Holland Christian Homes

HCH *Here to Care.*

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Continuous Quality Improvement Report for Faith Manor 2025 into 2026-2027

Faith Manor is part of a larger continuum of care organization, Holland Christian Homes which is located in the City of Brampton and includes another Long-Term Care Home (Grace Manor) and six apartment towers. The mandate of Holland Christian Homes is to provide a supportive, caring, quality Christian environment in order to preserve dignity and enhance the quality of life for people who require long-term care from a team of qualified caregivers. In partnership with residents, caregivers and families, we provide a safe, professional and caring community for seniors based on traditional Christian values, offering a continuum of care and support while respecting their individuality and dignity. Our Quality Improvement Program includes in its scope, the annual development, implementation, monitoring, review, and evaluation of the following activities: Resident Satisfaction and Family Experience Surveys, Accreditation Assessment, Results, And Action Plans; Staff Engagement Survey And Action Plan; Department Goals/Audits/stats tracking; Funding Agreements, Funding Indicators And Grants; Formal Program Reviews; Advocacy Initiatives (Resident And Family Engagement) – Residents Council, Family

Council, Food Committee, Internal Concern Resolution Process; Legislative Requirements / Inspection Reports And Findings; Education And Training.

QUALITY PRIORITIES FOR 2026/27

Faith Manor is pleased to share its 2026/27 Quality Improvement Priorities.

The QIP aligns with the Strategic Plan, while navigating challenges and opportunities in our environment. We are launching a new strategic planning process for 2026-2030. This will determine how we continue to provide compassionate, high-quality care for the people we serve. Collaborative we can ensure that our services will continue to meet the needs of those we serve and align with our Vision, Mission, and Values.

Faith Manor's QIP is aligned with our Quality Framework embedded within Holland Christian Homes Core Values, and Success Factors. The high-level priorities for this year's QIP are informed by the quality and safety aims under the various goals of our Holland Christian Homes framework, as determined by the Holland Christian Homes' Board of Directors:

- Safe- Keeping Residents Safe
- Effective- Keeping People Healthy
- Resident Centered
- Efficient
- Accessible- Access to Long-Term Care Homes and Community Support Services
- Appropriately Resourced- Staffing

QUALITY OBJECTIVES FOR 2026/27

- Priorities are divided into 4 categories based on the projected scope of work anticipated for the year. Areas for action are included in this report.
- Our QIP Priorities are following Health Quality Ontario Performance Measures and Indicators
  1) Access & Flow
  2) Equity
  3) Experience
  4) Safety

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1, 2024, to September 30, 2025 (Q3 to the end of the following Q2)	20.74	20.00	We would like to improve by 3%.	William Osler Health System, Behavioural Support Ontario, Neurobehavior Team, Ontario Health atHome

Change Ideas

Change Idea #1 Improve communication within the home through the use of SBAR Tool			
Methods	Process measures	Target for process measure	Comments
Education to be provided through Surge learning to registered care partners.	Number of staff trained on the use of SBAR tool	100% of registered staff trained on SBAR by December 31, 2026.	Ongoing SBAR education is delivered by the DRCs during registered meetings; however accurately tracking the number of care partners who have completed this education has been challenging. We will be moving the education to an electronic training program to allow for accurate tracking of training.

Change Idea #2	Provide education to on-call physician group on navigating PointClickCare focusing on accessing key clinical information and completing timely documentation to support improved information and continuity of care.		
Methods	Process measures	Target for process measure	Comments
Deliver a standardized education session on navigating PointClickCare to the on-call physician group.	Number of on-call physicians trained	100% of on-call physicians who want access to PointClickCare system will be trained by December 31, 2026.	

Change Idea #3	Implement the RNAO Best Practice Guideline: Transitions in Care and Services		
Methods	Process measures	Target for process measure	Comments
Complete a gap analysis to identify gaps related to transitions in care	Number of residents transferred to the hospital quarterly	5% reduction in resident transfers to hospital by December 31, 2026	Specific change ideas will be identified through the gap analysis, from this an action plan will be created.

Change Idea #4	Achieve a 1-year certification through the Provincial PoET program.		
Methods	Process measures	Target for process measure	Comments
We will meet the PoET certificate standards including: meeting legal and professional consent-related obligations; maintain role clarity related to consent; recognize and respect resident autonomy and embed good consent-related practices into the decision-making infrastructure of the home.	Implement five different change ideas related to PoET goals.	Achieve a 1-year PoET certification by December 31, 2026.	PoET aims to reduce unnecessary transfers to acute care in alignment with the health care consent act and the resident values, wishes and beliefs. The PoET program has demonstrated a reduction in acute care transfers especially within the last two months of life and shows increased rates of palliative care encounters.

Equity

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	100.00	100.00	Continue to have all staff trained for diversity, equity and inclusion.	Rainbow Health, Ontario Health

Change Ideas

Change Idea #1 Mandatory diversity, equity and inclusion education in 2026 for all existing unionized staff and all new hires.

Methods	Process measures	Target for process measure	Comments
Using online training that includes topics of diversity, equity and inclusion for all unionized staff	Percentage of new hire and existing unionized staff that complete Diversity, equity and inclusion training.	100% of all existing and new hire unionized staff to be trained on diversity, equity and inclusion by December 31, 2026.	# of LTCH beds=160 Meeting LSAA local obligations

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	86.67	90.00	Training all staff on Customer Service and EDEN Alternative Philosophy will shift the answers on our 2026 Resident Satisfaction Survey.	

Change Ideas

Change Idea #1 Provide customer service education to all care partners at Faith Manor

Methods	Process measures	Target for process measure	Comments
Using a mix of surge learning platform and in-person learning huddles	Number of staff members attending training on customer service	Provide customer service education to all care partners through neighbourhood huddles and annual mandatory training by December 31, 2026.	Total Surveys Initiated: 30 A better understanding of customer service in caregiving will alleviate worries associated with care. Enhance care results, communication and the satisfaction of residents and their family care partners with the delivery of care.

Change Idea #2 Incorporate all care partners on person directed care and EDEN Philosophy education.			
Methods	Process measures	Target for process measure	Comments
Education to be provided to staff by Dementia Care and Services Lead on person directed care and EDEN Philosophy for all care partners	Percentage of care partners trained with person directed care and EDEN Philosophy	100% of care partners trained on person directed care and EDEN Philosophy by December 31, 2026	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	86.67	90.00	Training all staff on Customer Service and Eden Alternative Philosophy will shift the answers on our 2026 Resident Satisfaction Survey	

Change Ideas

Change Idea #1 Provide customer service education to all care partners at Faith Manor

Methods	Process measures	Target for process measure	Comments
Using a mix of surge learning platform and in-person learning huddles	Number of staff members attending training on customer service	Provide customer service education to all care partners through neighbourhood huddles and annual mandatory training by December 31, 2026.	Total Surveys Initiated: 30

Change Idea #2 Incorporate all care partners on person directed care and EDEN Philosophy education.

Methods	Process measures	Target for process measure	Comments
Education to be provided to staff by Dementia Care and Services Lead on person directed care and EDEN Philosophy for all care partners	Percentage of care partners trained with person directed care and EDEN Philosophy	100% of care partners trained on person directed care and EDEN Philosophy by December 31, 2026	

Measure - Dimension: Safe

Indicator #5	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	13.32	13.00	Continue to work towards enhancing the 4Ps, Purposeful hourly rounding. Remove chair/bed alarms as falls prevention tools; this is a reactive approach to falls prevention.	RNAO, William Osler Health System, Silver Fox Pharmacy - Pharmacist, Achieva Health

Change Ideas

Change Idea #1 Retrain all staff on purposeful hourly rounding using the Eden Alternative Philosophy			
Methods	Process measures	Target for process measure	Comments
Fall Lead and Champions of change to provide education to all staff on purposeful hourly rounding	Number of interdisciplinary care partners that have received purposeful hourly rounding training.	100% of care partners trained by December 31, 2026	The 4P's of purposeful hourly rounding target - Pain, Positioning, Personal Needs and Possessions
Change Idea #2 Remove all bed and chair alarms at Faith Manor as a falls prevention strategy in alignment with best practice.			
Methods	Process measures	Target for process measure	Comments
Remove all fall alarms	Number of resident falls per month	5% reduction in total falls by December 31, 2026	This planned improvement idea is based on the evidence which suggests that fall alarms may contribute to increased agitation and risk of falls due to their disruptive nature. This is a reactive approach to falls prevention.

Measure - Dimension: Safe

Indicator #6	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	4.96	4.50	Faith Manor will continue to work towards reducing the inappropriate use of antipsychotic medications	William Osler Health System, TRCs, Behavioural Support Ontario, Neurobehavavioural Team

Change Ideas

Change Idea #1	Review new and current residents on antipsychotic medications to determine proper indication for usage and consideration of alternative interventions when warranted.		
Methods	Process measures	Target for process measure	Comments
Interdisciplinary Antipsychotic Reduction Committee will review monthly residents that are on antipsychotic medication to determine proper indication for usage and consideration of alternative interventions when warranted.	Number of residents reviewed by the Antipsychotic Reduction Committee	100% of new admissions and current residents that are on antipsychotic medications will be reviewed by interdisciplinary Antipsychotic Reduction Committee to determine proper indication for usage and consideration of alternative interventions by March 30, 2027.	

Measure - Dimension: Safe

Indicator #7	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	6.48	6.00	Trained wound care champions will support building capacity for wound care in the home and decrease the number of worsened pressure injuries stage 2 to 4 in the year 2026.	

Change Ideas

Change Idea #1 Retrain all care partners on purposeful hourly rounding focusing on positioning

Methods	Process measures	Target for process measure	Comments
Skin and wound care lead and Champions of change to provide education to all staff on purposeful hourly rounding focusing on positioning	Number of interdisciplinary team members that have received purposeful hourly rounding training.	100% of interdisciplinary team trained by December 31, 2026.	The 4P's of purposeful hourly rounding target - Pain, Positioning, Personal Needs and Possessions

Change Idea #2 Build nursing and PSW capacity within the home by increasing access to wound care champions at Faith Manor.			
Methods	Process measures	Target for process measure	Comments
Train 4 registered care partners through the Accredited Wound Care Champion Program (AWCCP). Train 4 PSW care partners through the Skin Health Program.	Number of care partners who have successfully completed the Accredited Wound Care Champion Program (AWCCP). Number of care partners who have successfully completed the Skin Health Program.	4 care partners will successfully complete the Accredited Wound Care Champion Program (AWCCP) December 31st, 2026. 4 care partners will successfully complete the Skin Health Program by December 31, 2026.	

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 26, 2026

Holland Christian Homes

Ontario Health

OVERVIEW

Faith Manor is part of a larger continuum of care organization, Holland Christian Homes which is located in the City of Brampton, and includes another Long-Term Care Home (Grace Manor) and six apartment towers. The mandate of Faith Manor is to provide a supportive, caring, quality Christian environment in order to preserve the dignity and enhance the quality of life for people who require long term care from a team of qualified caregivers. In partnership with residents, caregivers and families, we provide a safe, professional and caring community for seniors based on traditional Christian values, offering a continuum of care and support while respecting their individuality and dignity.

Our Quality Improvement Program includes in its scope, the annual development, implementation, monitoring, review and evaluation of the following activities: Resident Satisfaction and Family Experience Surveys, CARF Accreditation Assessment, Results And Action Plans; Staff Satisfaction Survey And Action Plan; Department Goals/Audits/stats tracking; Funding Agreements, Funding Indicators And Grants; Formal Program Reviews; Advocacy Initiatives (Resident And Family Engagement) – Residents Council, Family Council, Dining Room Committee, Internal Concern Resolution Process; Legislative Requirements / Inspection Reports and Findings; Education and Training. The home is CARF accredited. This accreditation report identifies no recommendations. This accomplishment is achieved on only 3 percent of CARF Surveys completed. We take pride in achieving this high level of accreditation. The accreditation report is also intended to support our continuation of the quality improvement of programs and services and the people we serve.

