

# 2025/2026 Gilmore Lodge Continuous Quality Improvement Initiative Report

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## Overview

Gilmore Lodge is one of the seven long-term care homes owned and operated by the Regional Municipality of Niagara. The new resident-centred, state-of-the-art long-term care home can serve 160 individuals. This includes a Gilmore Community Hub which is home to the Community Services Adult Day Programs, Healthy Safe and Strong Falls Prevention Exercise Programs, Seniors Outreach Programs, Respite Companion Support Programs, and community partner space to facilitate the integration of services for residents, seniors, their families and the community. The redevelopment project is in pursuit of WELL Silver certification under the WELL Building Standard which supports the health and well-being of residents and staff based on a holistic approach and is focused on enhancing people's health and well-being through the built environment.

Gilmore Lodge is recognized as a best practice spotlight long-term care home and has received exemplary standing accreditation from Accreditation Canada.

We collaborate with various stakeholders, including team members, volunteers, students, physicians, and the Public Health and Social Services Committee, to ensure that resident care and services are consistently monitored, analyzed, and evaluated. Our approach aligns with resident preferences, best practices, leading standards, and the Fixing Long-Term Care Act 2021 (FLTCA) requirements, Ontario Regulation 246/22, and Accreditation Canada standards.



When opportunities for improvement arise, we work together to develop, implement, and evaluate initiatives to enhance care.

**Our Mission** Working together, we provide the highest quality of life for Seniors living in long-term care and in the community.

**Our Vision** Exemplary care, Compassionate team, and Community Leader.

**Our Values** Respect, Serve, Choice, Honesty, Partnership.

## Our Approach to Continuous Quality Improvement

Niagara Region long-term care homes have a comprehensive quality program that guides our long-term care homes through continuous quality improvement activities.

The Seniors Services Operational plan includes improvement efforts and initiatives across the homes to optimize standardization and decrease variability. We identify the priority areas through in-home committees, audits, reports, resident and family feedback, legislative requirements, and guiding principles.

Our home will monitor progress on strategic priorities to align it with our home needs by focusing on providing the best quality to our residents and embracing our continuous quality improvement philosophy. Prioritizing improvement opportunities is a critical step in translating data into action.

## How We Identify Home's Priority Areas

Gilmore Lodge is committed to fostering a collaborative and inclusive environment where the voices of our residents and their families are integral in shaping the care we provide. Gilmore Lodge actively engages members of the Resident Councils and Family representatives in quarterly Professional Advisory and Continuous Quality Improvement (PAC-CQI) Committee meetings. The insights and experiences of the Resident Council and Family representatives and the Quality Committee are invaluable in identifying areas for growth and implementing meaningful, actionable plans that are included for the next fiscal year based on the recommendations of the homes and their quality committees.

During these meetings, the management team updates our quality and safety programs, sharing any activities that need discussion and input. We review various topics, including program performance, feedback from residents and families, essential incidents, complaints, infection control, and other key focus areas. This collaborative approach ensures that we consistently work towards enhancing the quality of care we provide.

## Policies, Procedures and Protocols

Each year, Gilmore Lodge creates Quality Improvement Plans corresponding to provincial system priorities. The plan for 2025-2026 emphasizes Health Quality Ontario's systemic



challenges: Access and Flow, Equity, Safety, and Experience. These priorities align with our organization's goal of enhancing care and improving service quality. The objectives and suggested changes from this plan will often continue as multi-year initiatives, while Gilmore Lodge works to sustain advancements in effective care, service delivery, and resident experience.

Our team will follow the PDSA cycle (Plan, Do, Study, Act). It's a simple tool for testing and enhancing ideas or processes. Start by planning a small change, then implement it on a limited scale. Analyze the results to see what happened and act on what you learned—either by adopting the change, adjusting it, or trying something new. It's a continuous cycle for improvement.

### **Identify/Diagnose the Problem**

All identified problems that need attention are analyzed using the root cause framework.

