



OAKWOOD PARK LODGE
A DIVISION OF CONMED HEALTH CARE GROUP



Continuous Quality Improvement Initiative Report 2025-26

June 30, 2025

Overview

Oakwood Park Lodge is an accredited facility with Exemplary Standing as awarded by Accreditation Canada. Our Home is part of Conmed Health Care Group. Oakwood Park Lodge is currently Home to 84 long term care residents. As well, we have two beds designated as Short Stay (Respite) beds. Respite beds are much needed in this area, and we are one of the few Homes who continue to provide this service.

Currently, the grounds surrounding Oakwood Park Lodge are the site of major construction of our new building. Construction is moving at a quick pace, and Oakwood Manor is expected to open in 2026. The residents, families and staff are enjoying watching the progress of the new Home. When completed, Oakwood Manor will be Home to 288 residents (153 beds from Oakwood Park Lodge, 65 from Valley Park Lodge, and 70 newly approved beds). We are especially excited to open a specialized unit for younger residents.

Mission, Vision, and Values for Resident Focused Care:

Our Mission:

We believe in cultivating a “circle of caring” to nurture and support our residents, the **RIGHT WAY**.

Our Vision:

By focusing on the **RIGHT WAY**, we will be recognized as people’s first choice for a Long-Term Care home.

Our Values:

R **RESIDENT CENTRED CARE:** Residents are the centre of everything we do and working in partnership to drive the direction we take into the future.

I **INTEGRITY:** Relationships with people are built on trust and respect. Through honesty and equity, we can ensure that we are developing relationships based on integrity.

G **GROWTH:** By encouraging growth and continuous quality improvement in the areas of leadership, knowledge and technology, we can achieve our vision of “people’s first choice”.

H **HONOUR:** By focusing on ethical decision making, especially where it supports resident wishes and choice, we will achieve honour in all our interactions.

T **TEAMWORK:** We recognize that being partners in care and working as a team with residents, families, staff and all the stakeholders who interact with our homes, we nurture and support our residents.

W **WORKPLACE HEALTH AND SAFETY:** By focusing on staff safety and wellness, we provide a safe and healthy workplace for our staff. When staff take care of themselves and feel valued at work, their positive attitude is reflected in the care they provide to our residents.

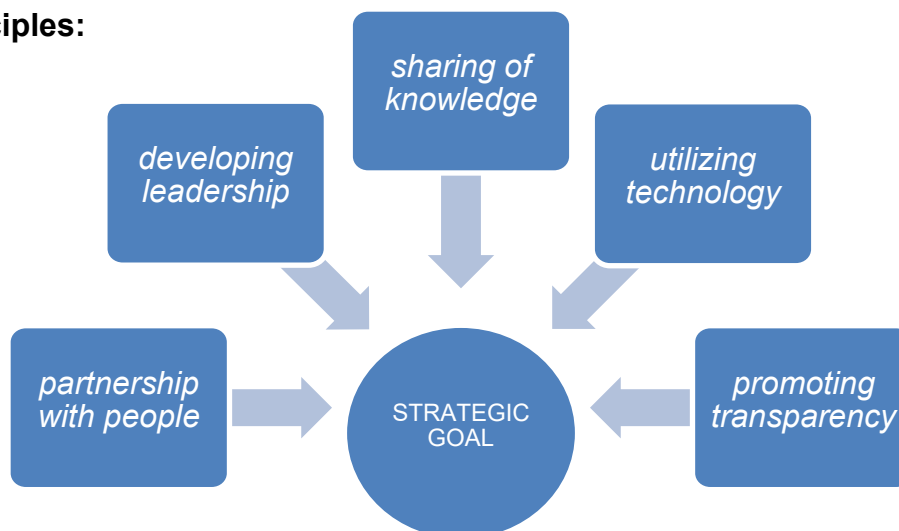
A **ALWAYS CONFIDENTIALITY:** We learn many things about the people that we care for and work with; it is important that this information is always treated as private and confidential.

Y **YOU MATTER:** All the people who live, work and interact in our homes matter. Your voice matters. Your feedback matters. You are our most important asset.

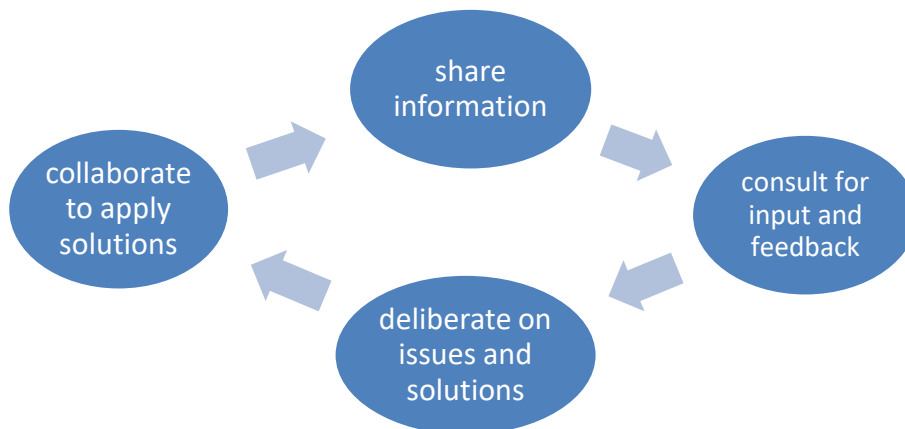
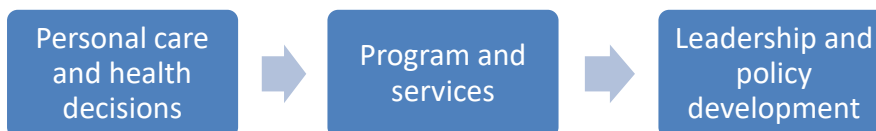
Resident, Family, and Community Partner Engagement Framework

