

**Vera M Davis Centre Long Term Care Centre
- Continuous Quality Improvement
Initiative Report 2026-2027**

Table of Contents

Contents

Section 1: Introduction	2
1.1 Purpose	2
1.2 Background	2
1.3 Seniors Services Strategic Plan 2024-2029	2
Section 2: Continuous Quality Improvement	3
2.1 Our approach to CQI	3
2.2 The Quality Improvement Designate	4
2.3 Process to identify the home's priority areas	4
2.4 Home specific priority areas	9
2.5 Process to measure and monitor progress	9
Section 3: Experience Surveys	11
3.1 Introduction	11
3.2 Survey Results	12
3.3 Residents', Family and Caregiver Experience Survey Results Action Plan	13
Section 4: Quality Improvement Plan	16
4.1 Quality Improvement Narrative	16
4.2 Quality Improvement Workplan	26
Section 5: Communication Plan	29

Section 1: Introduction

1.1 Purpose

The purpose of this document is to summarize continuous quality improvement [CQI] initiatives conducted within Vera M Davis Centre Long-Term Care in the 2025-2026 year. It highlights our current commitments to CQI, the process of determining priority areas, committee support to CQI practice, as well as the implementation of and actions taken based off the Resident Experience Survey [RES] and the Family and Caregiver Experience Survey [FCES]. It also includes a comprehensive Quality Improvement Plan, using indicators from Health Quality Ontario as a guide. This document is intended to fulfill Ontario Regulation 246/22 s.168 of *the Fixing Long-Term Care Act* (2021). This report was completed on May 31, 2026.

1.2 Background

Peel Region's Long Term Care (LTC) Continuous Quality Improvement (CQI) Program and Risk Management is developed to facilitate continuous quality improvements at all levels in alignment with the organization.

The CQI program includes processes to monitor, review, and improve quality improvement initiatives and activities in the home for all areas of resident care, safety, satisfaction, and services.

The CQI program provides a framework with structured processes and quality improvement tools and techniques to apply consistently across the division.

The development of the program provides a basis to:

- Facilitate evidence-based decision making.
- Promote outcome measurement, and
- Create a culture of continuous improvement that includes active engagement and participation from all employees at every level of the division.

1.3 Seniors Services Strategic Plan 2024-2029

Peel Region's Seniors Services Strategic Plan is focused on addressing the needs of the growing seniors' population in Mississauga, Brampton, and Caledon. With a population exceeding 1.5 million that is expected to grow, Peel Region is committed to providing high-quality care and support for its seniors.

The [2024-2029 Strategic Plan](#) outlines a comprehensive approach to delivering person-centred care, fostering a resilient and empowered workforce, and facilitating integrated care through purposeful collaborations.

Vision: Individuals receive person-centred, innovative, integrated care, and support that enhances their quality of life.

Mission: To provide compassionate, loving, and respectful care that is individualized for everyone we serve.

Strategic goals

Long Term Care and Seniors Services Development will focus efforts on advancing the following three goals:

- Cultivate a resilient and empowered workforce.
- Deliver person-centred care that honours individual needs and preferences.
- Facilitate integrated care through purposeful internal and external collaborations.

Section 2: Continuous Quality Improvement

2.1 Our approach to CQI

Continuous Quality Improvement (CQI) is an organizational philosophy that is strategic in an approach that:

- Aims to provide the best health care possible.
- Uses innovation to meet residents' needs and to exceed their expectations by using a structural process that identifies areas of improvement within an organization.
- Shifts the focus from applying interim solutions to reoccurring problems to critically assessing the current processes and practises in place. This provides a common understanding of the underlying causes of gaps in an effort to improve them.
- Encourages employees to seek opportunities for change and to try out ideas on a smaller scale before rolling them out to the entire organization. This ensures that the best possible solution is implemented for the current situation.

Organizational objectives, policies, procedures and protocols for the continuous quality improvement initiative are outlined in our CQI program and Risk Management (CQI 15-01) and this manual is reviewed/revised at least annually as necessary and are subject to the following legislation:

- *Fixing Long Term Care Homes Act, 2021 (FLTCA 2021)*
- *Ontario Regulation 246/22*

2.2 The Quality Improvement Designate

Vera M Davis Centre is committed to ongoing and continuous quality improvement. This is achieved by having a designated lead for quality improvement who oversees and ensures adherence of the CQI Program in the home.

The designate works with the team to reflect on the practices, programs, and services to support specific quality improvement activities and initiatives.

CQI is a required standing agenda item at every Region of Peel LTC home and at departmental leadership team meeting quarterly.

Name of Designated Lead for Quality Improvement Initiatives at Vera M Davis Centre: Rohit Arora

Position of the Designated Lead: Continuous Quality Improvement Specialist

2.3 Process to identify the home's priority areas

In formulating Vera M Davis Centre's annual Quality Improvement Plan, we meticulously followed these steps to create a sustainable strategy:

- Assess and prioritize areas for improvement.
- Formulate improvement initiatives.
- Execute improvement initiatives.
- Monitor achievements and obstacles.
- Adjust strategies as necessary.

Data is consistently reviewed and analyzed throughout the year as part of the home's quality improvement program to track successes and identify areas of improvement. The sources of data and metrics reviewed include:

- Resident Experience Survey (RES) and Family and Caregiver Experience Survey (FCES)
- Analysis of complaints and critical incidents
- Review and analysis of performance indicators
- Engagement of residents, families, and caregivers through Residents and Family Councils and town halls
- Employee townhalls
- Daily Continuous Improvement Program (CIP)
- Educational needs assessment
- Accreditation
- Program Evaluations
- Residents' and Family Council Meetings

- Committees

Resident Experience Survey (RES) and Family and Caregiver Experience Survey (FCES)

- The RES and FCES surveys help us understand the experiences of residents, families, and caregivers.
- We encourage high survey participation and offer both electronic and paper versions.
- Volunteers assist residents with completing the survey, and when unavailable, families or designated individuals help.
- Survey results are summarized annually, both for individual homes and the entire division.
- We review and discuss results with employees, residents, families, and caregivers through formal and informal channels each year.
- The survey results help identify priority areas for quality improvement, and homes work to act on the feedback to improve services and programs.

