



**2025 - 2026**

# **CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT**

**Creek Way Village Long-Term Care Home**

## Contents

<b>CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT</b> .....	1
EXECUTIVE SUMMARY.....	3
ABOUT CREEK WAY VILLAGE LONG-TERM CARE.....	3
MISSION, VISION AND VALUES.....	4
Mission.....	4
Vision .....	4
Philosophy of Care.....	4
Core Values .....	4
CONTINUOUS QUALITY IMPROVEMENT .....	5
Identifying Areas of Priority .....	6
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 .....	12
2025 Resident and Family Survey Results .....	12
Priority Areas .....	13
QUALITY IMPROVEMENT INITIATIVES SUMMARY .....	16

## EXECUTIVE SUMMARY

The 2025–2026 Continuous Quality Improvement (CQI) Report highlights Creek Way Village’s priorities, progress, and outcomes in advancing safe, person-centered care. Anchored in the IHI Model for Improvement and supported by Lean and Kaizen principles, the home focused on four key areas: Access and Flow, Equity, Safety, and Experience.

Key accomplishments include expanded dementia care education, a fully integrated Nurse Practitioner, enhanced programming through multicultural food events, and ongoing upgrades to resident spaces. Feedback from resident and family surveys shaped targeted actions to improve communication, privacy, and programming variety.

Looking ahead to 2026–2027, planned initiatives include continuing to advance the Dementia Strategy. As a Best Practice Spotlight Organization (BPSO), Creek Way Village is committed to planning and implementing care transitions in alignment with RNAO guidelines, with the goal of improving the experience of residents and caregivers during admission and readmission. These priorities align with Halton Region’s Services for Seniors Strategic Plan and reflect Creek Way Village’s ongoing commitment to quality, dignity, and person-centered care.

## ABOUT CREEK WAY VILLAGE LONG-TERM CARE

Creek Way Village Long-Term Care Residence opened in September 2005 in Burlington, part of the Halton Region. It is home to 144 residents and consists of three floors and five resident home areas. Owned and operated by the Regional Municipality of Halton, Creek Way Village has a strong history of continuous quality improvement. It 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.

## 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.

Creek Way Village'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, Creek Way Village 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 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)

Creek Way Village'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.

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 Creek Way Village, 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 identification of strengths, early response to emerging risks, and 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

Creek Way Village 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, Creek Way Village outperformed most provincial benchmarks across all key quality indicators. These results reflect the home's ongoing investment in staff training, process improvements, and adherence to best practice guidelines.

Quality Indicators	Ontario	Creek Way Village
Falls in the Last 30 Days	16.2%	7.8%
Worsened Pressure Ulcer	2.2%	0.3%
Potentially Inappropriate Use of Antipsychotics	19.7%	13.7%
Restraint Use	1.4%	0.9%
Worsened Depressive Mood	19.8%	14.7%
Experiencing Pain	4.6%	0.8%
Experiencing Worsened Pain	8.8%	3.6%
Improved Physical Functioning	27.8%	1.3%
Worsened Physical Functioning	34.4%	24.5%

*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)**

Creek Way Village’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.

Creek Way Village'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

Creek Way Village 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) are used 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 Creek Way Village 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 Creek Way Village, 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 **February 4, 2026**.

### Families:

- Survey findings were distributed via email on **November 28, 2025**.
- Results and associated workplans were presented during the **Family Council meeting** on **February 12, 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 Resident and Family Survey Results



**91%** Residents are satisfied with overall care and services received in the home



**97%** Families are satisfied with care and services their loved one receives



**85%** Residents are satisfied with the Long-term care as a place to live



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



**91%** Residents would recommend the home to others



**97%** 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 opportunities to engage in Resident Care Conferences and Residents' Council Meetings.

## Priority Areas

Survey results were analyzed to identify priority areas to focus 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.

