Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 31, 2025

OVERVIEW

Parkwood Mennonite Home Inc. is a 96-bed long-term care home located in the city of Waterloo. The long-term care home is part of a larger continuum of care, including retirement suites, retirement apartments, independent living apartments and the health & wellness centre.

Parkwood is a not-for-profit, faith-based organization. The vision "To build a community for all" and values of Faith, Kindness, Truth, Excellence and Accountability are embedded through the operating principles, commitments, policies and internal and external relationships.

The past year was a year of growth for the campus. We opened our doors and welcomed tenants to our Delphine & Lloyd Martin Independent Apartment Building in March 2024. Our Home & Community Care services continue to growing in the Retirement Suites as well offering services to the Delphine & Lloyd Martin Apartments. In September 2024, we opened our living classroom in partnership with St. Louis Adult Learning & Continuing Education.

Parkwood continues to honour our Welcome Statement "As a community founded in God's love for all and ground in faith, each person is valued and respected. We honour the spiritual dimensions of the human experience and believe that with love the extraordinary is possible."

Operating Principles:
Faith: Nurture the mind, body and spirit
Kindness: Love thy neighbour as thyself
Truth: Be honest and transparent

Excellence: Embrace a new way of doing things
Accountability: Be responsible to those entrusted in our care

ACCESS AND FLOW

Parkwood continues to optimize system capacity and provide timely access to care in the right place at the right time.

The Medical Director works closely to ensure timely services and proactive approach fostering strong relationships with the resident, family, physician, community and service partners and the home team. Strong relationships support opportunities to engage in conversations with residents and families regarding palliative approach to care and end-of-life care. These discussions have proven to support informed decisions regarding transfer to hospital if there is a decline and comfort measures.

Lowering the number of unnecessary emergency visits continues to be a priority within the home. Specialized education for registered staff and front-line team members, such as CLRI, LEAP and GPA education has had a significant impact on the staff awareness

EQUITY AND INDIGENOUS HEALTH

Parkwood continues to promote equity, inclusion, diversity and antiracism through the organizational 'Culture of Kindness' initiative.

To support social interaction and communication team members complete a language survey upon hire indicating other languages understood and/or spoken and their willingness to assist residents if needed. Additionally, the translation application "app to speak" has been implemented in the Home. This platform offers symbols to help residents communicate their needs with team members. Team members have been trained on the app allowing immediate and continued use.

The home continues to focus on expanding meal/dining options, programs and spiritual care to support the cultural diversity of residents. Understanding resident preferences is achieved through the Resident Quality of Life Survey, Family Quality of Life Survey, councils, committees, assessments and one-on-one conversations. This allows the Home's quality improvement initiatives related to dining, recreation and spiritual programs to be informed by direct resident feedback.

To develop a better understanding of Indigenous culture the leadership team visited Crow Shield Lodge in Fall 2024.

To support an inclusive environment for all residents, families, volunteers, visitors and team members, all staff complete diversity, equity and inclusion education annually as a part of mandatory education. The Leadership Team is participating in enhanced education as well.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Quality of Life Survey continues to be used for resident and family surveys. The survey touches upon the main areas of resident everyday life including privacy; food and meals: safety and security; comfort; daily decision making; respect; responsiveness of staff; activities; and personal relationships.

In 2024, the Resident Quality of Life survey is now completed three months after admission, as well as annually. This allows the Home to gage the successful transition into long-term care and identify potential areas of improvement.

The Quality of Life survey informs quality improvement initiatives. The results are shared quarterly with Residents' Council, Family Council and the Quality Committee. Each review the results and makes
recommendations.

Furthermore, the organization works with our dedicated community and service partners to support the quality improvement initiatives.

PROVIDER EXPERIENCE

Parkwood embraces engagement with schools, local community, regional and provincial partners. Strong relationships allow for continued expansion of positions to support the Home.

The Student Placement Coordinator position allows participation from various extended groups of students, including PSWs, registered nurses, music therapy, and recreation therapy. The position supports student placements through sign-up, education, orientation, scheduling, preceptor contact and general questions. This position has proven to be vital to recruitment and retention.

