

## **Dearness Home for Senior Citizens 2025/2026 Continuous Quality Improvement Plan Report**

### **OVERVIEW:**

The Corporation of the City of London - Dearness Home, is a fully accredited Municipal Home owned and operated by the City of London. Dearness is home to 241 permanent residents and provides 2 respite beds for those members of the community who require short term or respite stays; however, since the start of the COVID-19 pandemic, and at the request of Ontario Health atHome (OHH) both our respite beds are being occupied by permanent residents for the foreseeable future. Of our total 243 beds, 27 are located on a secure unit, including one of the respite beds. Our mission statement, "Compassionate people enriching the lives of others. Always", keeps us focused on achieving our vision, standards of care and commitment to our residents and supports the Home in achieving success in safety, compliance, and resident satisfaction. Our Continuous Quality Improvement (CQI) team have chosen, for the 2025/26 Continuous Quality Improvement Report Plan (cQIP) to address the Ontario Health identified priority areas of Access and Flow, through a view of Potentially Avoidable Emergency Department (ED) Visits, Resident Experience in terms of "Having a Voice" and "Being Able to Speak Up About the Home", Safety through a focus on Potentially Inappropriate Antipsychotic Use and Falls, and Equity centred on anti-racism and anti-oppression. In accordance with Ontario Health, our team believes these priority areas are important to the overall health care system. For this QIP, the Dearness Home will strive towards meeting an in house established respectable Theoretical Best target with respect to ED visits, Resident Experience, and Equity, and the Provincial Benchmark for Potentially Inappropriate Antipsychotic Use and Falls. Our strategic direction and the initiatives that support it also align with our Commission on Accreditation of Rehabilitation Facilities (CARF) Accreditation Standards and meet the requirements of our Long-Term Care Service Accountability Agreement (LSAA).

In order to implement our plan for continuous improvement over 2025/2026, our continuous quality improvement leads, Jason Westbrook, Manager of Support Services and Business Operations and CQI Committee Chair, and Eileen Marion-Bellemare, Director of Care, will review our progress monthly with the management team, and quarterly with the Continuous Quality Improvement Committee. Further, the Home's leads will review and share our progress regularly with relevant partners, including the family and resident councils and the licensee. Along the way, we will ensure we celebrate our successes while allowing for time and space to discuss next steps or changes in strategy in areas we are failing to see improvement.

### **ACCESS AND FLOW:**

Dearness Home prides itself on being an engaged partner in optimizing system capacity, timely access to care, and patient flow to improve outcomes and the experience of care for all residents and the larger community. However, given the significant impact of the increasing number of younger mental health patients being admitted to Dearness, throughout the 2024/25 fiscal year our strategies and new positions have been focused on addressing the needs of this specific population and will continue to do so throughout 2025/2026.

In mid-2024 we expanded the Behavioural Supports Ontario (BSO) program through the implementation of two new Full-Time BSO PSW positions. These new positions are in addition to the PT PSW position that was already in place and allows the home greater BSO coverage across all shifts.

In late 2024, after a lengthy recruitment process, the home was able to hire a Permanent Full-time Nurse Practitioner (NP). While specializing in geriatrics, our new NP has experience and knowledge in working with mental health populations. The NP has played an active role in increasing access to timely early treatment for our residents with mental health concerns allowing them to remain in the home rather than being sent to hospital for evaluation.

In early 2025 we also added 9 new Full-Time Bath Aid positions. These positions prevent the removal of a PSW from the floor to complete a bath, thereby enhancing the availability of PSWs to respond to other resident's needs and potentially preventing a responsive behaviour. For many of our residents with mental health as a primary diagnosis, bathing can be a significant trigger. Having a dedicated staff member who knows their bathing preferences and responses to the bathing experience can also prevent a responsive behaviour from occurring.

The Home also boasts a secured Home Area with expertly trained staff, access to an in-house Psychiatrist, a Full-Time Social Worker, Full-Time Physiotherapist, and a Part-Time Occupational Therapist. In addition, we have a robust team of physicians, which provides in-house care to our residents 5 days per week, with access to on-call physicians 24 hours per day, 7 days a week. As a teaching facility for resident physicians, we also have regular access to several resident physicians above our standard compliment of in-house doctors.

The new positions outlined above, combined with our established systems and positions discussed herein, will enable us to provide enhanced preventative care to our residents, improve upon early identification of resident health concerns, support professional growth and skill development in all staff areas and positions, and strengthen engagement amongst the interdisciplinary team members.

Ultimately, it is hoped our initiatives will work towards further decreasing the number of avoidable Emergency Department visits and unnecessary hospitalizations in 2025/2026.

### EQUITY AND INDIGENOUS HEALTH:

Dearness Home is committed to improved and equitable outcomes to reduce health inequities within our community. The corporation of the City of London continues to develop an Equity and Inclusion Action Plan which includes a strong focus on Diversity, Anti-Racism and Anti-Oppression. Dearness is an enthusiastic supporter of this Plan and has both spearheaded and participated in many initiatives.

The corporations Workplace Equity and Inclusion Action Plan 2024- 2027 is aimed at furthering efforts to become a more inclusive workplace for all employees, including those belonging to equity denied groups. The first step in forming this plan was to collect demographic data and information about employee experiences of inclusion and belonging via a voluntary and confidential Equity and Inclusion Survey. The data collected was then used to tailor the Equity and Inclusion Action Plan. The Equity and Inclusion survey showed that City of London employees belonging to equity-denied groups experience barriers to full participation in the workplace. The Workplace Equity and Inclusion Action Plan 2024-2027 outlines measurable Actions or Areas of Focus to dismantle those barriers and create a

more equitable and inclusive workplace. These measurable Actions or Areas of Focus are divided in the Action Plan amongst 5 key categories that emerged from the survey results. The 5 categories are, Workplace Demographics, Hiring and Representation, Leadership Capabilities, Policies and Procedures, Career Paths and Advancement, a Culture of Inclusion and Belonging. Much of the work outlined in the plan has already started; however, we still have much to do and will continue to strive towards a more equitable and inclusive workplace.

