Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 30, 2026

SOUTHBRIDGE™ CARE HOMES

Ontario Health

OVERVIEW

In our continued efforts to facilitate the Southbridge vision to bring lives together with meaning and purpose, SB Riverside will be continuing to focus on four areas of quality in this 2026/2027 QIP plan; namely Operational Excellence, Risk Reduction, Resident-Focus and building on our Safety Culture. This Quality Improvement Plan (QIP) aligns with the requirements of the Fixing Long-Term Care Act, Ontario Health Quality Standards, and other applicable legislation to enhance the quality of life, safety, and care for our residents.

OPERATIONAL EXCELLENCE:

We are committed to operational excellence through the implementation of evidence-based practices, continuous quality improvement, and effective use of technology to support safe, timely, and efficient care. Our quality improvement goals focus on optimizing resource utilization, standardizing and improving care processes, and reducing variation that can impact quality and safety. These efforts support improved access, better resident and family experience, and measurable improvements across key QIP indicators, including effectiveness, efficiency, and patient-centred outcomes.

RISK REDUCTION:

Risk reduction is a core component of our quality improvement approach and supports the delivery of safe, effective, and resident-centred care. We use validated assessment tools and evidence-informed interventions to proactively identify and mitigate safety risks, while maintaining compliance with legislative and professional

standards. Interdisciplinary teams regularly review incident data, safety audits, and quality indicators to identify trends, implement timely corrective actions, and monitor outcomes, ensuring continuous improvement in resident safety and care quality.

RESIDENT FOCUS:

Our philosophy of care is grounded in person-centred and equitable practices that place residents and their substitute decision-makers at the core of care planning and decision-making. We develop and regularly review individualized care plans that reflect residents' preferences, cultural values, and lifelong routines, supporting dignity, autonomy, and meaningful quality of life. Through active engagement of residents and families, we aim to improve care experience, satisfaction, and outcomes, and to inform continuous quality improvement aligned with Health Quality Ontario priorities.

SAFETY CULTURE:
Our commitment to safety culture is unwavering. We maintain transparent communication, provide ongoing education on safety practices, actively practice emergency drills and encourage staff and residents to voice safety concerns without fear of retaliation. Regular emergency exercise practices and fire drills, emergency preparedness training, and safety-focused performance evaluations ensure a safe living and working environment for all residents, staff and visitors to our home.

In 2025 we had many quality improvement achievements and successes to celebrate. These successes can be attributed to the hard work and dedication of our multidisciplinary team, the collaboration with our residents, families, and stakeholders as we all share the common goal of improving the care, service, experience and life for all that live, visit and work at SB Riverside.

Here are just some of the highlights from last year that we are proud to announce:

1. Active recruitment and onboarding of staff to reduce reliance on agency staff usage.
2. Decreased usage of agency dietitians and nursing staff.
3. Ongoing implementation and evaluation of our own corporate menus.
4. Recruitment of internationally trained nurses enhancing the home's commitment to diversity, equity and inclusion and allowing us to provide care to our residents in many different languages
5. Implemented measures and processes to mitigate actual and potential risk, as listed below:
- Quality Forums are held monthly to review key performance indicators and rate them against corporate benchmarks. These quality forums are an opportunity for our homes to review key performance indicators, such as potentially avoidable emergency department visits, and discuss, implement and measure various interventions to ensure that all negative trends are addressed and action plans for improvement implemented.
- Ensured our Medical Director has achieved the required Ministry certification
6. Developed new home scorecards and HOOPS.
7. Implemented the following improvement initiatives in