Parkwood's partnership with St. Louis Adult Learning and Continuing Education has created a living classroom on campus. Here, the students learn their theory in the classroom and practical through placements in both our Long-term Care and Retirement Homes. Parkwood has hired a bunch of PSWs through this course. Parkwood supports team members who wish to enhance job performance and improve opportunities for advancement through the 'Education Assistance Program' and ability to self-identify for 'Succession'. The organization continues to accommodate requests for compassionate leaves and flexibility in scheduling to assist team members with their personal goals and family commitments. Should a team member decide to leave, the Leadership Team will connect with them for an exit interview. This information is valuable in developing employee programs.

The Home also takes advantage of opportunities such as the PREP LTC and IEN placements to recruit and retain team members.

SAFETY

Parkwood uses standardized policies, procedures and assessments. Standardized processes allow for consistent tracking. Active committees are in place to monitor and analyze occurrences and identify trends. These inform decisions related to providing quality resident care and services.

Parkwood maintains strong relationships with the Medical Director, physicians, pharmacy, community and service partners to ensure residents have access to services both inside and outside the Home. Community and service partners, such as NLOT and Homewood Health Centre, also provide large group education for front-line team members and specialized orientation for new leaders

PALLIATIVE CARE

Parkwood uses standardized policies, procedures and assessments. Our palliative approach begins at admission and on an ongoing basis through care conferences, change-in-condition meetings and assessments.

Parkwood has an active palliative care committee which identifies residents experiencing a change in condition. Discussion for appropriate support strategies and monitors trends. The Home has a strong relationship with Waterloo Region Hospice. Waterloo Region Hospice provides consultation and education to both our team members and families.

Parkwood provides ongoing education to team members through LEAP, CLRI and Surge Education

POPULATION HEALTH MANAGEMENT

Parkwood works with community and system partners, such as the Specialized Geriatric Resource Nurse, the KW4 Ontario Health Team, Home & Community Care Support Services, Homewood Health Centre (Community Education Coordinator, OT), hospitals, associations (OLTCA and AdvantAge Ontario) and community and service partners.

The team has worked with community partners to enhance program specific education, such as skin & wound, falls prevention, palliative care and infection prevention and control. These education programs contribute to quality improvement initiatives for clinical programs, improving resident and family awareness and understanding (supporting decisions around health care).

The home continues to implement changes to the Fixing Long-Term Care Act as per the Ministry directives.

CONTACT INFORMATION/DESIGNATED LEAD

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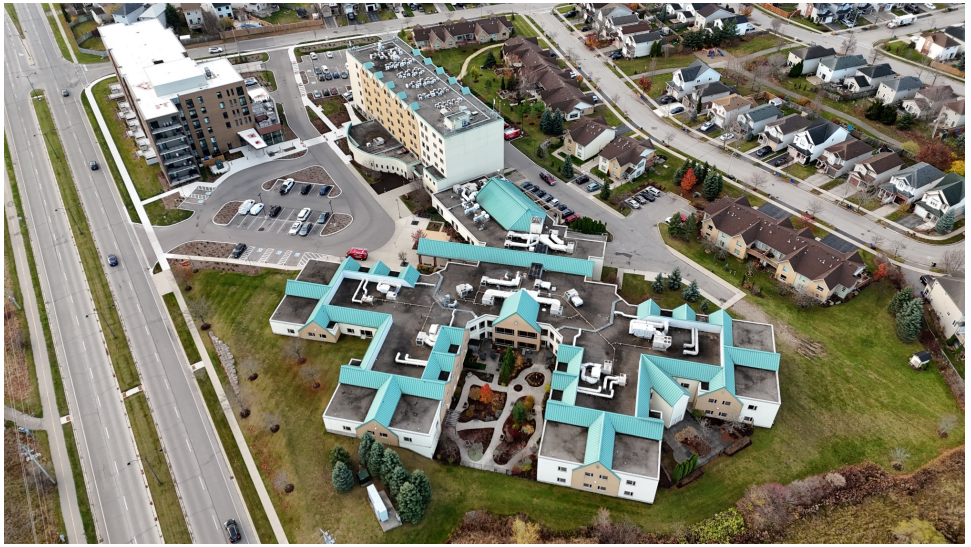
OTHER

https://qipnavigator.hqontario.ca/images/NarrativeImages/92625_2025321152558_1.jpg