At Dearness Home during the 2024/25 we successfully rolled out education focused on Anti-Racism and Anti-Oppression through our in-person mandatory training sessions - 85% staff in the Home, including management level staff, completed this education. For the 2025/26 fiscal year, in addition to the Anti-Racism and Anti-Oppression training, we have added Indigenous Cultural Awareness (ICA) training to our in-person mandatory training sessions. The ICA training was started in January of 2025 and covers the topics of Colonization, Determinants of Health, Indigenous History and Political Governance, Cultural Competence in Health Care, the Truth and Reconciliation Commission, Cultural Resurgence, and the Residential School System.

The Anti-Racism and Anti-Oppression Division at the City of London has committed to marking significant dates across the world. The purpose of this initiative is to assist with scheduling and planning events and meetings that are inclusive and respect the diversity of our teams and to raise awareness, respect, and celebrate the diverse cultures, religions, and backgrounds across the world. The City of London also supports and encourages employees to participate in Employee Resource Groups (ERGs). ERGs are communities of belonging for employees who share a common social identity or experience and their allies. ERGs facilitate activities that help to foster an inclusive workplace culture. Members of the ERG act as a resource to each other to achieve their full potential at work and to the Corporation, by voluntarily sharing insights from their lived experiences. The Director of Care of the Dearness Home is of Indigenous ancestry and is a founding member of the City's Indigenous ERG.

The Indigenous ERG is an Indigenous-led community of support for Indigenous employees and friends who help to provide and support culturally responsive engagement aimed at progressing reconciliation efforts at the City of London. Further, it supports and creates opportunities for City of London employees to celebrate, honour and become informed about Indigenous cultures and ways of being. The ERG supports and empowers its members so they can grow as formal and informal leaders in the corporation and enjoy a sense of caring and shared experience.

The City of London employs a Full-Time Indigenous Community Liaison Advisor. This Advisor works to develop and strengthen the City's relationship with Indigenous people and communities. They recommend processes and initiatives that support the City of London in fulfilling its commitment to the Truth & Reconciliation Commission's Calls to Action, and facilitates the City's ability to align service delivery to the identified needs of Indigenous people and communities. In keeping with the City's commitment to dismantle racism and oppression experienced by Black and Indigenous people, other racialized peoples, persons with disabilities, members of the LGBTQ2+ communities, and women, the Indigenous Community Liaison Advisor reports to the Director, Anti-Racism and Anti-Oppression Unit, and works collaboratively with other members of the team to further develop systems, supports and accountabilities that will enable the Corporation to meet its strategic objectives.

#### PATIENT/CLIENT/RESIDENT EXPERIENCE:

Dearness Home's mission is "Compassionate people enriching the lives of Others. Always." and we strive to accomplish this by engaging our residents and families in numerous ways. We promote transparency with residents and families by requesting their participation in various activities such as quality improvement projects, satisfaction surveys, various committees, and active Resident and Family councils.

More generally, we also openly share Ministry inspection reports, quarterly indicator results, accreditation survey results and concerns and successes in the Home. On an individual basis, we also involve residents and/or families by discussing their unique needs, preferences and concerns and then building their plan of care based on these discussions.

While the pandemic created many challenges it also presented opportunity for innovation. Many of the new ways of connecting that were developed out of necessity during the pandemic, have been maintained post-pandemic, thereby improving our resident's and family's abilities to participate in meetings and events through virtual options.

Annually, following a review of our Resident and Family satisfaction survey results, the management team creates an action plan for any item on the survey where the Home scored lower than 80%. This action plan is then shared with the Resident and Family Councils by the manager responsible for the specific action items. The Resident and Family Council members then have opportunity to provide recommendations and comments on individual action plan items.

#### PROVIDER EXPERIENCE:

As with many others in the health care sector post-pandemic, Dearness has experienced numerous human resource challenges.

To meet these challenges, we have implemented weekly interviews for nursing staff along with weekly orientation/start dates to ensure potential candidates have an opportunity to start with our organization as quickly as possible, thereby possibly preventing them from seeking employment elsewhere.

At Dearness we have created and continue to improve upon a mentorship program for our new PSW and RPN staff. This program has new staff connected to a long-standing staff member who spends 8hrs or more of 1 on 1 time with the new staff getting to know them, talking about the home, showing them around and orienting them to their new position. The mentor also provides their personal contact information, so the new staff member has someone to connect with and ask questions to. The goal of the program is to help retain new staff by providing a welcoming, low stress transition to the Home.

Over the last two years the Home has also added 2 new FT Behavioural Supports Ontario (BSO) PSW positions, 9 new FT PSW Bath Aid positions, increased the BSO and Restorative Care RPN hours to Full-Time, as well as the Dietician hours from 29hrs per week to 49hrs per week. We created new FTE RPN and PSW Auditor roles and an FTE Admission RN role. While these positions have their specific duties and job descriptions, they can be utilized on the floor in the case of a

shortage, to fill the role of a unit RN, RPN or PSW depending on their classification. This arrangement has assisted the Home greatly with regards to ensuring optimal staffing levels as it provides us access to a number of PSWs, RPNs and an RN at any given time, who know our Home, policies, families, and residents, when needed. The Home has recently worked collaboratively with our largest union in the Home to establish new scheduling practices for allowing casual and Part-Time staff to have greater flexibility in their scheduling to help retain and recruit them.

With the leadership of our largest union Chairperson and our Director of Care (DOC), who co-chair the committee, the Dearness Home boasts a very active Positive Culture Committee. The purpose of the committee, as laid out in the Terms of Reference, is to promote a positive workplace culture, bring observations to the forefront, and act to propel positive change. The committee believes that workplace culture improvement requires collective action and dedication from not only the management team, but also the unions and the staff. As such, it was imperative for both the union Chairperson and the Home's DOC to act as co-chairs for this committee to demonstrate a commitment of mutual respect and dedication to the wellbeing of the Home, despite often being at odds in our respective roles. The committee is striving to achieve representation from every department in the Home, including management, nursing, housekeeping, recreation, dietary, clerical, maintenance, and laundry. The committee has held numerous events and workshops in the Home and thus far, the feedback has been that the committee has been successful in moving the Home towards a more positive culture and overall staff experience in the workplace.

The Dearness Home also provides a Quiet Room space for staff who need a respite away from the busy LTC environment while on shift. It is designed to bring a sense of peace and comfort to those entering the room with its muted colouring and lighting as well as new couches and chairs (it is also a dedicated Indigenous smudging space).

