

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

October 23, 2025



OVERVIEW

Oakcrossing is a part of PeopleCare Communities. Our long-term care home is in the northwest end of London. PeopleCare Communities in London also has a retirement home with various levels of service on site as a continuum of care for the north London community.

As we prepared for the 2025/2026 QIP submission, we reviewed our performance on key priority indicators, the strategic plan of the organization and the Operational plan of the home. These align with the Accreditation Standards and Ministry of Health.

PeopleCare Communities strive to exceed the Ministry of Health standards, and Accreditation Canada Standards. PeopleCare has been designated one of Canada's Best Managed Companies since 2013, achieving platinum status in 2024. Oakcrossing Long Term Care is proud of their values-based decision making and the positive impact that this has had for our residents, staff, and families. Our leadership team supported by the PeopleCare Communities team into incident command where our focus was safety and support to our resident's staff and families. We are grateful to shift back to our Quality improvement agenda in developing plans to support enhanced experience and quality of life for our residents, and families, and staff. This is the primary focus of our Quality Improvement Action plan for this year, along with our goal of shifting our culture, and philosophy of care by adopting a palliative care philosophy for all care and services. Oakcrossing in 2024 partnered with Meaningful care matters to change the care delivery model on our dementia care unit. We have made great changes in our home area to ensure people who live here have the look, feel, and touch of home. In 2025-2026 we are continuing to work on implementation of emotion-based care education for our butterfly model.

Oakcrossing LTC is partnering with St Joseph's HealthCare London to work with their NLOT team (Nurse Lead Outreach team) to reduce emergency department transfers. Their team will support our home with a nurse practitioner and nurse to support our team with assessments and treatment to ensure our residents are receiving excellence in care to reduce transfers to the ED. They will provide education to enhance the skills of our registered staff to enable better treatment plans for our residents. Our Chief Medical Officer Dr. Tracey Hughes is working with physicians and leadership team to also support reduction of ED transfers.

We are on the journey of the LTCF implementation, our registered staff will receive education with the new enhancement to our MDS-RAI changes. The roll out for our home will be October 2025.

Oakcrossing is piloting a skin and wound care program, working with Skinopathy, we will utilize a new AI-based solution that can help reduce the impact of complex wounds and pressure ulcers in LTC.

Skinopathy transforms the way wound care teams assess complex wounds and pressure ulcers by allowing them to capture images with a mobile device. This cutting-edge technology provides a visual assessment and suggests possible treatment options. This solution, with an integrated telemedicine platform, allows wound care teams to connect virtually with specialists and makes wound management for LTC residents more accessible and provide better healthcare outcomes.

DATA REVIEW PROCESS: We began the development of our Quality Plan with a thorough review of all clinical data, IPAC data, as well as our Resident, Family and Staff Survey data from 2024, and Q1 2025 with our Quality Committee, Resident, and Family Councils, and our staff team including Health, Safety and Wellness Committee.

Through this review, as well guided by our organizations Balanced Score Card, and the new Resident Rights through the updated Act and Regulations we were able to determine the KPI's we will be monitoring and developing quality improvement plans to improve over the next 18 months. We have examined the key priority indicators from Ontario Health and continue to review and benchmark our indicators with homes in our organization and across the province.

PRIORITY AREAS FOR QUALITY IMPROVEMENT: In order to support forward movement towards our goals set in our QIP, as well as support our recovery post pandemic we have made a decision to focus on the key areas of resident QOL and satisfaction for this years QIP. In order to develop the change ideas and initiatives we engaged our front-line team, and partners to support setting achievable targets for our QIPs and to meet and exceed our goals for increased resident satisfaction. Our action plan includes our commitment to supporting our front line through our initiatives, a corporate QIP commitment towards palliative care approach for all care and services and working with our resident and families to improve QOL in the home through initiatives they have requested through their feedback in the QOL survey conducted annually.