The medical staff at Holland Christian Homes participates in an independent medical record review; infection control; pharmacy and therapeutics review; medical advisory review, mortality review; ethical issue reviews, utilization management, review of transfers to other facilities; and serve on several committees including the CQI Committee.

The complex care needs of our long-term care residents have increased. Residents coming into the home are increasingly frail, more medically complex and for those with various forms of dementia; are displaying increased personal expressions. The majority of our residents have some form of Alzheimer's or dementia and almost all need assistance with eating, bathing, toileting and getting in and out of bed. In order to meet these increased acuity levels, we continue to utilize our community partners to ensure on-going continuum of care.

Our 2026/2027 Quality Improvement Plan will focus on Access and Flow, Equity and Indigenous Health, Resident Experience, Safety, Provider Experience, Palliative Care and Population Health Management as required by the Ontario Health Quality Improvement Plan (QIP). We will focus on potentially avoidable emergency room transfers, the use of antipsychotic medications without a prescribed diagnosis, and residents' satisfaction with communication, falls prevention, prevention of worsened pressure injuries as well as an indicator on training on Equity, Diversity and Inclusion targets. The established priorities, targets, and activities will take into consideration how we can best improve resident quality outcomes and safety. Some examples of this include our on-going efforts to reduce falls with continued purposeful hourly rounding for all of our residents. We also utilize the Prevention of Error Based Transfers (PoET)Program to ensure residents goals, values, wishes, and beliefs are documented in order to assist with goals of care conversations that guides proposed treatment options such as emergency room transfers. Equity improvement will be addressed by requiring 100% of all care partners to complete Diversity, Equity and Inclusion education.

ACCESS AND FLOW

We are proud of our many partnerships, all of which support integration and continuity of care. Our partnership with Ontario Health atHome & the Ontario Health Team ensures LTC applications are processed in a timely manner to avoid any placement delays. Many education and training initiatives which are critical to the success of our Quality Improvement Plan would not be possible without our partnerships with BSO, PSHSA (staff safety), the Regional Infection Control Network, the RGP Program, Wound Care and mobility specialists, and our many contracted service providers (i.e. dental, foot-care, pharmacy, physiotherapy, banking, hairdresser e.t.c.). Our memberships with AdvantAGE Ontario, EDEN Alternative (person directed care), and being an RNAO Best Practice Spotlight Organization (BPSO) are beneficial to support our advocacy and quality improvement initiatives.

Leadership care partners sit at various sector table groups ensuring we are informed of current trends and changes in the healthcare system affecting our home and resident care. Faith Manor has been very strong proponents of providing as much care as possible without transferring or admitting residents to hospital. We have enhanced our ability to do this through several initiatives. Our full-time Nurse Practitioner (NP) has enabled us to provide treatments and diagnosis for our residents to prevent the need to transfer to

hospital. When a resident is admitted to hospital, the NP is able to coordinate and facilitate a faster discharge by ensuring care is available upon their return home. In addition, our NP provides training to our registered staff to increase their ability to do critical thinking and increase their skills within their scope of practice. Additionally, we utilize our partners such as the Nurse Lead Outreach Team (NLOT) out of William Osler and a specialized Neurobehavioral Nurse Practitioner Team to assist in management of individuals living with dementia. Our Quality Improvement Plan ensures that these partnerships /networking continue as a priority indicator.

Faith Manor offers a variety of in-house diagnostic and imaging services through our contracted partnerships. This allows the residents to stay in their home to receive services such as blood work, ECG, X-rays/Ultrasound. We have also invested in equipment such as a bladder scanner, suction machines, and hand-held doppler which can be helpful in preventing avoidable ED transfers. We also utilize technology such as secure video conferencing and e-Consultation through OTN to bring services to the bedside. We have successfully trained our Nurses on the ability to continue IV therapy so that we can reduce the length of stay and re-admissions to hospital.

Optimizing system capacity, timely access to care, and patient flow ultimately improve outcomes and the experience of care for our residents. We continue to partnership across care sectors on initiatives to avoid unnecessary hospitalizations and avoid visits to emergency departments through improving our communication within the home through the use of the SBAR Tool to align towards the provincial average to ensure the right care in the right place at the right time.

Faith Manor has adopted the Eden Alternative Philosophy as a person directed approach to care, enhancing the environment and resident experience through a more collaborative approach between residents, families and care partners.

We recognize the importance of advanced care planning. We utilize the PoET form to guide conversations related to residents values, wishes, and beliefs around their healthcare. This has been an important tool to help guide conversations related to goals of care, and prevent unnecessary hospital transfers. Our goal this year is to Achieve PoET Certification by December 31, 2026. PoET aims to reduce unnecessary transfers to acute care in alignment with the health care consent act and the resident values, wishes and beliefs. The PoET program has demonstrated a reduction in acute care transfers especially within the last two months of life and shows increased rates of palliative care encounters.

EQUITY AND INDIGENOUS HEALTH

Holland Christian Homes is committed to fostering diversity, inclusion, and cultural competency. Holland Christian Homes seeks to identify opportunities' for ongoing enhanced education and training in the following areas: cultural competency, age, gender identity/expression/orientation, spiritual beliefs, socioeconomic status, disability, and language. When resources are not available internally, Holland Christian Homes will seek to develop resources so that all team members are provided the opportunity to develop a greater awareness and sensitivity to the needs of person's served, stakeholders, and the community.

We have a Diversity, Equity, Inclusion Plan that includes Health Equity, Antiracism, First Nations, Inuit, Metis, and Urban Indigenous (that include existing provincial priorities such as French language health services, Disabilities Act, Black Health Plan, etc.) based on Service Accountability Agreement obligations.

Holland Christian Homes is an Equal Employment Opportunity employer. We are committed to the elimination of barriers that restrict the employment opportunities.

Holland Christian Homes provides equal employment opportunities for the good of the public without regard to race, color, national origin, ancestry, sex, religious creed, age, mental or physical disability, veteran status, socioeconomic status, medical condition, marital status, sexual orientation, sexual harassment, or pregnancy.

We will continue to provide training requirements for staff that are listed in Holland Christian Home's employee manual. Training will not be influenced by race, ethnicity, age, gender, color, religion, national origin, sexual orientation, veteran's status, socioeconomic status, or disability.

All Managers and Leadership at executive level care partners will continue to be trained in equity and indigenous Health programs in order to be ensure that our approaches to care are culturally appropriate as we endeavor meeting community needs and priorities. The home has committed to 100% of all care partners to complete Diversity, equity, inclusion training by December 31, 2026. All care partners will receive annual code of conduct policy to affirm they will act ethically at all times.

INDIGENOUS LAND ACKNOWLEDGEMENT

Land acknowledgements are the first step to reconciliation because they allow us to recognize how colonialism continues to impede on the lives of Indigenous generations. Acknowledgement gives us the opportunity to reflect on our privileges as settlers on traditional territory. At Holland Christian Homes, we approach this land acknowledgement with the commitment to walk side-by-side with Indigenous communities by listening and learning from Indigenous voices towards the road to reconciliation.

A plaque is displayed in the entrance of the Manor stating the following:

"Holland Christian Homes acknowledges that its operations are located within Treaty 19 (Ajetance Treaty) territory, the treaty lands of the Mississaugas of the Credit. We further recognize that these lands comprise the traditional territory of several indigenous peoples, including the Wendat, Haudenosaunee and Anishinaabeg (including the Mississaugas of the Credit First Nation). We are grateful to work and provide care within these lands, which continue to be home to many diverse First Nations, Métis and Inuit peoples. With a spirit of reconciliation, Holland Christian Homes is committed to walking side-by-side with indigenous communities, respecting their long-standing relationships with the land, and learning from their traditions and stewardship practices."

The above acknowledgement is read and acknowledged at special meetings of the organization and whenever external partners meet at HCH.

CULTURAL COMPETENCY, DIVERSITY, AND INCLUSION ACTION PLAN

To further enhance Holland Christian Homes commitment to cultural competency, a Cultural Competency, Diversity, and Inclusion Action Plan is reviewed and updated annually. The plan includes antiracism, First Nations, Inuit, Metis, and Urban Indigenous based on Service Accountability Agreement obligations.

The plan is updated as needed to ensure that our care partners, residents, tenants, and other stakeholders develop awareness and sensitivity specific to the diversity of our service population. This plan addresses diversity in terms of culture, age, gender, identify/expression, sexual orientation, spiritual beliefs, socioeconomic status, language, and other factors relevant to Holland Christian Homes service population.

Goals of the Cultural Competency, Diversity, and Inclusion Action Plan

1. To assess the cultural diversity of stakeholders within Holland Christian Homes
2. To recognize cultural and multi-faith celebrations
3. To recognize that food plays a significant role in cultural diversity and faith traditions
4. Develop and maintain communication tools to enhance team member and resident engagement
5. Continue to engage and develop partnerships with community stakeholders to further enhance our tag line of “Here to Care”
6. Advance Indigenous Health Strategies and Outcomes
7. Advance equity, inclusion, diversity, and anti-racism strategies to improve health outcomes
8. To recognize that cultural considerations are not limited to ethnicity but include spiritual beliefs, language, financial status, gender identity/expression/orientation, disability, and other attributes.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Holland Christian Homes (HCH) tagline of being "Here to Care" sets the foundation of our community that we are serving on a day-to-day basis. Our community consists of our vulnerable seniors that reside in the manors, our families, stakeholders, and our dedicated care partners that help us fulfill our mission.

Faith Manor is embarking on the Eden Philosophy of Care and person-directed care movement that improves the well-being and quality of life of our residents. We are reframing the culture of aging, we want to increase resident, Family care partner and employee care partner satisfaction and strengthen relationships. Together, we will create home by introducing pets, plants, ambiance and encouraging intergenerational connections and visits.

Aging is a normal part of human life. We are all complete human beings as we age or live with different abilities. A caring, inclusive and vibrant community enables all of us, regardless of age or ability, to experience well-being. Everyone has a great value to our community and should be seen and honored for that value. No matter our age, or life challenges, residents want to be included as active, vital partners in their own care.

We believe in eliminating loneliness, helplessness, and boredom for everyone on the care partner team.
We will support choice, dignity, respect, self-determination, and purposeful living for everyone we serve.

We believe that care means helping another to grow.
We promote a person-directed approach to care that puts the person first.
We believe in an approach that doesn't see the needs of caregivers as separate from care receivers but promotes the well-being of the whole care partnership.
We are all partners in care.
Care partner teams work together collaboratively to eliminate loneliness, helplessness, and boredom.

We are empowering all care partners to live the EDEN Alternative philosophy everyday, seeking to remake the experience of ageing and creating a better world for our residents and care partners. There is a commitment to keep residents secure, content and joyous in their home and through person-directed care we strive to combat loneliness, helplessness, and boredom. It is about creating a real home, providing opportunities for building relationships, placing residents first and setting a standard of excellence. The EDEN Alternative enables us to move away from the departmentalized, task-orientated, institutional models. By changing the culture to bring decision making closer to the resident, we support creating a meaningful life for them. This approach empowers our residents to direct their lives, creating a true atmosphere of home. We are a community, we will be introducing neighborhoods' each with their own unique flair and flavor. The personality and character of each neighborhood will always be evolving, shaped by both residents and care partners. Each of our neighborhoods is home to our residents, and each neighborhood will have a name with community and historical significance. This fosters a sense of connectedness and enhances the feeling of home for all members of the Holland Christian Home community.

