

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

April 13, 2026

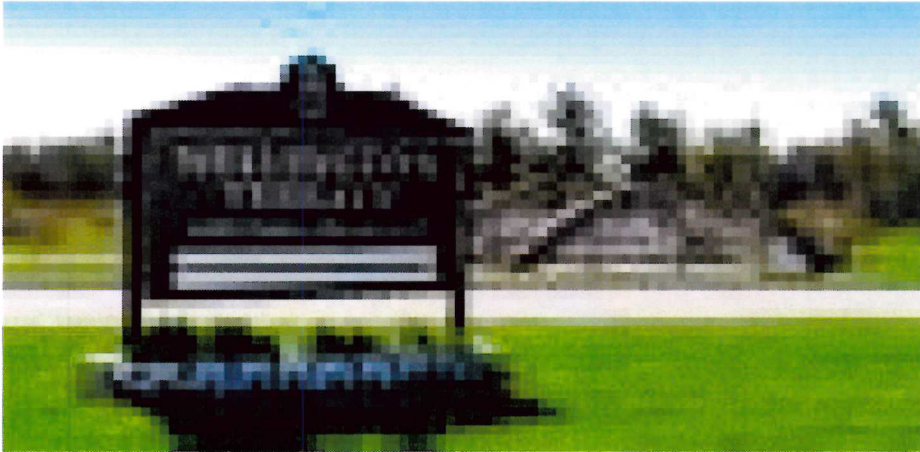


OVERVIEW

Wellington Terrace is a 176-bed long-term care home operated by the County of Wellington. Wellington Terrace's Mission Statement is "together our team is committed to providing compassionate care honoring the unique needs of each resident."

Wellington Terrace is divided into 6 resident neighbourhoods with 28-30 residents living on each area. With the change in resident population and acuity, we have adapted the care areas to meet the needs of all residents regardless of the level of physical care or cognitive support needed.

Our home is committed to ensuring that we follow best practice guidelines in geriatric care. As such, we have a strong focus on falls prevention, skin and wound management, dementia support, pain management and palliative care, continence care and infection prevention and control. Each of these programmes is led by an RN champion who guides the team in setting goals and implementing best practices throughout the year.



EQUITY AND INDIGENOUS HEALTH

Wellington Terrace continues to work collaboratively within our healthcare system and strives to avoid emergency room visits whenever possible. Through assessment, physician availability, accessing diagnostic and clinical services onsite we have maintained a low rate of avoidable transfers to the hospital. In 2024, Wellington Terrace hired a Nurse Practitioner who contributes to these ongoing efforts through timely assessments and care.

ACCESS AND FLOW

Wellington Terrace continues to work collaboratively within our healthcare system and strives to avoid emergency room visits whenever possible. Through assessment, physician and Nurse Practitioner availability for timely assessments and care, and accessing diagnostic and clinical services onsite we have maintained a low rate of avoidable transfers to the hospital. We continue to build capacity within the home through education and support from the Nurse-Led Outreach Team, Hospice Palliative Care Consultants, and the Psychogeriatric Resource Consultant. We are committed to exploring opportunities to further enhance the care we provide in the long-term care setting by conducting impact assessments for various clinical services.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Members of our management team are invited to attend both Family and Resident Council to share organizational and quality improvement goals, as well as updates on the delivery of care and services.

Our Family Council meets with the Administrator quarterly. The Administrator is invited to discuss and seek input on policies, legislation, challenges and quality improvement successes and challenges. Our Family Council hosts an annual education event inviting families and members of the community for a presentation on a topic of interest.

Families and residents are provided with regular updates on our quality improvements efforts through newsletters, displays and presentations at Resident and Family council meetings. Families and Residents are kept up to date and day to day information through our communication app, One Call Now.

We also ask our families and residents to provide us with feedback following the initial and annual care conference. We appreciate the feedback on the extent and clarity of information we provide at the conference. We believe it sets the stage for their ability to respond accurately to the annual satisfaction survey by clarifying aspects of the resident's care.



PROVIDER EXPERIENCE

Wellington Terrace enjoys a collaborative relationship with our Employee Council who supports and advocates for Terrace staff on workplace issues.

In 2024 we initiated Terrace Wellness, a committee that steer psychological health initiatives for employees. The steering team attending education through TEND on Debriefing and Mutual Support.

In March of 2026 we hosted in person education for staff with a focus on health and wellness. Staff were encouraged to build their own care plan, and presentations were held on meditation, hydration, fitness and gratitude. The County of Wellington supports staff wellness through the promotion of the Calm app and County fitness facilities.