Strategic Goal: to encourage resident, family, and community partner engagement to promote and enhance the resident family experience in our Long-Term Care homes.

Guiding Principles:



In the Following Areas:



Continuous Quality Improvement

Priority Areas for Quality Improvement

In April of 2022, the Ministry of Long-Term Care, along with the Ontario Government, implemented the Fixing Long Term Care Act. This legislation puts the focus on improving resident care through a resident centered approach. Through the implementation of this legislation, it has enabled us to identify areas of improvement within the Home. We share regular updates on the progress of these initiatives with all stakeholders.

At Oakwood Park Lodge, our quality priorities are determined by several factors including:

- Fixing Long Term Care Act (FLCTA)
- Registered Nurses Association of Ontario (RNAO) Best Practice Guidelines
- Key Performance Indicators (Canadian Institute for Health Information, Point Click Care)
- Program Evaluations
- Health Quality Ontario Priority Indicators
- Internal/External Audits
- Resident and Family Satisfaction Survey (April 2024-March 2025)
- Resident and Family Engagement Framework
- Feedback from stakeholders including Resident Council, Family Council and Community Partners (including the Ministry of Long-Term Care)

Annually, Oakwood Park Lodge develops and implements a Quality Improvement Plan that includes key areas of improvement aligning with Health Quality Ontario's focuses. The Quality Improvement Plan for the 2025-2026 year has identified the following priorities for improvement:

- Reducing the number of potentially avoidable transfers to the Emergency Department (i.e. residents who are sent to hospital with one of the diagnoses on the 'Modified List of Ambulatory Care-Sensitive Conditions').
- Improving the percentage of residents/families who respond positively to how well they feel staff listen to them.
- Improving the percentage of residents/families who respond positively to "I can express my opinion without fear of consequences."
- Reducing the percentage of residents on antipsychotic medication without a diagnosis of psychosis.
- Improving the percentage of staff who have completed relevant equity, diversity, inclusion and anti-racism education.
- Reducing the percentage of residents who fell in the 30 days leading up to their assessment.

The Home's Quality Improvement Plan (QIP) is developed with the input of residents, family, and staff. The Quality Improvement Plan (QIP) is reviewed at Resident & Family Council. The plan aligns with the Home's goals to improve the quality of care and to deliver service excellence. The goals and planned improvement initiatives from this plan will continue to evolve moving forward.

Performance Monitoring and Measurement

Oakwood Park Lodge's quality initiatives are supported by the Home's measurement and accountability system. The review processes include:

- Resident/Family Satisfaction Survey results
- Performance Indicators tracked at the home level
- Priority Indicators as in the Annual Quality Improvement Plan
- Regional/Provincial/National Benchmark Indicators
- Quarterly Professional Advisory Committee Meetings
- Quarterly Continuous Quality Improvement Meetings
- Resident Council Meetings
- Family Council Meetings

Oakwood Park Lodge Canadian Institute for Health Information Performance Indicators 2024-25:

| Quality Indicator | Ontario | Oakwood Park Lodge |
|---|----------------|---------------------------|
| Potentially Inappropriate Use of Antipsychotics | 20% | 24.4% |
| Falls in the last 30 days | 16.2% | 14.4% |
| Restraint Use | 1.5% | 9.0% |
| Worsened Pressure Ulcers | 2.3% | 2.3% |
| Experiencing Pain | 5% | 4.3% |
| Worsened Depressive Mood | 20.2% | 29.5% |
| (Data Source – Continuing Care Reporting System provided by CIHI) | | |

Communication Strategy

Communication with our stakeholders, community partners, residents, family and staff are vital to our Quality Improvement Plan. We not only use their input to improve the quality of care in our Home, but we also share our successes and growth with them. Communication takes place in a variety of ways including Resident Council meetings, Family Council meetings, Town Hall meetings, Professional Advisory Committee meetings, Continuous Quality Improvement meetings, staff meetings, staff huddles, emails, automated voice messages, memos and posters.

Quality Improvement Initiatives for 2024-2025:

Based on feedback, assessment and identification of areas for continuous improvement, Oakwood Park Lodge implemented the following quality initiatives for 2024/25 based on the performance indicators and feedback of the satisfaction survey. These initiatives were reviewed at the Continuous Quality Improvement Committee meetings throughout the year and members of the committee were provided with the opportunity to participate in the quality improvement process:

- The full implementation of the Behavioral Support Manager role to work closely with residents with challenging responsive behaviors, while educating and supporting residents, family, and staff. Fully Implemented February 2024, ongoing.

