

## QUALITY IMPROVEMENT REPORT

### **OVERVIEW**

Dufferin Oaks remains steadfast in its commitment to delivering exceptional care and enhancing the quality of life for every resident. Grounded in the principles of continuous improvement, innovation, and collaborative partnership, our 2025–2026 Quality Improvement Plan (QIP) reflects our mission — *Caring together with Dignity, Compassion, and Respect* — and is closely aligned with the County of Dufferin’s strategic priorities: Climate and Environment, Community, Economy, Governance and Equity.

As the long-term care landscape continues to evolve, we recognize the growing complexity of resident needs, including increased acuity and multi-morbidity. In response, we continue to strengthen our approach through the integration of evidence-based practices, strategic system alignment, and meaningful engagement with residents, families, staff, and community partners.

This Annual Quality Improvement Report outlines the progress we’ve made, the goals we’ve set, and the initiatives we’ve launched to drive excellence in care. The report is publicly accessible on our website under the *Policy & Compliance* section, ensuring transparency and accountability to all stakeholders.

### **QUALITY IMPROVEMENT PRIORITY DEVELOPMENT**

The development of Dufferin Oaks’ 2025–2026 QIP was guided by a collaborative, evidence-informed process that reflects our commitment to continuous improvement and stakeholder engagement. Priority areas were identified through the comprehensive analysis of internal data, including statistical trends in resident outcomes, program evaluation findings, audit results, and compliance reports from the Ministry of Long-Term Care. This process also included a thorough review of Ontario Health’s system-level indicators and the results of the annual Resident and Family Satisfaction Survey.

One such indicator evaluated for the 2024 survey was the percentage of residents who responded positively to the statement: *“When I have concerns about resident care issues, I know whom to communicate the concerns to.”* The result for this indicator was 96%, surpassing both the previous year’s result of 93% and the set target of 94%. This improvement highlights the success of targeted strategies such as enhanced leadership visibility through purposeful rounding, clearer staff identification, and reinforced communication during care conferences. The outcome reflects residents’ growing confidence in knowing how and to whom to escalate

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their concerns, and it has helped to inform continued efforts to support resident-centered communication.

Falls prevention was another significant focus. The indicator tracking the percentage of residents who experienced a fall in the 30 days prior to their assessment—reported through CIHI CCRS—showed an overall downward trend throughout the fiscal year. Rates were as follows:

- **Q1 2024 (Apr–Jun):** 21.2%
- **Q2 2024 (Jul–Sep):** 20.4%
- **Q3 2024 (Oct–Dec):** 21.8%

These quarterly improvements resulted in a four-quarter average of 21.575%, a decrease from the prior year's average of 23.78%. This trend followed key interventions, including increased frequency of Falls Committee meetings, real-time incident review, and greater interdisciplinary involvement. The indicator remains a priority for 2025–2026 to support continued progress and consistency.

The Quality Improvement Committee (QIC) played a key role in this work, contributing insights based on lived experience, frontline observations, and departmental expertise. Opportunities for improvement were also drawn from consultations with external partners and healthcare collaborators, ensuring our approach remained aligned with broader system priorities and emerging best practices.

The selection of priorities involved careful consideration of the scope of potential impact, alignment with strategic objectives, and the resources available to support sustainable quality improvement initiatives.

## **PRIORITY AREAS FOR 2025 – 2026**

Dufferin Oaks will focus on improving:

- Continued reduction of resident falls
- Enhancing communication related to care concerns
- Enhancing HealthConnex for digital auditing
- Advancing staff education and documentation practices
- Enhancing the resident admissions experience

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### **RESIDENT & FAMILY SURVEY**

Feedback from the Residents' Council and Family Council continues to play an important role in the development and execution of our annual Resident & Family Satisfaction Survey. In 2024, the survey was thoughtfully revamped in collaboration with the Dufferin Oaks Leadership Team, Resident Council, and Family Council to ensure the questions were meaningful, accessible, and reflective of what matters most to those we serve. Updates on related projects and the Quality Improvement Plan (QIP) are provided throughout the year, as requested by council chairs, and documented in meeting minutes.

