

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 24, 2025



## OVERVIEW

Chippawa Creek at Bella Care Residence is a 160 bed long-term care home located in Niagara Falls/Chippawa, Ontario. Chippawa Creek at Bella Care Residence is committed to giving caring services to clients within our community. Our goal is to provide high quality care, recognizing that each resident is a unique individual with his or her own wants and needs.

Most rooms are single occupancy, which is an important factor for privacy in the home. We have 16 beds located in shared rooms in total out of 160.

The home is divided into six distinct home areas ranging from 24-28 residents on each. Each home area includes lounge and activity spaces, as well as a dining space. The home enjoys an enclosed outdoor courtyard, a balcony located on each home area and common rooms for residents and families.

Improving the quality of care we provide to our residents and their families guides everything we do. We are committed to continuous improvement, and on an ongoing basis, we seek new ways to evolve our practices and strengthen our services.

We have a partnership with Extendicare Assist who provide us support in Nursing IPAC, Environmental Services, Dietary, and Recreation Department.

### Our Purpose, Mission, Vision and Values

Chippawa Creek at Bella Senior Care Residence strives to provide enriched life experiences to seniors through innovation and creativity. Our vision is that we are committed to enriching the lives of those we serve by providing a “voice and a choice” with dignity, respect and empathy. Our values provide the framework for the culture of the home. Together we STRIVE for excellence through:

S-safety and Quality  
 T-Teamwork and Partnerships  
 R-Responsibility and Stewardship  
 I-Innovation and Creativity  
 V-Voices that are respected  
 E-Empathy and Trust

At Chippawa Creek at Bella Care Residence we value our customers and our team who cares for them. We are committed to treating them with dignity and respect in an atmosphere of compassion. As health care professionals, we take pride in being responsive to the needs of those who rely on us.

- Strive to serve our clients with excellence and build strong and mutually beneficial relationships
- Attract, hire, retain, develop and deserve the best people at all levels
- Develop facilities and services that have high quality and exceptional value
- Be good stewards of the company's physical, financial, and human resources
- Treat all people with respect, in a manner we would like to be treated
- Demand the best of ourselves and from others
- Tell the truth and be trustworthy
- Be the difference we wish to see in the industry
- Make sound financial decisions that support our mission; and
- Honour our words, agreements and promises
- Together we strive for excellence

Quality Improvement

Our Quality Framework outlines the ways in which our home is supported to achieve success with a focus on quality of life, safety, regulatory compliance, and resident engagement. In alignment with provincial requirements, our home is responsible for directing our quality improvement plan, with the support of a dedicated regional team who assist us with our home's quality initiatives as needed. Our strategic direction and the initiatives that support the plan also meet or exceed standards set by Accreditation Canada and meet the requirements of our LSAA.

Our home's multidisciplinary Continuous Quality Improvement (CQI) Committee oversees our quality program. It is led by our home's CQI lead. Membership includes our home leadership team, each designated program lead, Medical Director, Dietitian, Pharmacy Consultant, resident and family council representatives, and care team representatives, including a Personal Support Worker and Registered clinical staff. Our CQI committee meets at a minimum quarterly and uses our CQI Framework to identify key areas for quality improvement in our home, make recommendations, monitor and measure progress, identify and implement adjustments, and communicate improvement outcomes for the current and following year. Results are discussed and shared with residents, families, team members and external partners to support our priorities, targets, and activities. We measure and monitor our quality initiatives using data accuracy and quality indicator results. Our home's quality reports are circulated monthly and reviewed, to help monitor progress and drive meaningful conversation at our continuous quality committee meetings. Performance monitoring is a key part of our relentless efforts to improve performance and include but are not limited to

the following:

- Monitoring key quality indicators
- Internal audits
- External audits
- Annual program evaluations
- Resident and Family Experience Survey results

In 2024, our home's Quality Improvement priority areas included: Falls, Restraints, Pressure Injuries and Antipsychotic Medication Use

The following top areas for improvement identified from our 2023/2024 Resident and Family experience survey results were also included: Improving the process for labeling of personal clothing and delivery of resident clothing, Improve the quality and taste of the food for the residents and to improve the communication between the residents, families and physicians:

We are proud of the following achievements and improvements that were implemented based on the 2023/2024 survey results and that were part of our 2023/2024 improvement plan:

- To improve our laundry process for labeling, the psw's complete the personal inventory sheet, the laundry labels the clothing and completes audits. The laundry keeps a record of the personal inventory. This process was in place by (June 30, 2024) Some changes will be made for our 2025/2026 QIP
- To improve the quality and temperature of the food, canboro carts and plate lids were put in circulation, quality was added as a standing item to the food committee meeting, dining room audits

are done monthly and shared at monthly meetings. All of this was put in place by by June 30th, 2024

- Re-implementation of the falls huddles was put in place March 30, 2024 by the ADOC (Falls Committee Lead.)
- Restraint education brochures were added to the admission packages and families are informed of the least restraint program at admission and at care conferences (March 2024 and ongoing)
- We successfully hired a wound care champion and re-implemented the referral process to her and the NP (June 2024)
- Working with the pharmacy and the physician, we have been able to decrease the use of antipsychotic medications without an appropriate diagnosis. (From March 31, 2024-Ongoing) Still working on our corporate reduction program and target.

Some other quality initiatives achieved in 2023/2024

- Lots of environmental quality improvement initiatives (All through the year) Ongoing list
- Ratification of three Collective Agreements-Maintenance and unit clerk : July 14, 2023-August 31, 2025, Healthcare Office and professional employees : January 1, 2021-December 31, 2024 and Ontario Nurses' Association: May 22, 2024-June 30, 2026
- Was able to hire a student placement coordinator (June 2023)
- Increased staffing levels in the nursing department (RN, RPN, PSW, RCA)
- Added one additional Assistant Director of Care (May 2024)
- Replaced Nursing Office Manager July 2024
- Training provided to RPN to be Restorative Lead (March 11, 12, 13, 2024)
- Trained 10 psw's for restorative nursing program (April 2024)
- Re-Implemented wound care and NP referrals (Aug 2024)

- Meeting 3 out of 4 of the publicly reported quality indicators (Sept 2024)
- Falls Huddle Board (Sept 2024)
- One way gliders rolled out (Jan 2024)
- We implemented BOOMR with the Pharmacy (Jan 2024)
- The nutrition manager in collaboration with the nutrition supervisor was able to reduce the improper use of supplements and decrease our costs with their new delivery system (Oct 4, 2024)
- IPAD wound care education to the registered staff (March 2024)
- Implementation of the Jubo system for vitals (Nov 2024)

#### Looking Ahead: Priorities for 2025 – 2026

- Gentle persuasive approach training sessions will be provided to all staff to ensure residents with behaviours are provided with quality care Previously implemented training, ongoing. Many sessions booked for 2025
- Improve the continence program to ensure residents are wearing correct product and decrease the costs at the same time
- We are looking at ways to increase Diversity, Equity and Inclusion awareness in the home throughout the year
- We have chosen to continue to focus on decreasing falls, restraints, skin and wound and antipsychotic medication use without an appropriate diagnosis.
- We have introduced training on “PAIN” as the 5th vital to ensure pain is addressed prior to use of antipsychotic medication use.
- We will be working with the residents and families to improve the number of satisfaction surveys returned
- We will be looking at strengthening our programs by assigning new leads for the programs. Falls, PASD and restraints and the Safe Resident Handling (Lifts) has been taken over by ADOC-Lisa Dec 2024 and will be ongoing. DOC will be taking over the Responsive

Behaviours and the other ADOC will be the lead for Skin and Wound, Pain and Palliation and Medication Management

- Provide comprehensive education on pleasurable dining to all staff, ensuring they are equipped with the knowledge and skills to create enjoyable dining experiences for residents.