In recognition of the current stressors of working in health care, the Home has held various and numerous staff appreciation events. Some of these events include free massages on site, the offering of snacks on various shifts and days (chips, pop, granola bars, cookies, muffins etc.), regular delivery of food/drink care baskets to units when in outbreak, free meal days (roast chicken, submarine sandwiches, pizza), draws for gift baskets, ice cream days etc. Dearness also offers all its employees' access to confidential professional support through our Employee Assistance Program. Through this program our staff and their family members have around-the-clock access to a safe, confidential resource to manage stressful circumstances and personal issues.

### SAFETY:

Analyzing and learning from resident safety incidents, whether they result in harm or not, provides critical insight into the risks within our setting and possibly how we can mitigate them. It also provides opportunity for insight to support our continuous quality improvement work. At Dearness we have a number of processes and systems in place to learn from our resident safety incidents. These systems and processes include, but are not limited to:

**Professional Advisory Committee:** This committee meets quarterly to promote resident safety and physical well-being through a regular review of system and home level issues and incidents that may contribute to resident risk while collaborating and discussing issues that impact other disciplines. Two key piece of this committee is the review and analysis of medication incidents and falls. The review and analysis for both areas are presented to the interdisciplinary team as an

opportunity for each member to provide input and discussion around trends and prevention. The Director of Care chairs this meeting with Public Health, the Medical Director, Pharmacist, Respiratory Therapist, Physiotherapist, Occupational Therapist, Dietician, Dietary Manager, Environmental Services Manager, Administrator, Manager of Community Life, Social Worker and Assistant Directors of Care in attendance.

**Medication Incident Review Committee:** This committee meets quarterly to complete an in-depth review and analysis of each medication incident. An action plan is then developed for each incident to minimize the risk of similar future events. The Medication Management ADOC Lead attends, along with the pharmacist, and the medical director.

**Critical Incident Reviews:** Within 30 days of any Critical Incident submitted to the Ministry of Health, a thorough review of the CI is completed. The review looks at the details surrounding the event associated with the CI, what actions were taken related to the event, where we could have done things differently or anything we may have missed as part of any process (e.g. were the outside grounds searched prior to calling the police after a code yellow is called), and who is responsible for any action items identified for future improvement. The old version of the ministry Inspection Protocols are also reviewed to ensure compliance was met in any scenarios as appropriate and any applicable policy is also reviewed.

**Medication Incident Follow-Up:** Following every medication incident, the Assistant Director of Care overseeing medication management meets with the nurse involved, reviews the incident, reviews factors that may have contributed to the incident, discusses strategies to prevent future similar incidents, and provides a medication education package and quiz that they must complete and return to the ADOC. Beyond the individuals directly involved and in attendance during the review and analysis of resident safety incidents, at Dearness we share any learning back with Dearness via unit specific meetings, committees, memos, care conferences, our internal home page, emails, communication binders etc. This distribution of the knowledge gained from the analysis of incidents is vital to preventing future recurrences and keeping our residents safe.

**Quality Improvement Initiative:** In late March of 2025 we will be rolling out the Registered Nurses Association's (RNAO) Clinical Pathway (CPW) for Admissions. This quality improvement initiative demonstrates Dearness Home's dedication to creating and sustaining a culture of safety to prevent and reduce resident safety incidents. The CPW is based on the RNAOs Best Practice Guidelines (BPG). The BPGs are systematically developed, evidence-based documents that include recommendations for nurses, interprofessional health teams, educators, leaders and policy makers on how to improve outcomes for people and their support networks. CPWs promote standardized assessments and interventions, with built-in prompts and clinical suggestions to guide the nurse through the Admission process. This approach reduces errors, omissions, or incorrect actions and supports clinical decision making, especially by novice nurses. They also outline the steps and interventions for specific conditions, ensuring that all residents receive a consistent level of care, reducing variations in treatment and the potential for errors. By outlining the roles and responsibilities of different healthcare professionals, the pathways further facilitate better communication and collaboration, reducing the risk of errors caused by miscommunication or misunderstandings. The efficiencies that come from using a standardized process allows nurses to focus on more complex aspects of resident care and potentially catch errors that might have otherwise been missed in the admission process.

In the coming months, we hope to proceed with onboarding more of the CPWs, including the Palliative Care and Falls pathways.

### PALLIATIVE CARE:

High-quality palliative care in any Long-Term Care facility is essential for ensuring dignity, comfort, and quality of life for residents facing serious illness or the natural aging process. It focuses on pain and symptom management, emotional and spiritual support, and compassionate communication with residents and their families. By prioritizing personalized care, palliative services help reduce unnecessary hospitalizations, enhance well-being, and provide a holistic approach to end-of-life care. Investing in comprehensive palliative care ensures that individuals receive respectful, patientcentered support, allowing them to live their final months or years with peace and dignity.

At Dearness we have number of processes that demonstrate our strong commitment to the highest quality of palliative care. On the first day of admission to our Home we ensure we open the topic of palliative care to our new residents and our families. We do this by gently offering them our Palliative Care and End of Life Care guides. These guides provide information on what to expect during the palliative and end of life processes in terms of what the Home can offer, as well as what will be happening physically, mentally, and spiritually for the resident. Early discussions about end-of-life care and palliative care are crucial for improving quality of life, reducing suffering, and ensuring care aligns with a resident's wishes, while also supporting families in the coping process.

Additionally, this year we will be starting a Palliative Care SubCommittee that will meet monthly to review all residents who have a PPS of 50% or less, rather than 40% as was the previous practice. This early monitoring allows us to have timely pointed discussions with residents and families. Residents with a PPS of 50%, and their families, are contacted and offered a care conference to discuss their needs and wishes. The care conference is followed up with a check-in again at 40% to ensure everything is in order. This earlier approach to palliative care can help manage pain and other symptoms, allowing individuals to live as actively and comfortably as possible until death. It can also help prevent unwanted or unsuccessful treatments and hospitalizations, minimizing distress for both the resident and their family.

Dearness will also be hosting several half and full-day education session specific to palliative and end-of-life care throughout the year. These sessions will be attended by both Registered and non-Registered staff in the Home. Education like this equips our staff with the skills and knowledge to effectively attend to the needs of our residents and their families during these final stages of life. We have chosen to extend this education beyond our Registered staff as we truly embrace the holistic care approach. In our view, any approach focusing purely on medications and treatments may diminish the importance of addressing the emotional, social and spiritual needs of a resident and their family, leading to unnecessary suffering.