- Increased focus in fracture prevention through review of each resident's Fracture Risk Score (FRS), ensuring those at increased risk are receiving medications for bone health. Implemented May 2024, ongoing.
- An improved number of resident satisfaction surveys returned. This was achieved through the use of an online platform and still maintaining a paper version for those that do not have the accessibility of computer use. Implemented for 2024 survey and ongoing. Results reviewed with Residents' Council and Family Council February 2025.
- Thorough review of antipsychotics was completed and audits conducted to reduce the use of these medications on residents without a diagnosis of psychosis. Previously implemented and ongoing.

Other priorities:

- Continued implementation of the Strategic Plan. Implemented July 2023, ongoing.
- Continued with meetings between pharmacy management and home management team to decrease pharmacy errors. Implemented November 2022, ongoing.
- Participated in the preparation and implementation of Registered Nurses Association of Ontario (RNAO) Clinical Pathways for Pain and Falls. Implemented November 2024, ongoing.
- Ongoing utilization of the Registered Nurses Association of Ontario (RNAO) Clinical Pathways for Admissions, Delirium, and Resident/Family focused care. Implemented September 2023, ongoing
- Ongoing Gentle Persuasive Approaches training to ensure that staff have the necessary skills to deliver exceptional care. Previously implemented training, ongoing.
- Ongoing Infection Prevention and Control (IPAC) education. Implemented October 2023, ongoing.
- Purchase of Bariatric mattresses and commodes. Acquired January 2025
- Purchase of several over bed tables. Acquired January 2025
- Purchase of fall prevention equipment (hip protectors, bed and chair alarms and fall mats). Ongoing.
- Implementation of a dedicated skin and wound nurse in order to assist and educate staff with wound care. Implemented April 2024.
- As a result of ongoing construction, a new servery area was created on Extension to enhance food service through the remainder of the redevelopment. Completed June 2024
- Implementation of the BOOMR program through the pharmacy to streamline medication reconciliation before admission, allowing the nurses more time for family interaction. Implemented April 2024 and ongoing.

Looking Ahead: Priorities for 2025 – 2026:

- Ensuring the safety of residents, family, and staff during the remainder of the redevelopment and upcoming amalgamation of Oakwood Park Lodge and Valley Park Lodge to Oakwood Manor.
- Ongoing participation in a collaborative group (Long-Term Care Homes, Home and Community Care Support Services, Resident Advocates, Hospitals, Physicians, Nurse Practitioners, Emergency Medical Services and Ontario Health) toward decreasing the number of unnecessary Emergency Department transfers and unsafe discharges from the hospital.

- Providing education to residents and families on the services that can be provided in-house versus being transferred to hospital (i.e. Hypodermoclysis, IV, oxygen, pain relief) and the benefits of remaining in a familiar environment, through Resident Council and Family Council Meetings as well as through handouts for those who are unable to attend.
- Participating in the preparation and implementation of Registered Nurses Association of Ontario (RNAO) Clinical Pathways for Palliative and End of Life Care.
- Organizing and implementing an Indigenous Cultural Week which will include permanently displaying Indigenous art in the facility.
- Continuing to provide staff with Gentle Persuasive Approaches training to ensure that staff have the necessary skills to deliver exceptional care.
- Exploring entering a partnership with a community psychiatrist to provide more timely access to assessments and treatment for those with mental health issues, responsive behaviours and also for those under the age of 65 who do not qualify for the Seniors Mental Health Outreach Program.
- Ongoing review of staffing levels specific to front line staff to that the residents receive the optimal level of care.
- Developing and implementing initiatives to promote staff wellness and appreciation.
- Ongoing review of CIHI key indicators in an effort to meet or exceed provincial averages.
- Implementing the Health Connex program for monitoring infections, hand hygiene and PPE audits and statistics.
- Implementing Project Amplifi between Point Click Care and local hospital network to improve the secure exchange of clinical information between both parties, and timelier access to clinical data at the points of transition between care settings. March 2025, on-going
- Participating in a research initiative with Niagara Ontario Health Team, Dementia Care Working Group. The initiative is seeking input from caregivers of people in Niagara with diagnosed dementia who have recently transitioned to a long-term care (LTC) home. The goal is to understand the challenges and successes of this transition process, with the ultimate aim of improving the transition processes, partnerships, care and service provided to persons with dementia and their caregivers who have LTC as part of their journey. May-June 2025
- Certification of the IPAC Lead and/or IPAC back up through successfully challenging the LTC-CIP exam.
- Continue to build our knowledge and understanding of diversity through increasing the number of 'Cultural Education Days' and 'Pride Month' education and activities. We have also included diversity training for all staff to our annual education.
- Our Satisfaction Survey has been revised. The revision has seen the survey separated into two surveys: one for families and one for residents. This will provide a better understanding of the responses and focus on the two groups needs individually. Presented and approved by Residents' and Family Council in February 2025. Initiated for the 2025/26 cycle in May 2025.