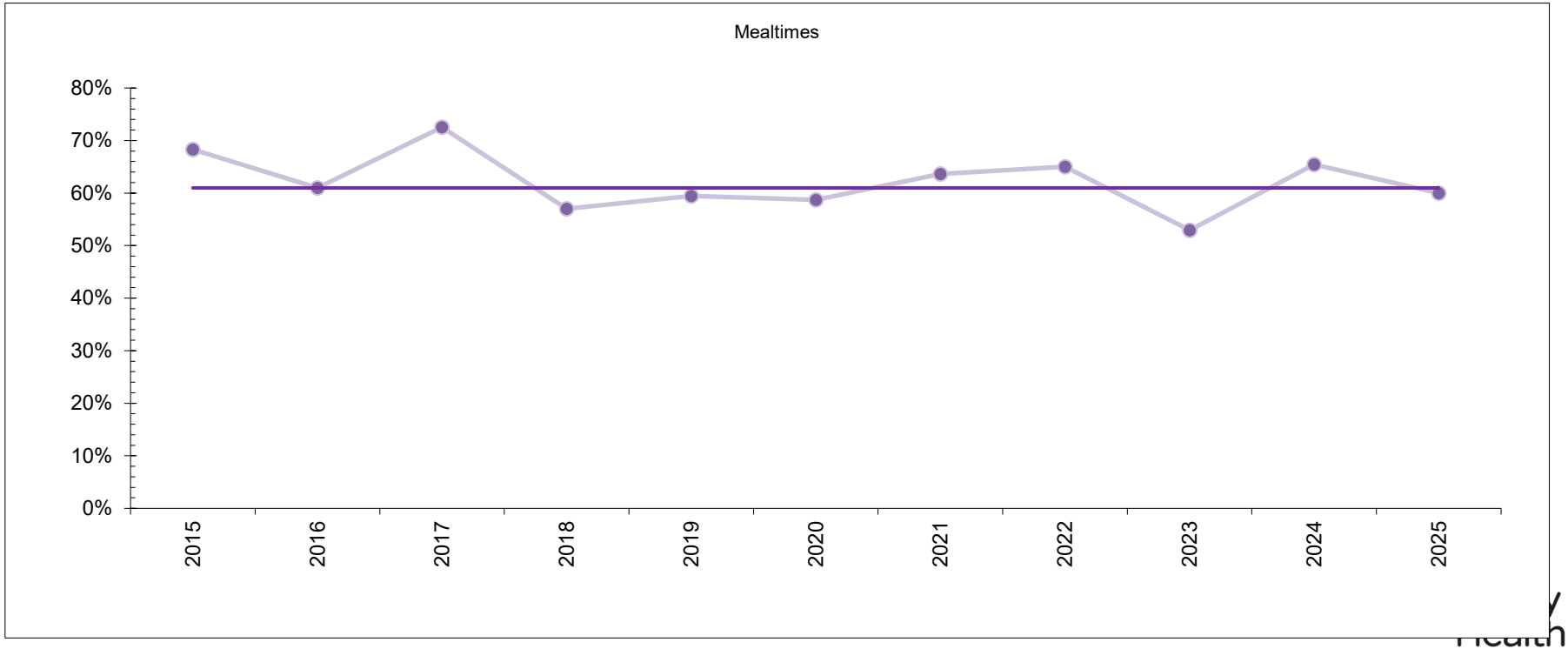
- Developed guiding questions to support facilitators
- Purpose:
  - Encourage discussion and idea generation
  - Support residents with varying communication abilities
  - Ensure consistent but individualized engagement across units

Looking Ahead

- Continued resident calendar planning across more units
  - Rideau building – 1 unit in March
- Explore implementation of newly identified program
- Monitor engagement trends and adjust facilitation as needed

Resident QOL – Food & Dining

Definition: Percentage of residents who responded positively to "I enjoy meal times"
(Source: Resident Experience Survey)



Completion of Table Rotations Project

- From 2024- our last implementation in G1N (today) Our commitment to providing valued residents with an enhanced, more person-centred dining experience
- The calm atmosphere now supports meaningful interactions, whether between staff and residents or among the residents themselves.
- The feedback we've received from both residents and families has been positive, highlighting how these changes contribute to their overall satisfaction.

QUALITY IMPROVEMENT DATA

R2N Residents	How often do you get your 1st meal choice ? Feb 5	Are you and your table mates served together? Feb 5	On a scale of 1-10 (10 being the best, 1 being the worst) how would you rate the dining room ambiance and service Feb 5	How often do you get your 1st meal choice? May 15	Are you and your table mates served together? May 15	On a scale of 1-10 (10 being the best, 1 being the worst) how would you rate the dining room ambiance and service? May 15
Average	31%	19%	3.25	88%	94%	7.875
R1S Residents	**June 13**	**June 13**	**June 13**	**Aug 20**	**Aug 20**	**Aug 20**
Average	35%	43%	3.3	85%	93%	7.1

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Where to now?

