SOUTHBRIDGE HEALTH CARE LP

Continuous Quality Improvement Initiative Annual Report

Annual Schedule: May 2026

HOME NAME : Dover Cliffs

People who participated in the evaluation of this report

	Name and Designation	Date of Evaluation
Quality Improvement Lead	Pauline Robinson - ED	20-May-26
Director of Care	Jaspreet Sandhu - DOC	
Executive Directive	Pauline Robinson - ED	
Nutrition Manager	Steven Parker - FSM	
Programs Manager	Taylor Beam (on leave) - PM	
Clinical Consultant	Juan Carlo Cruz RN	
Resident Council Representative	NA	
Family Council Representative	NA	
Medical Director	Laura McEachern	
Other	Jason McLaughlin (IPAC), Laura McEachern (NP) Larissa Stairs (IPAC)	
Other	Doug Graham (ESM), Melissa Boughner (OM)	

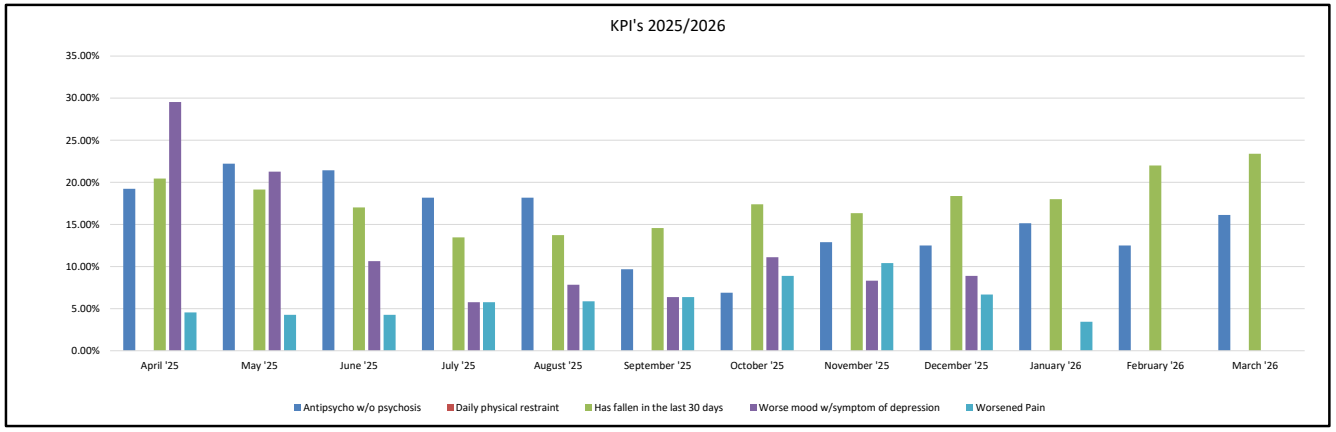
Summary of the Home's priority areas for quality improvement, objectives, policies, procedures and protocols from previous year (2025/2026): What actions were completed? Include dates and outcomes of actions.

