

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 30, 2026



## OVERVIEW

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

Parkwood continues to honour our Welcome Statement “You are welcome here. 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 mind, body and spirit

Kindness: Love thy neighbour as thy self

Truth: Be honest and transparent

Excellence: Embrace a new way of doing things

Accountability: Be responsible for the safety and well-being of those entrusted in our care

Over the past year, we implemented several initiatives to enhance the environment and quality of life for residents living in our secure home area. The DementiAbility model was introduced to support resident living with memory loss. The model features initiatives to

reduce stress, while promoting a greater sense of independence and safety. This was complimented by home area renovations such as replacement of flooring and furniture, and the instillation of wall murals.

This past year, Parkwood began the transition to RNAO Clinical Pathways and interRAI LTCF Assessment Form. By aligning care processes with RNAO best practice guidelines and clinical pathways, the home continues to work on improving consistency in care delivery, enhance resident outcomes and support team members in providing high quality, person centered 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 to ensure timely services and a proactive approach, fostering strong relationships with residents, families, physicians, community members and service providers, and the home team. Strong partnerships support opportunities to engage in conversations with residents and families regarding a palliative approach to care and end-of-life care. To further support these discussions, care conferences were moved to every four weeks instead of every six weeks to ensure these important conversations can occur in a timely manner. These discussions have proven to support informed decisions regarding hospital transfers in the event of a decline and the use of comfort-focused 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, NLOT, Hospice Waterloo and GPA education have had a significant impact on 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.

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.

Additionally, 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 resident feedback.

To strengthen understanding of Indigenous culture, the leadership team participated in an educational session in May led by Indigenous educator Terre Chartrand. In November, Parkwood was also honoured to welcome the Red Maple Seniors Association, who shared cultural dances and traditions with our residents.

To support an inclusive environment for all residents, families, volunteers, visitors and team members, all team members complete diversity, equity and inclusion education annually as a part of mandatory education.

## **PATIENT/CLIENT/RESIDENT EXPERIENCE**

The 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.

Surveys are completed three months after admission, and annually thereafter. This allows the Home to gage the successful transition into long-term care and identify potential areas of need or 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. Action plans are developed annually to address and improve areas identified by residents and family members as receiving lower scores.

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 personal support workers, 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 successful in recruitment and retention.

Through Parkwood's partnership with St. Louis Adult Learning and Continuing Education, a living classroom for personal support workers has been launched on the 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 number of personal support worker graduates from the St. Louis program.

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 personal goals and family commitments. If a team member leaves, the Leadership Team connects 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.

Over the past year, Parkwood has adopted the DementiAbility model within the home to better support residents living with memory loss and to reduce potential safety risks. The approach focuses on understanding the abilities of individuals with dementia and adapting the environment and care strategies to support their success. Implementation of this model aims to reduce incidents such as resident-to-resident or resident-to-staff interactions that may arise from unmet needs or environmental triggers. In the past year, four DementiAbility education sessions were provided to staff, and this education will continue in the coming year with the goal of training all team members. In addition, two team members will be trained as DementiAbility facilitators to support ongoing education and sustainability of the program within the home.

## PALLIATIVE CARE

Parkwood uses standardized policies, procedures and assessments. Our palliative approach begins on admission and is 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 and initiates discussion related to. 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.

Ongoing monthly meetings are held with our Medical Director to review residents who have experienced a change in condition, allowing the team to proactively plan care conferences and ensure timely conversations with residents and families regarding goals of care. These discussions support a coordinated and compassionate approach as residents move through their palliative journey. In addition, our on-site chaplain and social worker provide emotional and spiritual support to residents, families, and team members, offering guidance and comfort throughout the palliative process and during times of death and bereavement.

Parkwood provides ongoing education to team members through LEAP, PACE, 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 works 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 decisions around health care.