Two active committees; “Dining Experience Committee” and “Food Committee” combined into one.

Meeting once per month.

Focus: to ensure that every resident/tenant feels valued, respected, and able to enjoy meals as a pleasurable and meaningful part of daily life. Through ongoing feedback from residents/tenants, families, and staff, we continually look for ways to enhance the dining experience. Our commitment is to ensure that every meal feels less like a task and more like a comforting, enjoyable part of home life.

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Responsibilities and Opportunities

- To identify opportunities of improvement to the current menu and dining experience to enhance resident and tenant quality of life.
- To discuss menu and service ideas recommendation and concerns
- Provide a forum for Residents/Tenants, participating directly in decision making related to food service, and menus.
- Maintain an action log of each members request for monthly
- To trial new menu items
- To collaborate and offer suggestions on upcoming special holiday menus.
- Aspects of dining experience (e.g. serving, socialization, furniture, etc.)

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New Updates- PICK Chart 2026 Review

Implement (High Payoff, Low Difficulty):

1. Remove repetitive items from menu (specify what items)
2. Less rice-based dishes and rice by itself

Medium Payoff/Medium Difficulty:

1. Get rid of flaked potatoes (no extra liquid added)

Challenge (High Payoff, High Difficulty):

1. Do not overcook fish
2. Extra training for staff

Possible (Medium Pay off, Medium Difficulty):

1. Train cook (labour intensive)

Discard (Low Payoff, Medium Difficulty):

1. Breakfast Changes
2. Addition of bagels on menu

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Bi-Annual Menu Reviews

- New Spring Summer Menu coming May 11th

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Resident & Family Centred Communication

1. Welcome Book Refresh
2. Warm Welcome
3. Care Conference Redesign

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Person-centred communication & information sharing

Welcome Book Refresh

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Welcome Book Refresh

- **Working group formed to inform format & content**
  - Resident advisor
  - Volunteer (former family member and member of Family Transition Team)
  - Ontario Caregivers Organization
  - Perley Health staff (cross-departmental)
- **First draft of the new Welcome Book will be trialed in June**
  - Ottawa building
- **Final product to be distributed to all new admissions and existing residents**

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Person-centred communication & information sharing

Warm Welcome

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Warm Welcome

- Semi-structured conversations with residents and SDM on the **day after admission**
- Conversation prompts tailored to resident/SDM concerns
- Launched home-wide in June 2025

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Warm Welcome

- Residents and Families:
  - Acknowledgment of how stressful moving into LTC can be
  - Provide space to ask questions and express emotions
  - Clarify expectations of care
- Staff:
  - Establish trust in the therapeutic relationship
  - Clarify staff roles to minimize unmet expectations

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Care Conference processes and outcomes

Care Conference Redesign

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Care Conference Redesign

- Care Conferences are a legislated requirement, and an opportunity for the Perley Health team to partner with resident/family to optimize care and quality of life
- Current approach and supporting structures are not meeting the needs/expectations of residents/families and Perley Health team, resulting in sub-optimal outcomes

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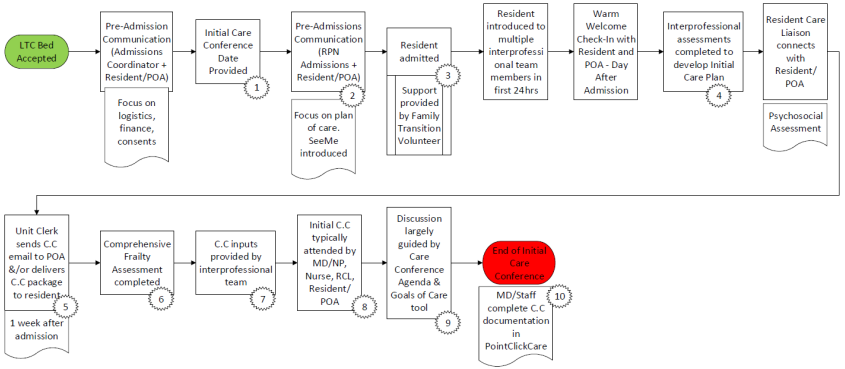
Progress to date

- Current state review completed
  - Process mapping
  - Broader stakeholder engagement
    - MDs/NPs, Nurses, FFC, Resident Councils, new residents
- Initial prioritization of themes and projects



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Key Improvement Themes

- Care conference “philosophy” and guiding principles
- Care conference scheduling
- Care conference preparation
- Care conference structure
- Care conference follow-up

