Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 30, 2026

ST. JOSEPH'S AT FLEMING

Ontario Health

OVERVIEW

St. Joseph's at Fleming is a 200-bed, stand-alone, not-for-profit long-term care home sponsored by Catholic Health Sponsors Ontario (CHSO). We serve a diverse, multi-denominational population with a clinical focus on behaviours, dementia, mental health, and chronic care. Our home is situated on Mississauga lands and the traditional territory covered by the Williams Treaties, in the heart of the Kawarthas.
St. Joseph's at Fleming (SJF) continues to prioritize resident safety, experience of care, and the reliability of clinical and organizational processes. For the 2026/27 Quality Improvement Plan (QIP), four focused indicators have been selected:

1.Resident Falls
2.Potentially Inappropriate Antipsychotic Use (without a psychosis diagnosis)
3.Resident Experience – "I would recommend this home to others"
4.Staff Completion of Annual Resident Abuse Prevention Training

These indicators reflect long-standing provincial safety priorities, align with Ontario Health's QIP guidance, and are consistent with QIPs published by comparable long-term care homes across Ontario.

ACCESS AND FLOW

We strengthened our systems to support safe and efficient resident flow through close partnership with Ontario Health atHome, the provincial agency responsible for coordinating long-term care placements and providing resident profiles to homes, ensuring smoother and timelier admissions. Readiness was further enhanced through collaboration with our pharmacy partner's Boomer

Program to support timely medication access for new residents, and by hiring a dedicated New Admission Lead to oversee the full admission process, improving coordination, communication, and consistency.
Admission policies and procedures were reviewed and updated, with ongoing refinement planned as volumes grow. Integration of the clinical admission pathway in PointClickCare has improved workflow efficiency by automatically triggering required assessments, reducing registered staff workload, decreasing the risk of missed assessments, and promoting a more standardized approach.
As part of our quality initiatives, we implemented the Ricoh Rx Prescriber Order Scanner to provide secure, one-way communication between the home and the pharmacy, reducing transcription errors, preventing lost or incomplete orders, and strengthening medication safety. We also introduced the PCC IMM Barcode Medication Administration scanning system, currently being trialed on one unit, with registered staff providing feedback to guide wider implementation. This barcode-based safety check enhances accuracy in medication administration by ensuring the right resident receives the right medication at the right time, adding an important verification layer that supports high-quality, safe clinical practice. Collectively, these changes have strengthened access, supported safer transitions, and improved overall flow within the home.

EQUITY AND INDIGENOUS HEALTH

Equity Considerations
To promote equitable resident and family participation, SJF will:
• Track response and participation rates, including residents requiring support
• Offer alternate survey formats and translation resources
• Continue organizational EDI learning while keeping the QIP indicator narrowly focused on abuse prevention training to ensure feasibility and avoid diluting safety monitoring.

St. Joseph's is committed to fostering inclusive living and working environments for all. We embrace the diverse cultures of our residents and support affirming, equitable, and respectful care. This commitment reflects the Mission, Vision, and Values of our organization, which affirm that all individuals should be cared for with compassion regardless of faith, culture, or philosophy. We take pride in being a culturally diverse organization that promotes inclusion in everything we do.

A cultural plan is in place to identify and support residents and employees who may be singled out or overlooked due to socioeconomic, cultural, or diversity-related differences. We ensure that all resident care policies and practices incorporate a cultural lens, including annual care planning, education and awareness training, culturally familiar foods, cultural activities, and adherence to legal obligations. All staff complete annual Diversity, Equity, and Inclusion training through the electronic learning platform.
Creating an inclusive workplace enhances retention of high-quality talent and strengthens our ability to attract a diverse workforce. Our Human Resources practices promote equity and align with provincial priorities through recruitment, orientation, job advertising, and adherence to contractual obligations.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Residents' voices continue to guide our improvements. Participation in feedback increased significantly, with resident

participation rising from 23% to 92%, and overall survey participation improving from 37% to 46%. Hands-on iPad support, staff assistance, clearer communication, and electronic survey options made it easier for residents and families to share their views.