- Gilmore Lodge will document the problem and identify opportunities for improvement.
- Gilmore Lodge will gather data to understand the problem better.
- Gilmore Lodge will review the problem statement and team composition needs.
- Gilmore Lodge will analyze the problem and data available using QI methodologies to identify opportunities for improvement.

### **Create a Plan**

- Once teams understand the underlying causes and align any resident's needs, they would define an action plan in collaboration with residents and families.
- The team will explore and evaluate those opportunities.
- Gilmore Lodge will identify how they plan to achieve desired results and document them under the PCC insights, Resident and Family Survey Action Plan, and other Project planning tools available.
- The plan should include (1) where we are, (2) where we want to be, (3) how we will do it and identify the team that will support the improvement activity.
- The team will determine if training is needed and include it as a task.

### **Set Improvement Aims**

The aims set out in our plan are developed using an interdisciplinary approach and feedback from family and residents. Data supporting the objective will be collected and used for analysis and benchmarking. Examples of data include scorecards, dashboards, and other facility reports such as employee and resident satisfaction results. Reports available from outside resources, including but not limited to Health Quality Ontario, CIHI, Nquire, and RNAO, are used to set clear paths for improvement. We use the SMART framework (Specific, Measurable, Attainable, Relevant, and Time-Bound) to set goals that will align with the desired improvement target and will help to focus on continuous improvement.



## **Set and Test Improvement Ideas**

Our quality improvement plan relies on teamwork among all staff to analyze problems and propose and implement resolutions. Ideas or interventions are established and monitored for the duration of the plan. The analysis identifies the effectiveness of the improvement activity and if any other approach should be considered.

The improvement indicator or activity progress is documented in the Point Click Care (PCC) Insights, Project planner, and Resident and Family Survey Action Plan, and meeting minutes are recorded immediately after each quality meeting.

## **Implement, Spread and Sustain**

Implementation plans are reviewed and evaluated routinely and as often as needed. The interventions are tested and assessed to ensure that any practice changes are appropriately embedded into our workflow and that staff are aware of the changes. At the end of the testing period, the team will evaluate whether the interventions or changes resulted in improvement. The team will present any opportunities that could result in standardized practices across our long-term care homes to the quality steering committee. The Quality Steering Committee will discuss sustainability and consistency approaches and support the long-term care homes with the resources needed to implement any adaptations.

## **How We Monitor Improvement and Identify Outcomes**

Gilmore Lodge champions quality initiatives by leveraging the support of our Continuous Quality Improvement Advisors, who guide project planning, measurement strategies, and accountability. Our quality and risk management program processes include monitoring and evaluating.

- Performance indicators at the home and program level
- Priority indicators outlined in the annual quality improvement plans.
- Professional and CQI committee
- Core programs meetings.
- Municipal benchmarking and Resident and Family Experience survey results
- System-wide indicators

An Interdisciplinary team reviews metrics on PCC and other sources, and monitors progress in line with the core programs by proactively reviewing real-time data and progress across indicators. This allows the team to communicate effectively and adjust strategies to align with any issues identified.

## **Outcomes**

Outcomes are conveyed through a range of resident and family council committees and PAC and quality committees within the divisional frameworks. The primary outcomes can be divided into the following categories:



- Resident Well-being Outcomes: includes metrics such as decreased hospitalizations and reduced medication errors.
- Resident and Family Engagement Outcomes: align with the goals specified in the Resident and Family Action Plan and involve improvements in care, services and programs.
- Core and Risk Management Outcomes: emphasizes the management and oversight of our clinical indicators, particularly targeting a reduction among different indicators such as falls, injuries, and pressure injuries.
- System and Organizational Outcomes: outcomes in accreditation and compliance, along with the encouragement of innovation in technologies and processes.

### **Communication**

Strategies are developed following the senior's communication plan but are not limited to home-specific needs and preferences.