## CONTACT INFORMATION/DESIGNATED 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 **March 30, 2026**

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**Robert Shantz**, Board Chair / Licensee or delegate

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**Lindsey Hicks**, Administrator /Executive Director

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**Samina Jiwani**, Quality Committee Chair or delegate

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**Elaine Shantz**, PCEO, Other leadership as appropriate

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## Access and Flow

### Measure - Dimension: Efficient

Indicator #1	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.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1, 2024, to September 30, 2025 (Q3 to the end of the following Q2)	8.57	8.00	The home would like to maintain and improve slightly ED transfers to hospital. The focus is on avoidable emergency department visits , but want to ensure timely access to hospital care needs when clinically appropriate and when aligned with resident and family input in the decision making.	

### Change Ideas

Change Idea #1 The home would like to maintain or improve current rate of emergency department transfer for residents. Ongoing staff education to support clinical competence. Education will be on recognizing early deterioration of residents.

Methods	Process measures	Target for process measure	Comments
Number of staff education sessions delivered related to goals of care and transfer decision-making Percentage of residents with documented goals of care discussion reviewed annually or with status change Number of ED transfers reviewed at Quality Committee	Rate per 100 long-term care home residents	100% registered staff receive annual education Goals of care reviewed for 100% of residents annually and with significant change 100% ED transfers reviewed at Quality Committee	The home will focus on reducing avoidable emergency department visits through early intervention, staff and family education, and regular review of transfers. Timely hospital access will continue when clinically appropriate and aligned with resident goals of care.

## Equity

### Measure - Dimension: Equitable

Indicator #2	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	CB	100.00	Parkwood Mennonite Home is establishing equity, diversity, inclusion, and anti-racism education as a standard expectation for all staff to support equitable, culturally safe, and person-centred care. As baseline data collection is underway, a target of 100% completion reflects the organization's commitment to mandatory education, consistent with other required training for quality and safety. Completion will be monitored through internal tracking and incorporated into onboarding and annual education.	

### Change Ideas

Change Idea #1 Sustain 100% staff completion of equity, diversity, inclusion, and anti-racism education and strengthen application of learning into daily practice through ongoing education, reflection, and leadership reinforcement.

Methods	Process measures	Target for process measure	Comments
Mandatory annual DEI education for all staff through Surge Learning Leadership discussions at team meetings to reinforce culturally safe and inclusive care practices Cultural activities are celebrated with Staff on the HUB, programming in the home for both staff and residents. These events will be tracked. Leadership will continue to model DEI principles Home will continue to explore learning opportunities for staff with guest speakers, land based education and cultural awareness sessions.	Percentage of staff completing required DEI education annually Number of DEI learning or reflection sessions held Staff participation rates in additional DEI learning opportunities	Maintain 100% completion of required DEI education annually 100% of new staff complete DEI education during orientation Minimum number of reflective learning sessions per year	The home has achieved full staff participation in mandatory equity, diversity, inclusion, and anti-racism education through Surge Learning and will focus on sustaining completion and strengthening application in practice. Ongoing education, reflective learning, and leadership engagement will support culturally safe, inclusive, and resident-centred care across the organization

## Experience

### Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Continued Implementation of RNAO Clinical Pathways including Palliative and End of Life	C	% / Staff	In house data collection / 2026/2027	X	100.00	<p>The target of 100% Registered Staff education was selected to ensure consistent and standardized implementation of RNAO Clinical Pathways across the Home. As these pathways guide clinical assessment, decision-making, symptom management, and palliative and end-of-life care, full staff participation is necessary to support safe, person-centred care.</p> <p>Given that education delivery is within the Home's control (through scheduled in-service sessions, small group training, onboarding processes, and competency validation), achieving 100% completion is considered attainable and appropriate.</p>	

### Change Ideas

Change Idea #1 Integration of RNAO Clinical Pathways to Standardize and Enhance Resident Care. Next focus is Palliative and End of Life.

