DufferinOaks
Long Term Care Home

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 2026–2027 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' 2026–2027 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 2025 survey was the percentage of residents who responded positively to the statement: *"I know who to contact when I have questions or concerns."* The result for this indicator was sustained at 96%, maintaining the improvement from the previous year (93%) and exceeding the target of 94%. This continued performance reflects the effectiveness of targeted strategies such as enhanced leadership visibility through purposeful rounding, clearer staff identification, and reinforced communication during care conferences. The outcome demonstrates sustained resident confidence in knowing how and to

whom to escalate concerns and continues to inform efforts to strengthen resident-centered communication.

The Falls Indicator measures the percentage of residents who experienced one or more falls within the 30 days prior to their assessment. Data was obtained through PCC Insights, which reflects information submitted to the Canadian Institute for Health Information (CIHI) Continuing Care Reporting System (CCRS).

- **Q1 (April – June 2025):** 27.63%
- **Q2 (July – September 2025):** 28.38%
- **Q3 (October – December 2025):** 20.80%
- **Q4 (January – March 2026):** 18.88%

***Please note:** Health Quality Ontario establishes QIP baseline performance indicators using standardized reporting timelines and Q2 data from the prior reporting period. As a result, the 2026–2027 Falls Indicator baseline reflects a rate of 27.81%, despite the home demonstrating improvement to 18.88% by March 2026.*

Overall, the home demonstrated positive and encouraging improvement throughout the 2025–2026 reporting period. After higher rates were observed during the first half of the year, a steady downward trend was achieved through Q3 and Q4, with the March 2026 result improving to 18.88%. This reflects continued progress toward the national benchmark of 16.89% and highlights the impact of the home's ongoing fall prevention efforts.

In comparison to the previous reporting year, the home also saw improvement in its annual average, decreasing from 25.32% in 2024–2025 to 24.44% in 2025–2026. These improvements reflect the home's strong commitment to resident safety through interdisciplinary collaboration, proactive monitoring of residents identified as high risk for falls, regular review of fall trends, staff education, and continued quality improvement initiatives focused on enhancing resident well-being and reducing fall risks.

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.

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PRIORITY AREAS FOR 2026 – 2027

Dufferin Oaks will focus on improving:

- Continued reduction of resident falls.
- Reduction in the use of antipsychotic medication without a diagnosis of psychosis.
- Reduction of avoidable Emergency Department (ED) visits.
- Enhancement of the resident admission experience.

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. The survey is developed in collaboration with the Dufferin Oaks Leadership Team, Resident Council, and Family Council to ensure the questions remain 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 2025 survey was distributed in December 2025 and remained open through February 2026. A total of 82 responses were received, representing a 32% increase in participation compared to the previous year. Survey results demonstrate consistently high levels of satisfaction across multiple areas of care and service delivery. Key indicators related to resident experience, including feeling well cared for, being treated with respect, and receiving care with kindness and attentiveness—achieved 100% agreement. Residents also reported high levels of satisfaction with safety, privacy, and overall care, with most indicators ranging between 99% and 100%.

While overall communication results remain strong, with most indicators above 90%, opportunities were identified to further enhance responsiveness and follow-up when concerns are raised.

A summary of the results was shared with the Family Council President on March 24, 2026, and results will be presented at the next Resident Council meeting. A summary of the results was shared with Resident Council on April 11, 2026. 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.

2025 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 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 & Risk Manager continues to lead the facilitation and advancement of these efforts across departments.

Accountability

The Administrator and Leadership Team, with the support of the Quality & Risk Manager, 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

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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.

PLANNED QUALITY IMPROVEMENT INITIATIVES FOR 2026

AREA OF FOCUS	CHANGE IDEAS
EQUITY	• Strengthen staff capacity to apply Dufferin's Equity and Climate Lens Tool in planning and decision-making to support equitable, inclusive care practices.
INCLUSIVE & SUPPORTIVE COMMUNITY	• Enhance existing technologies to support real-time quality monitoring and improve responsiveness to resident needs. • Review and refine the resident admission process to promote smoother transitions, early engagement, and a more positive onboarding experience for residents and families.
GOOD GOVERNANCE	• Strengthen internal and external communication processes to ensure timely, clear, and consistent information sharing with all stakeholders. • Continue to enhance and update organizational policies to ensure alignment with best practices, regulatory requirements, and evolving operational needs.
SUSTAINABLE ENVIRONMENT & INFRASTRUCTURE	• Advance capital projects identified in the 2026 Capital Workplan to maintain safe, functional, and well-supported environments across Dufferin Oaks, McKelvie Burnside Village, and the Mel Lloyd Centre.
SERVICE EFFICIENCY & VALUE	• Grant opportunities/Funding Opportunities