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Initial Priorities

- Expand on Warm Welcome concept
  - Introduce a touchpoint prior to admission/annual care conference to answer questions, determine priorities, resolve concerns, etc.
- Develop a pre-care conference “checklist” for resident/family
- Standardize pre-care conference documentation by the care team

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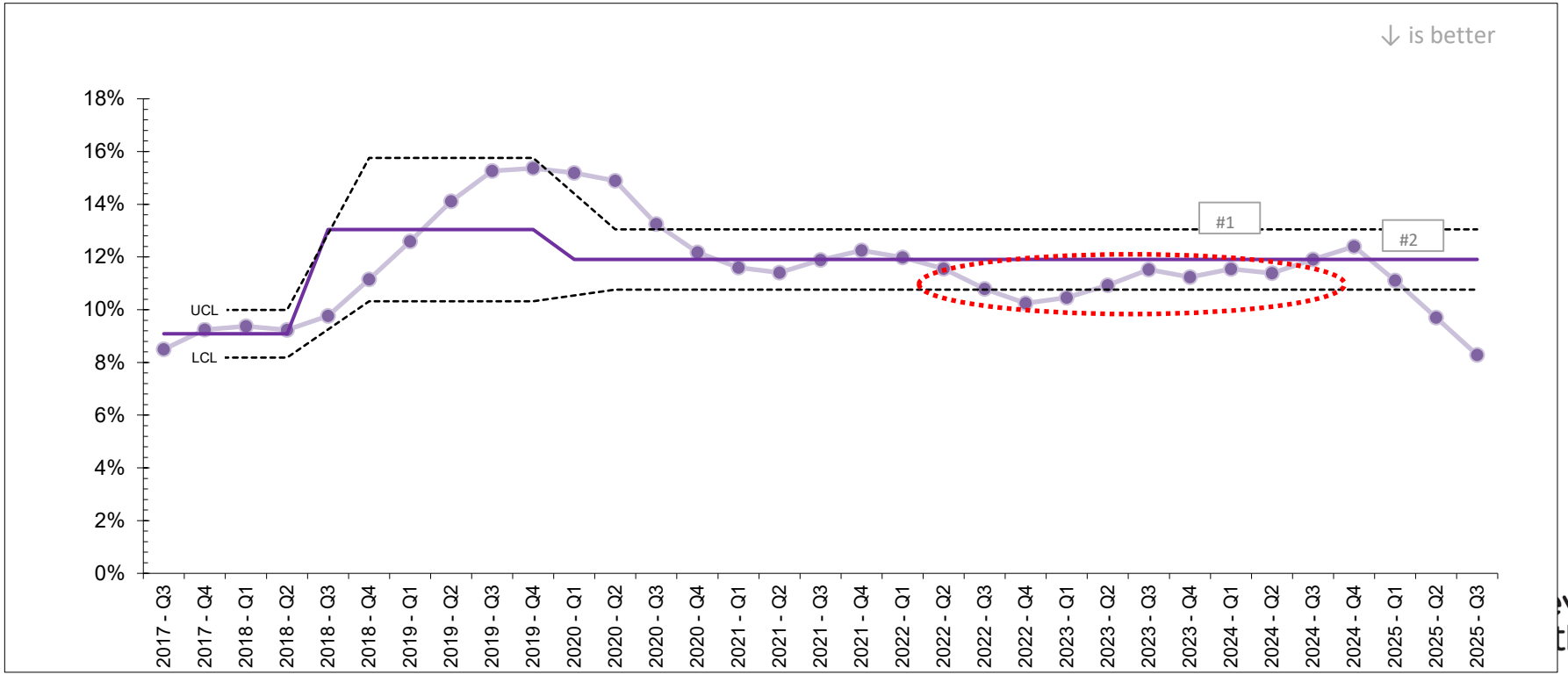
Pain Experienced

Definition: Percentage of residents who experiencing pain



Pain Experienced

- Enhanced Pain Review (for trends) approach developed and tested
  - Implementation across all buildings finished
- Updated gap analysis against best practice guidelines completed by Pain QI team
  - Enhancing care planning