The revised survey was distributed in December 2024 and remained open through January 2025. A total of 62 surveys were returned, with a notable increase in the number of residents who participated compared to previous years. In relation to the "General Satisfaction", key indicators such as "I am well cared for," "I am treated with respect," and "Staff are professional" received agreement ratings between 98% and 100%, demonstrating consistently high levels of satisfaction among both residents and families.

Survey results were shared at the Resident Council meeting on April 30, 2025, and the Family Council meeting on April 22, 2025. Residents and families continue to be actively engaged in quality improvement efforts through formal feedback mechanisms and committee participation. A resident and a family representative remain members of the Dufferin Oaks Quality Improvement Committee, ensuring their voices are reflected in ongoing planning and decision-making.

### **2024 ACHIEVEMENTS**

See **Appendix A** below for Summary of Accomplishments.

### **CONTINUOUS QUALITY IMPROVEMENT**

#### **Policy, Planning, Monitoring and Reporting**

Dufferin Oaks maintains a robust Quality and Risk Management framework designed to drive improvements in resident care, safety, and outcomes. This framework is guided by principles of continuous quality improvement (CQI) and grounded in quality improvement science, which informs the use of evidence-based tools, data analysis, and performance monitoring.

The Quality Improvement Committee plays a critical role in supporting this framework by identifying opportunities for enhancement, reviewing emerging trends, and advising on annual improvement objectives. The committee draws upon a variety of inputs, including annual

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program evaluations, action plans, the Resident and Family Satisfaction Survey, priority indicators released by Ontario Health, and the home's operational and strategic planning initiatives.

### **Quality Improvement Committee**

The Quality Improvement Committee (QIC) continues to serve in an advisory capacity to the Leadership Team, providing insight and oversight for quality-related initiatives across the organization. The committee meets quarterly to review key performance indicators, analyze feedback from residents, families, and staff, and assess the effectiveness of implemented changes. Through regular data review and discussion, the QIC ensures that improvement efforts are responsive, measurable, and aligned with organizational goals. The Quality Services Coordinator continues to lead the facilitation and advancement of these efforts across departments.

### **Accountability**

The Administrator and Leadership Team, with the support of the Quality Services Coordinator, oversee the implementation and ongoing development of the home's quality improvement strategy. Department and program leads, alongside committee members, are accountable for contributing to measurable outcomes through participation in audits, evaluations, action planning, risk mitigation, education, innovation, and the integration of best practices into policies and procedures.

### **Sharing & Reporting**

Transparent communication remains a cornerstone of quality improvement at Dufferin Oaks. The home has a multi-faceted communication system in place to ensure that the Quality Improvement Plan and its outcomes are shared consistently with internal and external stakeholders. Residents and families are regularly consulted through Resident and Family Councils, and their input continues to inform both priorities and process improvements.

Ongoing communication efforts include:

- Posting updates on the home's main communication board, located in a high-traffic area on the first floor
- Incorporating quality updates into staff huddles and departmental team meetings
- Introduction of monthly Quality & Risk meetings.
- Distributing information through internal newsletters and Mailchimp digital campaigns
- Presenting highlights and achievements at County of Dufferin Council meetings

This integrated approach ensures that all stakeholders remain informed, engaged, and connected to the quality improvement journey at Dufferin Oaks.

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### PLANNED QUALITY IMPROVEMENT INITIATIVES FOR 2025

AREA OF FOCUS	CHANGE IDEAS
EQUITY	<ul style="list-style-type: none"><li>Equip staff to apply Dufferin's Equity and Climate Lens Tool in projects to support equity-focused decision-making.</li></ul>
INCLUSIVE & SUPPORTIVE COMMUNITY	<ul style="list-style-type: none"><li>Enhance current technologies to support real-time quality monitoring and improve responsiveness to resident needs.</li><li>Reviewing the resident admission process to support smoother transitions and early engagement.</li></ul>
GOOD GOVERNANCE	<ul style="list-style-type: none"><li>Reviewing internal and external communications to ensure information is shared with relevant stakeholders</li></ul>
SUSTAINABLE ENVIRONMENT & INFRASTRUCTURE	<ul style="list-style-type: none"><li>Ongoing Capital projects as outlined in the 2025 Capital Workplan to ensure Dufferin Oaks, McKelvie Burnside Village and the Mel Lloyd Centre are well maintained.</li><li>Working with Procurement and Fleet to support the transition to hybrid and electric vehicles for our Transportation program</li></ul>
SERVICE EFFICIENCY & VALUE	<ul style="list-style-type: none"><li>Grant opportunities/Funding Opportunities</li></ul>