Updates in the quality improvement plan are shared through several means, including:

1. Postings on the quality board
2. Computerized information blast emails using the Cliniconex app.
3. Direct e-mails to staff and families
4. Newsletters
5. Website
6. Informal presentations/huddles
7. Presentations at staff meetings
8. Presentation at Professional Advisory and Quality Committees
9. Presentations at Residents' Council meetings
10. Presentations at Family Council meetings (on request)
11. Presentations at Public Health and Social Services Committee
12. Quarterly reports at the Quality Steering Committee

## **2024-25 Quality Improvement Accomplishments (reflections since last report)**

Initiatives to promote quality of life for residents at Gilmore Lodge are founded by informed decisions of residents and families. The accomplishments below were communicated and deliberated by residents and family through monthly council meetings and quarterly professional advisory meetings among other means.

### **1. Falls Prevention and Management**

Gilmore Lodge continues to focus on preventing falls and managing risks through comprehensive assessment processes.



A multidisciplinary falls team conducts regular review meetings, ensuring resident-centred care and personalized interventions.

Recreational programming has seen a positive impact with having summer recreation students who further supported the home's operations and resident programming with increased 1:1 stimulation/visits, taking residents outdoors, assisting with virtual calls, larger group programs and feeding residents. Given the success of having Recreation summer students, we are hopeful about continuing to have them in 2025. We started the year with two 40-hour full-time Recreationists and one 24-hour part-time Recreationist. Toward the end of 2024, we were fortunate to have approval to increase our recreation staffing complement across all our homes. Welbi was used to monitor trends and adjust programming with low participation. We regularly provided a variety of large, small and 1:1 programming in all domains of care. (physical, social, spiritual, emotional, and cognitive). Programs were scheduled throughout the day, afternoon, evening, and weekend. Additionally, toileting routines for residents with multiple falls are being carefully reviewed and incorporated into individualized care plans.

The Responsive Behavior Therapeutic Advisor (RBTA) continues to work with residents to identify and address responsive behavior triggers that may contribute to falls, improving overall risk mitigation.

## 2. **Antipsychotic Medication Reduction**

Efforts to reduce the use of antipsychotic medication for residents without psychosis are ongoing. The RBTA has taken on a significant role in reducing medication reliance by providing non-pharmacological interventions and providing regular education and mentoring to staff on managing responsive behaviours. The interdisciplinary team reviews antipsychotic use weekly at CAPS meetings and with quarterly assessments, focusing on appropriate diagnoses and ensuring that medications are only used when necessary. Staff education on recognizing hallucinations and delusions has been implemented through the Nurse Practitioner and CareRx Pharmacy, with further training on these topics planned. The Institute for Safe Medication Practice Canada identified Gilmore Lodge as an Innovator Home in advancing the Strengthening Medication Safety in Long-Term Care initiative, part of which is promoting appropriate use of antipsychotics. With this initiative, ISMP Canada provided support in education and training in Quality Improvement Techniques and coaching and facilitation of Quality Improvement Teams to sustain the improvements made in medication safety.

## 3. **Resident Satisfaction and Engagement**

Gilmore Lodge has the highest result in 2024 Resident and Family Satisfaction Survey in the food and snack quality category across all homes. The Point of Service Survey was done in 2024 which helped Gilmore Lodge achieve this current standing. Meal diversity with cultural



consideration was incorporated in Spring/Summer menu which was well received by residents. For special occasions, dining room decorations are prepared to mirror the celebration. More cognitively well residents requested to have increased intellectually based programs and more socially based programs in the afternoon, with independent resident led programs scheduled such as Cribbage as addition. For residents with cognitive impairments or who cannot leave their rooms, programs are intended to be shorter in duration, to meet their needs at their functioning level and to provide 1:1 stimulation. Residents and family members are encouraged to speak directly with the Program Manager and the Recreationists regarding program planning and development. The “Partners in Care” training, aimed at improving communication and collaboration between residents, families, and staff, was successfully introduced in the home and is ongoing.