Review and Analysis of complaints and critical incidents

- The leadership team reviews and analyses all documented complaints and critical incidents at least once a month.
- We use the data we collect to identify one-time occurrences. We also use this data to pinpoint recurring and system trends to guide quality improvement and risk-management activities.
- We address any complaints we receive within 10 business days.

Review and analysis of performance indicators

- The leadership team and/or program leads reviews, analyzes, and compares service and program outcomes against set standards and historical performance. This helps us objectively measure the level of service provided.
- Performance indicators are recorded monthly, quarterly, and annually as appropriate. We regularly share these indicators with management and front-line employees at team meetings.
- We implement corrective actions and process improvements as required.

Engagement of resident and family councils and resident and family town halls

- We gather feedback from residents and families through satisfaction surveys, council meetings, town halls, and the Resident Voice program.
- These forums provide peer support, facilitate idea sharing, and keep participants informed.

- Regular engagement ensures that improvements align with the collective experiences of residents and families.
- The Resident Council meets monthly to discuss care preferences and expectations. Family Council meetings are held regularly to address concerns and expectations of residents, families, and caregivers.
- Updates on Quality Improvement plans are shared during these meetings, and feedback is documented in the minutes.
- Resident and family input is prioritized as our primary source of feedback.
- Council meetings are vital for gathering insights on improving care, encouraging active participation, and promoting ongoing communication.
- We collaborate closely with our Residents' Council and families to develop quality improvement strategies and keep all stakeholders informed about our plans and progress

Employee town halls

- Employees have several avenues to contribute to the CQI process, including divisional and home-level town hall meetings.
- The town hall is a forum for employees to have honest and open discussions with leadership to identify issues or concern related to work, processes, and ways to improve efficiencies.
- The employee perspective contributes to the development of viable solutions, and employees are empowered to identify CQI opportunities that will improve delivery of care and services.

Daily Continuous Improvement Program (CIP)

- The Daily CIP program was developed by SickKids Hospital and adapted to fit the needs of long term care.
- The program brings a small group of employees together to discuss challenges they experience in their day-to-day work.
- Recommendations are identified to improve the work and include longer-term opportunities and 'quick wins' that help make home operational processes more effective and sustainable.

Educational needs assessment

- An annual online survey for employees captures employees' perspectives with regards to their education needs.

- Although this is a requirement of Ministry of Long-Term Care legislation, the survey is designed to identify areas of improvement in education to enhance employee knowledge and the transfer of knowledge to practice.
- The content of the survey varies from year-to-year, based on operational needs and current practice. This survey is used to plan employee education for the upcoming year.

Accreditation

- Vera M Davis Centre also demonstrates its commitment to continuously improve service quality and to focus on satisfaction through the Accreditation process.
- CARF® International is an independent accrediting body of health and human services.
- CARF-accredited service providers apply CARF's comprehensive set of standards for quality to their business and service delivery practices.
- Vera M Davis Centre received a 3-year accreditation in 2023.
- Working towards obtaining CARF re-accreditation in 2026

Program Evaluations

- Program evaluations are conducted annually to monitor the major programs of the home.
- Evaluations are completed by the program leads with interdisciplinary support.
- A thorough audit of the program using legislative and divisional requirements is conducted and the identified gaps and recommendations are used for continuous quality improvement.

Committees

Continuous Quality Improvement Committee:

- Our Continuous Quality Improvement (CQI) committee is a multidisciplinary team that includes external stakeholders including resident and family representatives. CQI meetings are held quarterly to monitor and report on quality-related issues, residents' quality of life, and the overall care and services provided in the home, using relevant data.
- These meetings aim to identify priority areas for improvement and make appropriate recommendations.
- These meetings serve as a forum to monitor and measure progress, identify necessary adjustments, and communicate outcomes for the home's key areas of quality improvement.

- Quality improvement initiatives are a key agenda item at CQI meetings, where the committee reviews the action plan, provides recommendations, and evaluates the effectiveness and sustainability of actions taken.

Other Committees:

Furthermore, the Home also holds regular meetings through structured organizational committees, including but not limited to:

- The Centre Leadership Team (CLT)
- The Interdisciplinary Infection Prevention and Control Committee
- The Falls, Restraints and PASD Committee
- The Pain, Palliative and End of Life Care and Ethics Committee
- The Skin and Wound and Continence Care Committee
- The Responsive Behaviour and Purposeful Engagement Committee
- The Health Services Advisory Committee
- The Joint Occupational Health and Safety Committee
- The Restorative and Rehabilitative Care Committee
- The Nutrition Care Committee

These interdisciplinary committees are in place to support the quality of care and services provided to residents. To ensure transparency, each committee displays the progress of improvement initiatives on information boards located in public areas of the home.

In support of continuous quality improvement, each committee:

Participates in reflective practice

- The home provides treatments and interventions to promote quality of care and services for residents.
- We make efforts to ensure the home provides strategies to maximize residents' independence, comfort, and dignity. This includes the use of equipment, supplies, devices, and assistive aids as applicable.

Reviews, tracks, and monitors progress

- All relevant indicators are reviewed to identify important trends.
- We audit and monitor resident care plans to evaluate outcomes and effectiveness. We also develop action plans to meet gaps in services and programs.

Plans, develops, implements, and evaluates

- We evaluate quality improvement initiatives as part of quarterly, annual, and ongoing reviews of the program.
- We evaluate and update programs annually in accordance with evidence-based practices or prevailing practices.

2.4 Home specific priority areas

We use a variety of information to guide our understanding of the areas in the home that require improvement. This includes using the Quality Improvement Plan indicators from Health Quality Ontario as well as using satisfaction surveys to better understand the resident, family, and caregiver experience. For the coming fiscal year 2026-27, Vera M Davis Centre priority areas for quality improvement as outlined in the Annual Quality Improvement Plan will address the three areas of focus below:

Timely and efficient transitions: Reduce the rate of potentially avoidable emergency department visits for long-term residents.

Patient, client, and resident experience: Focus on increasing satisfaction rates among residents who agree with the following statements:

"My problem was resolved to my satisfaction"

"I am satisfied with the spiritual care my loved one receives"

"The menu offers cultural and ethnic food options that I like"

Safe and effective care: Adherence to timely and accurate skin and wound care documentation practices for required resident assessments.

Reduce the number of falls of long-term care residents (who fell in the 30 days leading up to their assessment).