Quality Improvement Objective	Policies, procedures and protocols used to achieve quality improvement	Outcomes of Actions, including dates
1. Improve satisfaction with quality of care from physicians (target: Families 80%, Residents 70%)	**Change Idea:** We will have our Medical Director attend both Family and Resident Council in order to discuss concerns with them and explain their roles and responsibilities in the home. We will also aim to discuss the root causes of their concerns so that we can better address gaps and identify solutions as a team working with residents and families. We aim to have our Medical Director attend Family Council by September 2025 and Resident Council by September 2025 as well. We will also work to improve the visibility of physicians by providing name tags to wear within the home. In 2025, the Medical Director successfully attended scheduled Family and Resident Council meetings, which improved communication and provided a consistent forum for addressing concerns and clarifying roles. Feedback from residents and families was reviewed to identify common themes and areas for improvement, supporting more collaborative problem-solving. Physician visibility was enhanced through the introduction of name tags, making physicians more identifiable and accessible within the home.	Physician later followed by Nurse Practitioner attended Family and Resident Council by September 2025, improving engagement and feedback discussions. Physician name tags ordered and implemented April 2025, improving identification and approachability. Physician care satisfaction: Met for residents (Doctors 89.50%) and families (87.50%), exceeding targets.
2. Increase satisfaction with scheduling of spiritual and religious services	**Change Idea:** We will hire a Spiritual Care Provider as a member of the interdisciplinary team to offer spiritual care programs one time per week. We will review the number of residents in the home and their needs and determine the hours that will be required to meet those needs. From there, we will work to develop a weekly routine to meet the needs of our residents based on their input. In 2025, a Spiritual Care Provider was successfully integrated into the interdisciplinary team and began delivering weekly spiritual programming. Resident needs were assessed, and adjustments were made to ensure services were aligned with resident preferences. A consistent weekly schedule was established, improving access and participation in spiritual care services.	1. Spiritual Care Provider (Chaplain) hired Fall 2025. 2. Weekly programming schedule implemented Fall 2025, aligned with resident preferences. Maintained stable satisfaction for residents at 70.83% and achieved 80.00% among families.

3. Increase satisfaction with variety of spiritual, religious, and recreational programs	**Change Idea:** We will integrate specific activities, programs, and strategies to include a new variety of programs. Our aim is to introduce six new program ideas and conduct a home survey to obtain residents' opinions and feedback on a variety of new program options. Resident and Family Council will be asked for new program ideas by April 2025, and the Recreation Manager will provide residents with surveys by this time. In 2025, new recreational and spiritual programs were introduced to expand the variety of offerings within the home. Surveys were distributed to residents, and input was gathered through Resident and Family Councils, which contributed to program planning. Feedback was used to guide the introduction of new activities, enhancing engagement and responsiveness to resident interests.	1. Resident survey completed April 2025. 2. Six (6) new programs implemented based on feedback (Spring–Summer 2025), increasing engagement opportunities. Solid satisfaction levels with residents reporting 84.52% (recreation) and 81.51% (spiritual), and families at 80.83% and 88.75%.
4. Improve staff satisfaction with communication from leadership (baseline 74%)	**Change Idea:** The home will post strategies and goals of senior leadership within the home for all staff to see. The management team will also communicate with staff by March 31, 2025. At shift report, there will be a process for communicating high-risk residents, specifically related to newly admitted residents and outbreaks, as this was identified by staff as a gap in communication within the team. In 2025, leadership goals and strategies were visibly posted within the home to improve staff awareness and alignment. Management provided structured communication updates to staff, and new processes were implemented at shift report to highlight high-risk residents, including new admissions and residents on outbreak precautions. These changes improved consistency and clarity in communication across teams.	1. Leadership communication boards implemented and shared with staff by March 31, 2025. 2. Shift report and huddle communication enhancements implemented April 2025, improving awareness of risks and priorities. Resident satisfaction with leadership communication remains strong at 88.75%, and families at 88.79%.
5. Reduce percentage of residents with falls (target: <15%, baseline: 17.1%)	**Change Idea:** We will work with staff to provide reminders of the risk of falls during outbreaks and the admission period. We will communicate a list of residents who are on isolation precautions and who are newly admitted to staff and ensure this is shared during daily huddles. There will be re-education sessions for all staff on safe lifts, transfers, and handling procedures, including non-clinical staff. In 2025, staff received regular reminders regarding fall risks, particularly during high-risk periods such as admissions and outbreaks. Daily huddles included communication of residents on isolation and new admissions to ensure awareness. Education sessions on safe lifting, transfers, and resident handling were completed across both clinical and non-clinical staff, reinforcing safe practices and supporting fall prevention efforts.	1. Falls risk communication added to daily huddles April 2025. 2. Staff re-education sessions on safe handling completed Spring–Fall 2025, including non-clinical staff. Quality monitoring continues to focus on maintaining resident safety and reducing fall rates currently at 13.92%
6. Reduce nuber of antipsychotic medication given without psychosis	**Change Idea 1:** Provide education to families on the appropriate use of antipsychotic medications. Families were provided with education on the use of antipsychotic medications through care conferences and ongoing communication with the interdisciplinary team. Information included the purpose of the medication, potential risks, and alternative approaches. This improved family awareness and supported more informed discussions regarding resident care and treatment decisions. **Change Idea 2:** Collaborate with physicians to ensure all residents prescribed antipsychotic medications have a clearly documented medical diagnosis and rationale. The interdisciplinary team worked closely with physicians to review all residents receiving antipsychotic medications. Each resident's chart was reviewed to confirm appropriate documentation of diagnosis and clinical rationale. Regular medication reviews and follow-ups were completed, strengthening accountability and ensuring appropriate prescribing and documentation practices.	1. Appropriate use of antipsychotics information left at visitor sign in in October 2025 for families to review. 2. NP and Pharmacy working together to formalize documention and antipsychotic reviews in Fall 2025 Ongoing clinical oversight supports appropriate medication use and resident-centered care currently at 14.88%
7. Continue improvement on number of residents physically		Continue with current efforts