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QIP 2026 – 2027

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 ext. 5229

Quality Lead: Arjun Sathya, Quality & Risk Manager

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APPENDIX A

ACCOMPLISHMENT	BRIEF DESCRIPTION	DATE COMPLETED
HVAC Units	Installation of HVAC units to improve temperature control and comfort in dining rooms, common areas, and lounges.	November 2025
External Security Camera	Installation of an external security camera system to enhance building safety, support monitoring of outdoor areas, and strengthen overall security for residents, staff, and visitors.	October 2025
Ceiling Lifts	Installation of ceiling lifts, supported through Local Priorities Funding, to enhance resident safety, improve mobility support, and reduce risk of staff injury.	June 2025
CARF Accreditation	Achievement of a three-year CARF accreditation, recognizing Dufferin Oaks' commitment to quality, continuous improvement, and excellence in service delivery.	December 2025 – January 2026

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Enhanced Education for PSW's & Registered Staff	Delivery of targeted education and training initiatives to strengthen clinical competencies, reinforce best practices, and support high-quality, consistent care across disciplines.	September to November 2025
Reduction in Disposable use	Implementation of initiatives to reduce reliance on disposable products, supporting environmental sustainability, cost efficiency, and responsible resource utilization.	December 2025
Implementation CityWide	Implementation of the CityWide asset management system to streamline maintenance requests, improve tracking and reporting, and strengthen preventative maintenance planning across the home.	December 2025
Addition of a Full-Time Nurse Practitioner	Introduction of a full-time Nurse Practitioner to enhance clinical leadership, improve access to timely medical care, and support proactive, on-site management of resident health needs.	June 2025
CUPE Pay Equity Review	Completion of the CUPE Pay Equity review in accordance with Ontario's Pay Equity Act, ensuring fair and equitable	November 2025

	compensation practices. This work builds on prior reviews and supports ongoing monitoring and compliance to maintain pay equity across the organization.	

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APPENDIX B

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Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 27, 2026

Ontario Health

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 202/27 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, reduction in antipsychotics, and avoidable emergency department visits.

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 2025, the survey received a total of 82 responses from residents and family members. The results reflected a high level of satisfaction, with an average agreement rate of 99% across all general experience statements. Engagement in the 2025 Resident and Family Satisfaction Survey increased by 32% demonstrating strong, balanced participation. Respondents consistently reported that they feel respected, well cared for, and supported by staff. 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

QIP 2026/27 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.

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Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1, 2024, to September 30, 2025 (Q3 to the end of the following Q2)	33.84	33.16	To ensure quality indicator continues to trend downward and remain below provincial benchmark.	Headwaters Health Care Centre

Change Ideas

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Change Idea #1	Review and enhance Return from Hospital Assessment (Transfer to Hospital Assessment) A Transfer to Hospital Assessment will be developed to document all resident transfers to the Emergency Department. The assessment will capture key information such as reason for transfer, clinical symptoms, interventions attempted prior to transfer, time of transfer, and outcomes. The data collected will be reviewed regularly to identify trends and determine opportunities to prevent avoidable transfers through earlier clinical intervention or care planning adjustments.

Methods	Process measures	Target for process measure	Comments
An assessment will be developed and implemented to document all resident transfers to the ED. The assessment will capture key data elements including the date and time of transfer, reason for transfer, presenting symptoms, interventions attempted within the home prior to transfer, and whether the transfer may have been avoidable. The Registered Staff will complete the tracking tool at the time of each transfer to ensure consistent and timely documentation. The information will be compiled and maintained by the Quality and Risk Department in collaboration with the Director of Care. Data from the tracking tool will be reviewed monthly to identify trends, common reasons for ED transfers, and potential opportunities for intervention. Findings will be analyzed to determine areas where earlier clinical assessment, care plan adjustments, or additional supports may help reduce avoidable transfers. Results and trends will be reported and discussed through relevant interdisciplinary forums, such as quality or clinical leadership meetings, to support ongoing monitoring and the implementation of targeted improvement strategies.	Number of ED transfers documented using the Transfer to Hospital assessment per quarter. Number of ED transfer reviews completed to identify trends and potential opportunities to prevent avoidable transfers.	Dufferin Oaks is targeting a 2% reduction in avoidable Emergency Department (ED) visits through the implementation of a structured Transfer to Hospital Assessment and regular interdisciplinary review of transfers by March 31, 2027.	

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Safety

Measure - Dimension: Safe

Indicator #2	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 September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	27.81	27.25	Dufferin Oaks aims to achieve a 2% reduction in the percentage of residents who experience a fall within the 30 days leading up to their assessment. Falls remain a significant clinical risk in long-term care due to resident complexity, including mobility limitations, cognitive impairment, and responsive behaviours. Through continued staff education, enhanced monitoring of residents with recurrent falls, and regular interdisciplinary review at the Falls Committee, the home will strengthen fall prevention strategies and support safer resident outcomes.	