Methods	Process measures	Target for process measure	Comments
Staff training in large and small groups, integration of pathways into PCC, continuous evaluation Planned Actions: Deliver structured education sessions (large group, small group, and 1:1 coaching) for all Registered Staff. Embed RNAO Clinical Pathways into PointClickCare (PCC), including care plans, assessments, and documentation prompts. Align pathways with interRAI LTCF triggers and Clinical Assessment Protocols (CAPs). Integrate pathways into interdisciplinary case conferences and goals-of-care discussions. Utilize leadership audits and chart reviews to monitor pathway utilization. Provide refresher education and competency validation where gaps are identified.	Planned Actions: Deliver structured education sessions (large group, small group, and 1:1 coaching) for all Registered Staff. Embed RNAO Clinical Pathways into PointClickCare (PCC), including care plans, assessments, and documentation prompts. Align pathways with interRAI LTCF triggers and Clinical Assessment Protocols (CAPs). Integrate pathways into interdisciplinary case conferences and goals-of-care discussions. Utilize leadership audits and chart reviews to monitor pathway utilization. Provide refresher education and competency validation where gaps are identified.	Percentage of Registered Staff who have completed education on RNAO Clinical Pathways. Target is 100%	Improved consistency in clinical decision-making, earlier identification of resident needs, enhanced goals-of-care discussions, and strengthened person-centred palliative and end-of-life care delivery.

## Change Idea #2 Strengthening Palliative &amp; End-of-Life Care Through Early Identification and Interdisciplinary Collaboration

Methods	Process measures	Target for process measure	Comments
<p>Implement standardized triggers for early palliative identification (e.g., clinical decline, recurrent hospitalizations, advanced frailty). Embed pathway tools into advance care planning and Substitute Decision-Maker discussions. Increase interdisciplinary case reviews for residents identified as palliative. Monitor ED transfers among residents identified as palliative to ensure alignment with goals of care. Provide targeted education on symptom management, comfort-focused care, and family communication.</p>	<p>Percentage of Registered Staff educated in palliative pathway tools.</p>	<p>Percentage of Registered Staff educated in palliative pathway tools. Target is 100 %</p>	<p>Earlier integration of a palliative approach, reduced unnecessary hospital transfers, and improved resident and family satisfaction with end-of-life care.</p>

## Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: " I have enjoyable things to do here in the evenings"	C	% / LTC home residents	In house data collection / January 1, 2026- December 31, 2026	36.30	45.00	By increasing evening programming by 6 additional programs per month and leveraging adjusted recreation schedules, volunteer engagement, and ActivityPro tracking, the home anticipates a measurable improvement in resident perception of meaningful evening engagement.	

## Change Ideas

Change Idea #1 To enhance resident quality of life by increasing more meaningful person-centered evening programming

Methods	Process measures	Target for process measure	Comments
Adjustments to recreation schedules and staffing hours, utilizing volunteers to facilitate programs and utilizing ActivityPro for tracking	Number of evening programs offered per month, and review of resident attendance.	Increase evening programming by 6 programs per month sustained over 12 months.	

## Safety

### Measure - Dimension: Safe

Indicator #5	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 September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	27.76	26.00	The target was selected to reflect a meaningful and achievable reduction in the use of antipsychotic medications among residents without a diagnosis of psychosis. A gradual reduction approach supports safe deprescribing practices, interdisciplinary review, behavioural support planning, and physician oversight. The Home will focus on non-pharmacological interventions, medication reviews, and regular interdisciplinary case conferences to support appropriate prescribing while maintaining resident safety and quality of life.	

### Change Ideas

**Change Idea #1** Parkwood Mennonite home will continue to monitor antipsychotic use through routine interdisciplinary review and existing clinical oversight to decrease and reduced current antipsychotic use in the home. Where clinically appropriate, the home remains committed to reducing antipsychotic use through regular medication review, deprescribing discussions, and the continued use of non-pharmacological behavioural supports.