Holland Christian Homes believes that the organizational health and wellness are important to each individual employee. Individual health may affect the ability of employee's contribution to meet the mission and values of HCH. To promote a positive and healthy culture in the workplace, HCH has organized a dedicated Workplace Social and Wellness Committee. This committee will plan and execute social events to help HCH promote a culture of engagement, belonging and fun among all HCH employees e.g staff appreciation week, holiday parties etc.

Holland Christian Homes values the opinions and suggestions of care partners for improving the work environment while enhancing resident care. In addition to the Workplace Social and Wellness Committee, Holland Christian Homes invites all care partners to be a voluntary member of 12 additional committees that steer the organization's goals and objectives to enhance the quality of care we provide to enhance the resident experience. We believe that including staff members as members of these committees brings an important perspective, allowing their voice to be heard, as key members of the Holland Christian Homes family.

Holland Christian Homes partners with an Employee and Family Assistance Program that provides onsite counseling support and shares important resources for care partners such as: Highlighting Resilience: Bouncing back from Burnout, Coping with Anxiety, Adjusting after the Pandemic Response, Feeling Safe and Engaged, Fostering Trust and Commitment.

It continues to be a challenging time for health care organizations with unprecedented human resources challenges. Our home is

currently implementing innovative practices to improve workplace culture, through employee engagement surveys and outcome analysis and development of action plan in areas of needed improvement and is shared with staff. Action plan includes but is not limited to recognition events, manager/supervisor open door policy, succession planning, staff wellness committee to further enhance our employee satisfaction.

Holland Christian Homes is committed to operating our long-term care homes with transparency and accountability. We support and encourage ways that provide opportunities for residents and families to stay engaged in all aspects of the home. Our poster called, "Your Voice Counts" lets residents and families know how they can get involved and share in the management of our home and create a voice for all residents at Faith Manor. Residents and Families are also able to complete CQI suggestion forms and/or concern forms.

Residents participate in our Dining Room Committee, Care Conference, and Residents Council. Families participate in Family Council. There is a designated staff assistant to ensure these councils are easily able to meet and have their meetings documented. The leadership team is made aware of concerns, complaints and comments and there is immediate follow-up by Leadership/Administration. Residents and families also participate in our annual program reviews and evaluations. An annual Resident Satisfaction Survey was completed by competent residents (with or without impartial assistants). The Family Experience Survey was completed by families and friends for residents who are not mentally capable to complete them.

We conducted our annual program evaluation day for the year 2025 on February 27, 2026 in which we reported on and evaluated 31 programs and set goals for those programs to be completed in 2026. Staff, CEO, managers, board members, Medical Director, Pharmacist, Dietitian, Family and Resident council representatives, a Pastor, and residents all participate in this evaluation day. It is a great opportunity for everyone to share in the successes and to learn more about how we will work to improve in the areas needing improvement. Families and residents are very appreciative of being invited to participate and commented about how much they learned from participation in this day and appreciated the transparency that our home was providing.

The Faith Manor leadership team and care partners are engaged in an organizational wide (Holland Christian Homes) Risk Management and Quality Improvement Program. We have developed many programs which are interdisciplinary through committees, evaluations, huddles, and communication methods such as audits, reports, in-services and feedback forms. These programs and initiatives are coordinated through our CQI Program Coordinator who compiles the results in the form of reports which provide analysis, feedback and direction for future initiatives.

All volunteers and employees of Holland Christian Homes are expected to participate in ongoing and systematic quality improvement efforts through quality assessment activities, such as annual volunteer and staff engagement surveys, specialized program review meetings, infection control surveillance, utilization management, and medical record review.

Our interdisciplinary specialized program teams look at particular

issues to identify opportunities to improve processes and outcomes through the establishment of goals. Goals are acted upon, monitored, reported at and evaluated by the applicable in-house team and/or department(s). Front line staff and even residents and families are often engaged through this process.

PROVIDER EXPERIENCE

Holland Christian Homes (HCH) tagline of being "Here to Care" sets the foundation of our community that we are serving on a day-to-day basis. Our community consists of our vulnerable seniors that reside in the manors, our families, stakeholders, and our dedicated staff that help us fulfill our mission.

Holland Christian Homes believes that the organizational health and wellness are important to each individual employee. Individual health may affect the ability of employee's contribution to meet the mission and values of HCH. To promote a positive and healthy culture in the workplace, HCH has organized a dedicated Workplace Social and Wellness Committee. This committee will plan and execute social events to help HCH promote a culture of engagement, belonging and fun among all HCH employees e.g staff appreciation week, holiday parties etc.

HCH values the opinions and suggestions of staff for improving the work environment while enhancing resident care at Holland Christian Homes. In addition to the Workplace Social and Wellness Committee, HCH invites all staff to be a voluntary member of 12 additional committees that steer the organization's goals and objectives to enhance the quality of care we provide to enhance the resident experience. We believe that including staff members as members of these committees brings an important perspective, allowing their voice to be heard, as key members of the HCH family.

Holland Christian Homes partners with an Employee and Family Assistance Program that provides onsite counseling support and shares important resources to staff such as: Highlighting Resilience: Bouncing back from Burnout, Coping with Anxiety, Adjusting after the Pandemic Response, Feeling Safe and Engaged, Fostering Trust and Commitment.

It continues to be a challenging time for health care organizations with unprecedented human resources challenges. Our home is currently implementing innovative practices to improve workplace culture, through employee engagement surveys and outcome analysis and development of action plan in areas of needed improvement and is shared with staff. Action plan includes but is not limited to recognition events, manager/supervisor open door policy, succession planning, staff wellness committee to further enhance our employee satisfaction.

SAFETY

Senior management is committed to guiding the execution of the Long-Term Care Resident Safety Plan across all the Holland Christian Homes Long Term Care homes and Seniors Services programs.

Our mission is to provide effective, high-quality, safe and efficient long-term care services in a home-like setting. Our purpose is to ensure our residents feel safe while in our homes. This Resident Safety Plan drives continuous improvement to quality and safety throughout our Long-Term Care homes and Seniors Services programs, and builds upon our mission, vision and values.

The Long-Term Care Resident Safety Plan is developed in conjunction with the Resident Safety Goals within the resident safety areas of culture, work life/workforce, communication, medication use, infection control, falls prevention, and risk management. The goal is to enhance resident/client safety and to minimize risk.
This document articulates the go forward strategy for quality and safety at the Holland Christian Homes Long Term Care Homes and Seniors Services Programs. Strong multi- disciplinary experience, quality improvement practices, collaboration, and Leadership throughout our programs, services and departments will foster attention to continuous quality improvement and drive improved performance in quality and safety for Residents, families, staff and our community.

The Resident and Tenant Safety Plan is readily available to all residents, families and staff. The Plan is reviewed and updated annually. All staff receive and sign off annually the Code of Conduct reaffirming their commitment to act ethically at all times. In 2024, Holland Christian Homes received CARF accredited with no recommendation until 2027 meeting our LSAA Agreement.

PALLIATIVE CARE

We have worked hard to provide our care partners with palliative care training, which not only prepares them to provide end-of-life care in a comfortable home-like environment, but also to engage resident and families in the palliative and EOL journey. We also utilize the Prevention of Error Based Transfers (PoET) Program to ensure residents goals, values, wishes, and beliefs are documented in order to assist with goals of care conversations that guides proposed treatment options such as emergency room transfers. Over the past year we have made some enhancements to our EOL program with the addition of a guide which provides information for families and residents nearing the end of life. We now offer a special EOL Care Team Meeting should the resident and family choose to specifically explore any particular wishes and needs related to their care plan at the end of life.

In 2026, we brought back our end-of-life volunteer program which will continue to enhance the care we offer during the residents' final days.

POPULATION HEALTH MANAGEMENT

Population health–based approaches involve a broadening focus to include being proactive in meeting the needs of our residents. This includes providing proactive services to promote health, prevent disease, and help people live well with their conditions in every interaction.
We provide care from a person directed approach
and work in partnership with other health providers as needed to care for the unique needs of our residents within our home.
Grace Manor understands the importance of preventative health approach. As such, we have several inhouse clinics such as Eye Clinics, Dental Clinics, Foot Care Clinics, Hearing Devices.
Additionally, we have in-house laboratory and diagnostic imaging services that come into the home and this can be helpful in chronic disease management. We have a strong Medical Team including Nurse Practitioner, Dietician and Pharmacist who meet quarterly and annually to analyze the medical care of our residents. We work closely with Public Health to ensure that our vaccination is up to date. Public Health representative attends our IPAC Meetings.
We have an Infection Prevention and Control (IPAC) Program, a full-time Lead and Committee that focuses its efforts on policies and procedures on IPAC with a goal of reducing the risk of transmission of infections agents, surveillance, hand hygiene program, education for residents, care partners and families. The IPAC Lead ensures that enhanced precautions are strictly observed and carried out by all department care partners at all times. This is managed through various activities daily, monthly or annually as required.

CONTACT INFORMATION/DESIGNATED LEAD

Sellinor Ogwu
Administrator
sellinor.ogwu@hch.ca
905-463-7002
EXT. 5255

Kristine Nielsen
CQI and Risk Mitigation Specialist
kristine.nielsen@hch.ca
905-463-7002 ext. 5240

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 26, 2026

Tracy Kamino, Board Chair / Licensee or delegate

Justine Dudziak, Administrator /Executive Director

Kristine Nielsen, Quality Committee Chair or delegate

Other leadership as appropriate

QIP PLANNING CYCLE AND PRIORITY SETTING PROCESS

Faith Manor has developed QIPs as part of the annual planning cycle since 2015, with QIPs submitted to Health Quality Ontario (HQO) every April. Faith Manor's QIP planning cycle typically begins in January, and includes an evaluation of the following factors to identify preliminary priorities:

- progress achieved in recent years;
- ongoing analysis of performance data over time available from the Canadian Institute for Health Information (CIHI); with areas indicating a decline in performance over time and/or where benchmarking against self-identified peer organizations suggests improvement required
- Resident Satisfaction, Family Experience, and staff engagement survey results;
- emergent issues identified internally (trends in critical incidents) and/or externally;
- input from residents, families, staff, leaders, and external partners, including the MLTC.
- Health Quality Ontario (HQO)
- Central West Ontario Health Team (CWOHT)

Preliminary priorities are subsequently presented and discussed at various forums to validate priorities and identify additional priorities that may have been missed. These forums include the broader leadership team, Resident Council, Family Council, and the Care Committee of the Board of Directors. This is an interactive process with multiple

touchpoints of engagement with different stakeholder groups as QIP targets and high-level change ideas are identified and confirmed. The final review of the QIP is completed by the CEO, who then shares with the Care Committee of the Board.

FAITH MANOR'S APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS)

Every staff has a responsibility for CQI. Faith Manor's nursing, departmental, and administrative policies, combined with practice standards, provide a baseline for staff in providing quality care and service. Interprofessional quality improvement teams, including resident and family advocates, work through the phases of the annual quality improvements.

DESIGNATED LEAD

Faith Manor CQI and Risk Mitigation Specialist contact information is as follows:

Kristine Nielsen
CQI and Risk Mitigation Specialist
Kristine.nielsen@hch.ca
905-463-7002 ext.5240

****We encourage all staff, residents, and families to get involved, join a committee, and make a suggestion. Contact the above designated lead for more information on how to make a difference!*

Comparative Databases, Benchmarks, Professional and Best Practice Standards:

Holland Christian Homes uses comparative data (such as but not limited to InterRAI-LTCF, CIHI, HQO, and RNAO Best Practice Guidelines) (whenever available) to incorporate a process for continuous assessment with similar organizations, standards, and best practices. This assessment then leads to action for improvement as necessary.