2.5 Process to measure and monitor progress

- The process of monitoring and evaluating successes and areas for improvement at Vera M Davis Centre involves identifying, tracking, communicating, monitoring, and implementing necessary changes to continually enhance the quality of resident care and service.
- Quality management in our Home is a comprehensive, ongoing self-assessment system. Through our CQI process, we monitor, track, analyze, and assess priority areas.

- Our assessments encompass processes, quality reports, resident & family satisfaction, trend analysis, and outcomes to pinpoint areas needing enhancement. We collaborate closely with our Residents' Council and Family Council to devise quality improvement strategies and ensure all stakeholders are informed of our plans and outcomes of the actions.
- We conduct a thorough review of the LTC performance indicators established in consultation with various stakeholders, the LTC divisional leadership team, and specific employee peer groups. The purpose of these indicators is a consistent approach to monitoring care and service delivery through measurement and evaluation practices. These indicators give employee peer groups and the whole division the opportunity to monitor, analyze, and track progress. We then set targets for indicators based on past data or industry benchmarks (or both).

The processes we use to study and monitor progress and implement adjustments include:

An annual review of quality indicators and associated targets:

- This includes the responsible employee peer groups, external stakeholders, and Divisional CQI Committee reviewing the indicators for relevance.

An ongoing review of specific data by each department:

- We use data to identify important trends and improvement opportunities. We then use this information to inform program planning decisions for each department.
- Significant variances or high-risk trends are brought forward to the Administrator for decision-making.

Conducting root cause analyses:

- It's important that any area or issue identified as needing improvement be evaluated to determine its root cause.
- We use Root Cause Analysis tools and techniques for this purpose.

Action plan development:

- Once priority areas for quality improvement are identified, the Continuous Quality Improvement (CQI) Specialist helps to develop action plans that are shared with the home's employees.
- The home ensures action plans are implemented and sustained. Follow up on any outstanding concerns happens in a timely manner.

Communication of results and action plan outcomes:

- We communicate survey results for the Resident Experience Survey (RES) and the Family and Caregiver Experience Survey (FCES) to residents, families, and caregivers, and we receive feedback through the Resident’s Council and Family Council.
- We also communicate action plans informed by these surveys to residents and families to gather their feedback and suggestions.

Program evaluation:

- Programs are evaluated annually using relevant evaluation tools and quality improvement methodology.
- This includes ensuring that program goals are SMART (specific, measurable, achievable, realistic, and have a start and end date).

Section 3: Experience Surveys

3.1 Introduction

The Resident Experience Survey and Family and Caregiver Experience Survey are important data sources used to understand the resident, family, and caregiver experience. We use formal and informal channels to review and discuss survey results every year with employees, residents, families, and caregivers. The survey results guide the identification of the home's priority areas for quality improvement. Homes make every reasonable effort to act on survey results to improve how programs and services are delivered.

The Resident Experience survey was conducted from July 14, 2025, to August 01, 2025, while the Family and Caregiver Experience Survey took place between July 14, 2025, to August 08, 2025. Resident surveys were administered in-house with the assistance of volunteers, while family and caregiver surveys were distributed both by mail as paper copies and via email with a SurveyMonkey link for online completion. Paper surveys were later entered into SurveyMonkey, and the results were compiled. The results of both surveys were analyzed and shared in a data dashboard.

The Family and Caregiver Experience Survey results and the Resident Experience Survey results were available to staff on October 31, 2025. Results of resident experience survey and the family and caregiver experience survey was shared with our Resident Council on November 24, 2025, and Family

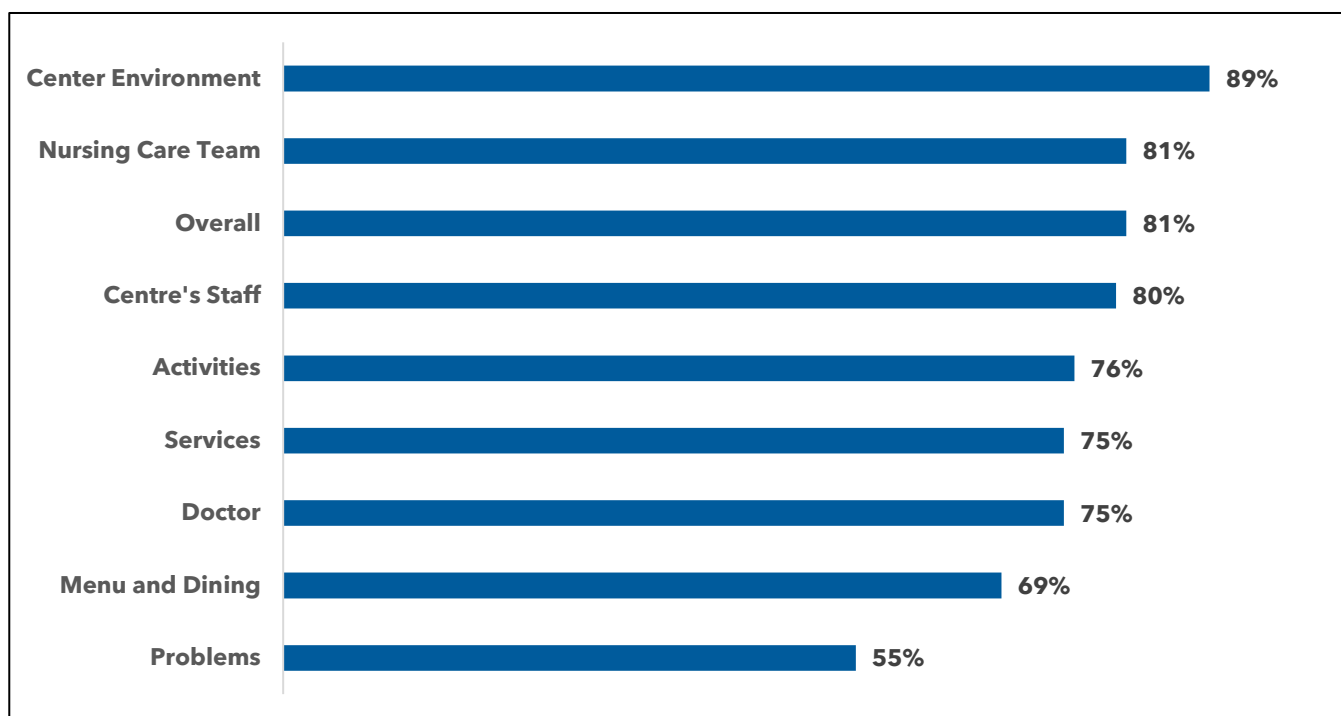
Councils on November 19, 2025. During these sessions, collaborative dialogue took place and additional change ideas were discussed with staff. Survey results were also posted on the communication board at the home on October 31, 2025.