Methods	Process measures	Target for process measure	Comments
The use of antipsychotic review notes to support consistent documentation, clinical assessment, and deprescribing discussion with the interdisciplinary team and physician. Provide ongoing staff education in Gentle Persuasive Approaches (GPA) and DementiAbility to strengthen non-pharmacological behavioural supports. Utilize BSO PSW interventions to proactively assess and manage responsive behaviours and reduce reliance on medication. Train internal DementiAbility coaches to provide ongoing staff education, mentorship, and practice reinforcement. Conduct regular interdisciplinary review of all residents receiving antipsychotics to evaluate ongoing clinical need and identify opportunities for dose reduction or discontinuation where clinically appropriate.	- 100 % of residents with completed Antipsychotic Review assessment each quarter	All residents on antipsychotics to have review completed quarterly 70% of frontline staff trained in GPA At least 60% of staff receive coaching from internal DementiAbility coaches.	The home will continue to prioritize non-pharmacological management of responsive behaviours through staff education, BSO involvement, and DementiAbility approaches. Interdisciplinary review and medication monitoring will support safe prescribing and identify opportunities for dose reduction or discontinuation where appropriate.

**Access and Flow | Efficient | Optional Indicator**

Indicator #5	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Parkwood Mennonite Home)	9.84	9.84	8.57	12.91%	8

**Change Idea #1**  Implemented  Not Implemented  In Progress

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.

**Process measure**

- 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.

**Target for process measure**

- 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.

**Lessons Learned**

The home continues to support the process of early identification of residents who may benefit from a palliative approach and to enhance communication and education for residents, families and staff.

Successes:

Ongoing condition change assessments by registered staff to identify residents that are clinically declining and support timely discussions regarding goals of care and a palliative approach

The home attempts to have proactive communication with residents and families to prepare them for potential transitions of care needs.

The home initiated education sessions for residents and families to increase understanding of palliative care services.

Social worker involvement is available in the home to provide emotional support, counselling and guidance to residents and families to adjust to changes in health status.

Continue with staff education through surge learning and staff meetings.

Challenges :

Not all families accepted education opportunities.

There is variability of resident and family readiness to accept changes in health status or a palliative approach to care.

**Change Idea #2**  Implemented  Not Implemented  In Progress

- Moved admission care conference from 6 weeks to 4 weeks to review palliative approach to care

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

The moving of admission care conferences from 6 weeks to 4 weeks, helped support earlier discussions and reviews goals of care and introducing a palliative approach to care, and introducing potential for palliative needs in the future.

Successes:

Reduced number of Emergency Department (ED) visits over the past year.

Earlier identification of residents who may benefit from a palliative approach to care.

Improved proactive communication and care planning following admission.

Staff providing timely and appropriate education to residents and families when there is a change in condition or when residents are approaching end of life.

Greater alignment of care with resident goals, comfort, and preferences.

Challenges:

Some families and residents may not feel ready to discuss goals of care at the 4 week care conference.

**Comment**

The home will continue to offer flexible education opportunities for families, and will continue to collaborate in the home with interdisciplinary team to help support residents and families with transitions in care.

**Equity | Equitable | Optional Indicator**

Indicator #4	Last Year		This Year		
	Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Parkwood Mennonite Home)	<b>100.00</b> Performance (2025/26)	<b>100</b> Target (2025/26)	<b>NA</b> Performance (2026/27)	<b>--</b> Percentage Improvement (2026/27)

**Change Idea #1**  Implemented  Not Implemented  In Progress

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

**Process measure**

- Education is assigned annually with deadline, and for orientation education on hire

**Target for process measure**

- The education assigned is mandatory and 100% of all staff to complete by deadline.

**Lessons Learned**

**Equity, Diversity, Inclusion and Anti-Racism Education – Annual and On Hire**

All staff across all departments, including executive leadership, management, and frontline team members, receive equity, diversity, inclusion, and anti-racism education annually and upon hire.

Over the most recent 12-month period, we achieved organization-wide participation in mandatory education through Surge Learning. All staff completed:

1. Cultural Competence Part I: An Introduction
2. Cultural Competence Part II: Knowledge and Application
3. Long-Term Care – Building Cultural Competence in Healthcare

This education strengthened staff knowledge and awareness of equity and cultural safety principles, reinforcing reflection on personal and unconscious (unknowing) bias, understanding lived experience, and recognizing how stereotypes, prejudice, and discrimination can impact residents, families, colleagues, and overall workplace culture. The learning emphasized moving beyond awareness toward meaningful application in daily care practices and team interactions.