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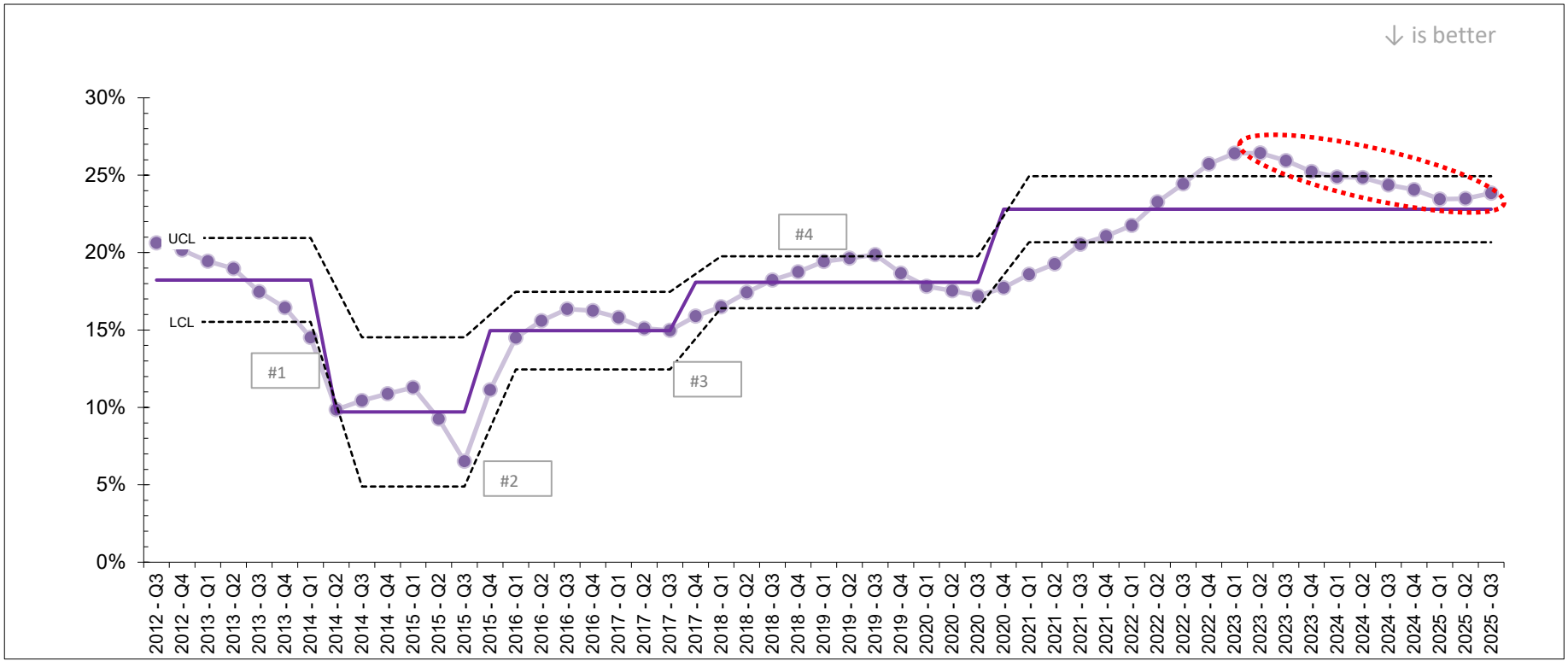
Antipsychotics

Definition: Percentage of residents on antipsychotics without diagnosis of psychosis



Antipsychotics

- Ongoing audits to identify potential candidates for optimization
- Continue to strengthen optimization processes to ensure good outcomes
  - *Role of Nurse Practitioner*
  - *Care Conference discussion form*

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Palliative Care: Enhanced Education

- Palliative and EOL Care
  - Attended by all new employees at *New Hire Welcome Day*
  - Adapted version presented to Palliative Volunteers
- Palliative Skills Day
  - Developed by Centre of Excellence in collaboration with Perley Health experts
  - Attended by 57 Perley Health RNs/RPNs/NPs

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Enhanced Education (cont'd)

- Palliative Skills Day for PSWs (full day)
  - Learning needs assessment has been completed and analysed to identify priorities.
  - Planning is underway to develop a curriculum for PSWs, focused on providing compassionate, person-centred care at EOL

  Goal: internal skills day for Perley Health PSWs ready for Fall 2026. Launch external Skills Day for PSWs in Spring 2027

- Diversity and Inclusion at EOL
  - A resource document has been finalized and is accessible to all staff
  - Education was presented during "Smart Summer" session to all staff (attended by 172 staff)

Optimize processes for the delivery & support of EOL care

- Comfort care cart/chair process was finalized after Plan/Do/Study/Act cycles. We are encouraging a team-based approach for implementation and stocking of the cart/chair.
- The team is exploring the best approach to add a “library” of resources to the cart. This will offer relevant information for families and care partners during EOL care.