Continuous Quality Improvement Processes and Methodology:

The Continuous Quality Improvement Plan is a framework for organized, ongoing, and systematic measurement, assessment, and performance improvement activities. The components of this plan include:

- A quick fix process will be used for problems that do not need a comprehensive approach to problem-solving and solution implementation (i.e. concern and suggestions forms).
- Quality assessment activities, such as quality of life resident satisfaction, family experience surveys, staff engagement surveys, infection control surveillance, utilization management, and medical record review.
- CQI Summary Report, which provides summary data about selected indicators, prepared for the Board, Continuous Quality Improvement Committee, and medical staff.

- Outside sources/comparative databases, such as InterRAI-LTCF, CIHI, HQO, AdvantAGE, and professional practice standards (RNAO, etc.) for benchmarking, will be used to compare our outcomes and processes with others, identifying areas to focus on continuous quality improvement efforts.
- Central Ontario Health designated quality Indicators as outlined in the L-SAA Funding Accountability Agreements.
- Medical Directors attend quarterly and annual Continuous Quality Improvement reviews to provide input on activities, assessments and performance improvement. They are held accountable to their contract.
- Quality Improvement Teams consisting of departmental and established interdisciplinary in-house committees which look at particular issues to identify opportunities to improve processes and outcomes through the establishment of goals. Goals are acted upon, monitored, reported at, and evaluated by the applicable inhouse committee and/or department(s). They are accountable to report goal outcomes monthly, quarterly, and annually to the CQI Committee.
- Establishment of high-level interdisciplinary priority improvement targets and initiatives to measure outcomes. This includes establishing the improvement initiative, methods, and results tracking. Such improvement targets and initiatives are measured against the previous year's actual outcome to the current year’s improved targeted outcome.

The continuous quality improvement methodology used for acting on the high-level interdisciplinary priority improvement targets and initiatives is as follows:

Step One - SET STANDARDS

Standards are written statements outlining expectations, policies, procedures, and workplace rules related to a goal/improvement initiative. Each goal/improvement initiative will have a standard or a set of rules that tells everyone in Holland Christian Homes what to do, how to do it, and when. The standards determine the program and make it clear what is expected - how, when and from whom. They also clarify what employees can expect from management.

Standards provide the ‘bar’ or ‘starting point’ against which we evaluate whether what we are trying to accomplish or achieve is working. Implementing clear, effective, approved standards is an indication of the strong leadership that is essential for an effective and successful goal/improvement initiative.

Step Two - COMMUNICATE

Communicating standards means ensuring that all appropriate people in Holland Christian Homes have a clear understanding of what is expected of them as employees, and what they can expect from others regarding the goal/improvement initiative. Communication increases awareness of the goal/improvement initiative and encourages

employees to give us feedback and tell us their observations about the goal/improvement initiative and how it can be improved.

What is communicated?

- Specific information, rules, or workplace expectations that have been set for the goal/improvement initiative to appropriate people, etc.
- Updates on improvements to meet the goal/improvement initiative.

How we communicate?

We use the most effective means of communication to ensure that everyone in Holland Christian Homes knows what is expected of them. This can mean notices on bulletin boards, emails, meetings, newsletters, posters, pictures, memos, or guest speakers. We have invested in software that allows us the ability to send mass messages using Staff Schedule Care for staff and “Cliniconex“ and “Evoke” for families, which is extremely helpful for immediate messaging. We make sure that literacy and language issues are accommodated.

One of the best ways we communicate positive messages about a goal/improvement initiative is by getting people to actively participate in achieving the goal/improvement initiative. This shows that people value the effort put into achieving the goal/improvement initiative.

To whom we communicate?

We communicate to employees, families, residents, volunteers, and visitors as identified in our goal/improvement initiative standard. This may include all employees or a selection of them. We may need to communicate different information to employees and different information to residents and families. We think about what people need to know and when they need to know it and who needs to know it.

We make communication two-way

We give information and ask for feedback. We make adjustments when employees offer good suggestions and then show them how we used their suggestions.

- We formulate the information in a language and manner that people will understand, and deliver it at a time and place that will maximize their comprehension.
- We vary the ways that we communicate so that new information is noticed and does not become mundane.

Step Three - TRAIN

Training means that management, supervisors, and workers all attain the knowledge and skills appropriate for their jobs. For each goal/improvement initiative, we determine who needs what knowledge and skills, and how they will be developed. To meet the goal/improvement initiative requirements, training is completed, or verified, within each year (January 1 to December 31).

How training is done?

Workplace training can be delivered in various ways (i.e. In-services, webinars, outside training, etc.). What is important is that the knowledge and skills needed to achieve the goal/improvement initiative are learned and practiced.

Effective training:

- Follows adult learning principles.
- Is delivered in the way that allows employees/residents/families to benefit most. For example, classroom training works where group discussion and sharing of ideas is important.
- For specific training, practical one-to-one hands-on experience training using tools or equipment is needed.
- Computer-based training works where independent learning is needed. We include opportunities to practice and demonstrate what is learned.
- Training is relevant and applicable to the learner's duties.

What training is done?

Training on our standards for each goal/improvement initiative is provided to those who have responsibility and accountability for knowing and using the information. For example, orientation training is important for everyone when they are first hired, when they change locations or jobs, or after a long absence from Holland Christian Homes.

Training or retraining in safe work procedures is ongoing. We keep written records of who was trained in what and when the training occurred.

- We vary the ways that we do training to help keep it interesting.
- We use visual aids and real-life case studies as tools for learning.
- We discuss our training needs with other managers to create opportunities to share resources or information.
- We consider train-the-trainer courses, so we can have a qualified trainer to deliver programs on-site.
- We provide a training checklist and sign-off sheet for the supervisor and workers so we are sure each topic is covered and acknowledged.
- We keep training records, meeting notes, sign-off sheets, attendance forms, certificates or record of training and training evaluation forms with our goal documentation.

Step Four - EVALUATE

<u>Evaluating a goal/improvement initiative</u>

Evaluating each goal/improvement initiative is an important process; it helps us make sure we are carrying out the standard, the goal/improvement initiative is properly communicated, and effective training has taken place. It is also an opportunity to see if the goal/improvement initiative is working — is it effective and up-to-date?

Evaluating our goal/improvement initiative helps us to see where the strengths and weaknesses are. We are then better able to make effective improvements with the feedback we receive.

Going through the process of evaluation also helps keep our goal/improvement initiative fresh and top-of-mind for residents, families, volunteers, workers and supervisors as we ask questions and check to see the status of the goal. This is a good time to give positive feedback, which will encourage more good work.

How and when do we evaluate?

Once Steps 1, 2 and 3 have been completed, the evaluation may begin. The evaluation step is completed during the calendar year. However, it may not be practical to evaluate our goal near the end of the year if it was very recently implemented. We follow our action plan and have it implemented no later than February 1st of the following year.

Ways we evaluate:

- Observing: walk around to see if a process or task is being completed according to the standard. This is done during our regular workplace inspections.
- Looking for trends: examine workplace records.
- Asking questions about the implementation of the standard: employees will often give the best feedback.
- Asking a third party: have them look at the work processes and give us feedback.

Some questions we ask:

- Has legislation changed? Are there new best practices in the industry?
- Is the goal/improvement initiative standard being implemented and met?
- Is communication about the standards, both to and from employees, clear and understood?
- Is training to the goal/improvement initiative standards being completed and are employees, residents, families, and volunteers benefiting from it?
- Are employees following the goal/improvement initiative?

Ways we evaluate our goal/improvement initiative:

- We use a program evaluation template and evaluate the goal/improvement initiative as part of an applicable or associated program review.
- We keep logbooks that we refer to at evaluation time. We record the good practices, as well as those needing improvement.
- We keep notes throughout the year. For example, if we do training, audits, inspections, or if there are incidents, then we write them down as we go so that when it is time to evaluate we can refer to your notes.
- We try to build confidence by keeping expectations reasonable. Standards, and ways to evaluate them, will be improved over time.
- We are not afraid of negative results. We cannot improve if we do not try different methods and approaches. We will take action aimed at improving the goal/improvement initiative, even if the evaluation results show problems.

Step Five - ACKNOWLEDGE SUCCESS AND MAKE IMPROVEMENTS

Based on the results of our evaluation, we look for opportunities for improvement and create a documented plan or recommendations to implement changes. When evaluation indicates a need for improvement, we use cooperative mechanisms to significantly improve our performance.

Our objectives include:

- Raise performance to Holland Christian Homes standards.
- Raise Holland Christian Homes standards and expectations.

We keep everyone informed of the plans for improving the goal/improvement initiative such as:

- Sending a letter from the Board of Directors/department heads congratulating all staff for their contribution to meeting the goal/improvement initiative.
- Run an article in the CQI newsletter or on the website highlighting successes.
- Include commendations in the minutes of the annual general meeting.
- Acknowledge and congratulate those who have contributed to our goal/improvement initiative. We do this by publicly recognizing Holland Christian Home's overall performance and improvements and individual contributions to improved performance. We also explore employee recognition, incentive programs, and performance appraisals.

These 5 steps are used in a repeating cycle to allow continuous reflection and improvement of the care and services provided to our residents.

Communication:

The Continuous Quality Improvement Committee provides oversight and functions as the central clearing house for quality data and information collected throughout the home. The CQI Committee tracks, trends, and aggregates data from all sources to prepare reports for the Board of Directors and the medical staff. An annual CQI Report is published on our CQI Board to update residents, tenants, families, staff, and volunteers on CQI activities done within the first 3 months of the year.

Education:

All staff and volunteers are given the responsibility and authority to participate in our Continuous Quality Improvement Plan. To fully accomplish this, all volunteers and staff are provided with education regarding the CQI Plan during their initial orientation, and on an annual basis thereafter. This education will include a description of the CQI Plan and how they fit into the plan, based on their particular job or volunteer responsibilities. Education is also provided to contractors and agencies who are involved in resident care. We also welcome and embrace resident and family involvement in our committee(s).

Evaluation (Monthly, Quarterly, Annual):

Progress is evaluated monthly during our committee working groups where all CQI activities for all programs and services offered within Faith Manor are benchmarked against our set goals. Action plans are revised to ensure a focus on continuous improvement. Our established CQI Committee meets quarterly with identified key stakeholders, including representation from family/resident councils where Faith Manor reviews quarterly metrics and completes a comparative analysis of all action items and sets further action priorities. Our overall CQI Plan (and all associated activities, program matrices, benchmarks) is evaluated on an annual basis for effectiveness in achieving the goal of assuring that the most appropriate quality of care and services are being provided to our residents, tenants, and clients. This will be done following the Holland Christian Homes standard template provided for this purpose. A summary of activities, improvements made, care delivery processes modified, projects in progress, and recommendations for changes to this CQI Plan, are compiled and maintained on file.

Documentation and Reporting:

A detailed summary of activities, improvements made, care delivery processes modified, projects in progress, and recommendations for changes to this Quality Improvement Plan, are compiled and maintained on file. In addition to regular CQI updates, a detailed formal summary highlighting the quality improvement activities for

the year is prepared and posted publicly within the home on the CQI Bulletin Board and on the Holland Christian Homes website.

OVERALL SUMMARY – OUR PROCESS TO MONITOR AND MEASURE PROGRESS, IDENTIFY AND IMPLEMENT ADJUSTMENTS AND COMMUNICATE OUTCOMES

A key component of the sustainability plan is the collection and monitoring of the key project measures over time. Analysis of the Outcome measure(s) will be used to identify if the Home is achieving the desired outcomes or not. If not achieving desired outcomes, the team can review the Process measure(s) over time to either confirm compliance with key change ideas (suggesting the change idea may not be as effective at improvement outcomes) or identify gaps in compliance that need to be addressed. Based on the results of this analysis, the team may consider alternative change ideas, provide coaching to staff to enhance compliance, engage with staff to better understand gaps in compliance, etc.