Our staff stay connected with communications using a mobile app called NIUZ which helps staff to stay engaged in this 24/7 environment.

Leadership administers a staff recognition programme that includes a pop-up cart for staff appreciation, thank you cards and large appreciation events.

SAFETY

The culture of safety at Wellington Terrace allows for swift identification of risk with an organized and robust plan to ensure the safety of Residents and staff. Clinical policies on falls prevention, medication management and responsive behaviour include strategies to mitigate the risk as well as respond and evaluate the effectiveness of our safety plans.

The Emergency Plan has been prepared to facilitate a controlled and coordinated response to an emergency or perceived emergency occurring within or impacting Wellington Terrace. The

goal is to protect the health, safety and welfare of the residents of Wellington Terrace if faced with an emergency. Wellington Terrace has policy and procedures to guide our emergency management of codes and alerts. Policies include:

Code Black- Bomb threat

Code Brown- Chemical threat

Code Orange- External disaster

Code Red- Fire

Code Green- Evacuation

Code Yellow- Missing Resident

Code White: Managing Aggressive Behaviour and Threats

Contaminated Water Response

Heat Related Illness and Plan

Power Outage

Tornado Procedure

Pandemic Plan (which contains staffing contingency plan and resource stockpiling/ inventory management plan)

Staff fanout list

As part of our 2026/27 workplan, we will continue with the implementation of the Antibiotic Stewardship Program, with the goal of an on-going practice of judicious collection and screening for infection, and prescribing of antibiotics in the home.

PALLIATIVE CARE

Residents are coming to live at Wellington Terrace frailer and further along in their aging process. As a result, we are supporting more residents with palliative care and there is benefit to building the relationship with resident and family in order to provide them the emotional support that they require through the end-of-life journey.

The Wellington Terrace Palliative care programme aims to support residents and their loved ones as they progress into the final stages of life. Nurses receive education to identify and address pain and symptom management as well as address the emotional needs of the resident and their family.

Residents care and comfort is maintained within our home with all residents who passed away in 2024 choosing to do so at the Terrace as opposed to transferring to the hospital.

We seek feedback from families after the death of their loved one. Surveys have helped us to enhance our palliative care program throughout the years. We are pleased that 100% of respondents to this survey relayed that they found staff to be compassionate and caring throughout the experience.



POPULATION HEALTH MANAGEMENT

We are seeing a number of individuals coming to live in long term care with Developmental Delays and acquired brain injuries. Caring for these individuals requires a level of expertise as many of these individuals have a dual diagnosis, their disability and dementia. Majority of the residents who come to live at the Terrace have been identified by Home and Community Support Services as 'in crisis'. This means that they have maximized the services and supports of Ontario Health prior to coming to the home. These residents are often very elderly and very medically compromised.

Wellington Terrace contributes to the Social Determinants of Health by employing 392 staff in full time and part time positions. We also provide an annual presentation at local high school with information about working with an older population covering topics such as dementia care, infection control and nutrition support for seniors. We are committed to providing work and stability for citizens of the County of Wellington.

Affordable wheelchair accessible transportation is limited in Centre Wellington. An accessible van is available for families to use to transport a resident in a wheelchair to medical appointments and social activities with the family. We believe continuing family traditions and embracing activities in the community gives residents improved autonomy.

Our teams support residents without family to provide items they may not be able to afford; as well as purchase gifts at their birthday or Christmas.

Our social worker and volunteer coordinator have recruited volunteer friends for residents with limited external contact from the community to reduce social isolation and improve engagement and inclusiveness.

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 **March 31, 2026**

Suzanne Dronick, Board Chair / Licensee or delegate

Sue Dronick, Administrator /Executive Director

Peg Muhlbauer, Quality Committee Chair or delegate

Other leadership as appropriate

Safety | Safe | **Optional Indicator**

	Last Year		This Year		
Indicator #1	19.10	18	24.79	-29.79%	20
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Wellington Terrace LTC Home)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented

Improve knowledge and understanding of Falls Program by all staff working in the home.

Process measure

- The number of staff who have received education in Surge Training.

Target for process measure

- 100% of all employees will complete falls prevention training by December 31, 2025

Lessons Learned

Annual Mandatory education on falls prevention was held with all staff. In 2026 education will include the uses of the CARES acronym which will help staff to remember the strategies of Comfort, Anticipate needs, Reposition, Elimination and Safety and Sensitivity.

Change Idea #2

The home will be participating in the McMaster University Fracture Prevention Study and Module that is one year in duration.