### QIP 2025 – 2026

See Appendix B below for Quality Improvement Narrative & Workplan

### HOME INFORMATION

Dufferin Oaks Long Term Care

151 Centre St, Shelburne, ON L9V 3R7

(519) 925-2140

Quality Lead: Arjun Sathya, Quality Services Coordinator

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## **APPENDIX A**

ACCOMPLISHMENT	BRIEF DESCRIPTION	DATE COMPLETED
Roofing Project	Replacement and reinforcement of the facility's roofing to improve infrastructure durability and reduce weather-related maintenance issues.	November 2024
Purposeful Rounds	Implementation of structured interdisciplinary rounding to enhance resident care, staff engagement, and timely issue resolution.	April 2024
Front Office/Reception Renovations	Upgrades to the reception area to improve accessibility, privacy, and the overall welcoming environment for visitors and staff.	February 2024
Introduction of Resident Care Manager position	Creation of a leadership role to strengthen care coordination, support front-line teams, and enhance resident-centered care delivery.	March 2024
Introduction of Resource Library	Collection of games, activities, and materials provided by the Programs Department for families to enjoy meaningful visits and engagement with their loved ones.	November 2024
Full-Time Social Worker	Expanding our capacity to support residents and families	June 2024

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	with emotional, psychosocial, and transitional care needs.	
Furnishings for East Luther/Grand Valley	These updates contribute to a more comfortable, home-like environment and reflect our commitment to continuous enhancement of resident living spaces.	October 2024
Palliative Care Pamphlets for Caregivers	In August 2024, we introduced new palliative care pamphlets designed specifically for caregivers. These resources offer accessible, compassionate guidance to families navigating end-of-life care, helping ensure informed, person-centered support during difficult transitions.	August 2024
1 <sup>st</sup> floor Courtyard & Fence Repair	Repairs to the courtyard and fencing to ensure a secure, welcoming, and accessible outdoor space for residents.	August 2024
Introduction of Shift Report – Nursing	Standardized shift handoff tool introduced to improve communication, continuity of care, and clinical documentation.	December 2024
Enhanced Hydration Tracking – Dietary	Improved tracking systems and practices to ensure residents meet hydration needs and reduce the risk of dehydration.	July 2024

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Sidewalk Replacement	Removal and replacement of aging sidewalks to improve safety and accessibility for all building users.	August 2024
Enhanced Administrator Role	Refocused Administrator role to provide dedicated leadership and oversight for the Dufferin Oaks, ensuring alignment with regulatory standards and resident care priorities.	October 2024



## APPENDIX B

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Quality Improvement Plan (QIP)

### **Narrative for Health Care Organizations in Ontario**

May 12, 2025

### OVERVIEW

Dufferin Oaks Long Term Care is a not-for-profit seniors' care organization with 160 provincially licensed long-term care beds. While Dufferin Oaks' primary focus is on long-term care, it also actively supports the capacity of seniors to live independently. To this end, Dufferin Oaks partners effectively with like-minded organizations across the continuum of care to develop a community of care and to provide ready access to a range of clinical and therapeutic services, along with social and recreational activities. Dufferin Oaks is pleased to share its 2025/26 Quality Improvement Plan (QIP). Our ongoing commitment to quality is reflected in our mission "Caring together with Dignity, Compassion, and Respect" and in our long-term strategic plan. The QIP is a roadmap to achieve excellence in resident care and services, while navigating challenges and opportunities in our environment. Dufferin Oaks QIP is aligned with our annual operating plan and supported by our measurement and accountability systems. This alignment allows us to effectively clarify priorities, direct resources, monitor progress and act on results.