### POPULATION HEALTH MANAGEMENT:

In the last number of years, our region has experienced an increase in Alternate Level of Care (ALC) days for seniors with responsive behaviours in conjunction with an increase in high acuity young adult mental health patients overall, placing a significant strain on the Emergency rooms and hospitals in general. Dearness addresses these concerns by supporting a robust in-house Behavioural Supports Ontario (BSO) team and ensuring all residents in need have a timely referral and response.

Dearness is also privileged to be able to offer access to a Full-time Social Worker and Nurse Practitioner (NP), to address the mental health concerns of our residents in an efficient manner. Our social worker, NP and BSO team collaborate with our team of in-house physicians to reduce the numbers of hospital transfers for mental health reasons where appropriate. In addition, Dearness works closely with the Regional Psycho-Geriatric outreach team. This team focuses on elderly individuals who struggle with mental health illnesses such as depression, psychotic disorders and dementia. The team consists of a Geriatric Psychiatrist and a Clinical Nurse Specialist with expertise in mental health. Services provided by the team include clinical consultation, education, and community development. The Regional Psycho Geriatric team uses Cognitive Behavioural Therapy as their therapeutic approach to care. Additionally, Dearness offers a secure Home Area for residents requiring a safe and secure environment, such as those individuals suffering with significant responsive behaviours, dementia, mental health and addiction illnesses, and/or other disorders.

Each of our units, including our secured unit, have 7 day per week Recreation staff coverage. As a nonpharmacological intervention, recreational activities have a demonstrated effect in reducing aggression, wandering, screaming, and apathy -the most common behavioural symptoms experienced by our resident with dementia and/or other mental health concerns.

Throughout the year, Dearness has committed to training the majority of all direct care staff in the Gentle Persuasive Approach (GPA). The Home has experienced great success with a similar initiative in the past. Dearness has a number of certified coaches who guide the participating staff members to understand responsive behaviours in order to respond effectively and appropriately. There is a focus on respectful, self-protective and the gentle redirection technique for use in situations of risk.

Dearness also has in-house access to a newly updated Snoezelen room. Snoezelen rooms have proven to be effective in calming aggressive behaviour, reducing agitation and anxiety, and improving mood overall in elderly suffering from dementia and other mental health and development issues. Our room is located in a general area on the main floor for all residents who need to access it. Some of this unique equipment is also portable and can travel to residents within our Home based upon the individual's assessed needs.

At Dearness Home each floor has a list of staff who speak languages other than English. These staff can be called upon as needed to support communication with residents and families. Dearness Home also has an interpretation services resource binder on each floor, which includes Pictographic Communication Resources, Language Translation Resources, Resource Access to CNIB and Canadian Hearing Society.

As mentioned previously in the Access and Flow section, Dearness also has 5 days per week access to an in-house Nurse Practitioner and a large team of attending physicians, in addition to an on-call physicians 24 hours per day, 7 days a week. The Home also supports the training of resident physicians, providing us care supports above our standard compliment of in-house doctors.



QIP 2025/26 WORKPLAN

Theme: Timely and Efficient Transitions	Measure	Population	Source/Period	Current Performance	Target	Target Justification	Planned Improvement (Change Idea)	Methods	Process Measure	Target for Process Measure
Efficient	Rate of ED visits for modified list of ambulatory care-sensitive conditions per 100 LTC residents	Rate per 100 residents / LTC home residents	CIHI CCRS Oct 2023-Sept 2024	34.40	24.50	Target based on South-West LHIN performance. We would like to meet the performance of our region.	1) Add Nurse Practitioner to the Team	Following a fall resulting in injury, the unit RPN/RN will send a referral to the NP to assess the resident.	Percentage of referrals received by the NP for falls resulting in injury	75% of all falls resulting in injury will have an associated referral to the NP.
							2) Enhance the Behaviour Supports Ontario program.	Increase the number of BSO PSWs by 2 Full-time	Number of hours worked weekly by the BSO PSWs in their assigned BSO role (not pulled to the unit to perform floor PSW duties).	From April 1 2025 to May 31 2026, the FT BSO PSWs will each complete 32 of their 40 hours each week in the BSO role.

Theme: Safe and Effective Care	Measure	Population	Source/Period	Current Performance	Target	Target Justification	Planned Improvement (Change Idea)	Methods	Process Measure	Target for Process Measure
Safe	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 preceding their resident assessment	%/LTC home residents	CIHI CCRS/ July- Sept 2024	19.23	16.90	Based on previous year's performance. Although we are below the provincial average of 19.65%, we would like to see a decrease in our usage back to previous levels.	Implement targeted review of anti-psychotic usage.	All residents with prescribed antipsychotics will have their usage of antipsychotics specifically reviewed at the Responsive Behaviour Committee. change in DRS.	Percentage of residents with prescribed anti-psychotics who have their usage reviewed.	100% of all residents with prescribed anti-psychotics will have their usage reviewed quarterly

Theme: Safe and Effective Care	Measure	Population	Source/Period	Current Performance	Target	Target Justification	Planned Improvement (Change Idea)	Methods	Process Measure	Target for Process Measure
Safe	Percentage of LTC home residents who fell in the 30 days	%/LTC home residents	CIHI CCRS / July - September 2024 with rolling 4-quarter	13.70	9.00	Provincial Benchmark. We have exceeded the average in the region	Implement Personal Support Worker Bath Aide shifts on each unit.	Add a Full-Time PSW Bath Aide to each unit over the time	Number of units assigned a Permanent FT Bath Aide working	All 9 units will have a FT Permanent Bath Aide by April1, 2025.

Theme: Safe and Effective Care	Measure	Population	Source/Period	Current Performance	Target	Target Justification	Planned Improvement (Change Idea)	Methods	Process Measure	Target for Process Measure
	leading up to their assessment		average			as well as the provincial average of 15.5%.		periods when the residents are most active	9am-5pm Monday- Friday.	