The survey results helped to inform many of the initiatives highlighted in this report and associated Quality Improvement Work Plans submitted to Ontario Health.

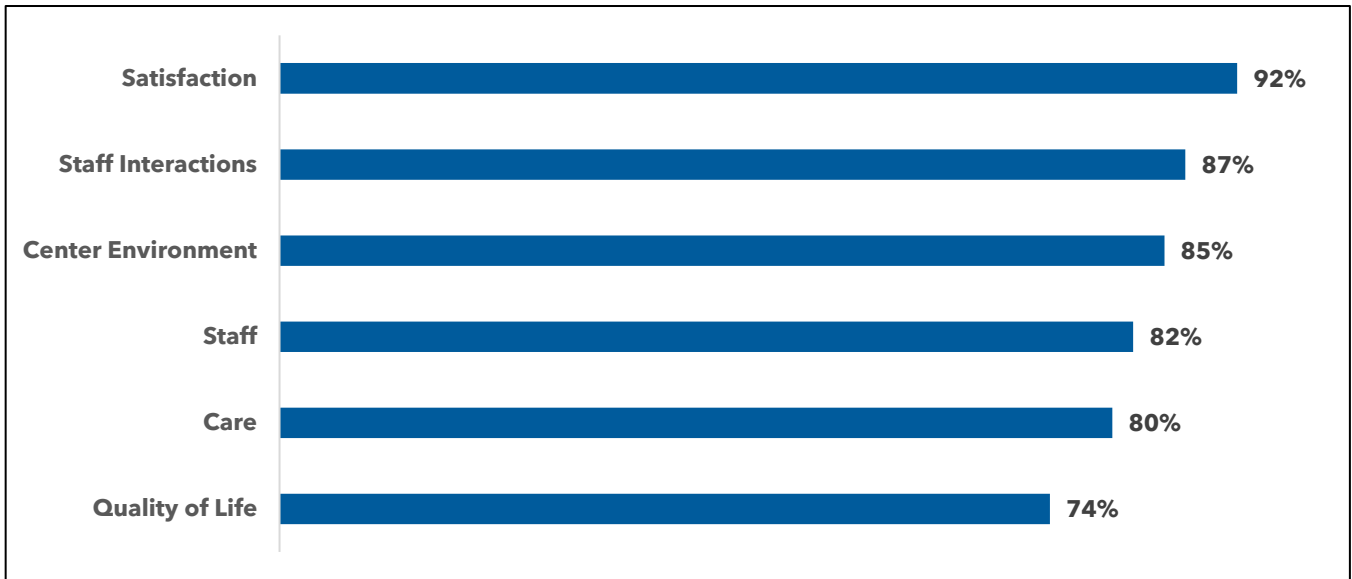
3.2 Survey Results

2025 overall results for Vera M Davis Centre are as follows:

Results from 2025 Resident Experience Survey



Results from 2025 Family and Caregiver Experience Survey



3.3 Residents', Family and Caregiver Experience Survey Results Action Plan

The analysis of our 2025 Experience Surveys results indicated overall satisfaction with the accommodation, care, services, programs, and goods provided to our residents. Additionally, it highlighted specific areas where targeted improvement efforts are needed to further enhance the resident experience.

Area	Key Actions	Date of Implementation	Outcome
Menu & Dining	Introduce new condiments on each dining table (ketchup, mustard, relish, salt, pepper and hot sauce).	February 2026	Completed: Residents' dining experience was enhanced through the introduction of a standard set of condiments (ketchup, mustard, relish, salt, pepper and hot sauce) at each table in both dining areas, increasing choice, comfort, and enjoyment.
Activities	Ensure tv programs that are relevant to the residents sitting in front of the tv are played.	February 2026	Completed: Residents' experience was enhanced by playing television programs tailored to the interests of those

			watching, supporting engagement, enjoyment, and resident-centered choice.
Activities	Increase activities that promote physical activity of residents.	January 2026	Completed: Residents' physical activity levels were enhanced through the expansion of existing activities and the introduction of additional programs, including Zumba, chair yoga, increased strolls, and group exercise.
Activities	Refill bird feeder, when needed.	May 2026	In Progress: Residents' emotional well-being and enjoyment are being supported through regular refilling of bird feeders, providing ongoing opportunities to observe and connect with nature.
Nursing care	Upgrade of the call bell system to ensure that the call bells are answered promptly and in timely manner and to improve staff-staff communication for resident care.	January 2026	Completed: Residents' sense of safety and reassurance was improved through upgrades to the call bell system, resulting in more timely responses to needs and enhanced staff communication during care delivery.
Nursing care	Assign staff to initiate the meals service and ensuring timely serving of meals to the residents.	January 2026	Completed: Enhanced residents' dining experience and satisfaction by assigning staff to initiate meal service, ensuring meals were served in a timely and consistent manner.

Nursing care	Refresher training of staff on the oral care of residents.	December 2025	Completed: Improved residents' comfort, oral health, and dignity by providing refresher training to staff on proper and consistent oral care practices.
Nursing care	Random weekly visual room audits to ensure that the clutter could be removed or minimized and reinforce by on-spot education.	April 2026	Completed: Promoted resident safety, comfort, and a more homelike environment through regular visual room audits, reducing clutter and reinforcing best practices through immediate staff education.
Facilities	Audit mattresses and replace, if required.	January 2026	Completed: Enhanced resident comfort and reduced the risk of discomfort and pressure-related issues by auditing mattresses and replacing them as needed.
Facilities	Revamp laundry labelling process.	April 2026	Completed: Improved resident satisfaction and dignity by revamping the laundry labelling process, reducing lost items and ensuring residents' personal clothing was returned accurately.

Section 4: Quality Improvement Plan

4.1 Quality Improvement Narrative

Peel Region's Long Term Care homes are committed to providing high quality care to our residents. This demonstrates we have met rigorous quality standards and hold an ongoing commitment to quality improvement.

