

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 20, 2026



## OVERVIEW

The Sun Parlor Home continues to grow our Quality Improvement Program by having a strong focus on resident and caregiver satisfaction and team member engagement. In 2025, the Home saw leadership changes with the focus of improved organizational performance and culture in alignment with high reliability practices. The Home had a large focus on culture conversations home wide related to the mission, vision and values to further support an improved culture within the home and set expectations for care standards. The Home continues to make staff engagement a priority with activities and events through gift giveaways, town halls, and appreciation days. The Home conducted an employee satisfaction and engagement survey. The focus for 2026-2027 will be on goals based on results from survey which will be discussed early this year. The Home also initiated a feasibility study to determine future capital investments in alignment with renovation or redevelopment goals and plans.

Some successes for the Sun Parlor Home team related to resident and caregiver experience include a number of areas of improvement in our feedback survey. The home saw an improvement related to infection prevention and control needs meeting the residents' expectations from 85% positive rate to 95%. The home also saw an increase in positive response related to communication where staff communicate well together about my needs which saw an increase from 70% to 89%. The home also saw a positive improvement within the activation department with an overall increase in satisfaction from 81% to 87%. The home continues to meet satisfaction needs within the home with an overall 96% general satisfaction rate from residents and caregivers.

## ACCESS AND FLOW

The Sun Parlor Home recognizes the importance of safe and effective care while considering the needs and demands of the health care system as a whole. The Home is dedicated to reviewing current processes to determine if there are improvements or changes to support the community and the health care system.

Focus Action #1: Decrease the number of ED visits for modified list of ambulatory care–sensitive conditions per 100 long-term care residents from 23.9 to 22 by April 2027 as measured by provincially provided data.

The Home will be focusing on increasing opportunities for further resident assessment and diagnosing within the home prior to sending to ED for evaluation. The Home would like to hire a nurse practitioner by April 1 2027 as well as utilize NLOT resources with a goal of 8 hours per month by April 2027. The home would like to explore opportunities for diagnostic testing to be completed within the home to avoid a transfer to ED. The home would like to review and consider 3 internal diagnostic solutions to consider for ROI by April 2027. The home would also like to explore further funding opportunities to support assessing and performing diagnostic testing in the Home by reviewing 100% of all funding opportunities offered by the Ministry of Long Term Care. The home will be focusing on increasing awareness of why residents are being transferred to ED to determine cause of avoidable visits by conducting root cause analysis reports. This will help identify gaps in care and assist in implementing the most appropriate resources and diagnostic tools to positively affect this indicator.

## EQUITY AND INDIGENOUS HEALTH

The Sun Parlor Home recognizes the importance of advancing equity, inclusion, and diversity and addressing racism. The Home would like to continue this journey of learning and growth by training team members on diversity and inclusion and how it impacts the Home, team members, residents and visitors.

Focus Action #2: Increase knowledge and awareness of diversity, equity and inclusion as measured by 100% of staff (executive-level, management, or all) complete relevant equity, diversity, inclusion, and anti-racism education by April 2027. The home will be focusing on increasing not only knowledge related to diversity, equity and inclusion but also increasing engagement. The home would like to create a DEI committee with frontline team members, residents and families to assist in developing education opportunities, tools and practices to use within the home. The home would like to continue to focus on DEI education for all team members to further strengthen the team's knowledge. By April 2027, the home will have held 4 DEI committee meetings (1 per quarter) and have educated 100% of team members on DEI topics.

## PATIENT/CLIENT/RESIDENT EXPERIENCE

The Sun Parlor Home recognizes that better experiences results in better outcomes. The home uses the resident and caregiver experience survey to help guide the goals related to resident experience. The home continues to have a very favourable general satisfaction of 96% and would like to maintain this level of satisfaction through resident driven focus area. The survey results are shared with Residents' Council and action items and goals are built based on results as well as the councils feedback on priorities. Based on this, we have develop 2 focus actions for 2026/2027.

Focus Action #3: Improve resident experience by enhancing

communication amongst team members as measured by increasing positive response of residents responding positively to: "I feel heard and my concerns are followed through on" from 74% to 85% on the 2026 resident feedback survey.

The home appreciates the importance of residents being and feeling heard when they bring forward concerns. The home will be focusing on our resident experience survey question "I feel heard and my concerns are followed through on" and would like to increase the positive response rate. This indicator has decreased from our previous year's survey. The home's first change idea is to increase accountability between team members by implementing assignment white boards which all team members working the home area is to contribute to. This will help communicate to the team who is responsible for what and also communicate to residents and families who their direct care giver is for the day. The home has set a goal of having 80% of the assignment board of current care team being accurately completed by April 2027. Our second change idea is related to improving the quality of the resident wellness review experiences for residents and families by reviewing current policies, assessments and practices of this program. The home has set a goal to have 100% of team members trained on wellness review policy expectations by April of 2027. Focus Area #4: Improve resident experience by enhancing abuse prevention and recognition as measured by increasing positive response of to "I feel comfortable speaking without fear to staff if I have a problem" from 85% to 93% on the 2026 resident feedback survey.