#### **4. Diversity, Equity, and Inclusion (DEI)**

Gilmore Lodge continues to support and promote inclusivity within the home. 100% of staff have completed relevant equity, diversity, inclusion, and anti-racism education. The Manager of DEI and indigenous Relations collaborated with Senior Services to initiate The Moose Hide Campaign. Team requested for ASL (American Sign Language Profession) education session & “Sharing Circle” scheduled August 28, 2024, for 2 hours with an interpreter. The DEI committee has grown, with monthly meetings discussing upcoming events and activities, and many DEI activities are embedded in the WELBI program for residents. DEI/Antiracism Billboards and Digital Education materials were developed to highlight significant events and months related to DEI and Antiracism. 3 potlucks were hosted in the year 2024 showcasing food that are culturally significant for staff. Staff were fully engaged in these activities and had good feedback on how it boosted their morale. A wellness space and multi-faith room with religious and spiritual items for use was created for staff to support their religious and wellness needs.

#### **5. Hospital Transfer Reduction and Recreation Engagement**

Gilmore Lodge aims to reduce avoidable hospital transfers through better resident engagement and staff education. Two in-services were completed with good attendance and active participation from staff. Education was centered on topics that are often experienced in the unit and leads to ED transfer. Part of the topic discussed were PICC Management, Indwelling Catheter Care, Suprapubic Catheters Management and Non-Pharmacological Interventions for Pain. The team in coordination with Managers of Clinical Practice developed three educational materials for families, focusing on:

- Myths vs. Facts: Comparing ER visits with receiving care at LTCH.
- Harms and Risks: Associated with ER visits.
- Medical Resource Handout: Updated version.



The educational materials were shared through attachment with Newsletter to Families and digitally on the TVs in Gilmore Lodge. The use of internal providers such as Pain Management Consultant and Outreach NP was maximized this year. One example is referral to Dr. Scher (Gilmore Lodge MRP) for Palliative Care and Liquid Nitrogen Application. As of May 1, 2024, there have been 3 redirections of occurrences where a resident utilized a second opinion. An ER avoidance second opinion tracking list was used to measure the effectiveness of this initiative. In addition, the Infection Prevention and Control (IPAC) Manager assists the team in early identification of infection which leads to prompt medical intervention and decreases the need for hospital transfers.

## 6. Palliative Care

Gilmore Lodge maintains a resident-centred approach to palliative care, with an interdisciplinary team supporting residents and their families in planning end-of-life care that respects their wishes. The integration of the Resident Family Social Worker (RFSW) in this process ensures that communication is clear and that all care decisions align with residents' desires for comfort and dignity. The team was able to achieve their objective for 2024 which was to create a standardized order set, with the help of Clinical Practice Manager, for Gilmore Lodge providers regarding the palliative approach to care medication management and to increase the number of Care Carts to 5, so all home areas have access for residents receiving palliative care. In upholding the palliative care philosophy, Gilmore Lodge ensures that family and friends can spend quality time with a resident at the end of life 24 hours a day.

## Other Actions and Priorities Taken by the Home.

### Safe and Comfortable Transition to our New Home

Gilmore Lodge acknowledges the profound impact of relocating on residents, families and staff. A holistic approach was taken to ensure residents' well-being as they processed the concept of leaving their home and the meaningful memories that had been formed within. On November 18, a whole-home event called 'Welcome to the Neighborhood' was facilitated by RBTA, RFSW, and the recreation team. The purpose of this event was to introduce our residents to their new neighbourhoods and meet with their neighbours. Residents were provided with pictures of the new home and a layout of their neighbourhoods on their table to prompt discussion while they enjoyed coffee, tea and afternoon snacks. Informational placemats on redevelopment updates were also distributed during mealtimes to alleviate any feelings of uncertainty. Relocation stress assessments were completed, and transition to LTC was added in the residents' plan of care to identify and address the emotional, psychological, and behavioural challenges individuals may experience when transitioning to a new environment. The team hosted open houses to provide community members with an opportunity to explore and learn more about the state-of-the-art home. The Program Manager organized a packing party to help residents and family secure their personal belongings. Throughout this endeavour, the steadfast aid given by the Central



Support Team and the Leadership Team from the rest of Niagara Region LTC homes boosted the morale of everyone involved in moving to the redevelopment site.