Overview

The Region of Peel's Long Term Care homes are committed to providing high quality care to our residents. We recently launched our Seniors Services Strategic Plan 2024-2029, built on input gathered from residents, clients, families, caregivers, staff, and partners. Our vision is that individuals receive person-centred, innovative, integrated care, and support that enhances their quality of life. This has included meeting the *Fixing Long Term Care Act* (FLTCA) regulations and through Peel Region's corporate quality improvement strategy to support with quality improvement methodology, risk management, and quality management planning.

Quality improvement initiatives in 2025 we are most proud of include:

Improving Care to Reduce Avoidable Emergency Department Transfers:

In LTC homes, residents often face hospital transfers due to changes in their health, and homes lack the tools to detect or diagnose these issues early. LTC is committed to delivering person-centred care by minimizing avoidable hospital transfers through the introduction of point-of-care testing, which includes hemoglobin and C-reactive protein meters, urinalysis, bladder scanners, and blood analysis systems. LTC has trained over 135 staff across Peel's LTC homes to use them to support resident care.

This has improved timely access to care for residents within the home, resulting in internal diversion of hospital transfers and enhanced quality and responsiveness of care. We plan to continue to monitor the outcomes of this initiative through the support of our nursing care team.

Building a Sustainable Future for Emotion-Based Care:

LTC continues to expand the number of home areas certified in emotion-based care, while simultaneously collecting evaluation data to inform long-term sustainability. A new evaluation framework, now in early implementation will assess the model through the lens of the Quintuple Aim:

enhancing quality of care, improving resident experience, promoting staff well-being, increasing service efficiency, and applying health equity lens. In LTC, these efforts are expected to improve residents' quality of life, strengthen family caregiver confidence, enhance the overall quality of care, and increase staff engagement and retention. Vera M Davis Centre is the only home in the region to have over 50% of the home (ADS and one of the two residents' home areas) accredited with butterfly model of care. This year, the home will be going for the butterfly accreditation of the second residents' home area. Once accredited, Vera M Davis Centre will become the only home in Ontario to receive butterfly accreditation for the entire home.

Enhancements to Continuous Quality Improvement Practices:

The Fixing Long-Term Care Act, 2021 emphasizes continuous quality improvement (CQI) through the establishment of CQI committees and designated leads in each home. CQI Specialists are leading targeted initiatives focused on reducing falls, minimizing emergency department transfers, and preventing pressure injuries. Daily continuous improvement huddle boards have been successfully relaunched in all the five homes, fostering ongoing dialogue and action. To enhance transparency and accountability, annual CQI reports are publicly shared. Residents and families are partners and are engaged in improving services to enhance the quality of life of residents.

Performance measures provide a structured way to assess how effectively we are progressing toward our organizational goals. The performance measures outlined in the Quality Improvement Plans are well-aligned with the "Quintuple Aim" framework adopted corporately at the Region of Peel.

In addition, we are a CARF® International accredited organization. This demonstrates we have met rigorous quality standards and hold an ongoing commitment to quality improvement.

Access and Flow

The diagnostic equipment was implemented across all five LTC centres in 2024 and is now in the sustainability phase, supporting ongoing improvements in resident care, efficiency, and health outcomes.

These devices include ePOC machine, Hemoglobin meter, Afinion CRP meter, bladder scanner and Urinalysis machine. These devices are meant for early detection of some medical conditions such as pneumonia, acute changes due to CHF, and UTI etc., providing our clinical team with tools to intervene promptly and treat the condition while residents remain at the centre. This equipment also helps to

identify and monitor some chronic conditions when there is an acute change in residents' condition and would allow the practitioner to adjust treatment as needed. Having these devices on-site also improves efficiency by reducing the need for residents to go to emergency departments or external medical facilities for diagnostic tests. We are able to provide care to residents by treating some conditions diagnosed through this equipment in the homes, enhancing their experience. Overall, the use of these devices also enhances collaboration among healthcare providers to achieve best possible care for our residents on a timely basis.

Initiated in March 2024, the diagnostic equipment implementation has progressed across all five LTC homes and is now in the sustainability phase. Since launch, the core team has supported capacity building by training additional nurses, collaborating closely with Nurse Practitioners and physicians to ensure appropriate use of the equipment, and reinforcing clinical competency across the homes. Attending nurse practitioners at three of the five centers have successfully completed suture training, further reinforcing our commitment to continuous skill development and advancing the quality of care delivered to residents. In parallel, 3-4 nurses at each home have received enhanced wound care and wound management training through funded professional development opportunities, expanding the homes' ability to provide complex wound care on-site. A tracking tool has been implemented to monitor the utilization of point of care testing (POCT). This tool supports data analysis to identify opportunities for continuous quality improvement and enhance resident care outcomes. In addition, the tracking system helps identify situations where the use of POCT may contribute to prevent potentially avoidable emergency department (ED) transfers. All the homes will be focusing on skin and wound care management training through funded professional development opportunities and expanding the use of point of care testing (POCT) devices.

Together, these efforts continue to strengthen timely resident care, improve clinical efficiency, and support better overall health outcomes.

Equity and Indigenous Health

Peel Region's LTC homes are continuing to prioritize the use of data to address health inequities in programs and services for residents. This work aims to enhance the quality, scope, completeness and use of health equity data collection. To apply a health equity lens to Continuous Quality Improvement (CQI) work, activities included: starting to implement recommendations from a comprehensive literature review that identified best practices, based on a gap analysis. The focus for 2026 will include integrating consistent collection of sociodemographic data into daily practice as well as developing

training to support staff and residents about the importance of health equity data use. This effort is to improve health outcomes and address health inequities in a meaningful and sustainable way. In the process of identifying health equity metrics within our LTC homes, there is an opportunity to recognize and support Indigenous people, contributing to a better understanding of the Indigenous culture.

Peel LTC is committed to advancing health equity by integrating inclusive person-centred care into all aspects of service delivery. Through the implementation of the Registered Nurses' Association of Ontario's (RNAO) Best Practice Guideline, Promoting 2SLGBTQI+ Health Equity, we are supporting safe, welcoming environments for 2SLGBTQI+ individuals across our Homes. Policies, procedures, assessments, and tools have been updated to support inclusive language and preferences, ensuring equitable care practices and service delivery that honours the individual needs and preferences of those we serve. Centre-based champions lead awareness initiatives, education sessions, and Pride activities throughout the year. A new Surge e-learning module was developed to further strengthen inclusive practice, and five implementation indicators were established to monitor progress over time.

