



2025 - 2026

CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT

Allendale Long-Term Care Home

Contents

CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT	1
EXECUTIVE SUMMARY	3
ABOUT ALLENDALE LONG-TERM CARE	3
MISSION, VISION AND VALUES.....	3
Mission.....	3
Vision	3
Philosophy of Care.....	3
Core Values	4
CONTINUOUS QUALITY IMPROVEMENT.....	4
Identifying Areas of Priority	5
Quality Improvement Plans (QIPs).....	7
Performance Monitoring and Management.....	8
PUBLIC REPORTING AND TRANSPARENCY.....	8
Services for Seniors Strategic Plan (2025-2027)	9
COMMUNICATION STRATEGY	10
RESIDENT AND FAMILY ENGAGEMENT.....	11
Resident Family/Caregiver Experience Survey.....	11
Survey Administration and Participation.....	11
Results Dissemination and Discussion	11
2025 Survey Results	12
Priority Areas	13
QUALITY IMPROVEMENT INITIATIVES SUMMARY	15

EXECUTIVE SUMMARY

Allendale Long-Term Care Home's 2025–2026 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 2026–2027 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 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 the strategic and operational plans and guides quality improvement across all programs and services.

The Continuous Quality Improvement (CQI) Committee plays a central role in identifying and validating priority areas for quality improvement. The Committee, which includes interdisciplinary team members, leadership, and representation from Resident and Family Councils, reviews performance data, survey results, risk indicators, and feedback collected from stakeholders.

Priority areas identified for the 2025–2026 fiscal year were reviewed and endorsed by the CQI Committee to ensure alignment with resident needs, best practices, and legislative requirements. Recommendations from the CQI Committee directly informed the development of the home’s Quality Improvement Plan (QIP) and associated initiatives.



This approach includes:

- **Legislation and regulatory compliance:** 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:** Operations follow CARF International accreditation standards and RNAO Best Practice Guidelines (BPGs). These frameworks promote evidence-informed practices.
- **Data-informed decision-making:** Performance data from multiple sources—CIHI indicators, PointClickCare (PCC), Health Quality Ontario (HQO) benchmarks, and internal program evaluations—are analyzed 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 quality priorities.

Quality Improvement Plans (QIP's)

Allendale's 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 2025–2026 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 the home and support multi-year efforts to build capacity, responsiveness, and resident satisfaction.

Table 1: 2025/2026 QIPs Critical Areas for Improvement	
Priority Area	Priority Indicator(s)
Access and Flow	Reduce the number of potentially avoidable visits to the Emergency Department.
Equity	Improve on percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education.
Safety	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	Improve rating on how well staff listen to residents. Improve rating on "I can express my opinion without fear of consequences."

Performance Monitoring and Management

At Allendale, performance monitoring is a cornerstone of the quality improvement strategy. A robust system of measurement and accountability ensures that care is not only delivered but continuously assessed and improved based on outcomes, trends, and stakeholder input. Quality is monitored and evaluated across several domains using multiple data sources, enabling the identification of areas of strength, early mitigation of emerging risks, and guidance for 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

Progress toward priority quality improvement initiatives is monitored on an ongoing basis through monthly and quarterly reviews of performance indicators, audit results, and feedback from residents, families, and staff. Where measurable outcomes were available, improvements were evaluated using key indicators such as reduced incident rates, improved satisfaction scores, and enhanced clinical outcomes. Ongoing monitoring continues to assess the effectiveness of implemented actions, and further refinements will be made as needed to achieve desired results.

Where performance targets are not being met, the home implements timely adjustments using the Plan-Do-Study-Act (PDSA) methodology. This includes modifying interventions, introducing additional staff education, or revising workflows to improve outcomes. Outcomes and progress updates are regularly communicated through Resident Council meetings, Family Council meetings, staff meetings, and internal communications to ensure transparency and accountability.

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 the home's progress against provincial averages and drive sector-wide learning.