Theme: Service Excellence	Measure	Population	Source/Period	Current Performance	Target	Target Justification	Planned Improvement (Change Idea)	Methods	Process Measure	Target for Process Measure
Resident- Centred	Percentage of residents responding positively to “What number would you use to rate how well the staff listen to you?”	% / LTC home residents	In house data Survey April 2024-March 31 2025	-	87.00	In house theoretical best. This target represents last year's performance for this indicator.	Review of scoring system used for this question.	There was an error in data collection used for this years survey resulting is skewed results. Scoring system used for the 2025 family and resident satisfaction survey will be reviewed and trialed by the	This question will have scoring system reviewed by the administration team and the new system trialed amongst all those residents with a CPS of 3 or less for accuracy prior to the 2026	100% residents with a CPS of 3 or less will be asked to respond to this question with the new scoring system between October 1 and

Theme: Service Excellence	Measure	Population	Source/Period	Current Performance	Target	Target Justification	Planned Improvement (Change Idea)	Methods	Process Measure	Target for Process Measure
								administration team.	satisfaction survey being released.	Dec 31, 2025
	Percentage of residents who responded positively to the statement “ I can express my opinions without fear of consequences”	% / LTC home residents	In house data Survey April 2024-March 31 2025	-	88	In house theoretical best. This target represents last year's performance for this indicator.	Review of scoring system used for this question.	There was an error in data collection used for this years survey resulting is skewed results. Scoring system used for the 2025 family and resident satisfaction survey will be reviewed and trialed by the administration team.	This question will have scoring system reviewed by the administration team and the new system trialed amongst all those residents with a CPS of 3 or less for accuracy prior to the 2026 satisfaction survey being released.	100% residents with a CPS of 3 or less will be asked to respond to this question with the new scoring system between October 1 and Dec 31, 2025

Theme: Equity	Measure	Population	Source/Period	Current Performance	Target	Target Justification	Planned Improvement (Change Idea)	Methods	Process Measure	Target for Process Measure
Equitable	Percentage of staff and management who have completed Indigenous Cultural Awareness training.	% / Staff	In-home audit/January 2015 to Dec 2025	CB	95.00	In house theoretical best. We believe the methods chosen for this measure/indicat or will allow us to achieve this target.	Live, in-person education focused on equity, diversity, inclusion and anti-racism will be provided to all staff and management at Dearness Home.	Live, in person education focused on Indigenous Cultural Awareness will be included in all Mandatory Education sessions starting in January of 2025. Those who are unable to attend will be provided paper copies of the education materials and will be required to complete a quiz to demonstrate understanding and competency.	Number of staff and managers who complete in-person or paper-copy mandatory education, which includes a section on Indigenous Cultural Awareness.	95% of all staff and manager s will receive this training.

POLICIES, PROCEDURES AND PROTOCOLS

Relevant policies, procedures and protocols to be references in addressing and working through our Continuous Quality Improvement Plan include, but are not limited to, the Antipsychotic Rounding Procedure, Medication Advisory and Professional Advisory Committee Terms of Reference, Medication Review Policy, Call-in Shift Replacement Procedure, Continuous Quality Improvement Committee Terms of Reference, Continuous Quality Improvement Committee Policy, Quality Improvement Program Policy, and Morning Nursing Huddle Procedure.

**Dearness Home Resident Satisfaction Survey 2024**

Q1. My individuality/diversity and preferences are respected.			
Answer Choices	Responses		
Always	48.81%	41	
Usually	25.00%	21	
Sometimes	26.19%	22	
Never	0.00%	0	
Not Applicable	0.00%	0	
Comments		0	73%
	Answered	84	answered "always" or "usually"
	Skipped	0	
Q2. I am treated with courtesy.			
Answer Choices	Responses		
Always	53.57%	45	
Usually	25.00%	21	
Sometimes	17.86%	15	
Never	2.38%	2	
Not Applicable	1.19%	1	
Comments		1	79%

Dearness Home Resident Satisfaction Survey 2024

	Answered	84	answered "always" or "usually"
	Skipped	0	
Q3. My lifestyle and choices are respected			
Answer Choices	Responses		
Always	50.00%	42	
Usually	32.14%	27	
Sometimes	15.48%	13	
Never	0.00%	0	
Not Applicable	2.38%	2	
Comments	0	84%	
	Answered	84	answered "always" or "usually"
	Skipped	0	
Q4. I am involved in decisions about my care and plan of care as much as I want to be.			
Answer Choices	Responses		
Always	47.62%	40	
Usually	30.95%	26	
Sometimes	13.10%	11	
Never	4.76%	4	
Not Applicable	3.57%	3	
Comments	0	81%	
	Answered	84	answered "always" or "usually"
	Skipped	0	
Q5. I feel safe at Dearness Home			

Dearness Home Resident Satisfaction Survey 2024

Answer Choices		Responses	
Always		80.95%	68
Usually		9.52%	8
Sometimes		5.95%	5
Never		3.57%	3
Not Applicable		0.00%	0
Comments		1	86%
	Answered	84	answered "always" or "usually"
	Skipped	0	
Q6. My privacy and confidentiality are maintained			
Answer Choices		Responses	
Always		65.48%	55
Usually		17.86%	15
Sometimes		14.29%	12
Never		2.38%	2
Not Applicable		0.00%	0
Comments		0	83%
	Answered	84	answered "always" or "usually"
	Skipped	0	
Q7. I have opportunity and space for private time with visitors/spouse/friends etc.			
Answer Choices		Responses	
Always		76.19%	64
Usually		11.90%	10
Sometimes		5.95%	5



Dearness Home Resident Satisfaction Survey 2024

Never	0.00%	0	
Not Applicable	5.95%	5	
Comments	0	93%	
Answered	84		answered "always" or "usually"
Skipped	0		
Q8. If I choose, I can pursue my interests (social, cultural, spiritual, religious, other).			
Answer Choices	Responses		
Always	66.67%	56	
Usually	23.81%	20	
Sometimes	5.95%	5	
Never	0.00%	0	
Not Applicable	3.57%	3	
Comments	1	93%	
Answered	84		answered "always" or "usually"
Skipped	0		
Q9. My room and home area are clean, comfortable, and well kept.			
Answer Choices	Responses		
Always	66.67%	56	
Usually	20.24%	17	
Sometimes	11.90%	10	
Never	1.19%	1	
Not Applicable	0.00%	0	
Comments	1	86%	

Dearness Home Resident Satisfaction Survey 2024

		Answered	84	answered "always" or "usually"	
		Skipped	0		
Q10. I have personal items of my choice in my room.					
Answer Choices		Responses			
Always		90.48%	76		
Usually		5.95%	5		
Sometimes		3.57%	3		
Never		0.00%	0		
Not Applicable		0.00%	0		
Comments			0	96%	
		Answered	84	answered "always" or "usually"	
		Skipped	0		
Q11. I can manage my finances if I choose.					
Answer Choices		Responses			
Always		45.78%	38		
Usually		13.25%	11		
Sometimes		9.64%	8		
Never		3.61%	3		
Not Applicable		27.71%	23		
Comments			3	81%	
		Answered	83	answered "always" or "usually"	
		Skipped	1		

Dearness Home Resident Satisfaction Survey 2024

Q12. I am familiar with the staff who care for me, including their names if I choose to know.