#### Quality Improvement projects implemented in 2023-2024:

- 2022/2023- Carpeting was removed as an IPAC measure in all 6 home areas main hallways, flooring replaced, and painting completed in all 6 dining rooms.
- 2022-2024- All 6 home areas shower/tub rooms have been gutted and completely renovated (with new showers and tubs)
- 2023 - Willoughby medication room was completely renovated due to a water line break that damaged the room.
- 2023-2024- 1st floor Vineyards and Willoughby, 2nd floor Legends serveries have been renovated. Lundy's Lane on 2nd is in progress (renovations include new steam wells, refrigerators/freezers and dishwashers).
- 2022-2024- Other improvements for the dietary department – new Cambro Carts, Heated Dome covers for meals, new Robo Coupe, new Snack carts, new Adaptive Dining Room tables and chairs, new Main Kitchen ovens, new Toasters and Microwaves.
- 2024 - 3 new refrigerant units were purchased and installed on the east side of the building, sitting on a new concrete pad. This is feeding coolant to the main fridge and freezers in main kitchen in the basement.
- 2024- Asphalt pathway (This was brought up at Resident and Family Councils, as well as resident satisfaction surveys as a request to re-pave this path for residents to safely use).
- 2023-2024 - New beds purchased for all residents

- 2024 - Palliative room- painted and newly furnished with couch, lounge/recliners for families to use. This newly designed space offers a peaceful, calming environment for families to gather and reflect, ensuring that their times with loved ones is as comfortable and supportive as possible.
- 2024 – Re-introduced the Palliative Care Carts for families. Our commitment to providing high quality palliative care has grown through the addition of our palliative care carts. These carts are stocked with essential items and comfort supplies.
- 2023 - Our new Palliative Quilts have been introduced to provide dignity during our honour guard, along with the reading of a comforting poem and support to family and staff., A Palliative Care room is now provided to the families along with a cart that can go in the dying residents room. This care will ensure the families are comfortable with hygiene supplies, snacks, beverages and activities for them.
- 2024- Concrete pad was built in the front patio area
- 2024- Willoughby lounge was fully remodeled

Our Restorative Nursing program has seen significant growth with the use of our Wellness room located on the 2nd floor. There are currently 28 residents and 4 staff participating in the program to maintain and improve their physical health and overall, well being. To further improve our Restorative Program, we have trained 10 PSWs with the Restorative Nursing Program and they all earned a Restorative Nursing Aide Certificate.

Our current CMI score is 1.3 This score reflects the level of complexity of the residents' medical conditions and care requirements. Our home has successfully managed to provide a high level of care to those with complex care needs.

Improved community reputation as evidenced by an increase in our waitlist for new applications from 110 to 190 over the last 3 years, an increase in the number of tours, outreach via email, and improved quality projects in the home

Implemented the BOOMR (Jan 2025) pre-admission medication reconciliation program leading to reduced nursing/physician time spent and increased the prevention of medication errors

Our CQI committee has determined that for 2025-2026 our priority areas for quality improvement will include Falls, Restraints, Antipsychotic medication use without a diagnosis and worsening pressure injuries as well as the following areas from our Resident Experience survey as determined following consultation with our Resident and Family Councils:

1. Staffing Issues included 2 specific items
2. Dietary
3. Laundry
4. Management Concerns

## **ACCESS AND FLOW**

We are committed to working closely with our community partners including our regional Ontario Health at Home team, hospitals and business partners to ensure safe, effective and high-quality care of our residents. We do this through ongoing relationship building and partnerships with health system partners such as local long-term care homes, regional IPAC hubs, Ontario Health teams and various regulatory authorities. (Ministry of Health, Canadian Institute for Health Information, Registered Nurses Association of Ontario to

name a few)

In addition, our partnerships extend to our Medical Advisor, Attending Physicians, our assigned Nurse practitioner, and our preferred vendor Point Click Care for documentation as we work to improve medication management, clinical care and reduce unnecessary ED visits.

We work together with residents, their families and our health system partners to ensure safe, effective admissions to our home, and understand transitions throughout the system are not easy for those we serve. We work to apply additional care and attention to closely engage and support those in our care at times of change or at times where specialized supports are required in their health care journey.

Throughout the year, we support and participate in awareness campaigns to educate team members, residents and families. Our home has access to an annual awareness calendar that highlights key health promotion and professional recognition events, which are supported through communication and education, with activities that are tailored to our home's needs and demographics. Some of the campaigns include:

Fall Prevention Month and is aimed at promoting a culture of safety in our home through education, resources and home-level activities, the campaign equips our team members with knowledge and tools to continuously improve quality and safety and engages residents and families as partners in care.

Stick it to the flu: Through our annual influenza vaccination campaign, we aim for 90% vaccination of residents and staff. Our home also hosts on-site vaccination clinics.