Communication strategies are tailored to the specific improvement initiative. These include, but are not limited to:

- Posting on the Faith Manor Quality Improvement Board, in common areas, and in staff lounges
- Publishing stories and results on the website and on social media

- Direct email to staff and families and other stakeholders
- Handouts and one: one communication with residents
- Presentations at staff meetings, townhalls, Resident Councils, Family Councils
- Huddles at change of shift
- Use of Champions to communicate directly with peers

Quality Improvement Plan / Progress Report on the 2025/26 QIP

See Below

Access and Flow | Efficient | Optional Indicator

Indicator #6	Last Year		This Year		
	24.23	21	20.74	14.40%	20
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Faith Manor Nursing Home)

Change Idea #1 ☐ Implemented ☐ Not Implemented ☑ In Progress

Improve communication within the home through the use of SBAR Tool

Process measure

- Number of staff trained on the use of SBAR tool

Target for process measure

- 100% of registered staff trained on SBAR by December 31, 2025.

Lessons Learned

Ongoing SBAR education is delivered by the DRCs during registered care partner meetings; however accurately tracking the number of care partners who have completed this education has been challenging. As a result, this goal will be carried forward to 2026, supported by implementation of Surge Learning training, which will enable standardized delivery and reliable tracking of education completion.

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

Utilize bladder scanner as a diagnostic tool to prevent ED transfer in individuals with urinary retention

Process measure

- Number of registered and medical staff trained on the use of the bladder scanner

Target for process measure

- 100% of registered and medical staff trained on the use of the bladder scanner by December 31, 2025

Lessons Learned

We have integrated the use of the bladder scanner into the home. There have been minimal transfers to the hospital due to undiagnosed urinary retention. This has allowed us to manage urinary retention in the home and prevent avoidable ED transfers secondary to this.

Change Idea #3 ☑ Implemented ☐ Not Implemented ☐ In Progress

Build nursing care capacity within the home by increasing access to IV therapy in the Long Term Care setting

Process measure

- Number of registered staff trained on IV maintenance, and number of registered staff who can insert IVs.

Target for process measure

- 100% of registered staff will be trained on IV maintenance, and maintain a minimum of at least 5 registered staff who can insert IVs by December 31st, 2025.

Lessons Learned

We have successfully implemented IV therapy delivery in the home via PICC and PIV. Policies and procedures have been developed. We have a partnership with our pharmacy for IV medication and equipment. We have educated and trained our nursing staff on IV maintenance and infusion delivery and we have increased our internal capacity for PIV insertion in-house.

Equity | Equitable | Optional Indicator

	Last Year		This Year		
Indicator #5 Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Faith Manor Nursing Home)	**100.00** Performance (2025/26)	**100** Target (2025/26)	**100.00** Performance (2026/27)	**0.00%** Percentage Improvement (2026/27)	**100** Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

Mandatory diversity, equity and inclusion education in 2025 for onboarding

Process measure

- Percentage of new hire non-unionized staff that complete Diversity, equity and inclusion training

Target for process measure

- New non-unionized staff to be trained on diversity, equity and inclusion by December 31, 2025.

Lessons Learned

This has been implemented for all new non-unionized care partners.

Experience | Patient-centred | Optional Indicator

	Last Year		This Year		
Indicator #3 Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Faith Manor Nursing Home)	**94.00** Performance (2025/26)	**100** Target (2025/26)	**86.67** Performance (2026/27)	**-7.80%** Percentage Improvement (2026/27)	**90** Target (2026/27)

Change Idea #1 ☐ Implemented ☐ Not Implemented ☑ In Progress

Incorporate all care partners on person directed care and EDEN philosophy training.

Process measure

- Percentage of care partners trained on person directed care and EDEN Philosophy

Target for process measure

- 100% of care partners trained with person directed care and EDEN Philosophy by December 31, 2025

Lessons Learned

We currently have 160 Certified Eden Associates organization wide. Ongoing education and training for all care partners has taken place on person-centred language. We have started a pilot project on one neighbourhood at Faith Manor.

Comment

Our goal is to spread the EDEN philosophy throughout the entire home into 2026.

Indicator #4	Last Year		This Year		
	97.00	100	86.67	-10.65%	90
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Faith Manor Nursing Home)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☐ Implemented ☐ Not Implemented ☑ In Progress

Incorporate all care partners on person directed care and EDEN Philosophy education.

Process measure

- Percentage of care partners trained with person directed care and EDEN Philosophy

Target for process measure

- 100% of care partners trained on person directed care and EDEN Philosophy by December 31, 2025

Lessons Learned

We currently have 160 Certified Eden Associates organization wide. Ongoing education and training for all care partners has taken place on person-centred language. We have started a pilot project on one neighbourhood at Faith Manor.

Comment

Our goal is to spread the EDEN philosophy throughout the entire home into 2026.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #1 Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Faith Manor Nursing Home)	**16.64** Performance (2025/26)	**14** Target (2025/26)	**13.32** Performance (2026/27)	**19.95%** Percentage Improvement (2026/27)	**13** Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

Retrain all staff on purposeful hourly rounding

Process measure

- Number of interdisciplinary team members that have received purposeful hourly rounding training.

Target for process measure

- 100% of interdisciplinary team trained by December 31, 2025.

Lessons Learned

Annually care partners are trained through our mandatory training program. We have also utilized education huddles and have paired this training with the EDEN alternative philosophy.

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

Audit the process of purposeful hourly rounding to evaluate the quality of rounding.

Process measure

- Number of audits completed per month by the Falls Lead

Target for process measure

- 100% of purposeful hourly rounding will be completed by November 30, 2025.

Lessons Learned

We have implemented quality audits through our electronic system. We have transitioned from paper documentation to PCC documentation which allows for improved auditing practices.

Indicator #2	Last Year		This Year		
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Faith Manor Nursing Home)	**13.39** Performance (2025/26)	**13** Target (2025/26)	**4.96** Performance (2026/27)	**62.96%** Percentage Improvement (2026/27)	**4.50** Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

Review new and current residents on antipsychotic medications to determine proper indication for usage and consideration of alternative interventions when warranted.

Process measure

- Number of residents reviewed by the Antipsychotic Reduction Committee

Target for process measure

- 100% of new admissions and current residents that are on antipsychotic medications will be reviewed by interdisciplinary Antipsychotic Reduction Committee to determine proper indication for usage and consideration of alternative interventions by March 31, 2026.

Lessons Learned

Our antipsychotic committee meets regularly to review antipsychotic medication usage in the home. Our consulting pharmacist and physician reviews every residents medication quarterly. We utilize internal BSO to assist with non-pharmacological interventions. We continue to utilize external partners such as the neurobehvioural team and psychiatry.

DATE OF THE ANNUAL PROGRAMS EVALUATION AND WHO PARTICIPATED

Our 2025 Annual Programs Review and Evaluation occurred on **February 27, 2026.**

The following people participated:

#	Name	Position
1.	Tracy Kamino	CEO
2.	Sellinor Ogwu	Administrator
3.	Dr. A.S. Thind	Medical Director
4.	Kamaljeet Sekhon	Director of Resident Care
5.	Olasupo Ayeni	Director of Resident Care
6.	Trish Krale	CQI & Risk mitigation Specialist
7.	Gagandeep Gill	Pharmacist
8.	Sara Umar	Registered Dietician
9.	Marlene Uwimana	Personal Support Worker (PSW)
10.	Sophia Laidley	Registered Practical Nurse (RPN)

11.	Jemmie Ramprashad	Director Tenant Nursing
12.	Kaitlan Laviolette	Nurse Practitioner
13.	Case Geleynse	Chair Board of Directors
14.	Jim deWeerd	Board of Directors
15.	Sejal Maheta	Registered Physiotherapist
16.	Amanda Ally	Training and Development Coordinator
17.	Sujitha Jayakumar	Director of Human Resources
18.	Prudence Blake	Specialized Program Team Lead
19.	Ashfia Sufani	Dietary Manager
20.	Magna Fordjour	BSO Lead

21.	Jody Clarke	Director of Programs & Services
22.	Romayne Manners	IPAC Lead
23.	Japinder Kaur	Restorative Care Lead
24.	Behije Mulaj	LTC Housekeeping & Laundry Manager
25.	Glenda McKay	Volunteer Coordinator
26.	Omer Rodgers	Senior Manager Environmental Services
27.	Lorraine Griffith	Maintenance Assistant
28.	Timen Jensen	Residents' Council - President
29.	Ralph Andrews	Residents' Council Co-Chair
30.	Chantelle Barnes	Laundry Aide
31.	Barbara Leja-Plaza	Resident Advocate
32.	Peter Dykstra	Family Council Chair
33.	Mebratu Gebru	Spiritual Care Coordinator
34.	Sharmane Martin	Housekeeping & Laundry Supervisor

Holland Christian Homes

HCH *Here to Care.*

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RESIDENT SATISFACTION AND FAMILY EXPERIENCE ANNUAL SURVEYS

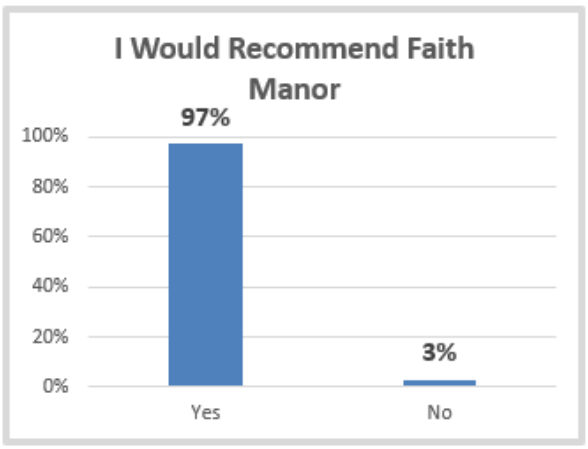
A Resident Satisfaction and Family Experience Survey is prepared annually, in consultation with the Residents' and Family Councils. Once consultations are completed the survey is distributed. The residents and families are given time to complete the survey. Once the data from the survey are in they are analyzed and an Action Plan is developed. The Action Plan is then shared with Residents' Council and Family Council as well as posted on the CQI Board in each Manor for staff, families, and visitors to view.