PROCESS TO MONITOR & MEASURE PROGRESS: Oakcrossing Long term care has an established circle of communication to support the monthly and quarterly review of outcomes through data analysis at leadership team meetings, departmental meetings, resident and family councils, our professional advisory committee and of course our quarterly quality meetings. Data is collected and reviewed on a routine basis to evaluate success towards our determined SMART goals in our action plan, and actions adjusted if needed to ensure we are working toward improvement of our

selected outcomes

over time. We do complete an annual report as a home as well with sharing to our resident, family, staff and quality committee for full review of our successes and outcomes as a home. We have at our disposal a data analytic platform within our EHR (PCC) to support benchmarking against provincial averages for clinical data determined from RAI-MDS.

These processes are well defined through the above committee's agendas and meeting minutes. We share our quality plan with family members during family council meetings, with our residents during resident council meetings. We have a quality board that is visible for everyone to read.

We are extremely proud of how we as an organization supported the ongoing connection between residents and their family caregivers throughout the pandemic but look to the new additions to our residents' rights around palliative philosophy or approach to care and services to shape a commitment to shift culture in our home, and with the other homes in the peopleCare communities organization through the next year.

ACCESS AND FLOW

Oakcrossing implemented and new enriched admission Model in 2024. In 2025 we have hired a Resident and Family Coordinator to continue to enhance the admission experience for our families and residents. We are working with Deborah Bakti and her model of the Relational Approach to care and continue to strive for better admission journeys for all who move to Oakcrossing.

Our home reply's on the foundation of our unique and award winning Clinical pharmacy model in which we have embedded innovative HR solutions such as a 24/7 clinical pharmacists and onsite pharmacy technicians to full scope of practice supporting our

registered staff and residents with safe transitions and time released to care through the use of technology and pharmacist led medication reconciliation. We have been able to increase our support of social work in the home, with their role they support the implementation of the RNAO best practice resident, family centred care assessment tool that ensures that our residents and families are supported with providing their wishes, wants and needs that are then integrated directly into the initial plan of care. This assessment has already provided us with the improvement on the resident, family and staff experience on admission to our home. We look forward to continuing to develop quality improvement ideas to

further enhance our outcomes of our resident and family survey/experience.

Our home with our initiatives supports the Ministry's objectives of: Faster access to care, faster and safer discharge from hospital to our home, faster access to resident data, streamlined transitions between care partners. Right care at the right place, faster access to care with rapid robust care planning within 24 hours, reduced avoidable ER/hospital readmissions.

Maximized HHR, and ensures that we are maximizing our interdisciplinary team by all staff working to their full scope with increased satisfaction.

EQUITY AND INDIGENOUS HEALTH

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PeopleCare Oakcrossing in partnership with the Ontario CLRI is committed to build our workforce capacity and foster person-centered care through the identification, development and spread of information and resources that support diversity and inclusion in our LTC homes. We recognize that care experiences can be

influenced by individual circumstances, including language, ability, race, ethnicity, religion, spirituality, gender identity, gender expression, sexual orientation, and socio-economic status. We completed the “Equity, Diversity, and Inclusion in LTC: Assessment and Planning Tool as an interdisciplinary team guided by and utilizing the feedback of our residents, families, staff, and partners. Oakcrossing celebrates Equity with all residents, families and staff throughout the year with celebration days. Our recreation department calendars and newsletters highlight the cultures of our home.

We believe in treating all residents equally, valuing their diversity and recognizing each person as a unique individual with a past, present, and future. Upon admission, we respect residents' choices by collecting spiritual and race-based information by completing Resident and Family Centered Assessment (RFCC) developed based on best practice guidelines by RNAO, which informs our planning of special events and meals. Also, in the development of culturally sensitive care plans, incorporating traditional practices, and fostering an inclusive environment that respects diverse beliefs and values.

As part of our commitment to this initiative, PeopleCare Oakcrossing DEI team will complete education program “Creating a Culture of Belonging: From awareness to action” which will provide tools and knowledge needed to foster a more inclusive and affirming environment for our residents, care partners, care givers and fellow team members. Throughout the past year we did celebrate culturally prominent themed based days and meals across the community and take pride in continuing to celebrate those special movements and bring awareness by sharing information on

DEI by providing education sessions, includes the topics in newsletter and discuss them at Resident and Family council meetings. We strongly believe that prioritizing and encouraging diversity can lead to increased innovation and collaborative work.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Together we are Changing the World of Senior Living by creating inspired communities where bold idea's thrive.