collaboration with our Pharmacy provider and our interdisciplinary teams:
- Integrated Medication Management program;
- Spasticity program - a program that helps improve mobility and quality of life for seniors with spasticity. The program includes assessments, injections, and ongoing support.
- Scanning technology to improve the accuracy of medication order communication between the home and the pharmacy. This technology replaced the digital pen to further enhance the safe and secure transmission of Prescribers' orders including improvement in staff workflow.
- Implementation of BOOMR (Better Coordinated Cross-Sectoral Medication Reconciliation) is a pharmacist-led initiative by our Pharmacy Services Provider, CareRx designed to improve medication safety, accuracy, and efficiency during patient transitions into our home. It focuses on enhancing the quality of medication information, reducing unnecessary medications, validation of medications with the resident/SDM and streamlining workflows through specialized clinical pharmacist monitoring.
8. Developed standardized Terms of Reference and agenda templates for all committees with a focus on best practice implementation and risk mitigation
9. Created new program checklists and tracking logs to enhance regulatory compliance and best practice implementation including a PRN pain tracking, skin and wound issues, and falls monitoring among others.
10. Continued implementation of a Proactive Inspection Guide to ensure quality of care for our residents and regulatory compliance
11. Educated and supported our interdisciplinary team to transition from RAI MDS to interRAI LTCF.
12. Implemented weekly interRAI Community of Practice meetings to guide and support staff through the transition.
13. Recruited and deployed experienced RAI Consultants to provide additional education and support to the interdisciplinary team with the transition to interRAI. Ongoing monitoring and audits by the RAI Consultants ensures inaccurate interRAI LTCF coding is identified and corrected prior to assessment submission to ensure all data submitted is accurate and reflective of current resident status.
14. Continued implementation of Project Amplifi to ensure timely, efficient and secure communication of critical health information between our home and our local hospitals
15. Increased the availability of Social Service/Social Worker, BSO, Nurse Practitioner and ET Wound Nurse support in our home
16. Enhanced access to dementia care and support via corporate negotiation of a contract with Dr. Luthra, author of Dementia Behaviours and recognized expert in the sector.
17. Continued implementation and revision of Resident Focused policies and procedures aimed at enhancing quality, compliance and implementation of evidence-based best practice throughout all departments in the home

ACCESS AND FLOW

Our home is committed to optimizing system capacity, timely access to care, and enhancing patient flow to improve outcomes and quality of care for patients, clients, and residents. As part of this important initiative, we work in partnership with our community partners, including Behaviour Supports Ontario and the Regional Psychogeriatric Consultants, among others, on implementing strategies and treatment plans to avoid unnecessary visits to emergency departments through new models of care and by ensuring timely access to primary care providers. We continue to place a strong emphasis on understanding each resident's goals of care and supporting those goals to the fullest extent possible in our home through proactive identification and management of resident's health issues and maximizing the scope of practice of our Nurse Practitioners and clinical staff to manage health challenges on-site as much as possible. In addition, our home has been actively involved with the Ministry of Long-Term Care and Point Click Care and has successfully implemented Project AMPLIFI, aimed at Improving the continuity of care for Ontario Long-Term Care residents by streamlining transitions between care institutions, leading to safer care for patients, and more efficient workflows for providers.

EQUITY AND INDIGENOUS HEALTH

Our home promotes equity, diversity and inclusion for all our residents and staff via continued implementation of our comprehensive Workforce Equity, Diversity and Inclusion and Equal Opportunity Employment policies. As part of the implementation of these policies, Southbridge continues to actively recruit internationally trained nurses and staff from a wide range of ethnic, religious and cultural backgrounds and our staff speak many different languages. We strongly value this diversity and believe that this enhances the care provided to our residents as we strive to provide care to our residents in their native language whenever possible. All staff receive mandatory education on cultural competency, Indigenous Cultural Safety, as well as the Standards of Employee Conduct which clearly outlines our priorities around non-discrimination, zero tolerance for abuse, neglect and unlawful conduct, ethics, professionalism and the promotion of caring and compassion in all we do. In addition, all staff receive training on Accessibility for Ontarians with Disabilities Act requirements, as well as education on how to provide excellent customer service to those with various disabilities.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Performance monitoring is a key part of assessing our resident's experience and driving our performance and includes, but is not limited to, the following:

- Monitoring key quality indicators
- Internal audits
- External audits
- Program evaluations
- Resident satisfaction surveys

Our home measures and monitors quality initiatives by ensuring effective data collection and accuracy, extensive auditing initiatives and quality indicator score cards. Our home collects, monitors and analyzes all the data we collect to continually improve the care and services we provide our residents.

With this in mind, we put considerable effort into regularly and actively engaging residents and families for their insights and feedback, provide channels for open dialogue, and share ongoing progress through regular updates, collaborative face-to-face meetings, townhall sessions and experience surveys. Our ongoing goal is to continue to build on our existing approaches to resident and family engagement and continue to evolve our approaches to resident and family partnership.