restrained.	**Change Idea 1:** Provide information to residents and families regarding the principles of least restraint. Residents and families were educated on the home's least-restraint approach during admission and care conferences. Education focused on the risks associated with restraint use and alternative strategies to support resident safety. This increased awareness and reinforced the home's commitment to minimizing restraint use. **Change Idea 2:** The Admission Coordinator or designate will review all restraint applications prior to admission to ensure appropriateness. All incoming applications were reviewed by the Admission Coordinator or designate to assess the appropriateness of any restraint use prior to admission. This process ensured that only clinically justified cases were considered and aligned with best practice guidelines. Ongoing monitoring supported consistent decision-making, contributing to the home maintaining a 0% restraint rate.	1. Information was posted at sign in book in April 2026. 2. ED reviews each application for restraint usage prior to admission. Continued focus on minimizing restraint use through best practice approaches currently at 0%.
8. Reduce percentage of residents who had a pressure ulcer that recently got worse.	**Change Idea 1:** Review team membership to ensure an interdisciplinary approach, with the team responsible for reviewing all wounds and skin issues identified in the previous month during meetings. An interdisciplinary team was established and maintained, including key clinical staff, to review all identified wounds and skin concerns on a monthly basis. These structured reviews supported timely assessment, monitoring, and updates to care plans, ensuring a coordinated and consistent approach to wound management. **Change Idea 2:** Provide staff education on appropriate wound care product selection. Staff received targeted education on wound care practices, including appropriate product selection based on wound type and stage. Education was reinforced through ongoing clinical support and guidance, improving staff knowledge and consistency in treatment approaches and contributing to improved wound care outcomes.	1. Membership of team is interdisciplinary. 2. Education by Medline for wound care was completed in Fall of 2025. Preventative care efforts remain in place to support skin integrity and reduce risk currently at 2.66% Continuous quality improvement processes are in place to guide practice, strengthen outcomes, and sustain high standards of care.
2024 Resident Satisfaction Survey: Top Opportunities 1. I am satisified with the schedule of religious and spiritual care programs (70%) 2. I am satisified with the variety of recreation programs (63.2%)	Home will be posting for a casual paid chaplain to assist with spiritual care as previous chaplain resigned. The home will develop 6 new programs and survey the residents on them. The Rec Manager posted for a casual position in April 2025 however the position wasn't filled until December 2025. The Rec Manager added 6 new programs to the calendar in April 2025 and surey was completed following the implementation. Throughout the reporting period, the home initiated recruitment efforts to secure a casual paid chaplain following the resignation of the previous provider. While recruitment timelines extended longer than anticipated, interim measures were implemented to maintain continuity of spiritual care, including support from interdisciplinary staff and the incorporation of spiritual elements into existing programming.	2025 Resident Satisfaction Survey Result: 1. I am satisified with the schedule of religious and spiritual care programs = 70.83% slight improvement 2. I am satisified with the variety of recreation programs = 84.52% improved Home striving to improve and exceed expectation.
2024 Family Satisfaction Survey: Top Opportunities 1. I am satisfied with the variety of spiritual care services (66.7%) 2. I am satisfied with the quality of care from doctors (76%)	The RAI/DOC Coordinator will incorporate questions regarding spiritual preferences into care conferences and ensure residents and families are informed about available programs and services. The Medical Director or Attending Physician will participate annually in Family and Resident Council meetings to gather feedback on services and identify opportunities for improvement. The RAI coordinator surveyed residents on spiritual care preference begining March 2025 and ongoing. The Attending phsyician met with the Family advisory and resident council in September 2025 to obtain feedback on services and areas for improvement. During the reporting period, the RAI/DOC Coordinator consistently included discussions on spiritual needs and preferences during care conferences, ensuring that residents and families were engaged and informed about available programs. Information gathered was documented and used to support individualized care planning and improve access to spiritual services. In addition, the Medical Director and/or Attending Physician attended Family and Resident Council meetings, providing structured opportunities for open communication, feedback, and clarification of care-related concerns. Feedback collected through these forums was reviewed by the leadership team and informed ongoing quality improvement activities, strengthening communication, transparency, and alignment of services with resident and family expectations.	2025 Family Satisfaction Survey Results: 1. I am satisfied with the variety of spiritual care services = 88.75 Improved 2. I am satisfied with the quality of care from doctors = 87.5% Impoved Quality improvement initiatives remain active through consistent evaluation, targeted interventions, and interdisciplinary collaboration.