The December 2025 resident satisfaction survey showed strong satisfaction with care, including improvements in grooming support (80%, up from 66%) and consistently high satisfaction with toileting assistance. Recreation programs continue to strengthen, and the home environment scored very well, with noticeable gains in cleanliness, odour control, and laundry services. Some areas—such as call-bell response times (63% satisfaction)—will continue to be monitored and improved. Families have also shared that communication has improved significantly, and they appreciate the timely actions and supports put in place when concerns or needs arise.

Several upgrades were made to enhance day-to-day life, including new projectors and sound systems for movie nights and activities, fresh paint, improved lighting, new flooring, updated wall décor, a new day program space, and a new fish tank. The Recreation Team continues to offer meaningful programs, entertainers, and social events that support engagement and well-being. Residents and families remain actively involved through surveys, council meetings, and direct feedback. We will continue to build on this with two pulse surveys per year, "You Said, We Did" updates, and advance question submissions for council meetings. These efforts help us respond in real time and ensure residents remain at the center of every decision.

PROVIDER EXPERIENCE

Over the past year, significant efforts have been made to enhance staff experience, well-being, and daily workflow. Improvements focused on strengthening communication, modernizing tools, and creating supportive workspaces. To improve communication, all registered staff received individual work emails, and the Niuz app was introduced to streamline updates and team connectivity.

Staff rooms were refreshed with new flooring, improved lighting, and updated furniture to create welcoming break spaces. New water fountains were added throughout the home to support hydration during shifts. Workforce systems were strengthened through the LGI Workforce Pro online call-out and scheduling system, which simplifies scheduling, reduces administrative burden, and supports real-time updates for reliable shift coverage.

Regular communication and professional development were supported through weekly registered staff meetings and monthly Professional Practice meetings, promoting alignment and shared problem-solving. Staff well-being was supported through culture-building initiatives, including Tea for the Soul, seasonal celebrations, birthday recognition, staff appreciation events, and Spirit Weeks. Additional agency staffing was added during peak periods to reduce burnout.

Consistent assignments were maintained to strengthen continuity of care and staff-resident relationships. The introduction of 8-hour shifts supported better work–life balance and reduced fatigue. Operational improvements included an enhanced orientation program and HR support with immigration processes.

The opening of the new daycare, with priority placement for staff children, further supported work–life balance and reduced childcare stress. Together, these initiatives strengthened communication, improved workplace culture, and enhanced professional support, helping build a resilient team equipped to deliver high-quality care.

SAFETY

Over the past year, the home has been actively strengthening resident safety while navigating organizational transition. With renewed stability, the team has been able to place sustained focus on key safety areas including falls prevention, medication safety, skin and wound care, and least-restraint practices.

For Falls Prevention Program, PointClickCare auto-trigger assessments related to falls documentation are currently in the testing phase to help reduce missed documentation and improve accuracy. A new Post-Fall Huddle User Defined Assessment in PointClickCare is being used to guide consistent follow-up, root-cause analysis, and real-time care plan updates. Weekly multidisciplinary falls huddles across all shifts continue to support communication, timely interventions, and shared learning.

Medication safety work continues to progress through strengthened antipsychotic stewardship. All antipsychotic prescriptions without a formal diagnosis are undergoing review for clinical appropriateness, and CareRX is working directly with prescribing practitioners to validate rationale. Antipsychotic review has been added to the admission checklist, and monthly physician–pharmacy meetings are ongoing until all resident cases are fully assessed.

Skin and wound care improvements are also underway, supported by an external wound care specialist and increased staff education. The wound care application is fully in use, helping improve weekly documentation consistency and assessment quality. The team is evaluating specialized mattresses, offloading strategies, and skin care product changes to further reduce risk. A new skin care product has also been introduced to help strengthen the skin barrier and provide protection against dryness, friction, and irritation, serving as a preventative measure to reduce the risk of skin breakdown.