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 **March 31, 2025**

Robert Shantz, Board Chair / Licensee or delegate

Lindsay Hicks, Administrator /Executive Director

Samina Jiwani, Quality Committee Chair or delegate

Elaine Shantz, PCEO, Other leadership as appropriate

Access and Flow

Measure - Dimension: Efficient

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 1, 2023, to Sep 30, 2024 (Q3 to the end of the following Q2)	9.84	9.84	We believe through our change ideas we can maintain unnecessary transfers to ED	

Change Ideas

Change Idea #1 1)- Reduce number of ED visits by identifying residents who would benefit from palliative approach to care.- Continue to provide education to staff when resident have acute condition change and physical decline, improve staff and family involvement related to care needs for each resident including palliative care.

Methods	Process measures	Target for process measure	Comments
Continue utilizing external resources like (Pro-Resp, Pharmacy, MD, NP, Psychiatrist, Psycho- geriatric resource consultant, BSO, Mobile x- ray, STAT blood work, Physiotherapy, Nurse led outreach team, Hospice), using Palliative approach to care, to treat residents at the time of health decline this will hopefully reduce the number of ED visits.	Continue track each ED visit on timely manner at each monthly Nursing Quality meeting, always discuss as a team if any measures can be taken in future to avoid this kind of ED transfer. Continue to discuss in monthly registered staff meeting about trends and analysis of ED transfer in previous month, any measures to be taken to avoid any of those transfers. Involve NP to plan education and discussion sessions for registered staff according to the data from trends and analysis and to improve process of ED transfer.	Each resident as new admission and with a significant decline or with complex need in health status should be followed up for appropriate treatment or palliative approach. Family should be in loop and updated in a timely manner. NP will be involve to plan education for staff and families in regards to palliative approach to care and end of life care approach so they are better prepared.	

Equity

Measure - Dimension: Equitable

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	100.00	100.00	Mandatory education will be required of all staff will be set to reflect diversity, inclusion, equity and anti-racism in 2025 on hire and for annual review.	

Change Ideas

Change Idea #1 All staff from all departments will receive equity, diversity, inclusion and anti-racism education annually and on hire.

Methods	Process measures	Target for process measure	Comments
Education on equity, diversity, inclusion and anti-racism will be assigned annually through surge learning	Education is assigned annually with deadline, and for orientation education on hire	The education assigned is mandatory and 100% of all staff to complete by deadline.	Total LTCH Beds: 96 new and different education was assigned for the coming year, to reflect diversity, culture and equity

Change Idea #2 Leadership will continue to have enhanced education on equity, diversity, inclusion and anti-racism.

Methods	Process measures	Target for process measure	Comments
Review of policies annually. Review at Management meetings and leadership days	To review the number of staffs that attend leadership days. Review the minutes from management meetings. Record the team members that complete additional education	All leadership will receive enhance education annually for 2025	

Experience

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I would recommend this site or organization to others.	C	% / LTC home residents	In-house survey / 2024	75.90	80.00	To maintain or increase score	

Change Ideas

Change Idea #1 To improve the residents participation of those that qualify to participate in the annual survey.

Methods	Process measures	Target for process measure	Comments
Review current survey with resident council annually. Continue to conduct the QOL survey, three months after admission and annually, encouraging all residents that qualify to participate. Utilize staff and students for data collection where appropriate	Total number of participants over the total number of resident population	To have 80% of residents who are eligible to participate in the annual survey	

Change Idea #2 Address concerns from the surveys and ensure that all follow up is done, and that the home's policies and procedures are followed.