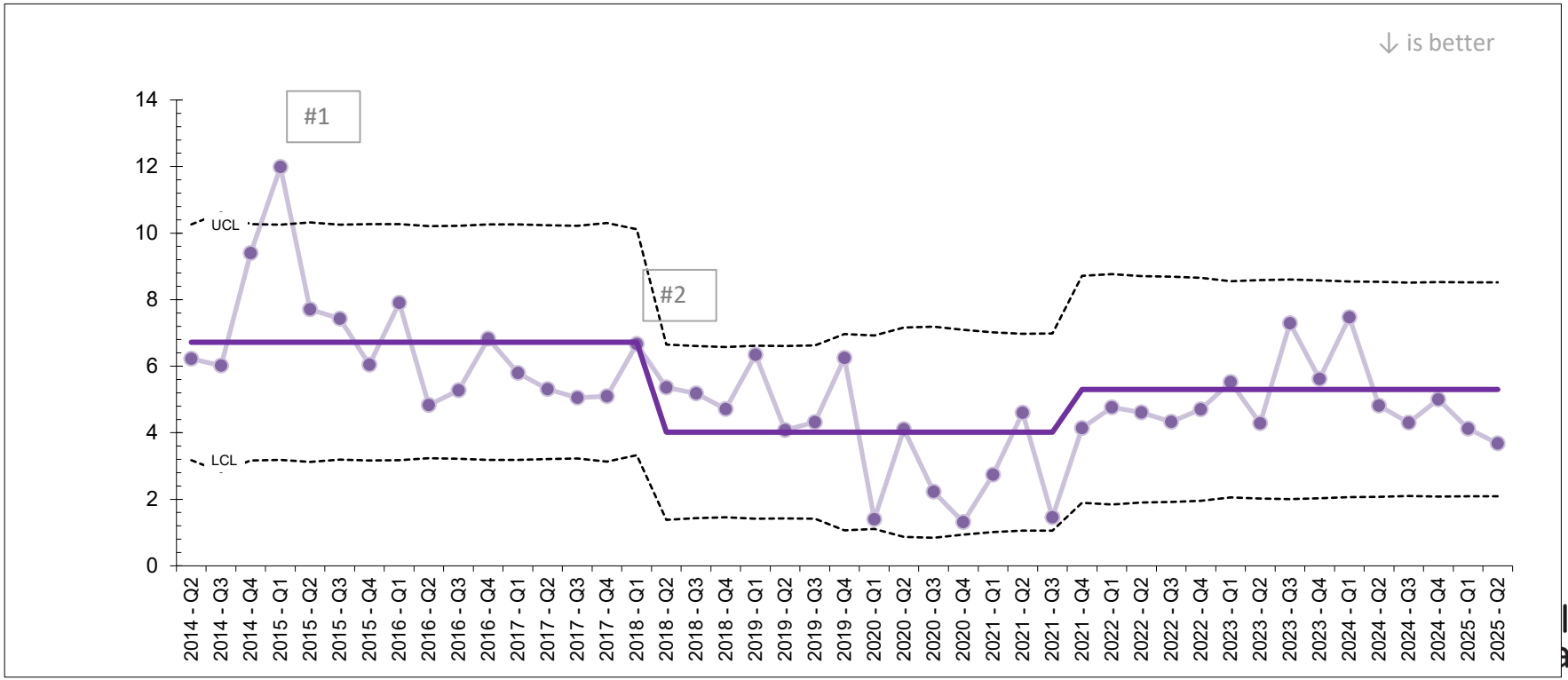
Optimize processes for the delivery & support of EOL care

- Facility-wide approach to after-death rituals
  - Identify actions that align with current after-death procedures, provide staff/co-residents with meaningful opportunities for involvement and foster compassionate communication that is mindful to the well-being of other residents, while ensuring the process remains practical and sustainable over time.
  - Interprofessional working group established in September 2025
  - Stakeholder engagement and collation/analysis of data completed.

Goal: develop consistent practices and approaches that can be implemented across all units/shifts to address current visual inequity between Veteran and Community residents

Potentially Avoidable ED Visits

Definition: Rate (per 100 LTC residents) of ED visits for modified list of ambulatory care sensitive conditions



Potentially Avoidable ED Visits

- Ongoing participation in Community Paramedic/LTC program
  - Pilot ended March 2025, incorporated into Acute Health Event pathway
- STEP tool (decision-aid for managing acute events in LTC)
  - Designed to help resident/POA make decision re: transfer to hospital
  - Perley Health and Bruyere to participate in evaluation study