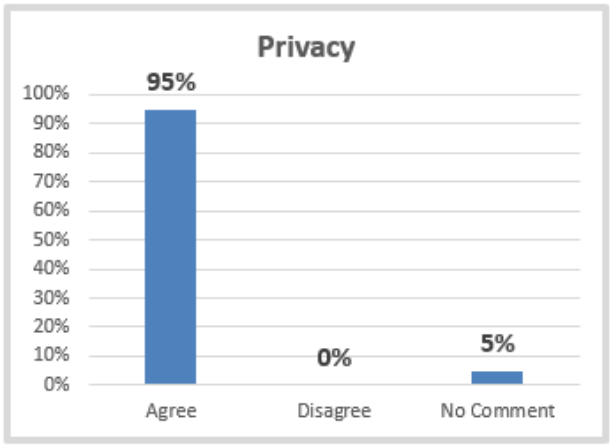
Resident Satisfaction & Family Experience Surveys
Communication Dates

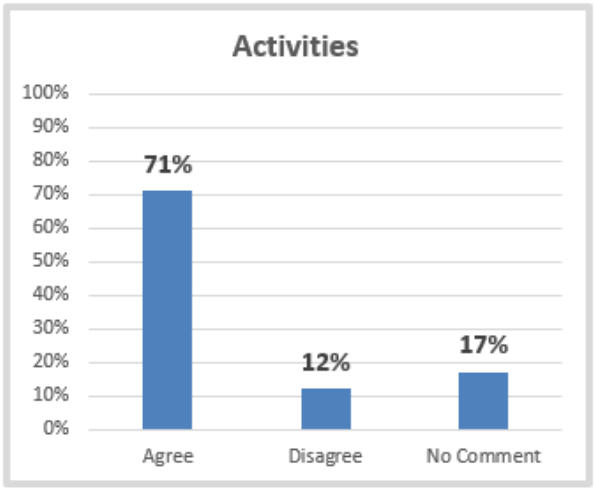
Faith Manor Quality Improvement Completion Dates			
Resident Satisfaction Survey		**Family Experience Survey**	
Surveys taken to Residents' Council (draft)	October 30, 2025	Survey taken to Family Council (draft)	October 15, 2025
Date survey distributed to residents	November 17, 2025	Date survey distributed to families	November 17, 2025
Distribution method	Paper and online through Survey Monkey, with assistance from volunteers.	Distribution method	Online through Survey Monkey, sent via family portal, message to families via Cliniconex, posters in the home, and paper copies available.
End date to complete survey	December 12, 2025	End date to complete survey	December 12, 2025
Duration to complete survey	November 17 to December 12, 2025	Duration to complete survey	November 17 to December 12, 2025
Date results and action plan presented to Residents' Council for review	February 26, 2026	Date results and action plan presented to Family Council for review	February 18, 2026
Date 2025 Annual Program Review and Evaluation held		February 24, 2026	

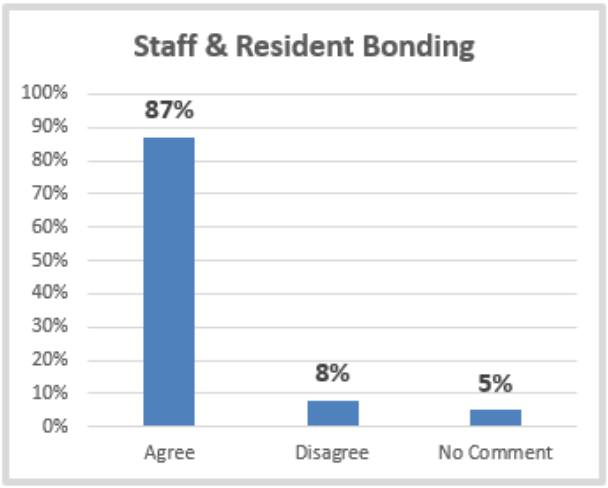
HOW ARE WE DOING AT FAITH MANOR

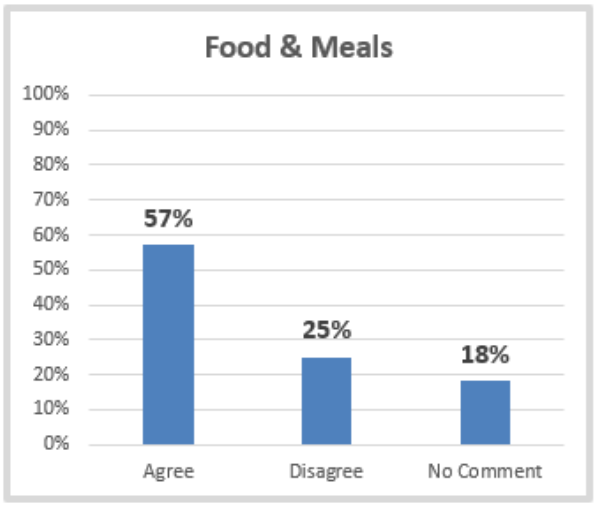
Resident Satisfaction – 2025

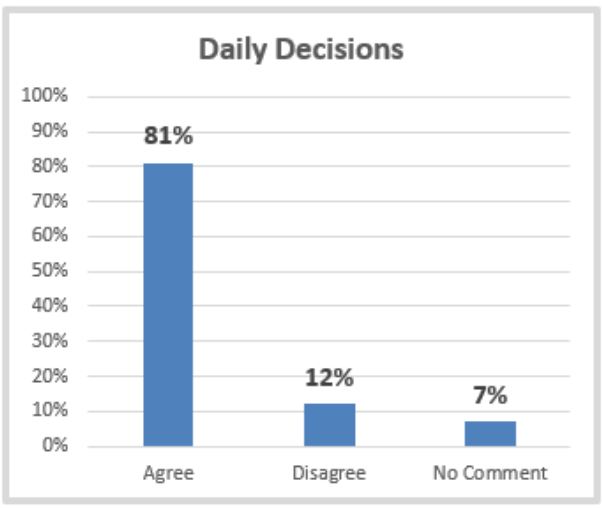


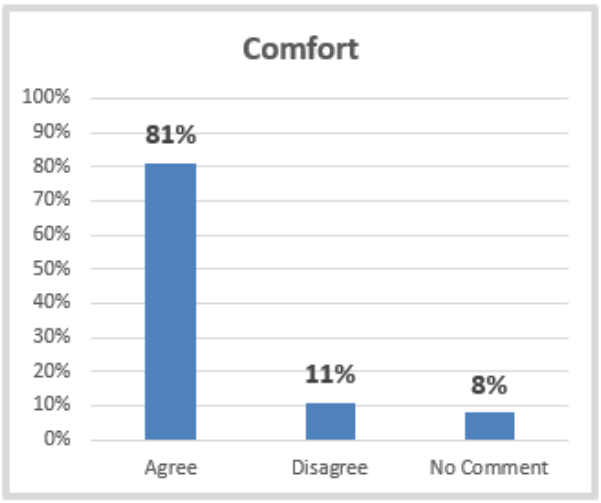


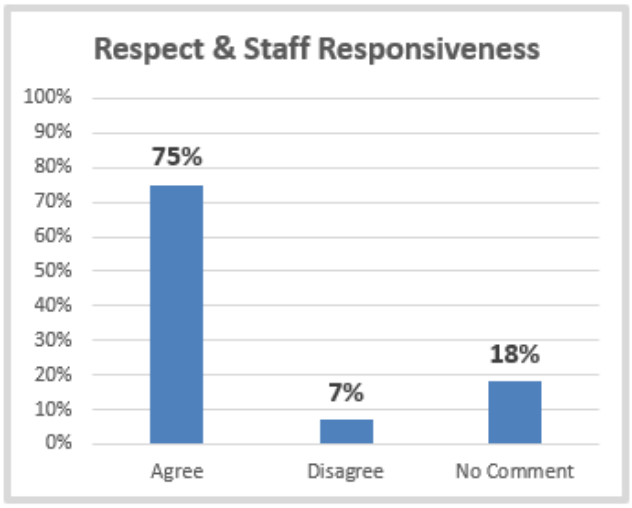


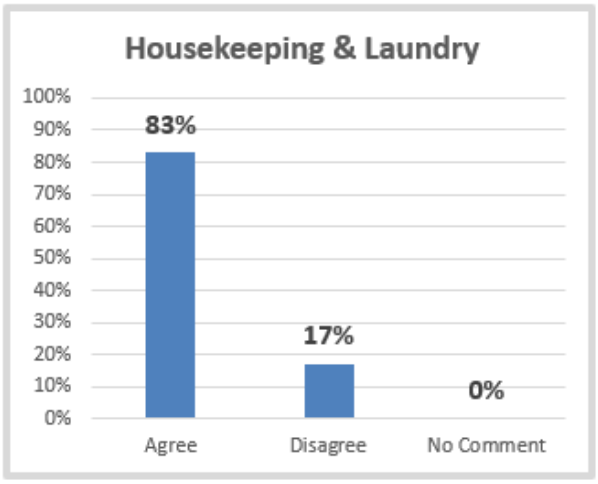


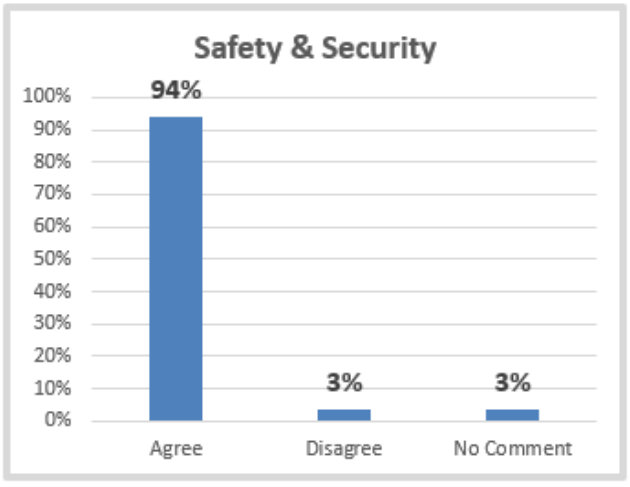


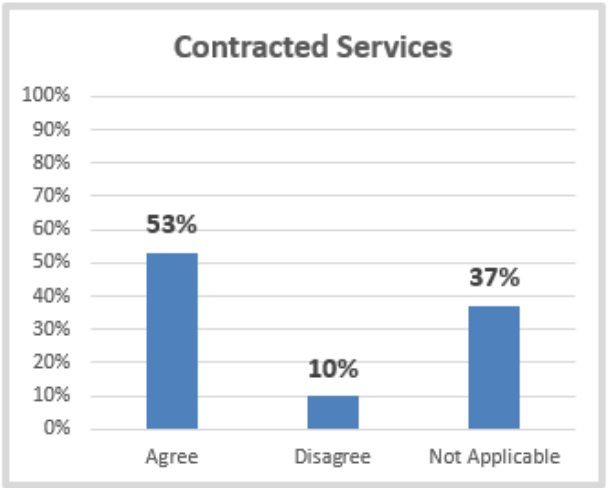


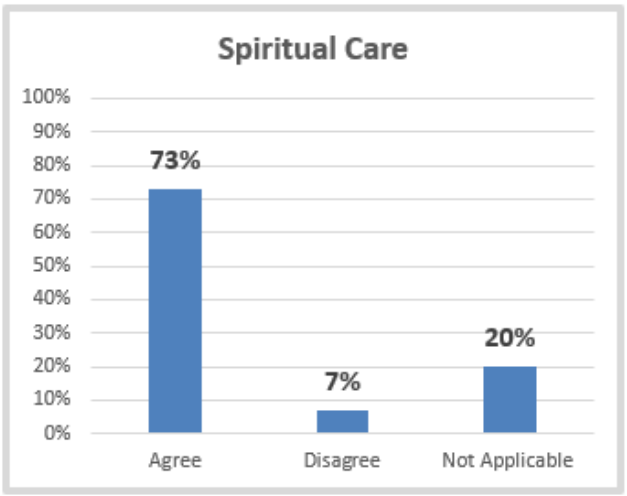

Comfort
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
81%
11%
8%
Agree
Disagree
No Comment

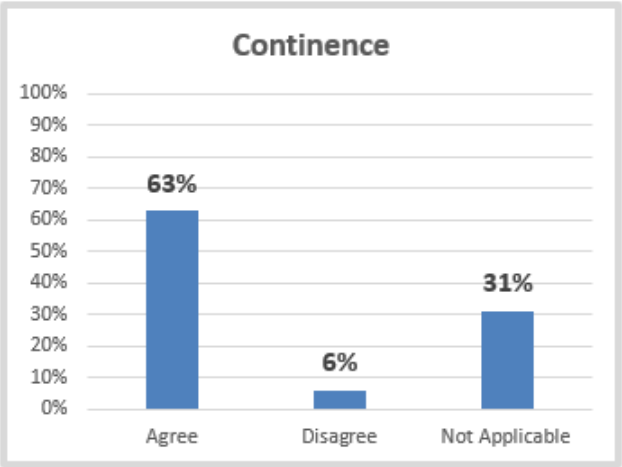

Respect & Staff Responsiveness
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
75%
7%
18%
Agree
Disagree
No Comment