## **2024/2025 Review of the Resident and Family Surveys Action Plan**

Gilmore Lodge made significant progress during the 2024-2025 period across key areas, particularly in enhancing the dining experience, improving food quality, and strengthening communication with residents and their families. Regular Resident Council and in-home with family representatives' meetings throughout 2024 have been instrumental in sharing updates, gathering feedback, and implementing action plans.

### **Resident & Family Survey Results and Action Plan 2025/2026**

Gilmore Lodge conducted its annual Resident and Family Satisfaction Surveys to gather feedback from residents and their families about the services provided. The purpose of the survey is to facilitate improvements and ensure that care meets each resident's needs. In 2024, the survey was available from November 18 to December 8, and we received a total of 90 responses, comprising 44 from residents and 46 from families.

The feedback we receive is invaluable as it helps us identify our strengths and areas for improvement, while also reinforcing our commitment to enhancing the quality of life in our homes. Overall, Gilmore Lodge garnered a satisfaction rate of 92.0% in Care, 91.8% in Services, and 93.1% in Products, with 90.7% of families and 81.4% of residents rating our home as Excellent or Good. Please see the survey results in Appendix A.

The high-interest areas identified from this survey are Physician Services, Knowing Who to Bring Concerns To, Pharmacy Services, Rehabilitation and Physiotherapy, and Food and Snack Quality. The results were formally presented to the Residents' Council on January 9, 2025 and Family Council on January 29, 2025, during which feedback and recommendations were deliberated. A subsequent meeting with families and residents was held on February 24, 2025 to present and review the action plan in response to the results.

The Resident and Family Council and the Professional Advisory and Quality Committee receive the current report and are regularly informed of progress regarding the action items during their meetings. Members can raise questions, provide input, and request changes as needed. An updated report and meeting minutes are posted in the Quality Improvement Board of the home, with copies available upon request.



## Upcoming Priority Areas for 2025-2026

2025/2026, Gilmore Lodge is aiming to implement the following initiatives

Table 1: Gilmore Lodge Initiatives

Area of Focus	Performance	Change Ideas
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents	Current Performance: 9.57  Target Performance: 8.50	<ul style="list-style-type: none"> <li>To enhance communication between staff and prescribers through the implementation of the Decision Maker Communication Tool on all potential ED transfers</li> <li>To actively utilize internal and external partners as a resource to redirect resident care to an appropriate and tailored approach.</li> </ul>
Percentage of Resident and Family Satisfied with Pharmacy Services	Current Performance: 84.30  Target Performance: 88.00	<ul style="list-style-type: none"> <li>Gilmore Lodge will provide informational placemats detailing available medications and pharmacy delivery times. CareRx Pharmacy will provide information for accuracy.</li> <li>To standardize a process for the management and organization of medication room with identified roles and responsibilities by December 2025.</li> </ul>
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	Current Performance: 100  Target Performance: 100	<ul style="list-style-type: none"> <li>To implement learning opportunities for staff with topics based on the 2025 Diversity, Equity, and Inclusion Spotlight Dates through DEI Board and visual presentations in common areas.</li> </ul>
Percentage of Resident and Families Knowing Who to Bring Concerns To	Current Performance: 83.80 Target Performance: 85.00	<ul style="list-style-type: none"> <li>Gilmore Lodge Team requested Resident Council members to invite staff to Resident Council meetings for a formal introduction with a brief description of role, office location and contact information.</li> <li>Gilmore Lodge will disseminate information about leadership team members with photos and key roles via an electronic screen. One leadership team member will be featured every week to promote information retention.</li> </ul>