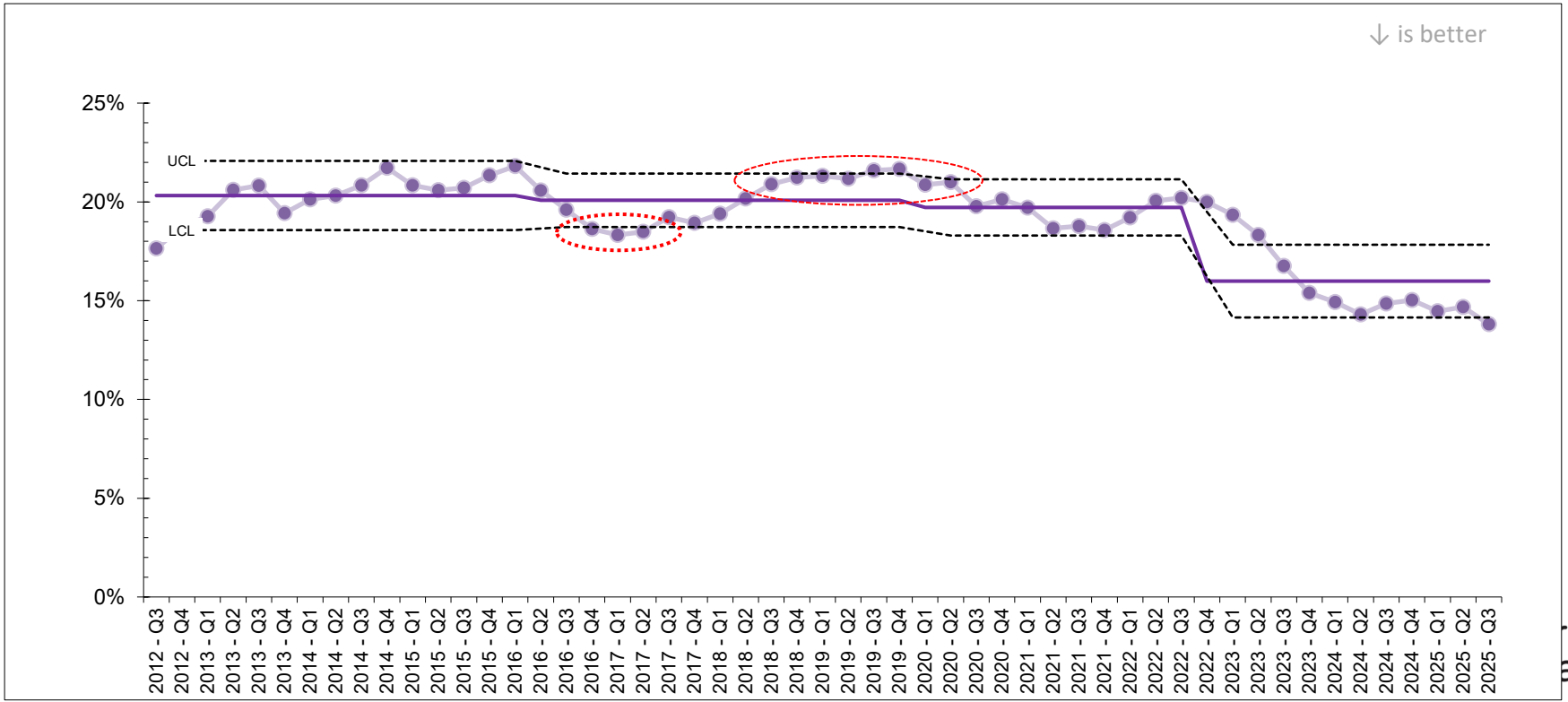
Perley Health

2025/26 QIP Priorities

- **Monitoring**
  - Reduce falls rate
  - Reduce worsening pressure injuries
  - Reduce daily restraint rate
  - Reduce worsening behavioural symptoms
  - Enhance/sustain IPAC practices