**Challenges**

While education increases awareness, unconscious bias can persist despite training and may influence decision-making, communication, and care delivery in subtle ways. Ongoing reinforcement, reflective practice, leadership modeling, and continuous dialogue are required to ensure principles of equity and inclusion are consistently embedded into everyday practice beyond initial education sessions.

There are set deadlines for completion of education in our surge learning platform, and completion of education easy to track, but leadership is often challenged with giving staff frequent reminders about completing education and following up until completed.

HUB posts to recognize cultural/religious holidays that are meaningful to team members

**Change Idea #2**  **Implemented**  **Not Implemented**  **In Progress**

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

**Process measure**

- To review the number of staffs that attend leadership days. Review the minutes from management meetings. Record the team members that complete additional education

**Target for process measure**

- All leadership will receive enhance education annually for 2025

**Lessons Learned**

During the past year, Parkwood achieved 100% completion of required equity, diversity, inclusion, and anti-racism education for all staff, including executive leadership. Mandatory education was completed through Surge Learning cultural competence modules, ensuring consistent foundational learning across all departments and roles.

In addition to the mandatory modules, executive and management staff participated in an enhanced land-based education session on May 13, 2025, led by Indigenous educator Terre Chartrand. This session deepened leadership understanding of Indigenous histories, treaties, land-based worldviews, and the ongoing impacts of systemic inequities. The experience reinforced anti-racism principles, strengthened awareness of unconscious bias, and supported the development of culturally safe leadership practices across the Homes. Through this layered approach — foundational education for all staff and enhanced experiential learning for leadership — the organization continues to build capacity for inclusive decision-making, culturally responsive care, and equitable workplace practices.

**Comment**

The Home remains firmly committed to advancing Diversity, Equity, and Inclusion (DEI) as a core organizational value. This commitment is reflected in ongoing education, leadership development, inclusive policies, and the intentional creation of a respectful, culturally safe, and psychologically safe environment for residents, families, and staff.

**Experience | Patient-centred | Custom Indicator**

	Last Year		This Year		
<b>Indicator #2</b>	<b>75.90</b>	<b>80</b>	<b>76.40</b>	<b>--</b>	<b>NA</b>
I would recommend this site or organization to others. (Parkwood Mennonite Home)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

**Change Idea #1**  Implemented  Not Implemented  In Progress

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

**Process measure**

- Total number of participants over the total number of resident population

**Target for process measure**

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

**Lessons Learned**

The home implements resident satisfaction surveys annually for those that qualify and for new admission . Efforts are focused on improving access, understanding and engagement to ensure resident voices are meaningfully captured in the assessment.

The home monitors participation rates and responses to identify barriers and monitors for areas of improvement.

Successes:

The continued engagement with residents who are willing to participate , supporting resident=-centered quality improvement.

Challenges

A number of eligible residents declined or refused participation, impacting overall response rates.

14.7% of responses were recorded as “No response” or “I don’t know,” which limits the interpretability and usefulness of some survey data.

Variability in resident cognition, attention, fatigue, and communication abilities continues to affect participation and response quality.

**Change Idea #2**  **Implemented**  **Not Implemented**  **In Progress**

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

**Process measure**

- Complaint log will be reviewed quarterly to track number of complaints.

**Target for process measure**

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

**Lessons Learned**

To strengthen accountability and responsiveness to the surveys , the home has created an action plan which is accordance with the homes policies and procedures.

An action plan , address concerns identified in the survey. Responsibility is assigned to appropriate staff.

Success:

having a structured completed action plan.

All identified concerns were reviewed and resolved.

Reinforcement of the homes policies and procedures for follow up and resolution

Challenges:

The variability in the level of detail provided in the survey responses especially when residents decline to answer some questions, do make it difficult to fully understand or investigate concerns

**Comment**

The home will continue with the interRAI QoL survey for both residents and families.