Answer Choices	Responses		
Always	52.38%	44	
Usually	40.48%	34	
Sometimes	5.95%	5	
Never	1.19%	1	
Not Applicable	0.00%	0	
Comments		1	92%
Answered	84	answered "always" or "usually"	
Skipped	0		

Q13. My family/friends/caregiver/other are welcome in the home to support my care needs and attend my meeting if I desire.

Answer Choices	Responses		
Always	78.57%	66	
Usually	14.29%	12	
Sometimes	1.19%	1	
Never	0.00%	0	
Not Applicable	5.95%	5	
Comments		0	98%
Answered	84	answered "always" or "usually"	
Skipped	0		

Q14. The staff encourage my independence as much as possible.

Answer Choices	Responses	
Always	80.95%	68

Dearness Home Resident Satisfaction Survey 2024

Usually	11.90%	10	
Sometimes	4.76%	4	
Never	2.38%	2	
Not Applicable	0.00%	0	
Comments		0	92%
Answered	84		answered "always" or "usually"
Skipped	0		

Q15. I know when the time comes, at end-of-life, my family/friends can sit by my side 24 hours per day.

Answer Choices	Responses	
Yes	76.19%	64
No	23.81%	20
Comments		4
Answered	84	
Skipped	0	

Q16. I can participate in Residents' Council if I choose and bring any concerns I have to them and/or our Family Council, the City of London, staff, government officials, or anyone else I choose.

Answer Choices	Responses	
Always	54.76%	46
Usually	21.43%	18
Sometimes	8.33%	7
Never	4.76%	4
Not Applicable	10.71%	9
Comments	0	85%

Dearness Home Resident Satisfaction Survey 2024

		Answered	84	answered "always" or "usually"	
		Skipped	0		
Q17. The nursing staff (PSW's, RPNs, RNs) are helpful and courteous.					
Answer Choices		Responses			
Always		65.48%	55		
Usually		28.57%	24		
Sometimes		5.95%	5		
Never		0.00%	0		
Not Applicable		0.00%	0		
Comments		0		94%	
		Answered	84	answered "always" or "usually"	
		Skipped	0		
Q18. The housekeeping, laundry and building staff are helpful and courteous.					
Answer Choices		Responses			
Always		73.81%	62		
Usually		15.48%	13		
Sometimes		8.33%	7		
Never		1.19%	1		
Not Applicable		1.19%	1		
Comments		1		90%	
		Answered	84	answered "always" or "usually"	
		Skipped	0		

Dearness Home Resident Satisfaction Survey 2024

Q19. The Resident Bank Clerk is helpful and courteous.

Answer Choices	Responses		
Always	50.00%	42	
Usually	3.57%	3	
Sometimes	0.00%	0	
Never	1.19%	1	
Not Applicable	45.24%	38	
Comments		1	97%
	Answered	84	answered "always" or "usually"
	Skipped	0	

Q20. The administration staff (managers, supervisors, administration assistance) are helpful and courteous.

Answer Choices	Responses		
Always	33.33%	28	
Usually	25.00%	21	
Sometimes	5.95%	5	
Never	11.90%	10	
Not Applicable	23.81%	20	
Comments		7	61%
	Answered	84	answered "always" or "usually"
	Skipped	0	

Q21. The dietary staff are helpful and courteous.

Answer Choices	Responses	
Always	66.67%	56
Usually	16.67%	14

Dearness Home Resident Satisfaction Survey 2024

Sometimes	9.52%	8		
Never	2.38%	2		
Not Applicable	4.76%	4		
Comments		4		
	Answered	84	87%	answered "always" or "usually"
	Skipped	0		
Q22. The volunteers are helpful and courteous.				
Answer Choices	Responses			
Always	76.19%	64		
Usually	15.48%	13		
Sometimes	1.19%	1		
Never	0.00%	0		
Not Applicable	7.14%	6		
Comments		1	98%	
	Answered	84		answered "always" or "usually"
	Skipped	0		
Q23. The physician team are helpful and courteous.				
Answer Choices	Responses			
Always	58.33%	49		
Usually	10.71%	9		
Sometimes	14.29%	12		
Never	4.76%	4		
Not Applicable	11.90%	10		
Comments		6	78%	

Dearness Home Resident Satisfaction Survey 2024

		Answered	84	answered "always" or "usually"	
		Skipped	0		
Q24. The spiritual care staff are helpful and courteous.					
Answer Choices		Responses			
Always		48.81%	41		
Usually		15.48%	13		
Sometimes		8.33%	7		
Never		1.19%	1		
Not Applicable		26.19%	22		
Comments		2	87%		
		Answered	84	answered "always" or "usually"	
		Skipped	0		
Q25. The recreation staff are helpful and courteous.					
Answer Choices		Responses			
Always		89.29%	75		
Usually		9.52%	8		
Sometimes		1.19%	1		
Never		0.00%	0		
Not Applicable		0.00%	0		
Comments		0	98%		
		Answered	84	answered "always" or "usually"	
		Skipped	0		
Q26. I am able to engage in a variety of meaningful activities if I choose.					