PeopleCare Oakcrossing is committed to transforming the experience for those who are touched by our services; residents, families, our staff, and partners. We foster vitality through purpose and fulfillment. We have started to implement emotion based care as person centered care is at the heart of all we do guided by the voice of who we serve. Investing in our people through experiential learning, mentorship, and leadership development Empowering our unstoppable teams who always reach higher to achieve excellence.

peopleCare Oakcrossing incorporates resident experience information into improvement activities through several avenues:

Surveys: peopleCare Oakcrossing regularly conducts surveys among residents to gather feedback on their care experiences and quality of life. These surveys are apart of ongoing annual basis with each residents annual care conference. These surveys could cover various aspects such as satisfaction with medical care, staff responsiveness, facilities, food quality, social activities, and overall well-being. Analyzing survey responses allows Oakcrossing to identify areas for improvement.

Resident/Family Advisory Councils & Quality Committee:

peopleCare Oakcrossing has established advisory committees consisting of residents and families to provide ongoing feedback and suggestions for improvement. These committees can serve as valuable forums for residents to voice their concerns, preferences, and ideas directly to management. Hilltop Manor then does incorporate the feedback received from these committees into their improvement initiatives.

Feedback Mechanisms: peopleCare Oakcrossing does have established feedback mechanisms such as suggestion boxes, complaint forms, or regular meetings with residents to encourage open communication. By actively soliciting and listening to feedback from residents, peopleCare Oakcrossing can gain insights into areas that require attention and prioritize improvement efforts accordingly.

Data Analysis: peopleCare Oakcrossing collects and analyzes data from various sources, including resident feedback, to identify trends and patterns. By examining this data, peopleCare Oakcrossing can pinpoint recurring issues or areas of strength and tailor improvement activities to address specific needs.

Quality Improvement Initiatives: peopleCare Oakcrossing develops and implements quality improvement initiatives based on the feedback received from residents. These initiatives may include staff training programs, facility upgrades, changes to policies and procedures, or the introduction of new services or amenities aimed at enhancing the overall resident experience and quality of life.

Overall, peopleCare Oakcrossing takes a comprehensive approach to incorporating resident experience information into improvement

activities, leveraging multiple channels to gather feedback, analyze data, and implement meaningful changes that enhance the well-being and satisfaction of residents.

PROVIDER EXPERIENCE

Oakcrossing LTC has been providing service in London for almost 15 years, and through that time we have developed strong partnerships within our local, regional and provincial community and will continue to expand our partnerships.

Oakcrossing LTC, guided by PeopleCare's new strategy, will look to optimize innovative solutions for staff recruitment, retention and engagement. We look forward to building on the lessons learned from our sister homes in the development of partnerships for global recruitment strategies in support of internationally educated nurses, and skilled refugee recruitment.

For our skilled team we have heavily invested in education opportunities to support leadership and skills training in our home by partnering with the NLOT team. Education and training in dementia care for our leadership team and frontline staff across the home, with a focus on enhancing the dementia care experience in our special care home area. This will enable us to prepare for implementation of an emotion- based care model in the future. We have also partnered with an expert on the lived experience of residents and families to provide education to our frontline staff on the importance of resident and family centred care.

Oakcrossing's LTC is committed to being a force for good in our communities and around the globe by empowering women and youth in developing countries and enabling refugees and immigrants to create a new life in Canada. We also have a renewed focus on opportunities to give back through volunteering.

SAFETY

In 2025/2026 Oakcrossing Long Term Care is looking forward to focusing on resident safety. We will utilize the scores and data from our Resident, and Family QOL survey tool to support us in the development of our QIP.

This plan works towards enhancing our residents experience, QOL and overall safety within the home. With our policies and procedures in place we are able to ensure that we proactively anticipate patient safety incidents and prevent them from occurring, to ensure a safer care. We promote a safety culture, reporting and learning system within our home.