Area of Focus	Performance	Change Ideas
Percentage of Residents and Families that are satisfied with Rehabilitation and Physiotherapy Services	Current Performance: 86.50  Target Performance: 88.00	<ul style="list-style-type: none"> <li>• Gilmore Lodge will request the Resident and Family Council representatives to invite PT to Resident Council and Family Council Meetings to provide information as part of meeting agenda.</li> <li>• A poster on the criteria to be on the program will be displayed on the wall outside the PT room.</li> </ul>
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	Current Performance: 95.45  Target Performance: 97.00	<ul style="list-style-type: none"> <li>• To implement the 2025 Resident and Family Satisfaction Survey Result Action Plan.</li> <li>• To provide staff education on communication techniques with residents and family members regarding concerns</li> </ul>
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences."	Current Performance: 88.37  Target Performance: 90.00	<ul style="list-style-type: none"> <li>• To heighten awareness on Resident's Bill of Rights through education and open forum.</li> </ul>
Percentage of Resident and Family Satisfied with Food and Snack Services	Current Performance: 87.10  Target Performance: 90.00	<ul style="list-style-type: none"> <li>• Gilmore Lodge will implement real-time survey tool during meal services to gather information from residents and address their concerns promptly.</li> <li>• Dietary staff will actively support the adaptation of the Meal Suites technology platform to manage food service operations by participating in necessary training on its use.</li> </ul>
Percentage of Resident and Family Satisfied with Physician Services	Current Performance: 80.60 Target Performance: 85.00	<ul style="list-style-type: none"> <li>• Distribute informational placemats at mealtimes about physicians contracted by the home and their scheduled visits, with a highlight on having a Nurse Practitioner and an On-Call MD.</li> </ul>



Area of Focus	Performance	Change Ideas
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	Current Performance: 19.01  Target Performance: 15.00	<ul style="list-style-type: none"> <li>The Resource Nurse will conduct and submit a monthly falls intervention audit to be reviewed at Core Program Meetings to mitigate the risks of falls.</li> </ul>
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	Current Performance: 9.70  Target Performance: 9.00	<ul style="list-style-type: none"> <li>The team will develop a process for the antipsychotic medication review and reduction in collaboration with the Manager of Clinical Practice, CareRx Pharmacy Liaison, RBTA and BSO.</li> <li>To develop a process to ensure that residents who are newly admitted are monitored to ensure that the antipsychotic medications are appropriate.</li> </ul>



## Appendix A –Gilmore Satisfaction Survey Results 2024

Question Category	Question Short	Resident	Family	Combined
Care	Ability to Express Opinion Without Fear	88.4%	93.1%	90.3%
Care	Addressing Resident Concerns	93.2%	94.1%	93.6%
Care	Care Team - General	97.7%	90.9%	94.8%
Care	Feeling of Safety at the Home	95.5%	93.9%	94.8%
Care	Maintaining Privacy	93.2%	90.9%	92.2%
Care	Nurse Practitioner Services	94.4%	90.0%	92.4%
Care	Nursing Services - General	100.0%	82.4%	92.3%
Care	Pharmacy Services	81.6%	87.5%	84.3%
Care	Physician Services	76.9%	84.8%	80.6%
Care	Staff Hand Hygiene and Washing	97.6%	89.7%	94.3%
Care	Staff Listening and Understanding Needs	95.5%	94.3%	94.9%
Care	Treatment with Compassion and Respect	97.7%	97.6%	97.7%
Overall	Knowing Who to Bring Concerns To	74.4%	94.6%	83.8%
Overall	Overall Care Received		91.9%	91.9%
Overall	Recommendation of Home	90.9%	94.6%	92.6%
Overall	Response to Concerns	90.0%	94.6%	92.2%
Products	Comfort of Products	93.9%	96.7%	95.2%
Products	Healthy Skin Promotion of Products	81.3%	100.0%	91.2%
Services	Dietary Services	86.0%	94.1%	89.6%
Services	Food and Snack Quality	86.4%	87.8%	87.1%
Services	Housekeeping Services	95.3%	87.5%	92.0%
Services	Maintenance Services	90.5%	87.1%	89.0%
Services	Manager Helpfulness	90.9%	93.9%	92.4%
Services	Meeting Personal Needs	95.5%	90.9%	93.5%
Services	Reception and Banking Services	90.6%	97.0%	93.8%
Services	Recreation Programs	95.0%	96.7%	95.7%
Services	Rehabilitation and Physiotherapy	87.5%	85.0%	86.5%
Services	Resident and Family Support	97.1%	93.8%	95.5%
Services	Volunteer Services	97.0%	93.5%	95.3%

