



CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT

Allendale Long-Term Care Home
2024-2025

Executive Summary

Allendale Long-Term Care Home's 2024–2025 CQI Report highlights key priorities and improvements that enhance resident care, safety, and experience. Guided by proven quality frameworks like the IHI Model for Improvement and RNAO Best Practice Guidelines, Allendale focused on four key areas: Access and Flow, Equity, Safety, and Experience.

Survey feedback directly shaped action plans targeting call bell responsiveness, medical care, and cultural sensitivity. Priorities for 2025–2026 include streamlining admissions, improving response times, and adopting updated assessment tools.

Allendale's CQI efforts remain aligned with Halton's Services for Seniors Strategic Plan, reinforcing its commitment to safe, person-centered, and continuously improving care.

ABOUT ALLENDALE LONG-TERM CARE

Allendale is a 200-bed Long-term care home located in the Milton community and is a part of Halton's regionally run Long-term Care homes which have a strong history and commitment to continuous quality improvement. Allendale is recognized as a Long-Term Care Best Practice Spotlight Organization® (LTC-BPSO®) by the Registered Nurses' Association of Ontario (RNAO) and is fully accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) International.

Allendale is dedicated to providing person-centered care, ensuring that residents are respected and supported in living their lives their way. This commitment drives our efforts to deliver individualized care and sustain ongoing improvements.

MISSION, VISION AND VALUES

MISSION

To provide person-centered care that promotes dignity, respect, and quality of life.

VISION

To achieve excellence in the provision of person-centered care and service that ensures the safety, comfort, dignity, and well-being of each person served.

PHILOSOPHY OF CARE

Our philosophy of person-centered care focuses on making meaningful connections while ensuring residents' and clients' individual needs, values, and preferences guide decision making and personalized care.

CORE VALUES



CONTINUOUS QUALITY IMPROVEMENT

Continuous Quality Improvement (CQI) is a structured, ongoing approach that enables teams to regularly assess how they deliver care, identify opportunities for improvement, test new strategies, and measure whether those changes lead to better outcomes.

Allendale's CQI framework is anchored in the Institute for Healthcare Improvement (IHI) Model for Improvement, a globally recognized methodology for achieving meaningful, sustainable change in healthcare.

This model starts with three key questions:

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in improvement?

These questions guide the use of the Plan-Do-Study-Act (PDSA) cycle, a rapid-cycle testing method used to trial changes on a small scale, study the results, and refine approaches before broader implementation.



In addition, Allendale applies other proven CQI tools and methodologies, including:

- **Lean principles:** Focus on eliminating waste and improving value—like reducing time between a call bell and staff response.
- **Kaizen:** A mindset of continuous, incremental improvement from all team members—not just leadership.

Identifying Areas of Priority

Halton Region's LTC homes are committed to delivering safe, person-centered, and continuously improving care. This commitment is embedded in our strategic and operational plans and guides quality improvement across all programs and services.

To identify priorities for 2024–2025, Allendale applies a multi-source approach that aligns regulatory expectations with performance data and feedback from residents, families, staff, and partners.



This approach includes:

- **Legislation and regulatory compliance:** We ensure all improvement initiatives are aligned with the Fixing Long-Term Care Act, 2021 and Ontario Regulation 246/22, supporting both compliance and strategic advancement.
- **Accreditation standards and best practices:** Our operations follow CARF International accreditation standards and RNAO Best Practice Guidelines (BPGs). These frameworks promote evidence-informed practices.
- **Data-informed decision-making:** We analyze performance data from multiple sources—CIHI indicators, Point Click Care (PCC), Health Quality Ontario (HQQ) benchmarks, and internal program evaluations—to identify trends, monitor outcomes, and target areas for improvement.
- **Internal performance reviews:** Regular audits, incident reviews, and quality assessments help us proactively address risks or inefficiencies.
- **Stakeholder engagement:** Feedback from Resident Council, Family Council, staff, and external partners—plays a vital role in shaping our quality priorities.

Quality Improvement Plans (QIP's)

Our annual Quality Improvement Plan (QIP) reflects the outcome of this priority-setting process and is developed in alignment with Health Quality Ontario's provincial priorities. The 2024–2025 QIPs focuses on four core areas: Access and Flow, Equity, Safety, and Experience. These areas are critical to advancing the quality of care and services delivered in our home and support multi-year efforts to build capacity, responsiveness, and resident satisfaction.