During the 2024-2025 reporting period, Allendale outperformed most 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.

Table 2: Allendale CIHI Performance Indicators 2024-2025		
Quality Indicators	Ontario	Allendale
Falls in the Last 30 Days	16.2%	13.9%
Worsened Pressure Ulcer	2.2%	0.6%
Potentially Inappropriate Use of Antipsychotics	19.7%	18.4%
Restraint Use	1.4%	0.8%
Worsened Depressive Mood	19.8%	11.1%
Experiencing Pain	4.6%	1.8%
Experiencing Worsened Pain	8.8%	6.2%
Improved Physical Functioning	27.8%	6.8%
Worsened Physical Functioning	34.4%	29.9%

Data Source: CIHI Public Reporting Site, Your Health System. Data for the 2025-2026 cycle will be updated in July 2026

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:

COMMUNITY WELLBEING:

focuses on collaborating with partners to deliver the programs, services and supports that the community needs to be safe and healthy.

INFRASTRUCTURE AND GROWTH:

focuses on ensuring that the necessary infrastructure and services are in place to maintain the high quality of life as the Region continues to grow.

**CLIMATE CHANGE AND THE ENVIRONMENT:**

focuses on reducing our collective carbon footprint to mitigate the impacts of climate change.

EXCELLENCE IN GOVERNMENT:

focuses on our commitment to strong financial management, Truth and Reconciliation and being an employer of choice as well as transforming service delivery.

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 utilizes both print and digital communications to maximize accessibility for stakeholders.

Resident & Family Communication

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/Caregiver Experience Survey

At Allendale, annual resident and family satisfaction surveys are conducted as part of a commitment to providing high-quality care. These surveys are a cornerstone of engagement with residents, their families, and caregivers. The feedback gathered is invaluable in identifying strengths and potential areas for improvement, while reinforcing a commitment to enhancing the quality of life within the home.

Survey Administration and Participation

The annual Resident and Family Experience Survey was conducted between August 30 and September 20, 2025. To accommodate all participants, the survey was offered in both digital and print formats. A high participation rate was encouraged through active promotion across multiple channels, including monthly newsletters, town hall meetings, and Resident and Family Council meetings.

Results Dissemination and Discussion

Survey results were analyzed and compared year-over-year.

Residents:

- Survey findings were posted throughout the home on **November 28, 2025**.
- Results and corresponding action plans were presented to the **Resident Council** on **December 23, 2025**.

Families:

- Survey findings were distributed via email on **November 28, 2025**.
- Results and associated workplans were presented during the **Family Council meeting** on **January 21, 2026**.

Staff:

- Survey results and workplans were communicated starting on **November 20, 2025**, through departmental meetings, internal newsletters, and digital bulletins.

These discussions help ensure that everyone involved has a clear understanding of areas of excellence and opportunities for improvement. Changes are implemented proactively to reflect the needs and preferences of residents and their caregivers. This responsive approach is fundamental to the ethos of providing exemplary care and support.

2025 Survey Results

97% Residents are satisfied with overall care and services received in the home



89% Families are satisfied with care and services their loved one receives



100% Residents are satisfied with the Long-term care as a place to live



87% Families are satisfied with the Long-term care as a place to live



90% Residents would recommend the home to others



83% Families would recommend the home to others

Some other highlights collected from the survey include:

- Resident and family responses indicate high levels of satisfaction with the home's safety, cleanliness, general repair, and accessibility.
- Residents and families expressed strong satisfaction with the variety and quality of programs offered.

Priority Areas

Survey results were analyzed to identify priority areas to focus on the 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 satisfaction with externally provided services, including eye care, foot care, and dental services
- Increase satisfaction with the timeliness of responses to resident concerns.
- Improve satisfaction with variety and quality of food services.