The Sun Parlor Home recognizes the need for ongoing training and re-training on resident abuse and the importance of a safe and trusting environment for the residents. The home will therefore be focusing on increasing knowledge of leadership team on potential

gaps and barriers related to abuse prevention and recognition and team member knowledge. The home will be identifying themes from root cause analysis and identify training opportunities based on the findings. The home will have completed 1 report per quarter by April 2027. The home would also like to increase the knowledge of team members on abuse prevention and recognition by developing huddles based on root cause analysis reports. The home will have completed 1 huddle per home area per quarter by April 2027. The home would lastly like to increase the awareness of team members of incidents of abuse by developing a de-brief process on abuse critical incidents. The home will have complete 100% of de-brief huddles for abuse critical incidents once the de-brief process has been developed by April 2027.

## **PROVIDER EXPERIENCE**

To improve provider experience, the Home has leveraged ministry funding opportunities such as PSW incentive program to support recruitment and retention efforts by providing more robust student programs and financial incentives.

The home has Bolstered education programs based on staff engagement survey and annual education needs assessments. The home has Expanded education provider relationships to assist with student placements in an effort to increase recruitment and attraction. The home has connected with local education providers to provide input on curriculum that supports LTC needs and fosters strong community relationships. To further support the provider experience, the home has continued to have a large focus on staff appreciation events throughout the year. Other appreciation initiatives include Years of Service pins and our Annual Employee Recognition event.

## SAFETY

The Sun Parlor Home recognizes that a high-quality health system ensures people receive care in a way that is safe and effective. The home will be focusing on key nursing programs related to resident safety including restraints, falls prevention, skin and wound care management and resident antipsychotic use.

Focus Action #5: Improve resident safety related to physical restraints as measured by maintaining percentage of long-term care residents in daily physical restraints at 0% by April 2027.

The Sun Parlor Home recognizes the importance of safety, resident independence and the right to be free from restraint. The home has maintain below 1% for several years related to restraint use and would like to maintain 0%. The home will be focusing on maintaining knowledge of team members on least restraint policy by re-training current employees and training new employees on policies and procedures. The home will have 100% of team members and new hires trained on least restraint program by April 2027. The home will also increase knowledge of residents and families on the least restraint program by providing education at residents' council and family council. The home will have provided an education sessions to each council by April 2027.

Focus Action #6: Improve resident safety and quality of life as measured by decreasing the percentage of long term care residents whose stage 2 to 4 pressure ulcer has worsened from 5.63% to 3.5% by April 2027.

The Sun Parlor Home recognizes the importance of safety and quality of life related to skin health and pressure injury healing and prevention. The home would like to focus on reducing the number of wounds that worsen by ensuring timely follow up and implementing appropriate treatments. The home has seen this indicator increase over the past year and would like to decrease to

3.5%. The home will be focusing on ensuring resources allocated for skin and wound supports are being utilized by developing an audit to track when our champion and skin and wound support shifts are being used for other purposes. The home's goal is to have 8 or less champion/support role shifts re-assigned per 4 week schedule by April 2027. The home would also like to increase support to Registered Staff on skin and wound care treatment by reviewing the champion/support role job routines to maximize supports for all home areas. The home will have reviewed the RPN float and champion routines and practices by April 2027. Lastly, the home would like to ensure proper follow up on residents with worsened pressure injuries by increasing audits of referrals and reviewing follow up. The home will have 100% of skin and wound referrals for pressure injuries completed within 7 days of referral being sent by 2027.

Focus Action #7: Improve resident safety while balancing the resident's right to freedom of movement and least restraint as measured by improving percentage of resident who fell in last 30 days at from 16.62% to 14% by April 2027. The Sun Parlor Home recognizes the importance of promoting safety related to falls while balancing the right to freedom of movement and least restraint. The Home would like to continue to focus on maintaining improved percentage of resident who fell in last 30 days with a focus on increased awareness of home area specific statistic and therefore needs. The home would like to increase knowledge on falls prevention for residents by providing education by the falls committee members to engage frontline team members. The home will have completed 1 huddle with the committee per home area per quarter by April 2027. The home would also like to increase frequency of resident monitoring to prevent falls by meeting resident needs in a timely manner. The home will be achieving this

by developing a safety rounds policy and SAFE/6Ps training for nursing team members. The home's goal will be to have provided 100% of nursing team members training on SAFE/6Ps.

Focus Action #8: Improve resident safety and quality of life as measured by improving percentage of residents not living with psychosis who were given antipsychotic medications from 24.44% to 21% by April 2027.