### ACCESS AND FLOW

As a Collaborative Council member of the Hills of Headwaters Collaborative Health Team, Dufferin Oaks is proud to work with community partners in supporting residents as well as community members with access to care. The collaborative is a local partnership consisting of patients, physicians, health, social and municipal agencies with the shared purpose of creating one community, working together to improve the health and well-being of everyone who lives and provides care across Dufferin/Caledon. By working together to redesign how care is provided, the Hills of Headwaters Collaborative aims to create a highly efficient and focused health care system that will improve the lives and experiences of patients, caregivers, families and providers.

### EQUITY AND INDIGENOUS HEALTH

Dufferin County's People and Equity department has incorporated an inclusive approach and a commitment to a corporate wide collaboration. Dufferin County's 2023-2026 Strategic plan places a renewed focus on equity and inclusivity and sets out the County's commitment to create a community where all can thrive, regardless of individual circumstances. Dufferin Oaks Long Term Care admits all potential residents that meet the outlined criteria for admission to long-term care, regardless of ethnicity, sexual orientation, income, etc. Dufferin Oaks leverages several data sources to better understand residents' needs and to inform clinical quality improvement initiatives. This includes its electronic health record, Point Click Care (PCC), internal incident reporting system, as well as clinical quarterly improvement data. Priorities for improvement focus largely on clinical issues directly impacting quality of life for all residents, such as minimizing risk of falls, skin breakdowns, and effective pain management.

### PATIENT/CLIENT/RESIDENT EXPERIENCE

In accordance with the Fixing Long-Term Care Homes Act, Dufferin Oaks holds our Quality Improvement Committee (QIC) meetings throughout the year. The advisory council is comprised of key stakeholders in the community and includes representatives from the Family and Resident Councils. QIC advises on resident safety programs and quality improvement initiatives to ensure that resident safety and experience remain top priorities within the care community's operational plan.

Annually, Dufferin Oaks conducts a Resident and Family Satisfaction Survey in the fall. The results are analyzed and shared with the Resident and Family Councils, as well as QIC, who provide feedback on proposed action plans to address areas of opportunity. In 2024, the survey received a total of 62 responses from residents and family members. The results reflected a high level of satisfaction, with an average agreement rate of 96% across all general experience statements. Respondents consistently reported that they feel respected, well cared for, and supported by staff. The average disagreement rate remained low, at just under 4%, indicating a strong sense of trust and comfort within the home. These findings reinforce Dufferin Oaks' ongoing commitment to delivering person-centered care, engaging residents and families in meaningful ways, and continuously improving the quality of the resident experience.

### PROVIDER EXPERIENCE

The focus has been on improving processes, structures, implementing electronic systems that are leading to advancements in care and service and reducing risks. Similar to other long-term care homes we have faced staffing shortages and increased resident acuity and complexities. Dufferin Oaks is part of a large organization in which there are many opportunities to engage with staff and leadership in sharing quality improvement goals and commitments. This is achieved through bench marking, using experiences of other homes to share best practices, annual quality and strategic planning in collaboration with Advantage Ontario.

### SAFETY

Resident safety is a top priority for Dufferin Oaks. We strive to create a safe environment free of safety risks for all our stakeholders, regularly and proactively analyzing and anticipating risks, and working hard toward prevention and prevention. Teams regularly review incidents, identify concerns, and recommend changes. Our primary approach to resident safety is fostering a safe and just culture – one that acknowledges that everyone has a role to play in resident safety, and reporting incidents of real or potential harm is important to understanding system vulnerabilities so we can further reduce opportunities for unexpected safety issues. A multi-pronged approach is needed to manage resident safety and promote a culture and environment of safety which encompasses emotional, physical, and psychological wellbeing. Some of the methods used to share learning and fuel action include: - Collaboration with vendors and other internal/external stakeholders - Practice changes and policy updates. - Education and Training. - Operational Decisions. - Enhanced proactive risk monitoring.

### PALLIATIVE CARE

Dufferin Oaks is deeply committed to providing high-quality, compassionate palliative care that enhances comfort, dignity, and quality of life for residents and their families. Aligned with Ontario Health's Quality Standard for Palliative Care, our interdisciplinary team supports early identification of palliative needs and tailors care through comfort-focused plans. These may include symptom management, spiritual care, environmental support, and emotional engagement. We prioritize both staff education and family involvement throughout the care journey, ensuring that caregivers are supported, and residents are cared for in a manner consistent with their values. Families are welcomed into the home during end-of-life stages, with access to overnight accommodation and supportive resources. We continue to honor each resident's legacy through respectful post-death practices and grief supports. This approach reflects our strong values of dignity, compassion, and community throughout the entire palliative journey.