### Creek Way Village Priority Areas

- Enhance the variety and frequency of activities offered in the home, ensuring a diverse range of social, physical, spiritual, and recreational opportunities for residents.
- Strengthen staff knowledge of resident care and preferences, including alignment with cultural needs, and increase residents' involvement in decisions about their care.
- Improve the availability of staff help when it is needed (resident survey)
- Increase how well staff listen to residents and residents being able to express their opinions without the fear of consequences
- Enhance satisfaction with the continence care products
- Increase satisfaction of care and services provided by Registered Nursing Staff

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

<b>Table 3: Creek Way Village Satisfaction Survey Key Areas of Foci and Actions</b>		
<b>Area of Focus</b>	<b>Key Actions</b>	<b>Completion Timeline</b>
Number of programs and activities offered	<ul style="list-style-type: none"> <li>Track and analyze program offerings monthly to maintain or increase availability</li> <li>Develop one new program each month; conduct regular evaluations and review feedback to improve effectiveness; engage residents in planning</li> <li>Maximize use of available resources; and perform spot audits throughout the year to gather feedback and ensure resident satisfaction.</li> </ul>	Monthly review of data to be completed by December 31, 2026.
Satisfaction with the alignment of care and supports with cultural needs	<ul style="list-style-type: none"> <li>Provide staff re-education to reinforce including residents in care decisions</li> <li>Conduct spot audits throughout the year to gather feedback and ensure satisfaction</li> <li>Review input with residents at Resident Council meetings to obtain additional feedback.</li> </ul>	Education relating to cultural considerations relating to care to be provided to all staff by end of June 30, 2026.
Satisfaction with the availability of staff to help when it is needed	<ul style="list-style-type: none"> <li>Conduct spot audits of call bell response times to identify delays over three minutes</li> <li>Review break schedules to ensure adequate floor staffing (limiting breaks to 1–2 staff at a time)</li> <li>Gather additional insights during Resident Council meetings to better understand satisfaction drivers</li> <li>Perform ongoing resident spot audits to assess satisfaction throughout the year.</li> </ul>	All quarterly spot audits to be completed by December 31, 2026.
Satisfaction with staff knowledge, residents care needs and preferences	<ul style="list-style-type: none"> <li>Ensure care plans are reviewed and updated each shift, kept accessible to PSWs, and communicated effectively to support awareness of resident care needs</li> <li>Collaborate with teams to improve knowledge-sharing</li> <li>Conduct ongoing resident spot audits to gather feedback and ensure satisfaction.</li> </ul>	All quarterly spot audits to be completed by December 31, 2026.
Satisfaction with residents'	<ul style="list-style-type: none"> <li>Provide staff re-education on including residents in care decisions</li> </ul>	Re-education provided to

involvement in decisions about their care	<ul style="list-style-type: none"> <li>• Conduct ongoing spot audits to gather feedback and ensure satisfaction</li> <li>• Use Resident Council meetings to obtain additional input.</li> </ul>	nursing staff by end of June 30,2026.
Quality of continence products	<ul style="list-style-type: none"> <li>• Coordinate a session with the continence provider for the Resident Council by the end of Q1 2026</li> <li>• Gather resident feedback to understand decreased satisfaction</li> <li>• Implement changes based on input (including adjusting products as needed</li> <li>• Conduct ongoing spot audits to monitor feedback and satisfaction.</li> </ul>	<p>Continence provider education completed on June 3, 2026.</p> <p>Spot audits to be completed by December 31, 2026.</p>
How well staff listen to you/ Being able to express opinions without fear of consequences	<ul style="list-style-type: none"> <li>• Review current results with all staff at a Town Hall meeting</li> <li>• Reinforce active listening</li> <li>• Conduct quarterly spot audits with residents to assess staff performance and identify improvements</li> <li>• Gather additional feedback from the Services for Seniors team to better understand resident perspectives.</li> </ul>	Education Session supporting excellence in effective and timely communication and customer service is being coordinated to take place by June 30, 2026.
Improve resident satisfaction with variety and quality of food services	<ul style="list-style-type: none"> <li>• Improve resident satisfaction with food services by increasing communication about menu variety</li> <li>• Gathering resident feedback through surveys and committee meetings</li> <li>• Hosting menu tasting events.</li> <li>• Enhance food quality by optimizing seasonal menu planning</li> <li>• Providing staff training, and standardizing retherm processes, while monitoring participation, staff compliance, and resident satisfaction.</li> </ul>	<p>Menu Tasting Event took place on January 13, 2026, and March 4, 2026.</p> <p>Launch is ongoing to completed by December 31, 2026.</p>
Improve satisfaction with externally	<ul style="list-style-type: none"> <li>• Increase awareness of contracted services by hosting semi-annual provider sessions for residents and families</li> </ul>	Admission package updated in January 2026.