Key Perfomance Indicators												
KPI	April '25	May '25	June '25	July '25	August '25	September '25	October '25	November '25	December '25	January '26	February '26	March '26
Antipsycho w/o psychosis	19.23%	22.22%	21.43%	18.18%	18.18%	9.68%	6.90%	12.90%	12.50%	15.15%	12.50%	16.13%
Daily physical restraint	0	0.00%	0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0%	0%	0%
Has fallen in the last 30 days	20.45%	19%	17.02%	13.46%	13.73%	14.58%	17.39%	16%	18.37%	18.00%	22.00%	23.40%
Worse mood w/symptom of depression	30%	21%	11%	6%	8%	6%	11%	8%	9%	0%	0%	0%
Worse stage 2-4 PU	2.27%	2%	4%	2%	2%	0%	0%	0%	0%	0%	0%	0%
Avoidable ED Visit	18.60%	18.60%	18.60%	18.60%	18.60%	17.60%	17.60%	17.60%	17.60%	21.20%	21.20%	21.20%
Worsened Pain	4.55%	4.26%	4.26%	5.77%	5.88%	6.38%	8.89%	10.42%	6.67%	3.45%	0.00%	0.00%



How Annual Quality Initiatives Are Selected
The continuous quality improvement initiative is aligned with our mission to provide quality care and services through innovation and excellence. The home has a Continuous Quality Improvement Committee comprised of interdisciplinary representatives that are the home's quality and safety culture champions. An analysis of quality indicator performance with provincial benchmarks for quality indicators is completed. Quality indicators below benchmarks and that hold high value on resident quality of life and safety are selected as a part of the annual quality initiative. Emergent issues internally are reviewed for trends and inccorporated into initiative planning. The quality initiative is developed with the voice of our residents/families/POA's/SDM's through participation in our annual resident and family satisfaction survey and as members of our continuous quality improvement committee. The program on continuous quality improvement follows our policies based on evidence based best practice.