Efforts to reduce physical restraint use remain a priority. Home-wide audits, family care conferences, and individualized reduction plans continue to support safe transitions to Personal Assistive Safety Devices. With a stable management team in place, follow-through, communication, and coaching have become more consistent. Numerous quality improvement initiatives are ongoing across nursing and resident safety programs, and the home anticipates continued progress as these efforts take deeper root.

Having team of nursing managers with specialization in gerontology significantly enhances resident safety by ensuring that care practices are tailored to the unique physical, cognitive, and psychosocial needs of older adults. Their expertise supports early identification of age-related risks, implementation of evidence-based safety protocols, and staff education that promotes safer environments and more proactive, person-centered care.

PALLIATIVE CARE

Our home remains committed to ensuring every resident receives compassionate, person-centred pain management and palliative care that prioritizes comfort, dignity, and quality of life. The Pain and Palliative Care Committee (PPCC) continues to guide and evaluate our Pain Management and Palliative/End-of-Life Care Programs, ensuring alignment with current clinical standards and the requirements of the Fixing Long-Term Care Act, 2021 and O. Reg. 246/22. The committee also leads ongoing quality

improvement work by reviewing outcomes, identifying opportunities, and strengthening consistency in care.
We continue to participate in the provincial Collaborative Project to Sustain a Palliative Approach to Care in Long-Term Care. Through this initiative, we benefit from provincial expertise and support the sector-wide expectation for a palliative approach. Key milestones include completing a comprehensive self-assessment in September 2025 with the CLRI team, receiving the assessment report in October 2025, and developing a detailed workplan. Policy and procedure reviews are ongoing throughout 2026.
To strengthen communication and family support, several resources were updated or redesigned, including the Palliative Care Family Resource Brochure, End-of-Life Brochure, What Is a Palliative Approach?, and Last Hours of Life: What to Expect.
Staff knowledge continues to grow through ongoing education. In December 2025, Team from Peterborough Hospice provided training on pain assessment, worsening pain, and the Pain Assessment in Advanced Dementia(PAINAD)tool for residents with advanced dementia.
Assessment and documentation processes are also improving through iPad implementation, enhanced Comfort Rounds using the "4P" approach, updated training for PSWs, and new PointClickCare assessments. The Palliative Care Caddy was reorganized and relocated to improve accessibility during comfort care.
Having a nursing manager and program lead with extensive experience in pain and palliative care significantly strengthens the program by ensuring expert clinical judgment, evidence-based practices, and compassionate care delivery. Their leadership enhances care coordination, staff competency, and overall program quality, resulting in improved patient comfort and outcomes.
Together, these initiatives demonstrate our ongoing commitment to ensuring residents and families feel supported throughout every stage of their journey.

POPULATION HEALTH MANAGEMENT

St. Joseph's at Fleming is committed to meeting the evolving needs of our diverse resident population. Our residents represent a wide range of languages, cultures, food preferences, and faiths, and we strive to ensure care is respectful, inclusive, and person-centred.
To support overall wellness, we offer convenient on-site services through external partners, such as dental care, foot-care nursing, physiotherapy, salon services, and wheelchair repair. These services help reduce barriers and ensure timely access to essential supports.
We also partner with local taxi providers, allowing residents to easily book transportation through the home. Transportation fees are added directly to monthly billing, reducing stress around payment and improving convenience.
Through culturally informed care planning, accessible services, and ongoing evaluation, we remain committed to supporting the unique health, wellness, and quality-of-life needs of every resident.

CONTACT INFORMATION/DESIGNATED LEAD

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Director Quality and Risk

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**

Brian Edmonds.