Dearness Home Resident Satisfaction Survey 2024

Answer Choices		Responses	
Always		75.00%	63
Usually		15.48%	13
Sometimes		3.57%	3
Never		2.38%	2
Not Applicable		3.57%	3
Comments		0	94%
	Answered	84	answered "always" or "usually"
	Skipped	0	
Q27. I enjoy my dining experience (service and atmosphere).			
Answer Choices		Responses	
Always		48.81%	41
Usually		27.38%	23
Sometimes		14.29%	12
Never		7.14%	6
Not Applicable		1.19%	1
Comments		1.19%	1
	Answered	84	answered "always" or "usually"
	Skipped	0	
Q28. The food quality and variety are good in general.			
Answer Choices		Responses	
Always		44.05%	37
Usually		21.43%	18
Sometimes		26.19%	22
Never		8.33%	7







Dearness Home Resident Satisfaction Survey 2024

Q33. I would recommend the Dearness Home to others seeking Long-Term Care.

Answer Choices	Responses	
Yes	90.24%	74
No	9.76%	8
Answered	82	
Skipped	2	

Q34. Optional: Please complete the following only if you wish to be contacted for additional information or follow up.

Answer Choices	Responses	
Name:	100.00%	17
Unit/Room Number:	100.00%	17
Phone Number:	17.65%	3
Email	0.00%	0
Answered	17	
Skipped	67	

Dearness Home Family Satisfaction Survey 2024

Q1. I feel welcome to participate in decisions about my loved one.

Answer Choices	Responses	
Always	79.07%	34

Usually	13.95%	6	
Sometimes	6.98%	3	
Never	0.00%	0	
Not Applicable	0.00%	0	
Comments		5	93%
Answered	43		answered "always" or "usually"
Skipped	0		

Q2. Overall, I am satisfied with the care for my loved one at the Dearness Home.

Answer Choices	Responses		
Always	51.16%	22	
Usually	37.21%	16	
Sometimes	11.63%	5	
Never	0.00%	0	
Not Applicable	0.00%	0	
Comments		8	88%
Answered	43		answered "always" or "usually"
Skipped	0		

Q3. I am comfortable bringing any concerns or questions I have to staff.

Answer Choices	Responses		
Always	79.07%	34	
Usually	16.28%	7	
Sometimes	4.65%	2	
Never	0.00%	0	
Not Applicable	0.00%	0	
Comments		5	95%
Answered	43		answered "always" or "usually"

		Skipped	0		
Q4. My questions and concerns are responded to in a timely manner.					
Answer Choices		Responses			
Always		47.62%	20	87%	answered "always" or "usually"
Usually		38.10%	16		
Sometimes		9.52%	4		
Never		2.38%	1		
Not Applicable		2.38%	1		
Comments			6		
		Answered	42		
		Skipped	1		
Q5. As the primary SDM/POA, I am notified of changes in my loved one's condition.					
Answer Choices		Responses			
Always		69.77%	30	95%	answered "always" or "usually"
Usually		20.93%	9		
Sometimes		4.65%	2		
Never		0.00%	0		
Not Applicable		4.65%	2		
Comments			6		
		Answered	43		
		Skipped	0		
Q6. I am familiar with the palliative and end of life care process at Dearness Home.					
Answer Choices		Responses			
Yes		59.52%	25		
No		40.48%	17		

Comments		6	
	Answered	42	
	Skipped	1	
Q7. I am familiar with how to report missing items.			
Answer Choices	Responses		
Yes	69.77%	30	
No	30.23%	13	
	Answered	43	
	Skipped	0	
Q8. The rooms and home area are clean, comfortable, and well kept.			
Answer Choices	Responses		
Always	55.81%	24	
Usually	39.53%	17	
Sometimes	4.65%	2	
Never	0.00%	0	
Not Applicable	0.00%	0	
Comments		7	95%
	Answered	43	answered "always" or "usually"
	Skipped	0	
Q9. I feel welcome when I visit.			
Answer Choices	Responses		
Always	90.70%	39	
Usually	6.98%	3	
Sometimes	2.33%	1	
Never	0.00%	0	
Not Applicable	0.00%	0	
Comments		1	97%



		Answered	43	answered "always" or "usually"
		Skipped	0	
Q10. I am familiar with the staff who care for my Loved one.		ed one.		
Answer Choices		Responses		
Always		23.26%	10	79%
Usually		55.81%	24	
Sometimes		18.60%	8	
Never		2.33%	1	
Not Applicable		0.00%	0	
		Answered	43	answered "always" or "usually"
		Skipped	0	
Q11. I am aware of the Family Council.				
Answer Choices		Responses		
Yes		76.74%	33	
No		23.26%	10	
		Answered	43	
		Skipped	0	
Q12. The nursing staff (PSWs, RPNs, RNs) are helpful and courteous.				97%
Answer Choices		Responses		
		69.77%	30	
Always		27.91%	12	
Usually		2.33%	1	
Sometimes		0.00%	0	
Never		0.00%	0	
Not Applicable			4	
Comments		Answered	43	answered "always" or "usually"

		Skipped	0		
Q13. The housekeeping, laundry and building staff are helpful and courteous.					
Answer Choices		Responses			
Always		58.14%	25		
Usually		25.58%	11		
Sometimes		0.00%	0		
Never		0.00%	0		
Not Applicable		16.28%	7		
Comments			4	100%	
		Answered	43	answered "always" or "usually"	
		Skipped	0		
Q14. The Resident Bank Clerk is helpful and courteous.					
Answer Choices		Responses			
Always		61.90%	26		
Usually		7.14%	3		
Sometimes		0.00%	0		
Never		0.00%	0		
Not Applicable		30.95%	13		
Comments			5	100%	
		Answered	42	answered "always" or "usually"	
		Skipped	1		
Q15. The administration staff (managers, supervisors, administration assistance) are helpful and courteous.					
Answer Choices		Responses			
Always		62.79%	27		
Usually		25.58%	11		

Sometimes	2.33%	1		
Never	0.00%	0		
Not Applicable	9.30%	4		
Comments		3	90%	
Answered		43		answered "always" or "usually"
Skipped		0		
Q16. The dietary staff are helpful and courteous.				
Answer Choices	Responses			
Always	78.57%	33		
Usually	14.29%	6		
Sometimes	2.38%	1		
Never	0.00%	0		
Not Applicable	4.76%	2		
Comments		6	97%	
Answered		42		answered "always" or "usually"
Skipped		1		
Q17. The volunteers are helpful and courteous.				
Answer Choices	Responses			
Always	53.49%	23		
Usually	6.98%	3		
Sometimes	0.00%	0		
Never	0.00%	0		
Not Applicable	39.53%	17		
Comments		6	100%	
Answered		43		answered "always" or "usually"
Skipped		0		