The results of both the Resident and Family Satisfaction surveys, as well as, the action plans for improvement were reviewed with Resident Council and Family Council and additional input and feedback was requested on these improvement plans from both Councils. In addition, both our Resident and Family Council were provided with an opportunity to suggest additional areas of improvement they would like our home to work on over the coming year. We also elicit as much feedback as possible related to our care and services on an ongoing basis via our Town Hall meetings which are open to all residents, families, visitors and interested community members and stakeholders. Additionally, all residents and families are always encouraged to provide any feedback, concerns or suggestions they have at any time, to any member of our management team or, if they prefer, individual can email our Corporate Head Office directly at contact@southbridgecare.com.

We post our resident and family satisfaction survey results as well as the action plans for improvement on the Resident and Family Information board as part of our commitment to transparency and shared learning. Fostering trust, engagement, and continuous improvement is paramount for our home. By openly communicating feedback, we demonstrate accountability and a commitment to growth. This approach encourages collaboration, allowing us to learn from both successes and challenges, leading to better decision-making and service enhancements. Additionally, sharing insights promotes a culture of openness, where stakeholders feel heard and valued, ultimately driving higher satisfaction and engagement.

PROVIDER EXPERIENCE

At Southbridge, we believe our staff are our greatest resource and as such, we are continually engaging them in evaluating the care and services we provide, getting their feedback on improvement plans, including this QIP, as well as other quality improvement initiatives in the home. Staff are engaged and their feedback is sought throughout the change management process whenever new policies, programs, equipment, and/or services are developed. Staff satisfaction surveys are conducted and analyzed, and improvement plans are developed based on the results of these surveys. Our staff have access to a wide range of educational opportunities and also incentive programs such as, “Perkopolis” which is Canada's leading provider of fully managed perk programs.

As healthcare organizations face unprecedented human resources challenges, Southbridge is committed to enhancing the staff experience and effectively managing these hurdles. We've implemented various initiatives to achieve these goals, including

utilizing government grants and incentives to support our workforce development efforts. Additionally, we've embarked on international recruitment endeavors to address staffing shortages and foster diversity within our workforce. Collaborating with educational institutions, we're building talent pipelines to ensure a steady influx of skilled professionals. Moreover, we regularly conduct employee engagement surveys to gather feedback and identify areas for improvement. These surveys enable us to take actionable steps, such as implementing training programs and refining policies and procedures, to create a supportive and fulfilling work environment for our staff. We also prioritize professional development opportunities by providing ongoing training and development opportunities to enhance staff skills, support career advancement, and foster continuous growth. Furthermore, our commitment to continuous quality improvement fosters a culture where staff are empowered to identify areas for enhancement and actively participate in initiatives to improve the care and services provided to our residents. Through these comprehensive efforts, we aim not only to attract and retain top talent but also to cultivate a culture of excellence and resilience within our organization.

In 2025, Southbridge Care Homes implemented the Ministry of Long-Term Care's Living Classroom initiative which enhances recruitment of experienced, qualified staff by positioning the organization as a learning-focused, professionally supportive workplace. Living Classrooms foster strong partnerships with academic institutions, creating a continuous pipeline of learners who are already familiar with the home's culture, standards, and resident population—many of whom transition seamlessly into permanent roles. Experienced staff are more likely to be attracted to organizations that value mentorship, evidence-informed practice, and professional growth, as Living Classrooms provide opportunities to teach, precept, and lead practice improvement. This model reinforces a culture of excellence, innovation, and collaboration, signaling to prospective employees that the home is committed to quality care, staff development, and long-term workforce sustainability—key factors in attracting and retaining highly qualified long-term care professionals and improving current staff satisfaction and quality of work life.

SAFETY

Our home is committed to advancing a culture of safety that aligns with Health Quality Ontario's focus on safe, effective, person-centred care and continuous quality improvement. We recognize that residents cannot experience quality of life in an environment where they do not feel safe, and that staff cannot consistently deliver high-quality care without systems and supports that prioritize safety. For this reason, safety is intentionally embedded into our policies, procedures, and daily workflows to proactively identify, mitigate, and manage risks for residents, staff, families, and visitors. Our approach emphasizes prevention, learning from incidents, and continuous improvement to strengthen outcomes and reduce avoidable harm.