Change Ideas

***Please note:** Health Quality Ontario establishes QIP baseline performance indicators using standardized reporting timelines and Q2 data from the prior reporting period. As a result, the 2026–2027 Falls Indicator baseline reflects a rate of 27.81%, despite the home demonstrating improvement to 18.88% by March 2026.*

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Change Idea #1	1) Continue targeted fall prevention education for direct care staff The home will continue to reinforce fall prevention education through Surge Learning and other internal education opportunities to support staff awareness of fall risks, prevention strategies, and appropriate interventions. 2) Track and monitor residents experiencing multiple falls The Falls Lead will continue to track residents experiencing multiple falls and monitor trends to identify contributing factors and opportunities for intervention. 3) Interdisciplinary Falls Committee Review Residents experiencing recurrent falls will be reviewed during the weekly & monthly Falls Committee meetings to assess risk factors, review contributing causes, and adjust care plans or interventions as required. 4)Strengthen care plan interventions following falls Following each fall, care plans will be reviewed and updated where necessary to ensure individualized interventions are implemented to reduce the likelihood of future falls.

Methods	Process measures	Target for process measure	Comments
Fall incidents will continue to be documented through the home's incident reporting system and reviewed by the Falls Lead and clinical leadership team. The Falls Lead will maintain a tracking process to monitor residents with recurrent falls and compile data for review. Fall data will be analyzed regularly and discussed at the weekly Falls Committee meetings, where the interdisciplinary team will review incidents, identify patterns or contributing factors, and determine appropriate interventions or care plan revisions. Findings will also be shared with leadership and relevant committees to support ongoing monitoring and improvement of fall prevention strategies within the home.	1) Percentage of direct care staff completing fall prevention education. 2) Number of residents with multiple falls tracked and reviewed monthly by the Falls Lead. 3) Number of Falls Committee meetings conducted to review fall incidents and trends. 4) Percentage of residents with a fall who have their care plan reviewed and updated following the incident.	1) 100% of direct care staff will complete fall prevention education annually. 2) 100% of residents identified with multiple falls will be tracked and reviewed monthly. 3) Falls Committee meetings will occur weekly to review fall incidents and trends. 4) 90% of residents experiencing a fall will have their care plan reviewed and updated within one week of the incident.	

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Measure - Dimension: Safe

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	25.36	24.85	Dufferin Oaks aims to achieve a 2% reduction in the use of antipsychotic medications among residents without a diagnosis of psychosis. The home recognizes the importance of ensuring antipsychotic medications are used appropriately and that non-pharmacological approaches are considered when managing responsive behaviours. Through interdisciplinary review, enhanced monitoring of residents receiving antipsychotic medications, and continued staff education on responsive behaviour management, the home will work toward reducing unnecessary antipsychotic use while maintaining resident safety and quality of care.	

Change Ideas

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Change Idea #1	1) Interdisciplinary review of residents receiving antipsychotic medications Residents currently receiving antipsychotic medications without a diagnosis of psychosis will be reviewed regularly by the interdisciplinary team to assess the ongoing need for the medication and explore opportunities for dose reduction or discontinuation where appropriate. 2) Strengthen use of non-pharmacological interventions Staff will be supported through education and clinical guidance to implement non-pharmacological approaches when managing responsive behaviours, including individualized care strategies and behavioural supports. 3) Medication reviews with physicians and pharmacy partners The home will collaborate with physicians and pharmacy partners during medication reviews to assess the appropriateness of antipsychotic medications and identify opportunities for deprescribing when clinically appropriate. 4) Monitoring and reporting of antipsychotic use Antipsychotic use will be monitored regularly to identify trends and support quality improvement initiatives aimed at reducing unnecessary use.

Methods	Process measures	Target for process measure	Comments
Data related to antipsychotic medication use will be obtained through CIHI CCRS reporting and internal monitoring processes. The Director of Care and clinical leadership team will review data to identify residents receiving antipsychotic medications without a diagnosis of psychosis. Residents identified will be reviewed through interdisciplinary care conferences and medication review processes in collaboration with physicians, pharmacy partners, and the clinical team. Opportunities for dose reduction, medication discontinuation, or implementation of non-pharmacological interventions will be explored where clinically appropriate. Progress will be monitored through regular review of data and discussed through relevant clinical and quality forums to support ongoing improvement.	1) Percentage of residents receiving antipsychotic medications without psychosis who are reviewed through interdisciplinary medication reviews. 2) Number of medication reviews conducted with physicians and pharmacy partners focusing on antipsychotic use. 3) Percentage of staff receiving education related to responsive behaviours and non-pharmacological interventions. 4) Number of residents with responsive behaviours who have individualized non-pharmacological interventions documented in their care plans.	1) 90% of residents receiving antipsychotic medications without psychosis will be reviewed during interdisciplinary medication reviews. 2) Medication reviews focusing on antipsychotic use will occur quarterly with physicians and pharmacy partners. 3) 90% of direct care staff will complete education related to responsive behaviours and non-pharmacological interventions annually. 4) 90% of residents identified with responsive behaviours will have individualized non-pharmacological interventions documented in their care plans.	