	Last Year		This Year		
<b>Indicator #1</b>	<b>33.40</b>	<b>40</b>	<b>51.50</b>	<b>--</b>	<b>NA</b>
I have the opportunity to explore new skills and interest in the long term care home. (Parkwood Mennonite Home)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1  Implemented  Not Implemented  In Progress

To offer programs that correspond with residents learning new skills and exploring new interests

**Process measure**

- Facilitate one group or 1:1 program that meets the interests and/or new skill that the residents would like to learn

**Target for process measure**

- 12 new programs offered by March 31st, 2026

**Lessons Learned**

To ensure programming reflects resident preferences and supports meaningful engagement, Recreation staff sought direct input from residents regarding skills and interests they would like to explore. This included consultation with Resident Council, where residents were invited to identify topics, activities, and learning opportunities of interest.

Based on resident feedback and ongoing engagement, the following initiatives were implemented:

Monthly travelogues featuring destinations residents expressed interest in learning about or “visiting” virtually.

Crochet club offered monthly, supporting both beginners and experienced participants to learn or further develop skills.

Men’s Club programming shaped by resident input, with a new topic or skill explored each month.

Guest speakers and educational presentations, including:

Schneider’s Haus — recreation and life in the Waterloo Region over the past 100 years

Nature education presentation

Hands-on learning workshops, including:

Horticulture workshop (April)

Glass fusion workshop (June)

Successes:

Increased variety and diversity of recreational programming.

Enhanced opportunities for skill development and experiential learning.

Positive engagement from residents participating in structured learning activities.

Improved social interaction and meaningful participation for residents who attend.

Challenges

Some residents report limited interest in learning new skills or difficulty identifying specific interests they wish to explore.

Varying cognitive, physical, and motivational levels impact participation and ability to engage in new learning opportunities.

Ongoing need to provide both familiar comfort activities and new skill-building opportunities to meet diverse resident preferences.

**Comment**

The home is committed to exploring new program ideas through Resident council and informal feedback from residents. The home would like to continue community partnerships and guest presenters to broaden residents experiences.

**Safety | Effective | Custom Indicator**

	Last Year		This Year		
<b>Indicator #6</b>	<b>96.00</b>	<b>96</b>	<b>96.00</b>	<b>--</b>	<b>NA</b>
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. (Parkwood Mennonite Home)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1  Implemented  Not Implemented  In Progress

-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.

**Process measure**

- -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.

**Target for process measure**

- 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.

**Lessons Learned**

The home implemented several strategies to support early recognition of palliative needs and to enhance understanding of palliative and end of life care among residents and families, and staff

**Successes:**

Provided education sessions for residents and families delivered in collaboration with community partners including hospice and funeral home to increase awareness and understanding of palliative approach to care and end of life care.

Ongoing in-service education for registered staff to support clinical recognition and decline , and palliative care planning. Registered staff complete early approach to palliative care assessment

Added more resident-centered language to existing policies for the home

The home has a well established monthly pain and palliative rounds with physician, supporting interdisciplinary review of resident status, symptom management , and care planning.

**Challenges :**

Ongoing staff turnover, requiring continuous education and onboarding to maintain consistent knowledge of palliative care practices

Variable family and resident readiness to engage in palliative education and advanced care planning conversations.

**Change Idea #2**  Implemented  Not Implemented  In Progress

- Early approach to palliative care assessment
- Spiritual care, BSO, recreation, and social worker collaborative monthly review high risk residents on each home area
- RNAO pain and palliative assessment
- PSW documentation to alert reg staff for any change in condition.

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

The home has implemented a structured and collaborative approach to early identification for palliative approach to care.

Successes:

Use of the early palliative approach assessment process, to proactively review resident current health status and care needs.

A well established review of high risk residents each month to help support a holistic care planning.

Implementation of RNAO clinical pathways has strengthened our standardized assessments related to pain, and delirium , etc. This implementation has provided education to registered staff on all new standardized assessments.

The introduction of change in condition Point of Care charting , has enhanced psw charting to alert registered staff promptly for any resident change in condition.

Challenges :

Assessment processes are more time-consuming, increasing workload for registered staff.