Additionally, an inclusion focused question was added to the 2025 resident and family experience surveys, and 45 staff completed training with Rainbow Health Ontario, with feedback indicating increased confidence and competence in providing inclusive care.

In parallel, Peel Region is committed to advancing truth and reconciliation with Indigenous people. Staff underwent mandatory Indigenous Cultural Awareness training, achieving 100% completion. New employees must complete relevant training modules within their first month of recruitment. Ongoing promotion of Indigenous cultural awareness is facilitated through the Employee Ambassador program, encouraging participation in Truth and Reconciliation Events and raising awareness about available Indigenous resources. Land acknowledgments are continuously being improved to meaningfully integrate into meetings and training sessions, and inclusive leadership training has become a core competency for People Leaders.

Patient/Client/Resident Experience

We use ongoing opportunities to engage residents and their families and/or caregivers to support improvements that reflect the collective voice and experiences of those living in the home. LTC Social Workers/designate work in partnership with Ontario Caregiver Organization (OCO) to adopt programs designed to support caregivers in LTC to enhance emotional support, practical resources, skill-building

and accessible information. SWs/designate work with OCO team to identify gaps and implement improvements to acknowledge caregivers' support in the Homes.

Overall, OCO's offerings are designed to improve caregivers' quality of life and enhance their capacity to support individuals living in long term care.

Resident and Family Experience Surveys:

The Resident and Family/Caregiver Experience Surveys provide crucial insights into their experiences. We annually review and discuss survey findings via formal and informal channels with stakeholders. These results inform priority areas for quality improvement efforts. Homes diligently act on survey feedback to enhance program and service delivery.

Residents'/Family Councils and Resident/Family Town Halls:

We receive feedback from residents and families through council meetings, town halls, and the resident voice program. These venues also provide peer-to-peer support and the opportunity to share information, discuss potential program ideas, and stay informed.

CQI Committee Meetings:

Vera M Davis Centre has a CQI committee in place that utilizes an interdisciplinary approach to evaluate sources of data and discuss, plan, and prioritize quality improvement initiatives. Inclusion of representatives from both residents and families in CQI committee meetings has provided rich discussions and a diverse, lived-experience perspective that was previously missing from the work. They have made valued contributions that have encouraged the home to pause and re-evaluate previous assumptions about what might be priorities for residents and families. They have also supported the development and review of this year's Quality Improvement Plan submission. There have been a number of positive outcomes from their participation. This fosters a new approach to quality planning that is co-created and co-led with families and residents rather than professionally driven.

Resident and Family Information Night:

At this meeting, quality improvement results are shared with residents and families. They are also given the opportunity to provide feedback on improvement ideas and engage in quality-of-care conversations.

Provider Experience

Employee wellbeing and a positive workplace culture are central to delivering high-quality care to residents and clients. Staff shortages, challenging workloads, and cumulative exposure to stressful events during and following the pandemic have highlighted the importance of enhancing measures to support psychological health and wellbeing of employees. Activities aimed at supporting employee wellbeing across Peel Region's Seniors Services workforce include:

Health Services Culture and Wellbeing Advisory Group:

Formed in early 2022, this advisory group identified the following immediate priorities: leadership development, raising awareness and engagement with wellbeing initiatives, and promoting diversity, equity and inclusion tools and resources.

Mental Health & Wellbeing Education:

In 2025, Seniors Services employees received mental health and wellness education in the form of 15-minute in-person micro-learning sessions known as Wellness Moments. Wellness Moments are coordinated by Peel Region's Culture & Well-being Advisors and facilitated by professional trainers from the Canadian Mental Health Association's Your Health Space, a free workplace mental health program for Ontario's health care settings. Wellness Moments are designed for health care employees by health care employees, and offer practical, actionable strategies to boost mood and improve wellbeing in the workplace. Topics included: managing stress in the workplace, combatting burnout, remaining emotionally connected through empathic strain, and fostering meaningful relationships at work, among others.

Nine new leaders participated in an in-person training series, Fostering Well-Being Through Leadership, delivered by an educator from Your Health Space. The training program encouraged leaders to reflect on their own psychological well-being, identify their role in promoting psychological safety within the organization, and feel more confident supporting the psychological health of those they lead through the application of practical, evidence-informed strategies.

Huddle Tools:

Bimonthly huddle tools are developed to support our leaders in having conversations with their employees on topics related to mental health, wellness, and culture. These short, one-page tools support leaders in normalizing conversations about mental health and diversity, equity, and inclusion; having meaningful discussions with their teams; and engaging in team-building activities. The tools

contain key messages to leaders, team members, discussion questions, activity ideas, resources, and a list of respective observances.

Wellness Resources Roadshow:

In the fall of 2025, a new Employee and Family Assistance Program (EFAP) provider, GreenShield Health, was introduced in the Region. To ensure that Seniors Services frontline employees were aware of this change, a roadshow took place at each of the homes in the form of drop-ins for team members. This roadshow was held in person and in partnership with our Human Resources team who provided information on the new EFAP vendor and how to access the services via an app. Brochures and cards were also kept at each home to reach employees that were unable to attend the drop-in sessions. A huddle tool on this new vendor was also shared with leaders to equip them with knowledge on the program and for them to share this information via team huddles.

Creating a Culture of Belonging Workshops:

The Ontario Centre for Learning, Research, and Innovation (CLRI) in LTC offers free 4-hour virtual workshops to LTC homes across the province focused on creating a culture of belonging through advancing equity, diversity, and inclusion. In 2024, nine Seniors Services employees completed the virtual workshop. In 2025, an additional 14 employees registered and completed the session. A focus group was held with session participants to support with developing a plan to cascade these learnings to all Seniors Services employees. As a result, cultural competency training has been planned for roll-out through 2026 to 2028.