Education and competency development are key components of our safety strategy. Staff and residents receive regular education on evidence-informed safety practices to support shared accountability and awareness. Training includes body mechanics, lifts and transfers, ergonomics, safe bathing and showering practices, prevention and management of heat- and cold-related illnesses, pressure injury prevention, non-violent crisis intervention, and comprehensive emergency preparedness. Ongoing learning is

actively encouraged to support a just culture where staff feel empowered to speak up, report concerns, and participate in safety improvements.

Our continued affiliation with Accreditation Canada further demonstrates our commitment to quality and safety through rigorous standards, performance measurement, and system-wide learning. In addition, our participation with CareRx in the BOOMR (Better Coordinated Cross-Sectional Medication Reconciliation) initiative supports safer transitions of care by improving medication accuracy, reducing duplication and errors, streamlining workflows, and enhancing interdisciplinary communication. Together, these initiatives reflect our alignment with Health Quality Ontario's priorities of safer care, improved transitions, and sustainable quality improvement for the residents we serve.

Our home's safety practices align with Health Quality Ontario's quality dimensions by preventing harm (Safe), using evidence-informed education and measurement (Effective), supporting resident dignity and partnership (Patient-Centred), and strengthening coordination across teams and transitions of care (Integrated).

PALLIATIVE CARE

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In 2025, our home enhanced the current palliative care program with the implementation of our new Palliative Care policies and procedures, as well as, through participation in our Palliative Care forum, which brings all Southbridge homes together to share new palliative care best practices they have implemented in their homes and learn about new research and emerging palliative care best practices in the sector. Our palliative care philosophy of care policies and procedures were reviewed and revised based on feedback received during the palliative care forums, as well as, from Resident and Family Council meeting feedback.

- Our home has implemented the following palliative care policies and procedures to enhance the provision of palliative care:
• Palliative Approach to Care
• Advance Care Planning
• End of Life Care and Therapeutic Nutrition
• Pronouncing Death
• Care of the Body Following Death, and
• Medical Assistance in Dying.
• Pain policies and change in resident status notification policies
• Standard Operating Procedures to guide staff in the completion of
• various clinical procedures such as initiating hypodermoclysis, suctioning, etc.
• Palliative and End of Life Nutrition policy
• And a number of policies and appendices in the Resident Focused Recreation and Volunteer manual, including
Resident Focused Program Planning and the Multi-faith Religious and Spiritual Programs which include the
Spiritual and Religious Care Assessment Tool

POPULATION HEALTH MANAGEMENT

Our home reflects the community we serve and applies a population health approach to deliver equitable, person-centred care that promotes dignity, independence, and positive health outcomes for diverse and priority populations.

Through targeted quality improvement initiatives, we focus on

reducing avoidable emergency department visits, preventable hospital admissions, and readmissions, while improving the timeliness and safety of transitions of care. As an early adopter of the Amplifi project, we work collaboratively with hospital and community partners to strengthen information sharing at admission and discharge, supporting continuity of care, medication reconciliation, and early identification of resident needs. These efforts contribute to improved system integration, safer transitions, and measurable improvements in quality, safety, and resident outcomes.

Our home also participates in the Community Paramedicine for Long-Term Care program, which supports timely, on-site clinical assessment and intervention for residents experiencing acute changes in condition. This program enhances access to urgent care within the home, particularly for residents with complex or chronic conditions, and supports early intervention, clinical monitoring, and coordination with the interdisciplinary team. By providing appropriate care in place and strengthening after-hours and urgent response capacity, participation in community paramedicine reduces avoidable emergency department visits and hospital transfers, improves resident experience and safety, and contributes to improved system efficiency and population-level health outcomes.

CONTACT INFORMATION/DESIGNATED LEAD

In support of our commitment to a culture of transparency and shared learning, we invite all interested individuals to contact our Executive Director at 519-432-1855 ext. 225 with any comments or questions related to this Quality Improvement Plan.

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 14, 2026**



Judy Plummer, Board Chair / Licensee or delegate

Courtney Lines

Courtney Lines, Administrator /Executive Director

Timi Thomas

Timi Thomas, Quality Committee Chair or delegate

Jaclyn Goss

Jaclyn Goss, Other leadership as appropriate