Need for continued staff education and reinforcement to ensure consistent use of standardized tools.

**Comment**

The Home continues its commitment to collaborative implementation of the RAO Clinical Pathways and benefits from their evidence-based guidance to support standardized assessment, clinical decision-making, and resident-centred care.

**Safety | Safe | Optional Indicator**

	Last Year		This Year		
<b>Indicator #3</b>	<b>28.85</b>	<b>27</b>	<b>27.76</b>	<b>3.78%</b>	<b>NA</b>
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Parkwood Mennonite Home)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

**Change Idea #1**  Implemented  Not Implemented  In Progress

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.

**Process measure**

- 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.

**Target for process measure**

- 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.

**Lessons Learned**

Introduced a standardized antipsychotic monitoring note (July 2025) to support consistent documentation, indication review, and monitoring of effectiveness and side effects.

Ongoing staff education on responsive behaviour management through GPA (Gentle Persuasive Approaches) and DementiAbility training.

Implemented a full-time BSO PSW role to support frontline staff with real-time coaching, behaviour observation, and implementation of individualized interventions.

Expanded BSO coverage to 7 days per week (April 2025), enabling more timely assessments, interventions, and staff support.

Expanded BSO services across all three homes and established Corporate BSO Collaboration Meetings (bi-monthly) to promote consistency, share best practices, and strengthen interdisciplinary support.

Increased individualized supports and targeted programming for residents with responsive behaviours to reduce reliance on pharmacological interventions.

#### Successes

Improved staff knowledge and confidence in using non-pharmacological approaches.

More timely behavioural assessments and care plan adjustments due to expanded BSO presence.

Enhanced interdisciplinary collaboration across the three homes, supporting more consistent practice.

Increased focus on individualized behavioural strategies and meaningful engagement for residents.

#### Challenges

Ongoing resident turnover and new admissions arriving with antipsychotic medications already prescribed, sometimes without a clearly documented diagnosis of psychosis or recent medication review.

Need for continued collaboration with prescribers to reassess appropriateness of existing psychotropic regimens following admission.

**Change Idea #2**  Implemented  Not Implemented  In Progress

-Initiated antipsychotic monitoring tool in July 2025 and is completed on a quarterly basis

- Quarterly collaborative meeting with BSO teams within our organization

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

The Home implemented a structured new antipsychotic monitoring tool in July 2025 which is now completed on a quarterly basis to support regular review of indication, effectiveness and safety.

The home is also supported through corporate BSO Collaboration meeting , providing consistency and shared learning.

A new antipsychotic evaluation progress note was introduced last year to help support and monitor when antipsychotic medications are initiated and or adjusted. This tool helps guide reassessment and review of the residents clinical response.

The home has used BSO assessment tools of transitional care conference and BSO personhood as well.

Medication stewardship has been further strengthened by the updated antipsychotic assessment process completed in collaboration with the attending physician. There is now a section for the attending physician to provide input in the antipsychotic review that is included in the assessment.

**Challenges:**

Resident turnover and new admissions arriving with antipsychotic medication already prescribed sometimes without a clear documented diagnosis of psychosis.

Ongoing need for staff education and coaching to strengthen confidence and competence in managing responsive behaviours using non-pharmacological approaches

Ensuring consistent and meaningful documentation across all shifts to maintain continuity and effectiveness of behavioural care plans.

**Comment**

Planning for own Dementiability coaches to teach the program

The organization remains committed to the continued strengthening of Behavioural Supports Ontario (BSO) in our home. Future plans include ongoing evaluation of resident needs and the progressive addition of BSO hours as resources allow to ensure timely, proactive behavioural support. We are dedicated to sustaining and expanding staff education in responsive behaviour management, non-pharmacological interventions, and person-centered approaches. Regular interdisciplinary collaboration, continuous monitoring of antipsychotic use, and refinement of assessment and documentation tools will remain key priorities. Through these efforts, we aim to further enhance resident quality of life, support frontline staff, and promote safe, evidence-informed behavioural care well into the future