Methods	Process measures	Target for process measure	Comments
Create a complaint log to track complaints that arise. Program team members will report any concerns/complaints to the Director of programs to track. The Director of programs will work with department directors who receives the complaint to respond and correct the issue	Complaint log will be reviewed quarterly to track number of complaints.	100% of the concerns will be addressed, responded to and tracked	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I have the opportunity to explore new skills and interest in the long term care home.	C	% / LTC home residents	In-house survey / 2024	33.40	40.00	We believe through our change ideas we can increase the score of new skills	

Change Ideas

Change Idea #1 To offer programs that correspond with residents learning new skills and exploring new interests

Methods	Process measures	Target for process measure	Comments
Program department will compile a list of residents interests as well as new skills that resident would like to learn. This data will be collected from their "all about me" posters that are completed at admission	Facilitate one group or 1:1 program that meets the interests and/or new skill that the residents would like to learn	12 new programs offered by March 31st, 2026	

Safety

Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
To continue to enhance our Palliative approach to care to include physical, emotional, spiritual, social, and cognitive at all stages of a resident's progressive chronic illness.	C	Number / LTC home residents	In house data collection / 2025-2026	96.00	96.00	Help residents and families have a greater understanding of the palliative approach to care	Hospice of Region Waterloo

Change Ideas

Change Idea #1	-Improve early identification of residents who would benefit from a palliative approach. -Strengthen staff and family education, ensuring ongoing support and engagement in palliative and end-of-life discussions.		
Methods	Process measures	Target for process measure	Comments
-Continue monthly rounds with the in-house physician to identify residents with a change in condition. --Utilize an early identification for Palliative approach to care assessment tool to determine residents who may benefit from a palliative approach to care. -Continue 6-week care conferences after admission to begin discussions on palliative care and goals of care. -Newly hired NP to serve as an educator and guide for residents, staff and families, ensuring improved knowledge and quality of care -Conduct annual palliative care education sessions for families to enhance awareness and engagement through Hospice Waterloo. -Provide passive education to staff and families through brochures from SPA LTC	-Residents with documented palliative care assessments using the early identification tool. -Monthly rounds conducted with the physician to assess changes in resident conditions. -6-week care conferences that include palliative care discussions. -Number of staff and families who attended the annual palliative care education session.	100% of residents with a change in condition are reviewed in monthly rounds. 100% of residents participate in a 6-week care conference that includes a palliative care discussion. 100% of staff receive palliative care education within the year, goal of enhance in person palliative education for 80%. 100% of residents have a goals-of-care discussion within 6 weeks of admission.	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	28.85	27.00	We believe through our change ideas we can maintain unnecessary use of antipsychotics	

Change Ideas

Change Idea #1 Reduce inappropriate use of antipsychotic medications in residents without a diagnosis of psychosis. Strengthen staff education on managing responsive behaviors using non-pharmacological approaches. Enhance medication review processes to ensure best practices in psychotropic medication use.

Methods	Process measures	Target for process measure	Comments
-Conduct quarterly psychotropic medication assessments to review and monitor antipsychotic use. -Utilize in-house GPA coaches to ensure all staff are GPA trained. -Provide monthly education sessions through Homewood Health Center on behavior management -Engage families in care planning to discuss non-pharmacological strategies before considering antipsychotics.	-residents on psychotropic medications reviewed monthly and quarterly -Track staff trained in GPA by in-house GPA coaches in surge learning. Will track additional education for responsive behaviours through surge learning.	-All residents on antipsychotics without a psychosis diagnosis reviewed quarterly. -100% of staff trained in GPA by the end of the year. -Monthly education sessions consistently provided through Homewood Health Center.	Our ongoing initiatives, including quarterly psychotropic medication reviews, in-house GPA coaching, and monthly education sessions, support a holistic approach to reducing antipsychotic use while improving resident quality of life and staff competency.

Access and Flow | Efficient | Optional Indicator

	Last Year		This Year		
Indicator #5	**7.46**	**7.46**	**9.84**	**-31.90%**	**9.84**
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Parkwood Mennonite Home)	**Performance (2024/25)**	**Target (2024/25)**	**Performance (2025/26)**	**Percentage Improvement (2025/26)**	**Target (2025/26)**

Change Idea #1 ☑ **Implemented** ☐ **Not Implemented**

To continue ED transfers visits numbers below provincial average.