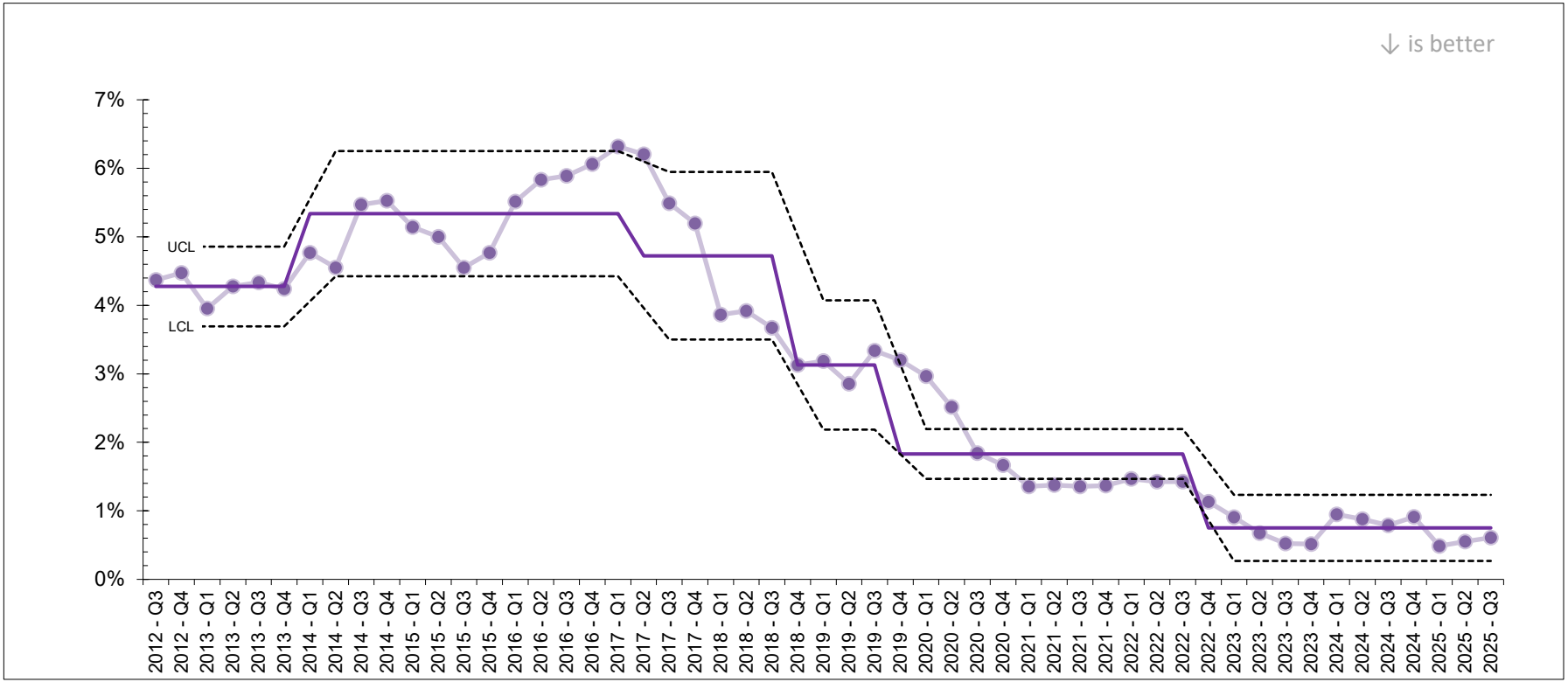
Falls

Definition: Percentage of residents who had a recent fall (in the last 30 days)