The Sun Parlor Home recognizes the importance of medication safety related to anti-psychotic medication use without the dx or signs of psychosis. The home has seen an increase in this indicator through 2025-2026 and therefore would like to focus on decreasing in 2026-2027. The home would like to increase knowledge of team members on antipsychotic uses and inappropriate usage by leveraging pharmacy and BSO resources to identify appropriate educational needs. The home will have provided 1 session from both pharmacy and BSO external team related to antipsychotic use by April 2027. The home would also like to identify and review residents for inappropriate antipsychotic use by having the BSO and RAI teams work collaboratively to discuss residents who have triggered for this indicators on the RAI assessment. The home will have reviewed 100% of residents who trigger as inappropriate use with their annual review by April 2027.

## PALLIATIVE CARE

Our organization integrates palliative care throughout the illness trajectory, beginning at the time of diagnosis of a life-limiting illness and continuing through end-of-life care. The care model focuses on person-centred, compassionate care that improves quality of life for patients and their families by addressing physical, psychosocial, cultural, and spiritual needs. Interdisciplinary collaboration, early conversations about goals of care, and shared care planning ensure

that residents receive coordinated and responsive care aligned with their values and preferences.

Our organization actively involving residents, families, and the interdisciplinary care team in developing individualized care plans. At the time of referral, residents participate in structured conversations about goals of care, treatment preferences, and advance care planning. These discussions involve physicians, nurses, social workers, and allied health professionals, ensuring that the resident's physical, emotional, cultural, and spiritual needs are incorporated into the care plan.

Care plans are documented within the organization's electronic health record system, allowing multiple providers—including primary care and community partners—to access and update information in real time. This shared documentation improves coordination of care and ensures that resident preferences, such as symptom management priorities and decision-making wishes, are respected throughout the illness trajectory. By promoting collaborative decision-making and transparency, this process supports person-centred care and improves residents and family satisfaction.

To enhance communication and engagement, our organization uses digital documentation systems and secure information-sharing platforms that enable health care providers and care partners to access and contribute to resident care plans. Residents and families are encouraged to participate in care discussions and review their plans with the care team, ensuring their priorities and values remain central to care delivery.

This approach supports continuity across care settings, including hospital, home care, and community services. Digital information exchange reduces fragmentation of care, allows providers to quickly respond to changes in patient needs, and helps ensure that

symptom management and supportive services are coordinated effectively. By improving communication between providers and patients, the organization strengthens shared decision-making and enhances overall quality of life.

Through these initiatives, our organization demonstrates a strong commitment to delivering compassionate, coordinated palliative care that prioritizes resident choice, supports families, and enhances quality of life throughout the illness journey.

Examples of activities within our organization that demonstrate a commitment to enhancing quality of life include the addition of our new reflection space. The space was developed for our residents as a quiet area where they can join residents, families and friends for reflection including spiritual reflection. It is a non-denominational area and inclusive for all residents' needs. The home recognizes the benefits of exposure to the outdoors. Another example is our large outdoor spaces. The residents are able to enjoy the outdoors in our private, secure courtyard as well as shaded areas in the front of the home. The home also has a path around the ground of the home to enjoy the gardens and forest. The home also has a private courtyard for our dementia care home area allowing residents in this area access to their own secure space outdoors. Our third example of activities that demonstrate a commitment to enhancing quality of life is our robust Residents' Council. By providing the opportunities to residents to not only all come together on a monthly basis, the home also provides the opportunities on individual home areas in hopes of increasing participation of residents who may not feel comfortable or have the desire to partake in the larger residents' council meetings. By providing these opportunities, the home has had participation of up to 45 residents a month. The Residents' Council drives quality initiatives within the home and provides feedback on our Quality Improvement Plan and

Resident Experience Survey.

## **POPULATION HEALTH MANAGEMENT**

In order to support population health manager, the Sun Parlor Home has accessed support for nurse practitioner services through the regional Nurse Practitioner Lead Outreach Team (NLOT) program which supports residents with low acuity medical needs and decreasing inappropriate ED visits and supporting timely access to care.

The Home also has a "circle of family and friends" who meet regularly to discuss initiatives in the home, ideas as well as quality improvement and QIP updates.

Our Behaviour Supports Ontario team provides supports to the home while working with the internal Behaviour Support team and general needs of the home. The team provides specific resident insights and recommendations when the home is challenged with responsive expressions as well as training and education needs as needed.

The home has leveraged Passport Funding through Ministry of Child, Community and Social Services to provide engagement opportunities for residents living with developmental disabilities living in long term care.

The home continues to connect with regional LTC providers at local FOG meetings. The home continues to be members of AdvantAge and OLTCA with active participation at annual conferences.

## **CONTACT INFORMATION/DESIGNATED LEAD**

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## 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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