Hand Hygiene Led by an IPAC support team, this is marked with an intensive focus on tools and education to promote proper hand hygiene practices for our team members, residents and families.

Alzheimer's awareness: We care for a population that is impacted by rising rates of Alzheimer's and dementia. Our home has access to tools and education year-round that help our team members to tailor care to the unique needs of those living with dementia. We are happy to say we have 2 in-house GPA coaches and are able to provide all the staff with GPA training.

Our quality improvement plan is developed in collaboration with our resident and family councils after reviewing the satisfaction survey. We share with and get input from our stakeholders at our Professional Advisory Committee meeting, our quarterly quality improvement committee meeting, our staff meetings, our leadership meetings, family emails, posters and the monthly newsletter.

In the past year, we have increased our staffing levels in the nursing department for RN's, RPN's and PSW's throughout the entire home and added an additional ADOC. We have a very long list of completed quality improvement projects to improve the appearance, and safety of the home. The satisfaction survey results showed the residents and families were 63.9% satisfied. Our restorative program is a huge success, we have 10 psw's trained as restorative aids and are maintaining a CMI of 1.3. We are meeting 3 out of the 4 publicly reported quality indicators:

Falls target 15%, current 8.4%

Restraints target 2.5 %, current 1.2%

Worsening Pressure Injuries target 2.6%, Current 0.6%

Antipsychotic medication use without an appropriate diagnosis target 17.3%, current 24.3%

## **EQUITY AND INDIGENOUS HEALTH**

We are committed to improving equitable access, experience and

outcomes to reduce health inequities and advance indigenous health in our home.

At Chippawa Creek at Bella we embrace every resident for the individual they are, and care for them as we would our own family. Through culturally diverse programming, menu selection, staff education and meaningful community partnerships, we create a safe and inclusive environment where residents feel valued, respected and empowered to be their authentic selves. This commitment is essential to providing compassionate and equitable care.

Personalized support ensures residents feel seen, respected and connected to their heritage.

Implementing mandatory training on cultural safety, anti-racism, and the history of Indigenous Peoples in Canada for all staff, fosters awareness and equips caregivers with the skills to address systemic barriers and biases. Identifying and addressing systemic gaps in care, including access to interpreters, culturally appropriate meals and resources, and the provision of trauma-informed care, are skills taught in staff training. Regularly assessing program outcomes through resident feedback, and staff input, helps us ensure continuous improvement

Some examples of programs we have implemented include: the celebration of Mardi Gras, Shrove Tuesday, Cinco de mayo, Oktoberfest. We have two different church volunteers coming in and have our spiritual coordinator who focuses on all religions/beliefs etc. We also do travelogues to many different places and learn about their cultures, background and celebrations. We have also started to translate the resident council minutes in other languages when requested. We have participated in the Supervised Practice Experience Partnership with the College of Nurses helping the International nurses get their hours required for an Ontario

Registration In 2025 we commit to continued support and recognition for diversity and inclusion for staff, residents and families in our home.

## **PATIENT/CLIENT/RESIDENT EXPERIENCE**

Date of 2024 Annual Resident and Family Experience Survey: September 3 – October 11, 2024

Resident: Would you recommend this home? 98% Survey combined with family

Family: Would you recommend this home? 98% Survey combined with residents

Survey results were reviewed by CQI committee: Jan 22, 2025

Survey results were shared and discussed with Resident Council: Jan 31, 2025

Survey results were shared and discussed with Family Council: Jan 24, 2025

A copy of the survey results was provided to Resident Council: Feb 12, 2025

A copy of the survey results was provided to Family Council: Feb 12, 2025

Survey results were posted on our bulletin board: Feb 12, 2025

Survey results shared with staff in the home: Feb 12, 2025

During discussions with the Residents and Family council when sharing our 2024 results, five areas were determined to be most important priorities for us to focus on and these are included in our 2025 QIP.

Top five areas Resident Experience survey priorities for improvement in 2025:

Staffing Issues:

Continuous change in staff, especially psw's- We will be hiring into



available lines instead of casual positions

The length of time it sometimes takes for the call bells to be answered requires education to the staff

Dietary Issues: Families are wanting less sugary packaged snacks, food and juice, more leafy greens and fresh fruit-We will be presenting concerns at the food council in February 2025 and explain the risk of leafy greens and fresh fruit in season due to costs on off season, the IPAC concerns around packaged snacks and that apples, oranges and bananas are always available

The other concern was the temps not always hot enough. This concern will be addressed by reminding the staff not to take the food from the steam table until they are ready to deliver it. Also to be using the Cambro carts and lids, when delivering the food to the residents in their rooms.