Figure 1: 2024/2025 QIPs Critical Areas for Improvement

Priority Area	Priority Indicator(s)
Access and Flow	<ul style="list-style-type: none"> • Reduce the number of potentially avoidable visits to the Emergency Department.
Equity	<ul style="list-style-type: none"> • Improve on percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education.
Safety	<ul style="list-style-type: none"> • Reduce the percentage of residents on antipsychotic medication without a diagnosis of psychosis. • Reduce the percentage of LTC home residents who fell in the 30 days leading up to their assessment.
Experience	<ul style="list-style-type: none"> • Improve rating on how well staff listen to residents. • Improve rating on “I can express my opinion without fear of consequences.”

Performance Monitoring & Measurement

At Allendale, performance monitoring is a cornerstone of our quality improvement strategy. We rely on a robust system of measurement and accountability to ensure that care is not only delivered, but continuously assessed and improved based on outcomes, trends, and stakeholder input. We monitor and evaluate quality across several domains using multiple data sources. This allows us to identify areas of strength, address emerging risks early, and guide evidence-informed decision-making. Key Monitoring Mechanisms Include:

- Home and program-level performance indicators (clinical and non-clinical)
- Annual Quality Improvement Plan (QIP) indicators
- Incident and risk data
- Satisfaction and experience surveys

Public Reporting and Transparency

Allendale is committed to transparency and contributes to public reporting of resident outcomes through the Canadian Institute for Health Information (CIHI). These performance indicators help benchmark our progress against provincial averages and drive sector-wide learning.

During the 2024-2025 reporting period, Allendale outperformed provincial benchmarks across several key quality indicators. These results reflect the home's ongoing investment in staff training, process improvements, and adherence to best practice guidelines.

Figure 2: Allendale CIHI Performance Indicators 2023-2024		
Quality Indicators	Ontario	Allendale
Falls in the Last 30 Days	16.6%	11.9%
Worsened Pressure Ulcer	2.3%	0.9
Potentially Inappropriate Use of Antipsychotics	20.5%	17.4%
Restraint Use	1.8%	0.3%
Worsened Depressive Mood	20.8%	8.1%
Experiencing Pain	4.6%	1.2%
Experiencing Worsened Pain	9.0%	6.4%

Data Source: CIHI Public Reporting Site, Your Health System. The data for 2024-2025 cycle will be available July 2025.

Services for Seniors Strategic Plan (2025–2027)

Allendale’s quality improvement priorities are aligned with the Halton Region Services for Seniors Strategic Plan (2025–2027), which sets the direction for delivering person-centered, innovative, and sustainable care for older adults across the Region. This strategic plan is built on Halton Region’s broader vision for growth, well-being, equity, and responsible service delivery.

The Services for Seniors Strategic Plan was developed through extensive engagement with residents, families, staff, and community partners. This collaborative process helped define clear priorities based on what matters most to those who live and work in our homes. The plan is structured around four key themes that reflect both organizational and community values:



Allendale’s CQI efforts—including the development of Quality Improvement Plans (QIPs), dementia care initiatives, and resident engagement strategies—are aligned with these strategic pillars. This alignment ensures that the home’s local quality priorities are not only responsive to resident needs but also integrated into Halton Region’s long-term goals for population health, innovation, and system resilience.

COMMUNICATION STRATEGY

Allendale follows Services for Seniors Communication Plan that is reviewed annually to ensure timely, accessible, and transparent communication with residents, family care partners, and staff. The communications plan outlines the strategies used to distribute communications to various stakeholders, including residents, family care partners, and team members. Services for Seniors utilize both print and digital communications to maximize accessibility for stakeholders.

Resident & Family Communication

We use monthly newsletters, town halls, memos, posters, and email alerts (via iceAlert) to share updates. Information is regularly presented at Resident and Family Council meetings, which also serve as key forums for gathering feedback and discussing quality improvement initiatives.

Team Communication

Team members receive updates through newsletters, departmental meetings, huddles, memos, CCTV, and urgent postings via the workforce management app. These platforms ensure staff are aware of clinical updates, safety issues, and CQI priorities.