Summary of Resident and Family Satisfaction Survey for Previous Fiscal Year	
Date Resident/Family Survey Completed for 2024/25 year:	Surveys were completed between October 1 and October 31, 2025.
Results of the Survey (*provide description of the results*):	Overall satisfaction was high, with 91.89% of residents and 90.83% of family members indicating they would recommend the home. Resident satisfaction was 87.19% and family satisfaction was 85.38%, aligning closely with LTC division averages. Strengths included cleanliness and maintenance, relationships with staff and others, communication, continence care, and overall quality of care. Opportunities for improvement were identified in access to hairdressing and foot care services, dining experience, spiritual care scheduling, and some specialized services such as dietitian support.
How and when the results of the survey were communicated to the Residents and their Families (including Resident's Council, Family Council, and Staff)	Survey results were reviewed and shared in Q1 2026 through Resident Council and Family Council meetings, as well as staff meetings and internal communications. Summaries of the results and identified action plans were also made available within the home to ensure residents, families, and staff were informed and engaged in quality improvement initiatives.

Client & Family Satisfaction	Resident Survey				Family Survey				Improvement Initiatives for 2026
	2026 Target	2025 (Actual)	2024 (Actual)	2023 (Actual)	2026 Target	2025 (Actual)	2024 (Actual)	2023 (Actual)	
Survey Participation	100.00%	100.00%	100.00%	100.00%	82.00%	80.00%	83.30%	77.50%	Increase participation through reminders, flexible formats, and staff support to help residents and families complete surveys.
Would you recommend	92.00%	91.89%	100.00%	96.20%	91.00%	90.83%	96.00%	96.20%	I enjoy eating meals in the dining room and am satisified with the quality of care from Dietitian

If I have a concern, I feel comfortable raising it with the staff and leadership	93.00%	98.92%	85.00%	92.30%	87.00%	86.21%	100.00%	93.30%	I have access to foot care and hairdresser when needed.

Summary of quality initiatives for 2026/27: Provide a summary of the initiatives for this year including current performance, target and change ideas.		
Initiative	**Target/Change Idea**	**Current Performance**
Rate of ED visits for modified list of ambulatory care-sensitive conditions	**Target Performance: 17.00** **Change Idea (1)**: Early identification, assessment and recognition of symptoms. **Change Idea (2):** Use of physician /nurse communication tool to assess need for hospital transfer.	17.65% as of January 2026
Percentage of staff who have completed relevant equity, diversity, inclusion, and anti-racism education	**Target Performance: 100.00%** **Change Idea (1):** To strengthen diversity, inclusion, equity, and anti-racism within the workplace by increasing staff education through Surge training or live events, integrating Cultural Diversity discussions into CQI meetings, and ensuring that cultural assessments—including language, faith, gender preferences for care, and family roles—are completed upon admission. **Change Idea (2):** To promote open communication and collaboration by facilitating ongoing feedback and maintaining an open-door policy between staff and the management team to continuously support a diverse and inclusive environment.	98.81% as of 2025
Percentage of long term care residents whose stage 2-4 pressure ulcer worsened.	**Target Performance: 2.00%** **Change Idea (1):** Ongoing education for direct care staff on early identification of skin integrity /skin breakdown prevention. **Change Idea (2):** Wound rounds to increase skill and capacity of Wound Care Champion and front line and registered staff.	2.66% as of April 2026
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	**Target Performance: 13.00%** **Change Idea (1):** Recreation providing programs during break times. **Change Idea (2):** Education for staff surrounding restorative care to help improve resident independence.	13.92% as of April 2026
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	**Target Performance: 14.50%** **Change Idea (1):** Strengthen individualized plans of care by incorporating non-pharmacological, trigger-based strategies to manage responsive expressions. **Change Idea (2):** Implement regular interdisciplinary reviews of newly admitted residents prescribed antipsychotics to ensure appropriate diagnosis and indication for use.	14.88% as of April 2026
2025 Resident Satisfaction Survey: Top 5 Opportunities 1. I am satisfied with the quality of care from: Dietitian 2. I enjoy eating meals in the dining room. 3. I am aware of: The timing and schedule of spiritual care services 4. I have access to foot care when needed. 5. I have access to a hairdresser when needed.	Opportunity 1: Dietitian Services Residents would like better awareness and access to the dietitian. The home will post the dietitian's visiting schedule on the calendar, communicate any absences through the daily activity listing, highlight the dietitian in an upcoming newsletter with contact information, and invite her to attend a Resident Council meeting. Opportunity 2: Dining Experience Residents would like an improved dining room experience. The home will trial calming music in the dining room, follow up on requests for table changes, add pleasurable dining as a regular topic at Food Council, and complete audits to identify and address any gaps. Opportunity 3: Spiritual Care Services Residents are not fully aware of spiritual care services and scheduling. The home will add the chaplain's programs to the calendar, share the schedule at Resident Council for feedback, and ensure spiritual care preferences are completed with residents. Opportunity 4: Foot Care Services Residents would like improved access to foot care. The home will post foot care schedules, communicate any service disruptions, include foot care information in the newsletter, and invite the provider to a Resident Council meeting. Opportunity 5: Hairdressing Services Residents would like more consistent access to hairdressing services. The home will post the hairdresser's schedule, communicate any absences, include service details in the newsletter, and invite the hairdresser to a Resident Council	Top 5 Opportunites 2025 1. 75.00% 2. 72.50% 3. 70.83% 4. 63.89% 5. 48.75%