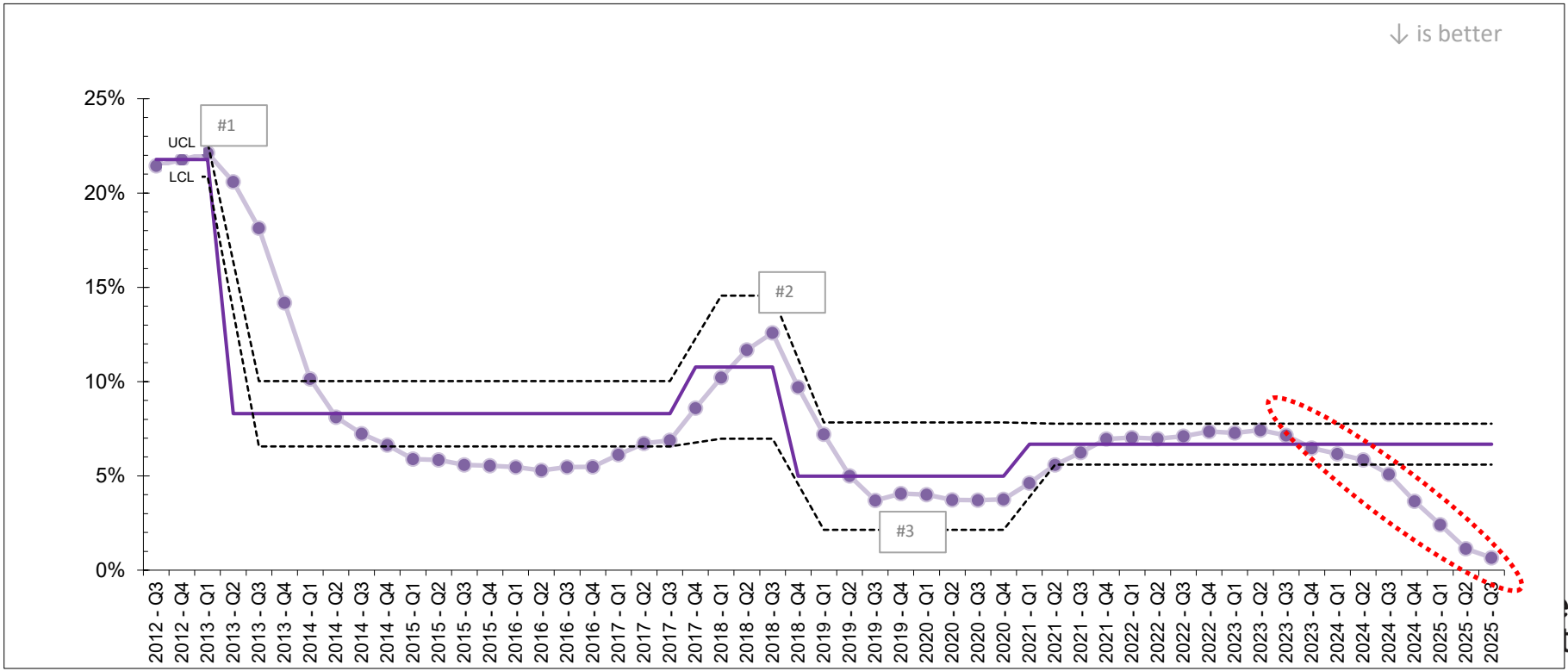
Worsening Pressure Injuries

Definition: Percentage of residents who had a pressure injury that recently got worse



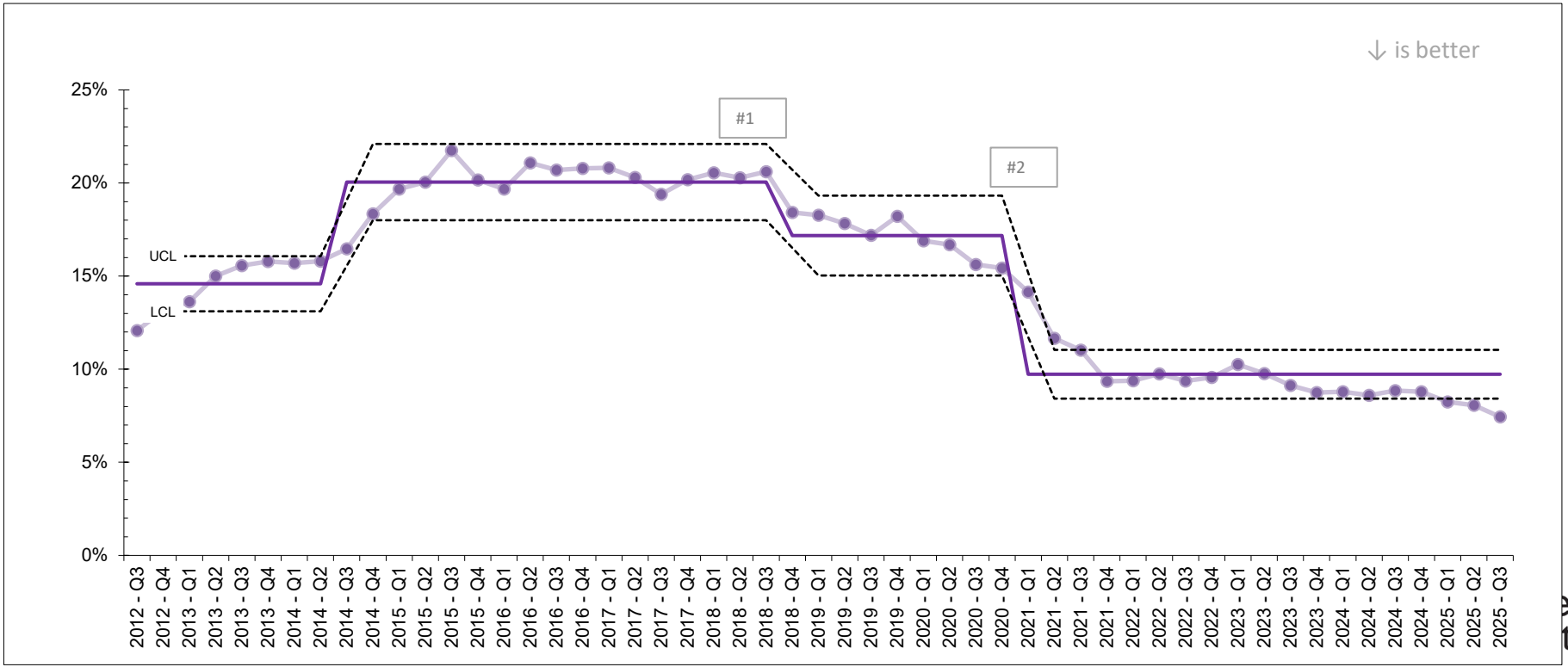
Physical Restraints

Definition: Percentage of residents who were physically restrained (daily)



Worsening Behaviours

Definition: Percentage of residents whose behavioural symptoms worsened



Hand Hygiene Compliance

Definition: Average percentage of audits where hand hygiene compliance was noted for moment one and four