Creating a Culture of Inclusion and Belonging Departmental Day Session:

Throughout 2025, Seniors Services employees were invited to participate in a full day of in-person training. Alongside core sessions such as Interpersonal Skills Development, Understanding the Bill of Rights, and department-specific training, both team members and leaders also took part in a one-hour session on Creating a Culture of Inclusion and Belonging. Adapted from the CLRI's "What Would you Do?" Poster Activity, the session encouraged personal reflection and meaningful conversations about diversity and inclusion. Posters were focused on scenarios that addressed prejudice; discrimination; and assumptions around race, ability, physical appearance, language, and socio-economic status. Participants were instructed to share individual thoughts via sticky notes, engage in group discussion, and share this back to the larger group. There were nearly 790 participants across Seniors Services. This education laid the foundation for further training on cultural competency which will follow in the coming years.

Equity, Diversity, Inclusion, and Belonging (EDIB) Coaching Program:

In 2025, 10 Seniors Services employees enrolled in the CLRI's EDIB Champion Coaching Program, which is scheduled for completion in early 2026. The virtual learning program is designed to build capacity and confidence among LTC team members and leaders to advance EDIB initiatives. Participation requires prior completion of the CLRI's 4-hour Creating a Culture of Belonging virtual workshop. The EDIB Champion Training Program consists of seven two-hour virtual sessions delivered monthly from September 2025 to March 2026.

Workplace Mental Health in LTC Training and Support Program:

The Workplace Mental Health in LTC Training and Support Program, similar in structure to the EDIB Champion Coaching Program, is offered by the CLRI to leaders in LTC seeking to strengthen organizational culture; promote and protect team members' mental health; and support workforce productivity, recruitment, and retention. The program provides free training and coaching to assist LTC homes across Ontario adopt the National Standard of Canada for Psychological Health and Safety in the Workplace. Over a seven-month period, participants are encouraged to complete several self-directed and facilitator-led courses, totaling up to 40 hours of training and support. In 2023, 15 leaders and team members completed the program. With the program offered again in 2025, an additional 19 leaders and team members were accepted, with completion targeted for early 2026.

In addition, employees have a variety of avenues that allow them to identify opportunities to improve their experience in the workplace including peer groups, communities of practice, surveys, town hall meetings, and accessing mental health and wellness resources and services.

Safety

Ensuring resident safety constitutes a fundamental aspect of Peel Region's Continuous Quality Improvement Program. It permeates our care team discussions during care conferences and huddles, reinforced by corporate and long-term care policies and procedures. Our resident safety strategy encompasses preventive measures and thorough post-incident follow-up and management. The subsequent examples showcase initiatives aimed at supporting resident safety and incident management.

Standardized Documentation:

Improved communication continues to enhance resident safety. The homes have expanded its documentation standards beyond structured SBAR to include standardized entries for diagnostic equipment usage, Code White, and Code Blue events. These enhancements strengthen the clarity and consistency of clinical documentation, support more accurate analysis of improvement opportunities, and ensure that all staff are equipped with the tools needed for clear, concise, and accountable communication.

Post Falls Assessment Tool:

This tool enables comprehensive analysis of the contributing factors that may have led to a fall, supporting transparency, shared learning, and identification of opportunities for improvement. In addition to the structured review process, the tool automatically generates a Power BI dashboard that provides valuable real-time insights such as the location, timing, and patterns of fall incidents, allowing teams to implement targeted improvement initiatives. The dashboard is refreshed weekly, ensuring timely access to updated data and trends that support decision-making insights such as the location, timing, and patterns of fall incidents, allowing teams to implement targeted improvement initiatives.

Enhancing Clinical Skills for Skin and Wound Care:

There was an opportunity to enhance staff training to reduce resident skin and wound issues. Skin and wound training focused on diagnosing, staging, and treatment of pressure ulcers; differentiating between pressure injury, Diabetic Foot Ulcer (DFU), arterial ulcers, and venous ulcer; and diagnosing and treatment of moisture associated skin damage (MASD). The targeted training to nurses resulted in reductions in new and worsening skin wounds. In addition, 3-4 nurses at each home have received enhanced wound care and wound management training through funded professional development opportunities, expanding the homes' ability to provide complex wound care on-site.

Follow-up on Medication Errors:

There is a robust process that follows any medication errors including the completion of a medication error report and a follow-up meeting with the in-home clinical, medical, and pharmacy team.

Review and Analysis of Complaints and Critical Incidents:

The leadership team reviews and analyses all documented complaints and critical incidents at least once a month. We use the data to identify recurring and system trends to guide quality improvement and risk-management activities.

Resident safety remains a top priority for our home. We continue to explore additional processes and changes that may enhance resident safety. We strive to build a just culture where staff feel comfortable coming forward and where we learn collaboratively from errors or incidents and implement action plans to mitigate risk.

Population Health Management

Peel Region's seniors' population is experiencing unprecedented growth, with a projected 61% increase between 2016 to 2025 - outpacing the provincial growth rate of 45%. As this demographic shift unfolds, the demand for complex care, particularly for individuals with dementia, continues to rise. Over the past five years (2019 to 2023), Peel Regional Paramedic Services (PRPS) reported a 23% increase in responses to seniors with a diagnosis of dementia - an underestimation given the number of undiagnosed individuals.

Recognizing the growing need to support seniors in the Peel community living with dementia and their families and understanding the benefits of equipping families and caregivers with information about dementia, Long-Term Care and Seniors Services Development collaborated to launch the Butterfly Approach in our five Adult Day Services (ADS) programs. This endeavour included training over 90 front-line team members on emotion-based approaches to care, coordinating three family and caregiver information nights focused on dementia and caregiver wellbeing and support, and undergoing observational audits with our partners at Meaningful Care Matters. This initiative launched in December 2024 and by June 2025, all five ADS programs achieved Butterfly certification; the first community-based programs in Canada to achieve this designation! This initiative was an important step in continuing to enhance the continuum of care for people living with dementia.

This training strengthens relationships across the continuum of care, integrating emergency services (paramedics), community programs (including Adult Day Services), and long-term care to create a seamless support system for individuals living with dementia. Each service is interconnected and fosters an understanding of how best to support people in our communities who are living with dementia, their families, and their caregivers using emotion-based, person-centred care strategies. As a leader in implementing emotion-based dementia care in our LTC homes since 2017, our journey in providing emotion-based care continues to evolve as we look for new ways to support partners with strategies to improve the wellbeing of people living with dementia.