Feedback & Survey Engagement

Feedback is collected through:

- Annual Resident and Family Experience Surveys
- Resident and Family Councils
- Program-specific surveys and direct consultations

The Resident and Family Experience Surveys are analyzed and compared year-over-year to quantify which areas Allendale has been able to improve during the previous years, as well as provide a benchmark to determine priority targets for improvement in the coming year. The home creates Action Plans for priorities identified cross-divisionally, as well as priorities specific to the local home setting. Resident and Family Care Partners are consulted regarding the proposed Action Plans to ensure alignment with their experiences and expectations.

RESIDENT AND FAMILY ENGAGEMENT

Resident Family/Caregivers Experience Survey

At Allendale, we conduct annual resident and family satisfaction surveys as part of our commitment to providing high-quality care. These surveys are a cornerstone of our engagement with the residents, their families, and the caregivers we serve. The feedback we gather is invaluable as it helps us identify what we do well and potential areas for improvement and reinforces our commitment to enhancing the quality of life within our home.

Survey Administration and Participation

The annual Resident and Family Experience Survey was conducted between August 9 and September 9, 2024. To accommodate all participants, we offer the survey in both digital and print formats. We encourage a high participation rate by actively promoting the survey through various channels such as our monthly newsletters, town hall meetings, and resident and family council meetings.

Results Dissemination and Discussion

We reviewed this year's survey results and compared them with past years to see how we're doing. The results and the 2024-2025 action plan—which outlines what we're working on and when—are being shared as follows:

- **Resident Council:** Shared on **February 25, 2025**
- **Staff:** Shared through team meetings, newsletters, and digital bulletins on **April 10, 2025**
- **Family Council:** Shared on **June 18, 2025**

These conversations make sure everyone, residents, families, and staff—understands what's working well and where we need to improve. We take feedback seriously and use it to make real changes that reflect what our residents and caregivers want and need. This approach is key to how we provide quality care and support

2024 Satisfaction Survey Results



92% Residents are satisfied with overall care and services received in the home



94% Families are satisfied with care and services their loved one receives



79% Residents are are satisfied with the Long-term care as a place to live



97% Families are are satisfied with the Long-term care as a place to live



92% Residents would recommend the home to others



97% Families would recommend the home to others

Some highlights collected from the survey include:

- Most residents and families feel that staff treat them with dignity and respect (90% residents, 94% family).
- Residents and families are satisfied with the overall quality of programs and activities offered at Allendale (100% resident, 90% family).
- Residents and families are satisfied with the information provided to make decisions about care (84% resident, 90% family)

Priority Areas

Survey results were analyzed to identify priority areas to focus our quality improvement work for the coming year. The criteria for identifying priority areas were responses that were below 80% or a Year over Year decrease of 9% or more.

Divisional Priorities

- Improve the quality of external services, including eye care, foot care, dental, physiotherapy, and hairdressing.
- Improve satisfaction with the home-like environment and accessibility of the long-term care home.
- Improve satisfaction around variety and quality of food, as well as the overall dining experience.
- Review current evening and weekend programs to ensure it meets the needs of residents.

Allendale Priority Areas

- Improve satisfaction with timeliness and availability of staff response to calls for assistance

- Improve resident satisfaction with medical care
- Improve satisfaction with opportunities to participate in Resident Care Conferences and Resident Council Meetings
- Improve care and services that meet the personal, privacy, and cultural preferences of residents
- Improve satisfaction with dietary and maintenance services

The following table showcases key outcomes from the satisfaction surveys and their associated action items aimed at achieving the set objectives.

AREA OF FOCUS	KEY ACTIONS	COMPLETION TIMELINE
Staff response to calls for assistance	<ul style="list-style-type: none"> Implement intentional rounding in RHAs using RNAO's best practice guideline, starting with a PDSA cycle and a phased rollout to proactively address resident needs. Improve care experience by asking families targeted questions about staff availability during care conferences Continue efforts to increase staff complement on RHAs. 	30 th June 2025
Resident' s satisfaction with medical care	<ul style="list-style-type: none"> Ask residents and families targeted questions during care conferences about satisfaction with medical care received. Strengthen medical care by integrating a Nurse Practitioner position into the team 	30 th June 2025
Providing care and services that meet the personal, privacy, and cultural preferences of residents	<ul style="list-style-type: none"> Enhance customer service training for staff with a focused emphasis on respecting and protecting residents' privacy and understanding of personal and cultural preferences. 	30 th September 2025
Satisfaction with dietary services	<ul style="list-style-type: none"> Create targeted questions for care conferences to gather feedback on residents' satisfaction with food and dining. Implement a quarterly pulse survey in each Resident home area to monitor dining satisfaction. 	30 th June 2025