POPULATION HEALTH MANAGEMENT

Our Home embraces a vision whereby we aim to be “A Community of Excellence where we choose to be”. Many of our residents are dealing with physical deficits in addition to cognitive impairments, including dementia. We continue to enhance our current systems and are in the process of incorporating digital auditing tools such as Health Connex, in collaboration with our clinical database provider, Point Click Care. This initiative allows us to digitalize our current auditing tools to support the quality of life and safety of our residents. The home collaborates with Central West Behavioral Supports Ontario and the Alzheimer Society in addressing the unique needs of residents dealing with mental health diagnoses. For additional support to families of residents with dementia, they are offered information and access to contacts for Alzheimer's Society support groups. Dufferin Oaks partners with our local Home and Community Care Support Services and our local hospital to ensure our residents receive the highest level of care as they transition across the continuum of care. This collaboration supports our quality improvement initiatives such as reducing falls and pain. We actively collaborate with our local Public Health Unit in managing outbreaks in our Home and as part of our infection control and prevention activities. The Home also partners with RNAO in ensuring that Dufferin Oaks provides care in line with the latest, evidence-based, best practices. Our Restorative/Rehab Program will continue, and we will continue to provide Physiotherapy and Occupational Therapy Services. In-house Behavioral Support continues to be a vital resource for resident safety and improvement of care.

CONTACT INFORMATION/DESIGNATED LEAD

Arjun Sathya  
Quality Services Coordinator

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  
**March 28, 2025**

Brenda Wagner, Board Chair / Licensee or delegate

Diane Whitten-Franks, Administrator /Executive Director

Arjun Sathya, Quality Committee Chair or delegate

Other leadership as appropriate



Safety

Measure - Dimension: Safe

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	23.57	22.39	The home feels with continued focus we can continue our reduce our rates in 2025 further. Aim to reduce the frequency of falls by 5%.	

Change Ideas

Change Idea #1 Continue to enhance the Fall Prevention Program through focused staff education and interdisciplinary collaboration.

Methods	Process measures	Target for process measure	Comments
1) Provide targeted education to nurses on post-fall documentation, with an emphasis on identifying and addressing root causes to support fall prevention. 2) Deliver fall prevention training to direct care staff to promote consistent awareness and interventions. 3) Conduct regular interdisciplinary team reviews for residents with frequent falls to assess risk factors and revise individualized care plans.	1) 90% of registered staff trained on post-fall documentation and fall prevention strategies. 2) Number of interdisciplinary post-fall assessments reviewed for residents with multiple falls.	All process measures will be achieved by December 2025.	We aim to see a reduction in resident falls each month, improved documentation quality, and a more proactive approach to identifying and mitigating fall risks.

Measure - Dimension: Safe

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Infection Control: Monitoring the amount of hand hygiene compliance for the 4 moments of hand hygiene	C	% / Staff	In house data collection / 2024	88.00	90.00	Dufferin Oaks wants to ensure that 90% of the staff are performing 4 moments of hand hygiene which will support with the decrease of infections within the facility.	

Change Ideas

Change Idea #1 Enhance hand hygiene compliance through education, audits, and targeted feedback.

Methods	Process measures	Target for process measure	Comments
1) Provide refresher education to all staff on the four moments of hand hygiene and proper technique, with emphasis on before resident contact. 2) Conduct monthly hand hygiene audits on all shifts using direct observation. 3) Share audit results with teams and provide one-on-one coaching where low compliance is observed.	1) 100% of staff completing hand hygiene refresher training. 2) 50 hand hygiene audits completed per month. 3) 80% of staff identified in hand hygiene audits to receive targeted feedback or coaching.	Achieve 100% staff training completion and conduct monthly audits on all units by December 2025. Number of hand hygiene compliance to increase to 90% by the end of the year.	Through education, consistent monitoring, and timely feedback, the home aims to foster a strong hand hygiene culture and increase compliance across all care areas.