Process measure

- 1. Track each ED visit on timely manner at monthly Nursing Quality Meetings, always discuss as a team if any measures can be taken in future to avoid this kind of ED transfer. All ED visits will be reviewed by team , to look for trends and analysis 2. Plan staff education according the date from trends and analysis to improve process for ED transfers.

Target for process measure

- Each resident with a significant decline or with a complex need in health status should be followed up for appropriate treatment or palliative approach. Family should be in loop and updated in a timely manner. Plan education for families in regards to palliative approach to care and end of life care approach so they are better prepared.

Lessons Learned

Successes:
Staff Education: The majority of registered staff received education, which is essential in ensuring they are equipped to provide high-quality care.
Family Involvement: Families were included in care discussions at critical times, such as the admission care conference at 6 weeks and when a resident's physical condition began to decline. This proactive involvement helps ensure that palliative care and end-of-life decisions are addressed in a timely manner.
Challenges:
Staff Turnover: A quick turnover of registered staff can disrupt continuity of care and hinder the development of strong relationships between staff, residents, and families. It also impacts ongoing staff training and maintaining a well-informed team.
New Admissions with Acute Needs: New residents coming in with acute needs add pressure to the team, requiring quick adaptation and intensive care. This can strain resources, especially when there are high turnover rates.

Comment

Each resident as new admission and with a significant decline or with complex need in health status should be followed up for appropriate treatment or palliative approach. Family should be in loop and updated in a timely manner. NP will be involve to plan education for staff and families in regards to palliative approach to care and end of life care approach so they are better prepared.

Equity | Equitable | Optional Indicator

Indicator #4	Last Year		This Year		
	CB	100	100.00	--	100
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Parkwood Mennonite Home)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

All staff from all departments will receive equity, diversity, inclusion and anti-racism education annually and on hire

Process measure

- Education will be assigned annually with deadline and as part of orientation education on hire and monitored for completion by department manager

Target for process measure

- The education will be assigned , and plan is to have 100% completion by the deadline

Lessons Learned

All staff received training on diversity, inclusion, equity and racism through surge learning, with 100 % compliance. This provided increased awareness for this education to all departments and provided opportunity to emphasize fair treatment, access and opportunity for all staff.

- A standardized onboarding program ensured that all new hires received foundational training from the start and encourages a just culture.

Challenges:
- Education on DEI and racism is helpful to identify barriers that exist in the workplace and provides increase awareness, but each team member based on their experience and unconscious biases may not recognize inequity.
Tracking of equity and identifying barriers, is not always easy to monitor.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Leadership will have enhanced education on equity, diversity, inclusion and anti-racism

Process measure

- During a leadership meeting this coming year, enhanced education will be given to leadership staff on equity, diversity, inclusion and anti-racism. Policy will be referenced as well as education resources will be provided

Target for process measure

- All leadership will receive the education , 100%

Lessons Learned

Successes:
- All Leadership had enhanced education on DEI and racism at our leadership day May 2024, called Nurturing Belonging. The ED and DOC team members successfully completed enhanced education from Ontario Health team on Indigenous History and Political Governance, First Nations, Inuit and Metis Culture and Attestations were completed.
The ED participated with resource team and board of directors to Crow shield lodge a day of sharing about Indigenous culture.

Challenges:

Lack of complete representation within staff members. Unconscious bias is a difficult item to measure and overcome.

Experience | Patient-centred | Custom Indicator

Indicator #2

Percentage of Residents who responded positively to the question that I would recommend this home to others (Parkwood Mennonite Home)

Last Year		This Year		
85.00	**90**	**72.00**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☐ Implemented ☑ Not Implemented

To improve the Resident participation of those that qualify to participate in the annual survey

Process measure

- To have 80% of Residents who are eligible to participate in the annual survey

Target for process measure

- Total number of participants over the total number of Resident populations

Lessons Learned

For some of our current residents their CPS changed and declined, even though they qualified to complete the assessment. Some of our residents who qualified, refused to to the assessment/surveys

Change Idea #2 ☑ Implemented ☐ Not Implemented

Address concerns from the surveys, and ensure that all follow up is done, that the home follows our policies and procedures

Process measure

- 100% of the concerns will be addressed, responded to and tracked.