Process measure

- All members of the Clinical Falls Team will be trained on the Fracture Prevention Tool Kit and how to implement as per the study recommendations.

Target for process measure

- 100% of all Falls Clinical Team members will be trained on the Prevention Tool Kit use as part of the McMaster Fracture Prevention Study.

Lessons Learned

We were chosen as a control home in this study so no interventions have been implemented.

Comment

There is a renewed focus on Falls Prevention and new strategies will be implemented in 2026. See workplan for change ideas in process.

Safety

Measure - Dimension: Safe

Indicator #1	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	24.79	20.00	We will be focusing on reducing the number of falls to below the provincial average over the course of 2 years (2026/ 27 - decrease to 20%, 2027/28 - decrease to 15%).	

Change Ideas

Change Idea #1 Re-education and auditing of CARES Purposeful Rounding.

Methods	Process measures	Target for process measure	Comments
Provide mandatory education to all staff outlining CARES Purposeful Rounding.	Number of staff who have completed mandatory education.	100% will have completed mandatory Fall education by May 31/ 26.	

Change Idea #2 Re-education and auditing of CARES Purposeful Rounding.

Methods	Process measures	Target for process measure	Comments
Implement routine audits to ensure CARES Purposeful Rounding is consistently adopted by frontline staff.	Number of audits completed.	Nurse Leaders will complete 1 audit per RHA, per week.	

Change Idea #3 Implement review of residents with recurrent falls (more than 1 fall per month) at monthly Monitoring Group meetings.

Methods	Process measures	Target for process measure	Comments
Add standing agenda item to review all residents who have had more than 1 fall per month, at each Fall Prevention Monitoring Group meeting.	Frequency of review of residents with recurrent falls.	Residents with recurrent falls will be reviewed at 100% of the Fall Monitoring Group meetings.	

Change Idea #4 Implement review of residents with recurrent falls (more than 1 fall per month) at monthly Monitoring Group meetings.

Methods	Process measures	Target for process measure	Comments
Interdisciplinary Team will review residents with recurrent falls and identify recommendations for changes to plan of care to address recurrent falls.	Frequency of review of interventions and suggestion of recommendations for those with recurrent falls.	Residents with recurrent falls will be reviewed at 100% of the Fall Monitoring Group meetings.	

Change Idea #5 Implement review of residents with recurrent falls (more than 1 fall per month) at monthly Monitoring Group meetings.

Methods	Process measures	Target for process measure	Comments
Interdisciplinary Team will review residents with recurrent falls and identify recommendations for changes to plan of care to address recurrent falls.	Frequency of review of interventions and suggestion of recommendations for those with recurrent falls.	Residents with recurrent falls will be reviewed at 100% of the Fall Monitoring Group meetings.	

Change Idea #6 Implement review of residents with recurrent falls (more than 1 fall per month) at monthly Monitoring Group meetings.

Methods	Process measures	Target for process measure	Comments
The Interdisciplinary Monitoring Group will review statistics/ patterns surrounding falls of those residents who have had more than 1 fall per month.	Frequency of review of statistics, patterns, and trends at Monitoring Group meetings.	Fall statistics, patterns, and trends will be reviewed at 100% of Fall Monitoring Group meetings.	

Change Idea #7 Implement review of residents with recurrent falls (more than 1 fall per month) at monthly Monitoring Group meetings.

Methods	Process measures	Target for process measure	Comments
The Interdisciplinary Monitoring Group will review statistics/ patterns surrounding falls of those residents who have had more than 1 fall per month.	Frequency of review of statistics, patterns, and trends at Monitoring Group meetings.	Fall statistics, patterns, and trends will be reviewed at 100% of Fall Monitoring Group meetings.	

Change Idea #8 Re-establish toolbox reviews at weekly team meetings (to identify post-fall interventions).

Methods	Process measures	Target for process measure	Comments
Fall Prevention Toolbox reviews will be completed annually for all residents, and quarterly if a resident has had a fall in the previous 3 months. The interdisciplinary team will review these toolboxes 1 x per month at Team Meetings.	Frequency of review of Fall Prevention Toolboxes at Team Meetings.	100% completion of Fall Prevention Toolbox reviews	

Measure - Dimension: Safe

Indicator #2	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	25.13	22.00	We will be focusing on the reduction of antipsychotic medication use with residents not living with psychosis over the next 3 years (2026/27 - decrease to 22%, 2027/28 - decrease to 20%, 2028/29 - decrease to 18%).	

Change Ideas

Change Idea #1 Review resident diagnosis and coding to ensure accuracy of baseline performance. Provide education for documentation and coding, as needed.