Laundry concerns: regarding the length of time it takes to have laundry returned, receiving other people's clothes and the clothes not having a fresh and clean smell-We will be education the family's before the end of March 2025 on the policy regarding laundry time turn over, the industrial machines and the process for delivering clothing.

Manager Concerns: The residents and families feel they do not know which manager is responsible for which task. We are going to do some meet and greets this year for the families and residents. We will make sure we post a list of this in the home and in the newsletter.

## PROVIDER EXPERIENCE

Chippawa Creek has many opportunities to engage with staff and leadership in sharing quality improvement goals and commitments. This is achieved through employee engagement surveys, sharing of best practices with other long term care homes, regional quality labs and participation in the Ontario Long Term Care Association Quality Committee and annual quality forums.

Our Worklife Pulse survey provides an opportunity for team members to give their feedback on various issues such as staff satisfaction, innovation, and work environment. Based on previous employee engagement results we worked this year to improve communication by implementing a 10 at 10 meeting on Tuesday mornings and a 10 at 2:10 meeting on Thursday afternoon. During this meeting the staff discuss any concerns they have regarding residents, families, health and safety and anything else they need to bring forward. The management team acts accordingly to address and deal with the concerns.

We have worked with agencies and have hired staff from them once they have completed their required hours. We have collaborated with the unions and have agreed to hire staff into lines instead of casual. On top of that, we have improved our orientation process to ensure the staff are getting the maximum education prior to starting their positions.

## SAFETY

At Chippawa Creek at Bella, we take a system approach to preventing and reducing resident safety incidents. At the core of this approach is system learning and process improvement.

Incidents and risks are escalated rapidly, so that they can be addressed and mitigated, with access to specialized support team members if needed.

Safety data is analyzed continually in our home, to identify improvement opportunities. Standardized process, policy, practice and technology improvements are developed in response, and shared through education with our care team. We can attend weekly education and question and answer (Q&A) webinars that are held on safety and clinical practice topics derived from this analysis and are attended by leaders and clinicians from other long term care homes in our network throughout the year.

From front-line to senior leadership, safety incident reporting, awareness and response, is embedded in our roles and daily work. All these program elements, and more, comprise our safety culture program.

## PALLIATIVE CARE

Residents and families in long-term care deserve compassionate, high-quality care. Our teams collaborate with residents and families to tailor plans of care that are based on each residents' individual needs.

We have access to enhanced palliative care training for interdisciplinary teams, in partnership with Pallium Canada, enabling high-quality clinical, spiritual and emotional palliative care supports for residents and their families.

We are currently updating our Palliative Program policies and procedures to further emphasize the importance of a palliative care philosophy. The revised policies and procedures will be implemented in 2025 with associated staff education and training. The focus will be on earlier awareness and identification of those who require a palliative approach to care through implementation of a standardized Palliative assessment and referral system which is designed to guide staff in addressing the holistic needs and symptom management of each resident.

## POPULATION HEALTH MANAGEMENT

Chippawa Creek at Bella Care Residence considers the unique demographics in our home when planning care delivery requirements, programs, resources and external partnerships. In our home our population needs consist of a 28 bed secure unit for those with dementia. To meet the individualized needs of our residents, we have implemented programs such as floral arranging, guided painting, hands on exotics, reptile visits, basketball throw, billiards, and public library service. We also collaborate with our community partners such as BSO, SMHO, our pharmacy and our nurse practitioner.

**CONTACT INFORMATION/DESIGNATED LEAD**

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**OTHER**

We are proud to say we had our first Proactive Compliance Inspection with no compliance orders, passed our fire inspection with a perfect score and with the assistance of Extendicare Assist, we achieved an Exemplary standing on our Accreditation survey in Nov 2024

**SIGN-OFF**

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan on

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Board Chair / Licensee or delegate

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Administrator /Executive Director

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Quality Committee Chair or delegate

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Other leadership as appropriate

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