	meeting.	
2025 Family Satisfaction Survey: Top 5 Opportunities 1. Physiotherapist/occupational therapist 2. The timing and schedue of spiritual care services 3. Social Worker/Social Service Worker 4. The resident has access to foot care when needed. 5. The resident has access to a hairdresser when needed.	Opportunity 1: Physiotherapy and Occupational Therapy Services Families would like improved awareness and access to physiotherapy services. The home will post the physiotherapist's visiting schedule on the calendar, communicate any absences through the daily activity listing, and highlight the physiotherapist and PTA in an upcoming newsletter with contact information and schedule. Opportunity 2: Spiritual Care Services Families would like better timing and awareness of spiritual care services. The home will add chaplain programs to the calendar, share the schedule at Resident Council for feedback, ensure spiritual care preferences are completed with residents, and feature the chaplain in a newsletter with contact information and schedule. Opportunity 3: Social Work Services Families would like improved access to social work services. The home has posted the vacant social worker position and initiated the hiring process. Opportunity 4: Foot Care Services Families would like improved access to foot care services. The home will post foot care schedules, communicate any service disruptions, highlight the foot care nurse in the newsletter with contact information, and provide a foot care information package to families upon admission. Opportunity 5: Hairdressing Services Families would like improved access to hairdressing services. The home will post the hairdresser's schedule, communicate any absences, highlight the hairdresser in the newsletter with contact information, and provide hairdressing service details and pricing to families upon admission.	Top 5 Opportunites 2025 1. 80.68% 2. 80.00% 3. 79.79% 4. 79.61% 5. 59.21%

Process for ensuring quailty initiatives are met
Our quality improvement plan (QIP) is developed as a part of our annual planning cycle, with submission to Health Quality Ontario. The continuous quality team implements small change ideas using a Plan Do Study Act cycle to analyze for effectiveness. Quality indicator performance and progress towards initiatives are reviewed monthly and reported to the continuous quality committee quarterly.

Participants of Evaluation Name and Signatures:	***Print out a completed copy - obtain signatures and file.***	**Date Signed:**
Quality Improvement Lead	Pauline Robinson - ED	**20-May-26**
Executive Director	Pauline Robinson - ED	**20-May-26**
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