Q18. The physician team are helpful and courteous.		
Answer Choices	Responses	
Always	61.90%	26
Usually	19.05%	8
Sometimes	7.14%	3
Never	0.00%	0
Not Applicable	11.90%	5
Comments	9	91%
	Answered	42 answered "always" or "usually"
	Skipped	1
Q19. The spiritual care staff are helpful and courteous.		
Answer Choices	Responses	
Always	46.34%	19
Usually	4.88%	2
Sometimes	0.00%	0
Never	2.44%	1
Not Applicable	46.34%	19
Comments	8	95%
	Answered	41 answered "always" or "usually"
	Skipped	2
Q20. The recreation staff are helpful and courteous.		
Answer Choices	Responses	
Always	64.29%	27
Usually	19.05%	8
Sometimes	0.00%	0
Never	0.00%	0
Not Applicable	16.67%	7
Comments	10	100%





Service Provided Comments	Always		Usually		Sometimes		Never		Not Applicable		Total	
	20.93%	9	6.98%	3	2.33%	1	6.98%	3	62.79%	27	43	
	75.00%										11	
											Answered	43
											Skipped	0

Q24. Optional: Please complete the following only if you wish to be contacted for additional information or follow up.

Answer Choices

Name:

Phone Number:

Email

Responses

100.00%5

100.00%5

100.00%5

Answered5

Skipped38

Resident and Family/Caregiver Experience Survey Results Action Plan (2024 Survey – Plan Implementation 2025)

The following is an action plan for all questions that received a rating of 80% or less in scores on the surveys

QUESTION	RATING	ACTION PLAN	RESPONSIBLE	DUE DATE	COMMENTS/FOLLOW UP/COMPLETED
FAMILY/CAREGIVER					
I am familiar with the palliative and end of life care process at Dearness Home.	60%	Work is ongoing on this area of focus. We will continue to distribute our new End of Life and Palliative Care booklets to all new residents and families (already distributed for current residents). At the 6-week admission care conference, Residents/Families will now be offered a separate focused palliative care	Palliative Care Committee and Managers	Ongoing	

QUESTION	RATING	ACTION PLAN	RESPONSIBLE	DUE DATE	COMMENTS/FOLLOW UP/COMPLETED
		discussion. The Palliative care sub-committee will now meet monthly to review residents with a PPS of 50% or less to ensure early engagement.			
<b>I am familiar with how to report missing items.</b>	70%	Insert notices in the newsletter and post information on this in the Home.	Environmental Manager	Ongoing	
<b>I am familiar with the staff who care for my loved one.</b>	79%	Continue to uphold our primary care model. Reinforce the need to note the names of staff working on each shift on whiteboards at nurse's station.	Nursing management	Ongoing	
<b>I am aware of the Family Council.</b>	70%	Continue to publicize Council and how to join on posters and in the newsletter. Add promotion to website.	Manager, Community Life	Ongoing	
<b>RESIDENTS</b>					
<b>My individuality/ diversity and preferences are respected.</b>	73%	Difficult to untangle issues involved (may be food, orientation, lifestyle choice etc.). At mandatory training and team meetings, continue to explain resident rights and encourage staff to ask questions and be as accommodating as possible to resident needs. Consider splitting question in next year's survey.	Managers	Ongoing	
<b>I am treated with courtesy.</b>	79%	At mandatory training and in team meetings, continue to explain resident rights and encourage courtesy and respect for residents.	Managers	Ongoing	
<b>I know when the time comes, at end-of-life, my family/friends can sit by my side 24 hours per day.</b>	76%	Work is ongoing on this area of focus. We will continue to distribute our new End of Life and Palliative Care booklets to all new residents and families (already distributed for current residents). At the 6-week admission care conference, Residents/Families will now be offered a separate focused palliative care discussion. The Palliative care sub-committee will now	Palliative Care Committee, and Managers	Ongoing	



QUESTION	RATING	ACTION PLAN	RESPONSIBLE	DUE DATE	COMMENTS/FOLLOW UP/COMPLETED
		meet monthly to review residents with a PPS of 50% or less to ensure early engagement.			
<b>The administration staff (managers, supervisors, administration assistance) are helpful and courteous.</b>	61%	Visibility of Administrator and DOC will increase with more frequent interactions with residents and staff in the Home-areas.  All managers and supervisors will continue to be helpful and courteous in all interactions with residents.	All managers	Ongoing	
<b>I can express my opinions without fear of consequences.</b>	78%	At mandatory training and in team meetings, continue to explain resident rights, including the right to raise concerns without fear of retaliation (coercion, discrimination or reprisal).	All managers	Ongoing	
<b>The physician team are helpful and courteous.</b>	78%	Medical Director to bring results to the physicians and work with them toward better communication.	Administrator & Medical Director	Ongoing	
<b>I enjoy my dining experience (service and atmosphere)</b>	77%	Dietary management to: <ul style="list-style-type: none"><li>- Work with both Dietary Aides and PSWs to provide education on pleasurable dining practices.</li><li>- Ensure full use of Mealsuite for accuracy and efficiency.</li><li>- Continue Dining room audits to check appropriate service. Work with PSW auditor team to ensure adherence to policy and procedure for dining.</li></ul>	Dietary management team	Ongoing	
<b>The food quality and variety are good in general</b>	65%	Dietary management to: <ul style="list-style-type: none"><li>- Continue with Resident Food Committee meetings to gather feedback.</li><li>- Continue with audits for food taste and quality.</li></ul>	Dietary management team	Ongoing	

QUESTION	RATING	ACTION PLAN	RESPONSIBLE	DUE DATE	COMMENTS/FOLLOW UP/COMPLETED
		<ul style="list-style-type: none"><li>- Continue with “Just in time” Audits of residents in Dining room.</li><li>- Work to improve menu choices and nutrition.</li></ul> Seek out feedback from cooks and dietary team on how we can improve.			
CONTRACTED SERVICES					
Foot Care Residents –	73%	Work with the vendor to increase satisfaction.	Manager, Community Life	Ongoing	
Pharmacy Residents –	75%	Work with the vendor to increase satisfaction.	DOC/ADOC	Ongoing	
Oral Hygienist Residents – Family –	57% 75%	Work with the vendor to increase satisfaction.	Administrator	Ongoing	