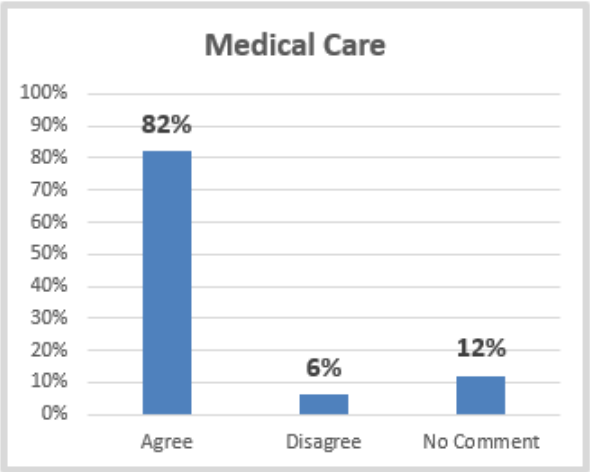

Housekeeping & Laundry
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
83%
17%
0%
Agree
Disagree
No Comment


Safety & Security
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
94%
3%
3%
Agree
Disagree
No Comment


Contracted Services
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
53%
10%
37%
Agree
Disagree
Not Applicable


Spiritual Care
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
73%
7%
20%
Agree
Disagree
Not Applicable

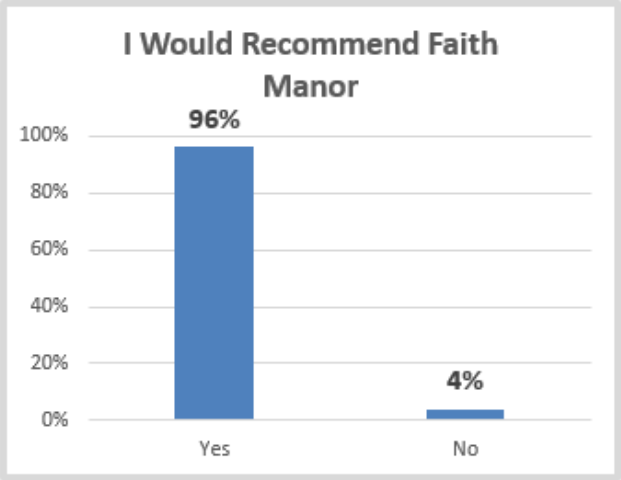


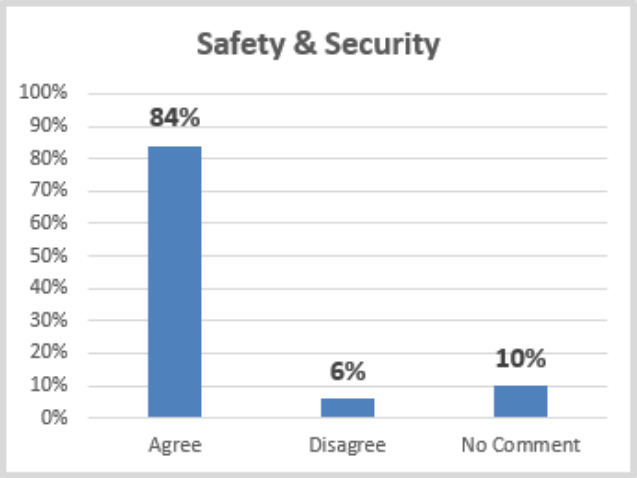


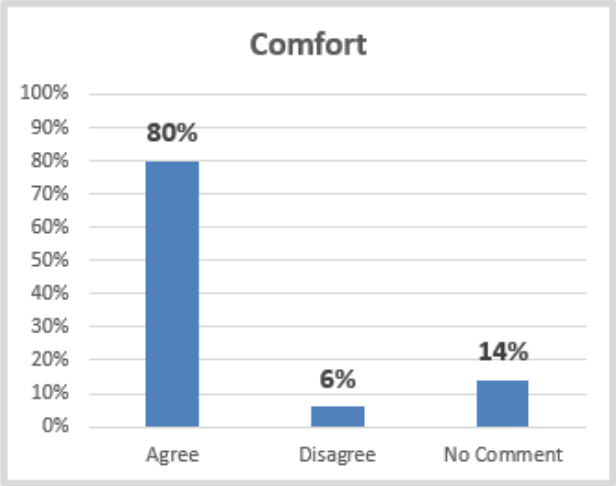
HQO Questions	Agree	No Comment	Disagree
Rate how well staff listen to you – 1 - they don't listen, 5 = they always listen (question 22 from the survey)	1 = 10% 2 = 3% 3 = 13% 4 = 23% 5 = 50%		
I can express my opinions without fear of consequences	73 %	13 %	13 %
I would recommend this home	97 %	0 %	3 %