Target for process measure

- Total number of addressed concerns over the total number of surveys completed.

Lessons Learned

An action plan was created to address deficits in the assessment and any concerns were addressed by department supervisors. All were resolved.

	Last Year		This Year		
Indicator #3	**73.00**	**80**	**59.20**	**--**	**NA**
Percentage of Residents who responded positively to the question: I have enough variety in my meals (Parkwood Mennonite Home)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☐ Implemented ☑ Not Implemented

Menus are being changed and will be introduced in the home, with the implementation of Mealsuite

Process measure

- Tracking results through resident concerns brought forward at monthly meeting, care conferences, one on one conversations, and comparing QOL survey results.

Target for process measure

- Tracking through complaints/compliments monthly and survey results

Lessons Learned

Our home used a new 3 rd party contractor who provided dietary services to the home. The change was not always well received. The menu was changed later than expected in October 2024. We are now fully implementing Meal suite in the home and hope to improve over the coming year. .

Safety | Safe | Custom Indicator

Indicator #6

To continue to enhance our Palliative approach to care to include physical, psychosocial, spiritual at all stages of a resident's progressive chronic illness. (Parkwood Mennonite Home)

Last Year		This Year		
CB	96	96.00	--	NA
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Identify all assessments, of RAI/MDS, PPS score, Chess score, PSI, and other clinical assessments. Consents will be obtained from residents and or SDM for palliative approach to care and then care plan and goals of care will be developed in collaboration with residents and or SDM for their approval. Goals will be reviewed at admission and annual care conferences and when there is a significant change.

Process measure

- 1. To have ongoing conversations with residents and SDM for residents that qualifies for Palliative approach to care during admission, annual care conferences as well as change in condition meetings. 2. Palliative rounds will continue to occur in the home monthly with Palliative Lead and Medical Director and Nursing team.

Target for process measure

- To conduct regular assessments of resident's palliative care needs and develop individualized care plans aligned with resident preferences To Provide ongoing training and education for staff members on palliative approach to care and to track participation in training program.

Lessons Learned

Success: Improved communication with residents and SDMs, ensuring clear goals of care and better alignment with their wishes.
- Goals of care were consistently reviewed at admission, annual care conferences, and during significant changes, leading to more responsive and person-centered care
-Challenges: Goals of care were reviewed regularly, but unexpected declines sometimes required faster reassessments, which was challenging.

Comment

-Engage residents and SDMs in palliative care conversations at key touchpoints.
-Continue palliative rounds with the physician, Palliative Lead, and nursing team.
-Provide resources and guidance for informed decision-making.

Safety | Safe | Optional Indicator

Indicator #1

Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Parkwood Mennonite Home)

Last Year		This Year		
32.43	**27**	**28.85**	**11.04%**	**27**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

to have increased number of staff members trained in alternative behavioral management techniques, emphasizing non-pharmacological approaches, to enhance their skills in handling residents with psychiatric symptoms

Process measure

- to have frequency improvement in conducting comprehensive reviews of resident's antipsychotic medications, to identify opportunities for dose reduction, discontinuation, or alternative interventions.

Target for process measure

- To use the assessment tool and make recommendations to the physicians every quarter with RAI MDS

Lessons Learned

-Conducted multiple education sessions for all staff on alternative behavioral management techniques
-Successfully achieved reductions and discontinuations of antipsychotic medications where appropriate, improving resident outcomes.
-Challenges with resistance and concerns from families regarding antipsychotic medication changes

Comment

-Conduct quarterly antipsychotic med reviews.
-Monitor new admissions on antipsychotics and taper as appropriate.
-Collaborate with the care team and prescribers.
-Prioritize non-pharmacological approaches.