AREA OF FOCUS	KEY ACTIONS	COMPLETION TIMELINE
Satisfaction with maintenance services	<ul style="list-style-type: none"> • Create targeted questions for care conferences to gather feedback on satisfaction with maintenance services. • Work with Facility services to develop a process for communicating when maintenance requests are completed, ensuring feedback loops are closed. 	30 th September 2025
Participation in Resident Care conferences and resident council	<ul style="list-style-type: none"> • Improve communication about care conference scheduling by using a standardized email reminder template for residents and families. • Identify areas for improvement in care conference process by actively seeking feedback from residents through Resident Council participation 	30 th June 2025

Quality Improvement Initiatives 2024-2025

In 2024-2025 Allendale achieved success in the following areas:

- Organized in collaboration with internal and external partners, this event celebrated the diverse cultures within the Allendale community. Countries represented included China, Norway, the Philippines, and Sri Lanka.
- As part of the Dementia Strategy, the Family Education Series was provided monthly to support family members in understanding different aspects of dementia.
- Allendale adopted RNAO Best Practice Guidelines to reduce falls and enhance the palliative care experience, including the PAM course in December 2024, resulting in improved end-of-life care quality, increased staff confidence, and enhanced compassionate care delivery that positively impacts resident comfort.
- The home collaborated with external care partners to develop new tools in January 2024 for analyzing ED transfers, identifying root causes, and implementing targeted interventions to minimize avoidable hospital visits.
- Established ongoing visits from an ET nurse and a palliative care consultant *in May 2024* through external partnerships, providing expert support to staff and improving care quality for residents with complex wounds and end-of-life care needs.
- Introduced a wound care dashboard in January 2025 to monitor and track pressure injuries and healing progress, enabling earlier intervention and improved data oversight.
- Achieved a reduction in fall incidence through the implementation of individualized prevention strategies and adopting evidence-based guidelines, focused on comprehensive risk assessment, staff training, and enhancement of environmental safety measures.

Looking Ahead: Priorities for 2025-2026

In 2025, Allendale has several planned initiatives to improve the resident experience:

- As part of the Dementia Strategy, decorative door wraps will be installed after the replacement of resident bedroom doors. These wraps will create a warmer, home-like environment, helping residents with dementia by improving their wayfinding and reducing confusion. This work will begin in September 2025.
- The home expanded its orientation program in January 2025 to better prepare new staff for working in long-term care. This enhanced program will offer comprehensive training, ensuring employees are well-equipped to meet the evolving needs of residents and support the changing demographics within the home.

- Implement RNAO's Best Practice Guideline for intentional rounding through a staggered PDSA cycle, focusing on improving resident engagement and reducing call bell response times by 20th December 2025.
- Fully integrate the Nurse Practitioner into the medical team to enhance clinical care and reduce ER transfers and formalize and sustain external collaborations with the nurse and palliative care consultant via scheduled consultations. Hiring completed for nurse Practitioner in March 2025.
- Sustain the prompted toileting documentation within the point click care (PCC) and evaluate its effectiveness by continuously monitoring related clinical outcomes such as falls, skin integrity, and wound rates. Project roll out completed in January 2025, work will be continued in 2025.
- Adopt the new InterRAI Long-Term Care Facility (LTCF) assessments and provide comprehensive staff training to ensure accurate and consistent resident assessments for improved care planning and outcomes. This work will be ongoing in 2025
- Evaluate admission and discharge processes to streamline LTC bed turnover by improving workflows, communication, and operational efficiency. This work began in June 2025 and will continue throughout the year.

Home Quality Lead Contact Information

Anne Shiya Joseph

Supervisor of Resident Services

AnneShiya.Joseph@halton.ca

905-825-6000, ext. 8528