Methods	Process measures	Target for process measure	Comments
The definitions outlined in the interRAI assessment will be reviewed to ensure accuracy of coding of appropriate/inappropriate use of antipsychotic medication.	Clearly defined criteria for "diagnosis" for appropriate use of antipsychotics medication.	Documented definition	

Change Idea #2 Review resident diagnosis and coding to ensure accuracy of baseline performance. Provide education for documentation and coding, as needed.

Methods	Process measures	Target for process measure	Comments
BRO RPN will receive education on definitions of diagnoses and assessment methods for this indicator.	Number of staff who have received education.	1 BSO RPN will receive required coding education.	

Change Idea #3 Implement Appropriate Use of Antipsychotic framework to track and monitor use of antipsychotics in the home

Methods	Process measures	Target for process measure	Comments
The home will use an AUA spreadsheet for tracking of the number of residents taking antipsychotic medications, the number of resident with antipsychotic medication orders on admission, number of residents with a diagnosis of schizophrenia/ Huntington's, or experiencing hallucinations/ delusions, number of residents who are involved in Gradual Dose Reduction and their response, and the number of family and staff who have received education/ health teaching on AUA.	Completion of AUA spreadsheet on-going.	AUA spreadsheet will be completed to include all use of antipsychotic medication.	

Change Idea #4 Provide staff education regarding expressions that can and cannot be effectively managed with antipsychotic medication

Methods	Process measures	Target for process measure	Comments
Scenario-based education will be presented to Registered Staff, PSWs, and other frontline staff to support the understanding of the use of antipsychotics and which expressions can be managed by these medication.	Number of staff who have received education.	100% of staff will receive the education either in-person or via Surge Learning, by August 2026.	

Change Idea #5 Provide education/ health teaching to residents and families to support Gradual Dose Reduction (GDR)

Methods	Process measures	Target for process measure	Comments
The BSO RPN will meet with residents/ SDMs to provide health teaching/ education regarding the use of antipsychotics and the process for GDR. This education will include sharing the importance of slow/ gradual reduction and on-going monitoring/ re-assessment.	Number of residents/ SDMs who have received health teaching/ education.	Health teaching/ education will be provided to 100% of residents/ family members assessed as appropriate for Gradual Dose Reduction (GDR) of antipsychotic medication.	

Measure - Dimension: Safe

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care residents whose stage 2 to 4 pressure ulcer worsened	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as reporting quarter for the rolling 4-quarter average	3.67	2.85	Reduce to below provincial average.	

Change Ideas

Change Idea #1 Implementation of PCC Skin and Wound Module.

Methods	Process measures	Target for process measure	Comments
The Skin and Wound Module will be used as our standardized tool to document and assess all wounds.	Monitor the compliance of utilizing the Skin and Wound Module for documentation of wounds.	100% of wounds will be documented within the PCC module.	

Change Idea #2 Implementation of PCC Skin and Wound Module.

Methods	Process measures	Target for process measure	Comments
Registered Staff will maintain accurate assessment and documentation of wounds, through use of the standardized tool.	Auditing of the staging of pressure ulcers and interRAI coding of "worsening stage 2-4 pressure ulcers."	The PCC module will support staff to accurately stage and identifying worsening of pressure ulcers.	

Change Idea #3 Re-development of PSW Skin/ Wound Champions, through completion of the PSW and Caregiver Skin Health Certificate Program.

Methods	Process measures	Target for process measure	Comments
The NSWOCC PSW and Caregiver Skin Health Certificate Program will be utilized as an educational opportunity to enable PSWs to support as Skin/ Wound Champions at Wellington Terrace.	Completion of the NSWOCC PSW and Caregiver Skin Health Certificate Program.	12 PSW staff will complete the program by June 30, 2026.	

Change Idea #4 Re-implementation of routine Skin and Wound Monitoring Group Meetings.

Methods	Process measures	Target for process measure	Comments
Skin and Wound Monitoring Group Meetings will be held regularly.	Frequency of Skin and Wound Monitoring Group Meetings.	Skin and Wound Monitoring Group meetings will be held at least quarterly.	

Change Idea #5 Implement a process for consultation with a Wound Care Specialist for stage 2 - 4 pressure ulcers that have worsened.

Methods	Process measures	Target for process measure	Comments
Wellington Terrace will establish a process to allow for referral for external consultation, for select stage 2-4 pressure ulcers that have worsened.	Formalized policy and procedure for referral to an external wound care specialist.	Policy and procedure completed by May 30, 2026.	