We proactively develop and implement patient safety and incident management plans and processes and actively monitor, analyze prioritize and implement actions to mitigate risks and improve quality and safety. We contribute to an effective response to both expected and unexpected safety issues. Oakcrossing's reporting system captures resident safety concerns, hazards and/or incidents meant to trigger action, facilitate communication, response, learning and improvement. Our reporting systems is the foundation of our resident safety and incident management and is essential to continue to advance our resident safety culture. It is the policy of PeopleCare Oakcrossing to utilize Root Cause Analysis to systematically analyze critical incidents with the goal of generating system improvements and advance our resident safety culture. A multidisciplinary comprehensive, system-based review will be conducted on all critical incidents, sentinel events, serious adverse events to determine root and contributory factors, determination of risk reduction strategies, and development of action plans along with measurement strategies to evaluate the effectiveness of the plans. We adhere to a strict no fault reporting and investigation that ensures a learning

environment open to making recommendations for system changes to advance our resident safety culture

PALLIATIVE CARE

Palliative care is an approach to care that improves the quality of life of persons and their families facing the problem associated with life-limiting illness, through the prevention and relief of suffering by means of early identification, advance care planning and assessment and treatment of pain and other problems, physical, psychosocial, cultural, and spiritual.

Oakcrossing uses The Palliative Performance Scale (PPS). IT is a tool we use to recognize a decline in a resident.

The PPS should be completed on admission within the first 48 hours, , upon return from hospital and when there is a significant change. In addition, when the PPS is declining the tool should be completed to determine progress towards end of life. PPS score of 30-0%.

Oakcrossing LTC partnered with the team from the Pain and Palliative Team to provide education and support to our families, residents and staff. Topics highlighted Palliative approach to care, navigating and advocating in LTC, advanced care planning and goals, end of life nutrition, medications grief and bereavement and caring for yourself. Staff are provided in class training with our team to discuss, learn and enhance the care we deliver on a residents palliative journey.

Palliative at Oakcrossing is a high priority for residents who enter the end of life journey. Staff delivery kind, caring and compassionate care during the palliative process. Support from education continues to support conversations with families and

residents for unanswered questions, education for difficult questions, residents who chose the MAID journey are supported with our clinical team which includes a social worker to ensure the path they chose is the right one at the right time of the time of their choosing.

POPULATION HEALTH MANAGEMENT

When addressing population health considerations for Oakcrossing LTC, we have the tools, resources and partnerships to assess, document and care plan the following domains:

Demographics: Understanding the demographics of the residents living in Oakcrossing LTC is crucial. This includes age distribution, socioeconomic status, cultural backgrounds, and any specific health needs associated with these demographics.

Health Status: Assessing the overall health status of the residents is important for identifying prevalent health conditions, chronic diseases, disabilities, and any existing health disparities within the population.

Access to Healthcare Services: Ensuring access to healthcare services such as primary care, specialists, mental health services, and emergency care is essential for maintaining the health and well-being of the residents. This includes considering transportation barriers and the availability of health resources within the community. Oakcrossing LTC has many longstanding partnerships with the community.

Preventive Care and Health Promotion: During program development and evaluation we prioritize implementing programs and initiatives focused on preventive care and health promotion can help improve the overall health outcomes of the residents. This may include health education, screenings, vaccinations, and lifestyle

interventions.

Environmental Factors: Assessing the environmental factors within and around Oakcrossing LTC is important for identifying potential health hazards or exposures that could impact the residents' health. This includes air quality, water quality, safety measures, and access to green spaces.

Social Support and Community Engagement: Promoting social support networks and community engagement activities can help foster a sense of belonging and improve mental health outcomes among the residents. This may include organizing social events, support groups, and volunteer opportunities.

Crisis Management and Emergency Preparedness: Developing plans for crisis management and emergency preparedness is essential for addressing potential health crises such as outbreaks of infectious diseases, natural disasters, or other emergencies.

By addressing these population health considerations, Oakcrossing LTC delivers on our commitments towards promoting the health and well-being of its residents, families and staff and creating a supportive and thriving community environment.

CONTACT INFORMATION/DESIGNATED LEAD

Deborah Sims Executive Director Designated Quality Lead
dsims@peoplecare.ca
1242 Oakcrossing Rd London Ontario
519-641-0021 ext 103

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 31, 2025

Megan Allen Lamb, Board Chair / Licensee or delegate

Deborah Sims, Administrator /Executive Director

PeopleCare Communities- Oakcrossing LTC, Quality Committee Chair
or delegate

PeopleCare Communities- Oakcrossing LTC, Other leadership as
appropriate