Allendale Priority Areas

- Enhance overall satisfaction with the long-term care home as a place to live (family survey)
- Improve satisfaction with opportunities for residents to participate in Resident Care Conferences
- Improve satisfaction with opportunities for caregivers to participate in Family Council Meetings
- Enhance family satisfaction with the continence care provided by staff
- Increase how well staff listen to residents

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

Table 3: Allendale Satisfaction Survey Key Areas of Foci and Actions		
Area of Focus	Key Actions	Completion Timeline
Satisfaction with opportunities for residents to participate in Resident Care Conferences	Residents with CPS scores under 4 are invited to attend care conferences and share feedback. Staff confirm their interest and track participation and satisfaction through attendance and surveys.	Action Plan was reviewed in January 2026, key actions and pulse survey to be completed by December 31, 2026.
Continence care provided by staff	Ongoing audits are conducted to ensure prompted toileting and continence care follow care plans, and staff receive education on proper continence care practices. Progress is measured by the number of audits completed and education sessions held.	Continence provider staff education completed on April 13, 2026. Spot audits to be completed by December 31, 2026.

<p>Increase overall satisfaction of "The long-term care home as a place to live" / How well staff listen to residents</p>	<p>Feedback is gathered regularly from resident and family council meetings to identify improvement areas, and specific questions are added to care conferences to assess how well staff listen to residents.</p>	<p>Key actions and analysis to be completed by December 31, 2026.</p>
<p>Satisfaction with opportunities for caregivers to participate in Family Council Meetings</p>	<p>Admission packages are reviewed to ensure they include information about the Family Council, and a recurring Family Council section is added to monthly newsletters. Progress is measured by tracking how many newsletters include this information.</p>	<p>Key actions and pulse survey to be completed by December 31, 2026.</p>
<p>Improve resident satisfaction with variety and quality of food services</p>	<p>Improve resident satisfaction with food services by increasing communication about menu variety, gathering resident feedback through surveys and committee meetings, and hosting menu tasting events. Enhance food quality by optimizing seasonal menu planning, providing staff training, and standardizing retherm processes, while monitoring participation, staff compliance, and resident satisfaction.</p>	<p>Menu launch completed on May 11, 2026. Menu Tasting Event will take place on June 12, 2026.</p>
<p>Improve satisfaction with externally provided services</p>	<p>Increase awareness of contracted services by hosting semi-annual provider sessions for residents and families, ensuring admission packages contain up-to-date information, and regularly emailing service details. Collect and monitor feedback through "Just in Time" surveys and quarterly reporting to evaluate engagement and satisfaction.</p>	<p>Admission package updated in January 2026. Provider information sessions to be completed by December 31, 2026.</p>
<p>Increase satisfaction with the timeliness of responses of resident concerns</p>	<p>Strengthen customer service and responsiveness by posting standardized guidelines, incorporating resident concern tracking shift handovers, reviewing complaints policies with staff, and embedding resident/family concerns as a standing agenda item in meetings, with audits to ensure consistency and compliance.</p>	<p>Complaints policy to be completed by September 31, 2026. Audits ongoing and to be completed by December 31, 2026.</p>

QUALITY IMPROVEMENT INITIATIVES SUMMARY

In 2025-2026 Allendale achieved success in the following areas:

- Successfully implemented the new interRAI LTCF assessment system, supported by comprehensive staff training to ensure accurate and consistent resident assessments, enabling improved care planning and resident outcomes in July 2025.
- Participated in ISMP Canada's Medication Safety Self-Assessment and conducted annual reviews of compliance with medication safety standards to support safe medication practices and continuous quality improvement in September 2025.
- Fully integrated the Nurse Practitioner into the medical team to enhance clinical care, reduce emergency room (ER) transfers, and formalize and sustain external collaborations with the Nurse Practitioner and Palliative Care Consultant through scheduled consultations. The Nurse Practitioner was hired in March 2025.
- Sustained prompted toileting documentation within PointClickCare (PCC) and evaluated its effectiveness by continuously monitoring related clinical outcomes, such as falls, skin integrity, and wound rates. The project rollout was completed in January 2025 and will continue to be monitored and sustained throughout the year.
- Provided ongoing training in Living the Dementia Journey and Gentle Persuasive Approaches to Care (GPA), reinforcing person-centered care practices and enhancing the overall quality of care.
- Implemented Professional Practice Day, a full-day education and skills training initiative for registered staff, held in March, September, and October 2025. The initiative focused on key drivers of emergency department transfers, as identified through data analysis in collaboration with the Nurse Practitioner. Education emphasized early identification and management of infections, fall prevention strategies, post-fall huddle assessments, and the use of person-centered language.
- Facilitated ongoing visits from a palliative care consultant through external partnerships, providing expert support to staff and enhancing care for residents with complex pain and end-of-life needs.
- Implemented CPR training for staff to enhance emergency preparedness and improve response outcomes in September 2025.
- Successfully implemented the rollout of the Companion Care application to improve workflow efficiency and promote consistent, accurate, and timely documentation of care in December 2025.
- Evaluated 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.

- Established a contracted music therapy service to provide consistent weekly sessions across all home areas, supporting resident engagement and well-being.
- Implemented a part-time Spiritual Services Coordinator (two days per week) to support the Comfort Care Committee, Equity, Diversity and Inclusion initiatives, and provide spiritual and emotional support to residents, families, and staff.
- Enhanced resident programming coverage by expanding weekend and Sunday evening programming, resulting in improved resident engagement and increased access to structured activities outside regular hours.
- Implemented the updated “Connect with Me” tool for all new admissions to promote individualized, person-centered care planning.
- Successfully implemented wayfinding enhancements across all Resident Home Areas, improving navigation and accessibility for residents and visitors.
- Optimized dietary staffing by de-limiting FTEs, creating two Ingredient Control Assistant roles in the Receiving Kitchen, and restructuring part-time Dietary Aide schedules to enhance coverage and efficiency in April 2025.
- Partnered with a chemical supplier to implement J-fill dispensing stations in Resident Home Area serveries, improving safety and standardization of chemical use in October 2025.

Looking Ahead: Priorities for 2026-2027

- Strengthen emergency preparedness by advancing staff education on emergency codes and implementing regular mock drills to support effective and timely response.
- Implement a Skin and Wound Care application to enhance comprehensive wound assessment, improve documentation accuracy, and strengthen ongoing monitoring of skin integrity.
- Implement the Transitions in Care Best Practice Guideline to strengthen care transitions, enhance continuity of care, and improve resident outcomes.
- Plan and deliver targeted education for PSWs and registered staff based on gaps identified through quality improvement (QI) audits to strengthen care practices, improve consistency, and support compliance.
- Improve wound care efficiency and reduce unnecessary transfers by trialing in-house treatment of minor lacerations using skin adhesives (e.g., Dermabond/OptiClose), where clinically appropriate.
- Continue the furniture placement project, building on the initial purchase of new chairs and dining room (2-leaf and 4-leaf) tables to better support future needs within the home.

- Begin the servery renovation project in June 2026, which will provide each Resident Home Area with a refreshed dining space and an upgraded servery to enhance mealtime experiences.
- Continue progress on the Dementia Strategy, including improving wayfinding within the home, completing the resident room door-wrapping project, and implementing quiet space focus areas in Resident Home Areas.

Where measurable outcomes were available, improvements were evaluated using key indicators such as reduced incident rates, improved satisfaction scores, and enhanced clinical outcomes. Ongoing monitoring continues to assess the effectiveness of implemented actions, and further refinements will be made as needed to achieve desired results.

In accordance with legislative requirements, a copy of this Continuous Quality Improvement Initiative Report has been provided to the Residents' Council and Family Council. The report is also published on the home's website to ensure accessibility and transparency.

Home Quality Lead Contact Information:

Anne Shiya Joseph
Supervisor of Resident Services
AnneShiya.Joseph@halton.ca
905-825-6000, ext. 8528