<p>provided services</p>	<ul style="list-style-type: none"> <li>• Ensuring admission packages contain up-to-date information, and regularly emailing service details.</li> <li>• Collect and monitor feedback through “Just in Time” surveys and quarterly reporting to evaluate engagement and satisfaction.</li> </ul>	<p>Provider information sessions to be completed by December 31, 2026.</p>
<p>Increase satisfaction with the timeliness of responses of resident concerns</p>	<ul style="list-style-type: none"> <li>• Strengthen customer service and responsiveness by posting standardized guidelines</li> <li>• Incorporating resident concern tracking into shift handovers</li> <li>• Reviewing complaints policies with staff</li> <li>• Embedding resident/family concerns as a standing agenda item in meetings</li> <li>• Audits to ensure consistency and compliance.</li> </ul>	<p>Complaints policy to be completed by September 31, 2026.</p> <p>Audits ongoing and to be completed by December 31, 2026.</p>

## QUALITY IMPROVEMENT INITIATIVES SUMMARY

**In 2025-2026 Creek Way Village achieved success in the following areas:**

- Introduced two new Personal Support Worker (PSW) swing shifts, resulting in significantly positive outcomes for residents living with dementia, including increased engagement, decreased responsive behaviours, and a reduced risk of harm to self and others.
- Implemented evidence-based, older adult- and dementia-friendly design features, including enhanced wayfinding, door wraps, more home-like spaces, and dedicated crafting and puzzling areas to support independent and spontaneous engagement.
- Completed ongoing renovations, including upgrades to serveries, shower and spa rooms, flooring, painting, furniture, furniture, curtains, blinds, and artwork throughout the home, enhancing residents’ experience, comfort, and safety.
- Improved outdoor spaces by completing balcony projects and adding no-touch access points to enhance accessibility and infection prevention and control (IPAC) measures. Signage was also updated with appropriate font sizes, braille, and multilingual options to improve accessibility for residents.
- Upgraded the call bell system and implemented a new WanderGuard system to enhance resident safety and monitoring.

- Coordinated educational sessions for residents, including fraud awareness seminars facilitated by the Halton Police Service, to help protect seniors from fraud.

### **Looking Ahead: Priorities for 2026-2027**

In 2026-2027, Creek Way Village has several planned initiatives to improve the resident experience:

- Continue advancing the Dementia Strategy by delivering educational programs, including Gentle Persuasive Approaches (GPA) and Living the Dementia Journey (LDJ), to further equip staff to provide high-quality dementia care.
- Implement Dementia Learning Labs to provide team members with relevant, case-based learning opportunities, support collaborative discussions, and enhance knowledge of effective care approaches.
- Maintain resident outcomes below the provincial average (e.g., responsive behaviours and safety indicators) by assigning a PSW within the Resident Home Area (RHA) during shift report to monitor residents and ensure timely response to care needs.
- Proceed with planned upgrades to elevators, outdoor lighting, and additional retrofit projects to enhance accessibility and safety throughout the home.
- Strengthening resident and family experience during transitions in care by integrating RNAO Transitions in Care Best Practice Guidelines and improving move-in and readmission processes.
- Continue to advance the home's Equity, Diversity, and Inclusion (EDI) program through initiatives such as multicultural potlucks for staff, monthly cultural meals, and celebration events for residents.
- Implement a Skin and Wound Care application to enhance accuracy, efficiency, and quality of documentation, supporting improved resident safety and comfort.
- Increase awareness among residents and families regarding contracted service providers through biannual engagement at Resident and Family Council meetings.
- Enhance resident and staff safety through the installation of additional security cameras throughout the home.
- Promote environmental sustainability by reducing the use of batteries, ink, and paper across operations.

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:**

**Manpreet Dhaliwal**  
**Resident Services Supervisor**  
Manpreet.dhaliwal@halton.ca  
905-825-6000, ext. 8619