Palliative Care and End of Life

The interdisciplinary care team provides integrated, person-centered, and holistic care to address the physical, emotional, psychological, social, cultural, and spiritual needs of residents in accordance with their needs. This collaborative approach promotes early identification of residents who may benefit from palliative care and end of life care, allowing for timely assessments, proactive planning and meaningful involvement of Substitute Decision Makers (SDMs), family members, and designated caregivers. Advance care planning and goals of care discussions occur at admission and during care conferences (annual, or situational, such as significant health changes), and throughout the resident's stay. These discussions are supported by tools such as the Individualized Summary which enables healthcare practitioners, including physicians, nurse practitioners, and staff (RN, RPN, SW), to explore residents' wishes, values, and beliefs upon admission. Goals of care and end of life preferences are documented in the electronic health record to ensure care remains aligned with residents' needs and expressed wishes.

In 2025, several enhancements strengthened palliative and end-of life practices across the long-term care homes. A Pre planned Funeral Arrangement tool was introduced to support family led death care and the optional involvement of end-of-life doulas, giving residents and families the choice of whether a funeral home or family members would provide post death care such as transportation, documentation, death registration, and body care. Additionally, Vera M Davis Centre implemented a palliative and end of life project supported by one-time local priorities funding, which enabled the refresh of palliative care resources and the creation of standardized binders for consistent distribution across all five long term care homes. Sheridan Villa achieved its three year POET recertification, and Vera M Davis Centre completed its first year of certification, demonstrating ongoing commitment to high quality palliative and end of life care.

4.2 Quality Improvement Workplan

Peel Region's Long Term Care homes are committed to providing high quality care to our residents. This has included meeting the FLTCA regulations and hiring CQI Specialists for each of our homes in 2024 to support with quality improvement methodology, risk management, and quality management planning.

The Quality Improvement Plan is an organization-owned document that sets to establish the home's plan for quality improvement over the coming year. This includes documenting the set of quality

commitments we make to our residents, families, and staff related to quality-of-care issues identified at the home.

The following table breaks down priority areas identified for the year 2026/27. Vera M Davis Centre' Quality Improvement Initiatives align with annual submissions of Quality Improvement Plans.

Area	Key Actions	Date of Implementation	Outcomes of Actions
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	Develop and deliver education on early symptom recognition and required reporting procedures to help staff identify changes in residents' conditions sooner.	April 2026	In Progress: Education material for staff on the topic of early symptom recognition and required reporting procedures to help staff identify changes in resident conditions sooner was developed. Providing training to staff will help them identify the symptoms and help in preventing ED transfer.
	Formalize the ED transfer subcommittee in all the 5 homes and draft terms of reference, create agenda, members and frequency.	May 2026	In Progress: A formalized ED transfer subcommittee that proactively identifies and manages residents' medical issues within the home, reducing unnecessary hospital transfers while ensuring safe, timely, and person-centred care.
Percentage of residents responding positively to "My problem was resolved to my	Ensure all new families are introduced to management and understand who to contact when concerns arise.	April 2026	In Progress: By introducing residents and families to the entire management during admission care conference and nursing management during the 1 st day, they are being informed

satisfaction"			about who to contact in case of concerns. They are also informed about complaint procedure.
Percentage of family/caregivers responding positively to: "I am satisfied with the spiritual care my loved one receives"	Increase family awareness of the spiritual care programs available in the home.	May 2026	In progress The new calendars communicated to families and residents mention about the spiritual care provided to the residents.
Percentage of residents responding positively to "The menu offers cultural and ethnic food options that I like"	Collaborate with SRSS to align cultural/themed food offerings with activity planning on a quarterly basis.	April 2026	In progress Collaboration is happening between SRSS and DSS to align cultural/themed food offerings with activity planning for improving the resident experience.
Adherence to timely and accurate skin and wound care documentation practices for required resident assessments	The skin and wound care lead will conduct weekly wound rounds in both home areas in order to build capacity and discuss any challenges or concerns related to the management of the resident's wound.	May 2026	In progress The skin and wound lead conduct weekly wound rounds in both home areas and audit of skin and wound assessment. The gaps and challenges are identified and the concerned staff is provided with required support to ensure improvement of resident health and well being.
	Educate staff on the importance of turning and repositioning to off load pressure. Review	May 2026	In progress 1) Education will be provided to staff to ensure that they are aware of importance of turning

	this during the Skin, Wound and Continence Care committee meetings for trends		and repositioning for preventing new wounds and improving wound healing. 2) The process of turning and repositioning and its importance will also be discussed during skin, wound and continence care committees to identify trends and help in preventing new wound and help in wound healing.
Percentage of LTC home residents who fell in the last 30 days leading up to their assessment	Add additional seating areas throughout the home to increase supervision and engagement for residents at high risk of falls.	April 2026	Completed The home added 5 new seating areas throughout the home. This ensures that residents are provided with ample seating spaces and help minimizing falls.
	Identify residents with a fracture risk score (FRS) of 4+ and ensure they are offered fracture - reduction medication.	April 2026	Completed List of residents with a fracture risk score of 4+ was prepared and all the residents were being administered with fracture reduction medication to help improve bone health and minimize risk of fractures.

Section 5: Communication Plan

Quality Improvement is communicated utilizing different strategies that are tailored to the specific improvement initiative and outcomes. These include, but are not limited to:

- Postings on the information/quality board
- Direct e-mails to staff and families

- Newsletters
- Website
- Informal presentations/huddles
- Presentations at staff meetings
- Presentations at Residents' Council meetings
- Presentations at Family Council meetings (on request)
- Presentations at various Committee meetings

Residents: The action plans from quality improvement initiatives and the 2025 experience surveys were reviewed at the Resident Council Meeting in January 2026. No changes or additions were made. Information was shared with residents through the Resident Council meeting minutes, and residents are also encouraged to share suggestions at any time, not just during the annual survey.

Families: The same action plans were shared with the Family Council in February 2026, with no changes or additions proposed. Details were provided to families through the Family Council meeting minutes and family members are also encouraged to offer suggestions anytime.

Progress on quality improvement initiatives and action plans to address key areas from the satisfaction surveys will be shared quarterly at the Resident and Family Council Meetings starting May 2026.

Staff: Updates were shared with staff via CLT and CQI meetings, where action plan development was discussed regularly. The updates on the action plan will be shared in CLT and CQI meetings starting May 2026. Ongoing updates regarding plan implementation will be posted on the quality board on quarterly basis starting May 2026.