Brian Edmonds, Board Chair / Licensee or delegate

Nelson Ribeiro, Administrator /Executive Director

Steven Boyle

Steve Boyle, Quality Committee Chair or delegate

Other leadership as appropriate

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of positive responses to “I would recommend this home to others.”	C	% / LTC home residents	In house data collection / January 2026 to December 2026	80.00	90.00	We did meet our target of receiving 95.35 % positive response rate to our previous indicator in this category, therefor picking new question for 2026-2027.The focus is to increase response rate to be representative of larger population.	

Change Ideas

Change Idea #1 Improve resident reported experience of care.

Methods	Process measures	Target for process measure	Comments
• Driver analysis + two targeted experience improvements • “You Said, We Did” reporting loops • Rapid issue resolution within =5 business days	• =2 “You Said, We Did” items posted monthly • 90% of issues resolved =5 days • Pulse survey: =60 responses and =60% response rate	Increase baseline by =10 percentage points or meet/exceed benchmark	

Safety

Measure - Dimension: Safe

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	27.54	24.79	Falls cause significant harm; aligns with provincial LTC safety priorities. Partners-Pharmacy, BSO team, Community Paramedicine (as applicable) Key Initiatives • 24 hour post fall huddles and care plan updates • High risk falls bundle (hip protectors, alarms as assessed, toileting plans, footwear, lighting) • Monthly medication reviews (sedatives, antipsychotics, antihypertensives) Process Measures • 95% of falls with huddle documented • 90% bundle compliance for high risk residents • 90% monthly med reviews completed	Pharmacy, Physician/NP, BSO team, Physiotherapist, Environmental services

Change Ideas

Change Idea #1 Reduce resident harm from falls through proactive prevention and rapid post fall response

Methods	Process measures	Target for process measure	Comments
•24 hour post fall huddles and care plan updates •High risk falls bundle (hip protectors, alarms as assessed, toileting plans, footwear, lighting) •Monthly medication reviews (sedatives, antipsychotics, antihypertensives)	•95% of falls with huddle documented •90% bundle compliance for high risk residents •90% monthly med reviews completed	Baseline – 10% relative reduction (or approach provincial average) in % of residents with a fall in the last 30 days (Priority indicator in LTC)	

Measure - Dimension: Safe

Indicator #3	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	22.76	20.50	Supports provincial restraint reduction & behaviour management priorities. Partners BSO, Pharmacy, NP/Physicians Key Initiatives • 7 day and 14 day antipsychotic admission reviews • Quarterly caseload huddles with BSO • Care plan updated within 72 hours of med change Process Measures • 95% compliance with 7/14 day reviews • 90% of care plans updated within 72 hours • ≥2 non pharmacological interventions documented per resident/month	Pharmacy, BSO team, Physicians/NP

Change Ideas

Change Idea #1 Reduce antipsychotic use in residents without a psychosis diagnosis

Methods	Process measures	Target for process measure	Comments
•7 day and 14 day antipsychotic admission reviews •Quarterly caseload huddles with BSO •Care plan updated within 72 hours of med change	•95% compliance with 7/14 day reviews •90% of care plans updated within 72 hours •=2 non pharmacological interventions documented per resident/month	10% relative reduction (or at/under provincial avg)	

Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff completing mandatory abuse prevention training annually	C	% / Staff	In-home audit / January 2026 to December 2026	76.37	95.00	Required under FLTCA; critical safety and compliance domain. Key Initiatives • Auto enrollment of staff into education + auto reminders • Monthly manager compliance reports • Micro learning scenarios in huddles Process Measures • 95% new hires trained within 30 days • 95% staff complete annual refresher • ≥2 micro learning huddles per month	

Change Ideas

Change Idea #1 Ensure all staff complete annual abuse prevention training (narrow safety scope)

Methods	Process measures	Target for process measure	Comments
•Auto enrollment + auto reminders •Monthly manager compliance reports •Micro learning scenarios in huddles	•95% new hires trained within 30 days •95% staff complete annual refresher •=2 micro learning huddles per month	% of staff completing mandatory abuse prevention training annually	