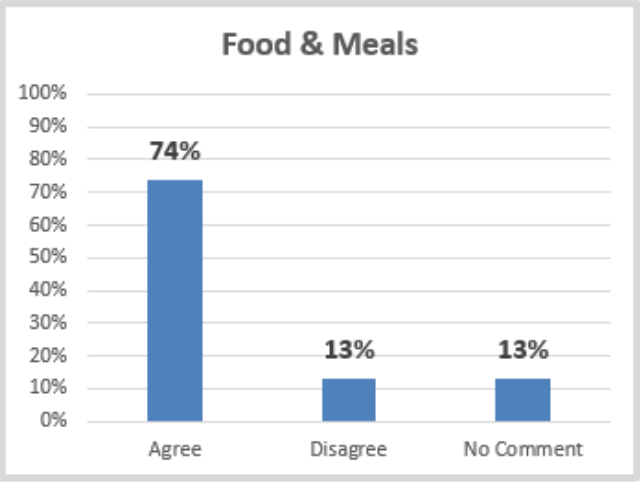
HOW ARE WE DOING AT FAITH MANOR

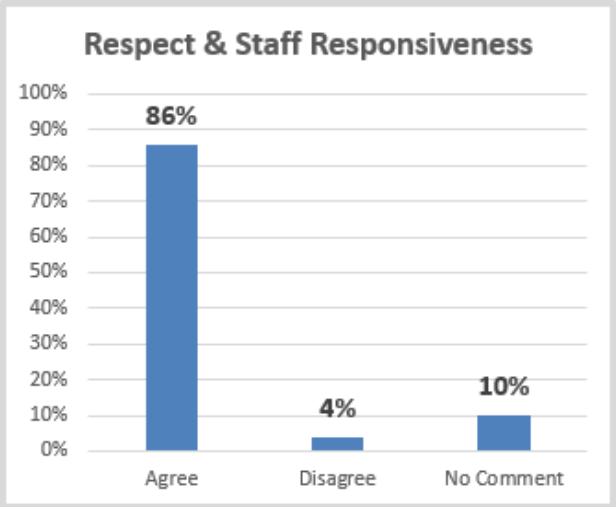
Family Experience 2025

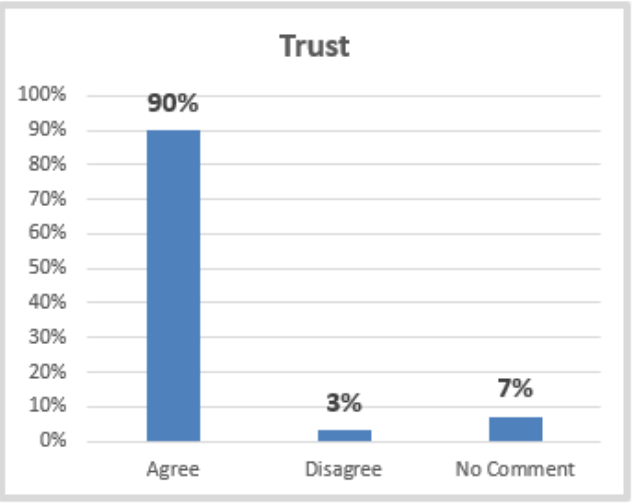


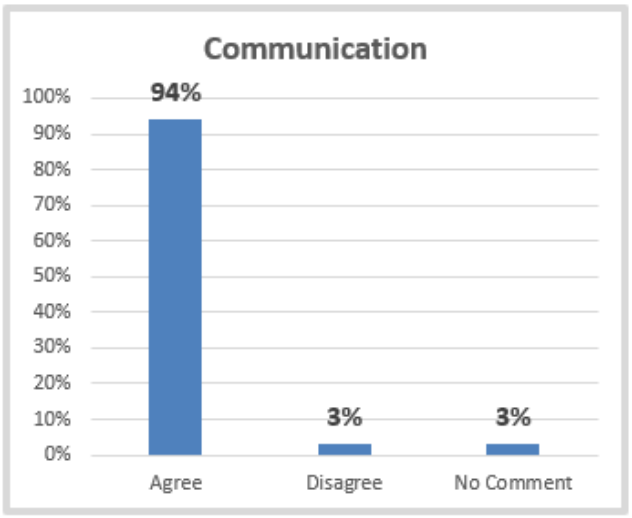


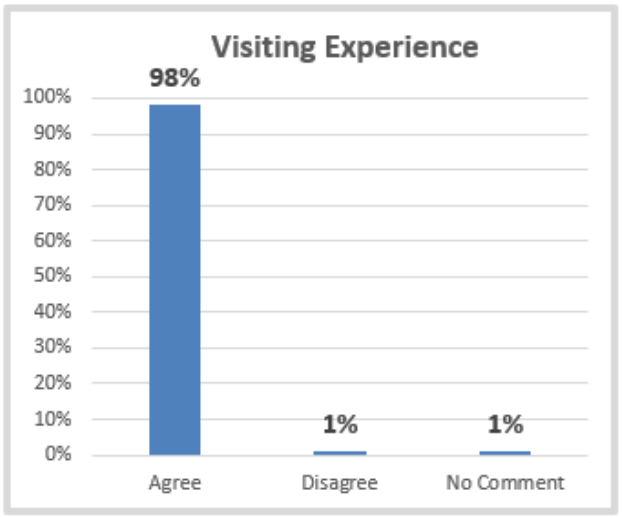


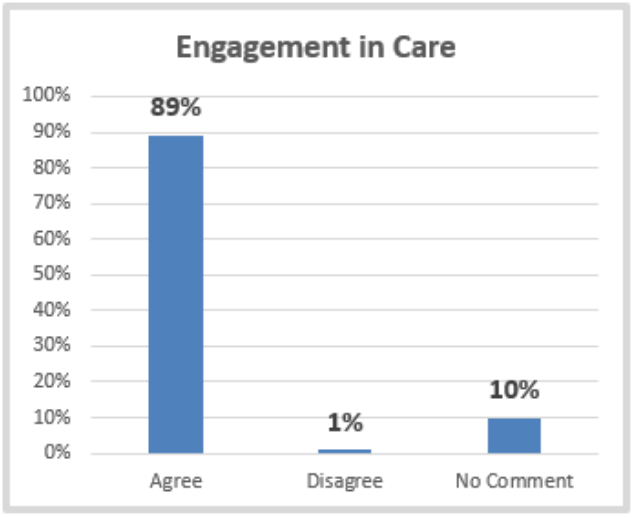


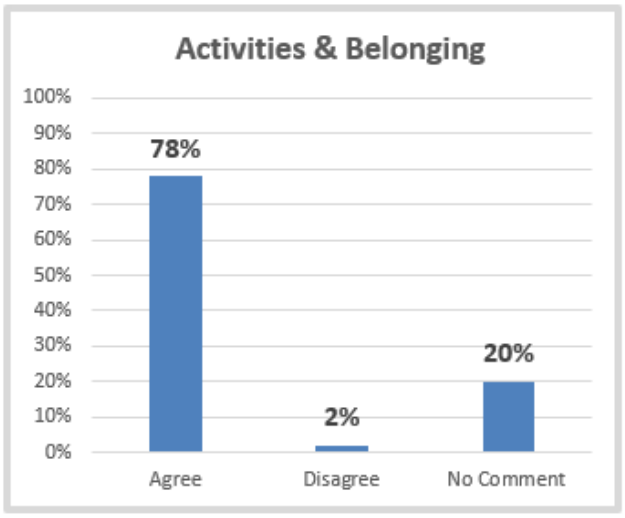


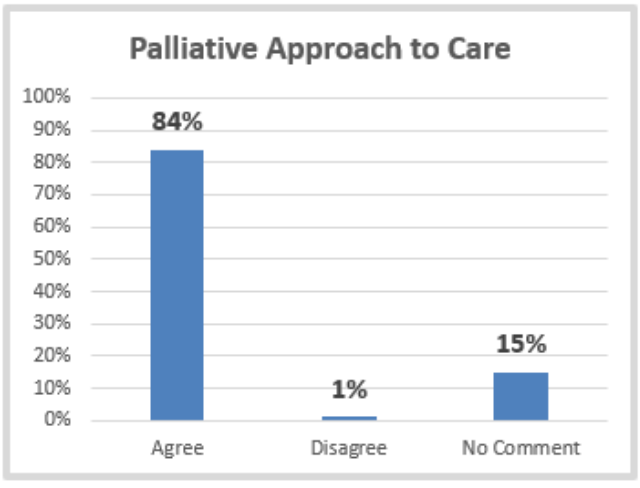


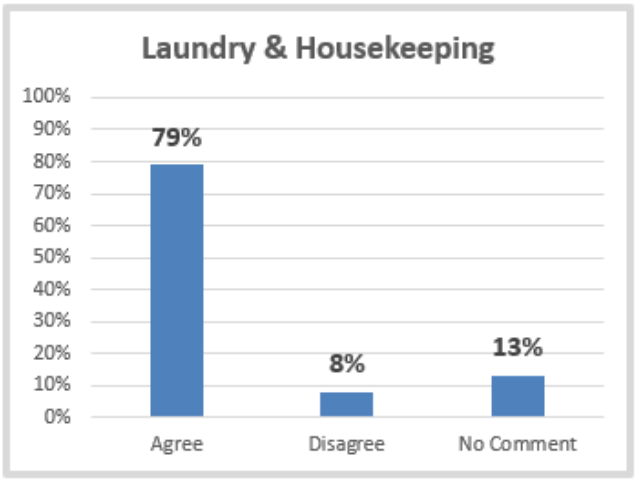

Communication
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
94%
3%
3%
Agree
Disagree
No Comment

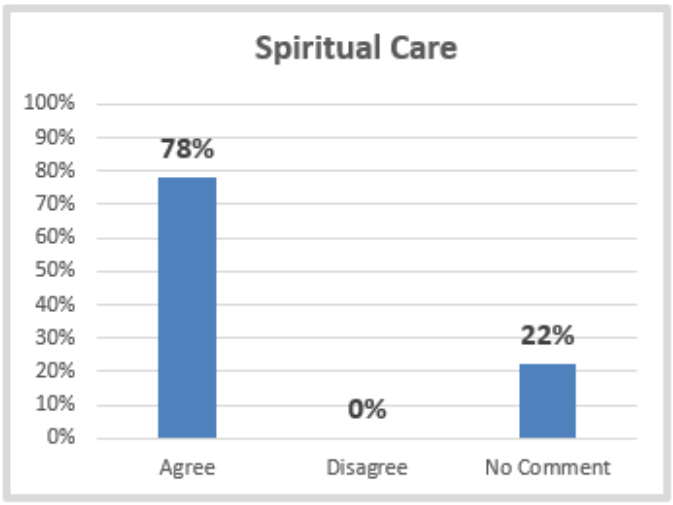

Visiting Experience
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
98%
1%
1%
Agree
Disagree
No Comment

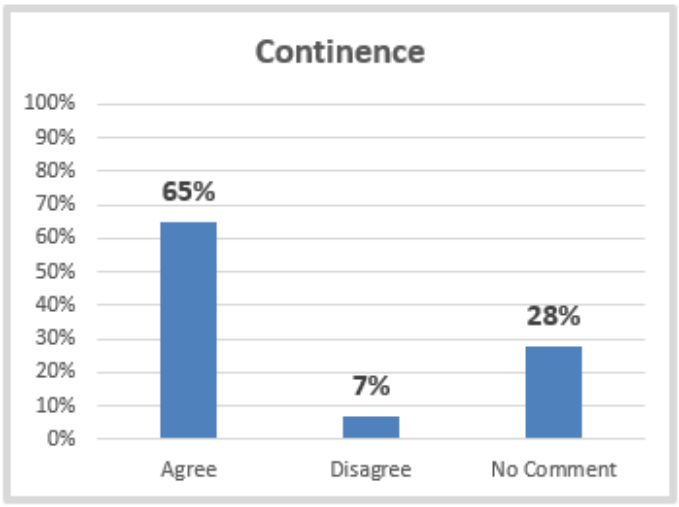

Engagement in Care
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
89%
1%
10%
Agree
Disagree
No Comment

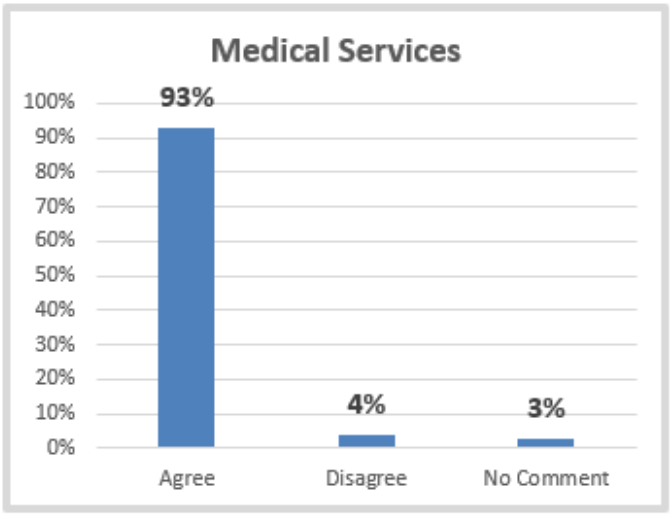

Activities & Belonging
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
78%
2%
20%
Agree
Disagree
No Comment

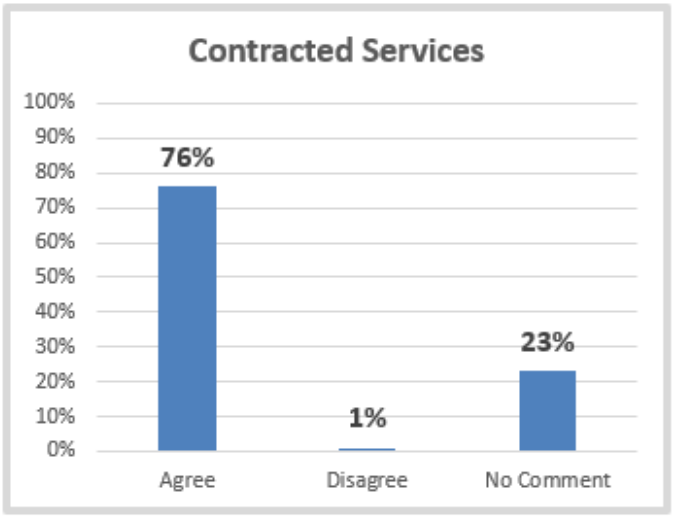

Palliative Approach to Care
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
84%
1%
15%
Agree
Disagree
No Comment


Laundry & Housekeeping
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
79%
8%
13%
Agree
Disagree
No Comment


Spiritual Care
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
78%
0%
22%
Agree
Disagree
No Comment


Continence
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
65%
7%
28%
Agree
Disagree
No Comment


Medical Services
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
93%
4%
3%
Agree
Disagree
No Comment


Contracted Services
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
76%
1%
23%
Agree
Disagree
No Comment

Holland Christian Homes

Faith Manor

2024 Resident Satisfaction Survey

2024 Family Experience Survey

2025 Action Plan

(Please do not remove. If you need a copy, please see your administrator)

Areas to Improve	Action Plan (to be carried out in 2025/26)	Person Responsible	Date Completed	Outcomes of Actions
Personal Care and Services • **Daily decisions** • **Personal relationships** • **Privacy** • **Trust** • **Comfort and Facilities**	Create resource binders in each neighborhood that will provide easy access to lists of current key personnel contact information by April 30, 2025.	Resident Advocate, DRC, Team Leads	August 31, 2025	Families and friends will have easy access to up-to-date key personnel contact information. This will make it easier for families to find and contact the appropriate care partners members, enhancing communication between care partners and family. Ensuring that the right contact person (POA/SDM) is receiving timely information as the situation requires. Families/Friends/visitors are more aware of who is providing care to the residents. Residents are also aware of the names and build care relationships with the care partner serving them at any given time. Residents are consistently informed about the care partners caring for them and any changes in the team.
	Educate all registered care partners on the process of reporting any significant change to family (correct person listed as per contact sheet in PCC) and ensuring documentation includes which family member was informed by May 30, 2025.	DRC, Training and Education Coordinator Registered Care partners, DRC, Team Leads	March 18, 2025	
	Add name tag checks to shift-change report huddle on each neighborhood to ensure that name tags are clearly visible at all times. First huddle to be held on May 27, 2025 and ongoing each huddle.	DRC, Team Leads	May 27, 2025	
Care Partners Resident Bonding & relationships	Complete the warmth survey that will be provided to all elders, families and care partners to determine Faith Manor's culture baseline by June 30, 2025.	Dementia Care and Services Lead	June 30, 2025	Care Partners, residents and families in all neighborhoods will be more aware of how they can create a caring, inclusive environment empowering resident's independence, choice and promoting well-being.
	Add a section on the Annual Mandatory training sign off to identify care partners that speak other languages to serve as internal interpreters to residents whose primary language is not English/French. Once 100% of	Training and Education Coordinator	Sept 30, 2025	

	care partners complete the training, create a list and provide to the leadership team by October 1, 2025.			Enhance the EDEN Alternative throughout the care parameters and provide holistic, research-based approach to care targeting resident well-being and satisfaction. Care Partners will support residents with their daily rhythm of life by focusing on living and providing excellent care and support. List of care partners who can serve as translators for residents whose first language is not English. Use of translation tools or services will improve communication between residents and care partners resulting in individualized, holistic resident care. Care partners will take more time during care routines to engage positively with residents - will improve resident satisfaction resulting in less concerns; improve relationships and confidence in care delivery.
	Provide enhanced communication training to ensure care partners communicate effectively and empathetically with residents, speaking only English when providing care for a resident unless the resident speaks another language for which the care partners also speaks. Training to be delivered during huddles to start April 1, 2025 and ongoing after that.	Training and Education Coordinator	Oct 30, 2025	
	Educate and inform all care partners and residents and family care partners on the Eden journey. Education will include how we can all create a caring, inclusive environment empowering resident's independence, choice and promoting well-being. This will be accomplished through hosting town hall meetings, huddles, posters, hand-outs, information boards, Tie that Binds article, Pulse newsletter etc by August 30, 2025.	Dementia Care and Services Lead Training and Education Coordinator	Sept 1, 2025	
Daily Decisions & Communication	All care partners will be educated to use resident-centered language, use active listening and compassionate communication with all interactions through "words make worlds" education. This education will be provided through in-person huddle and learning circles and annual mandatory training by November 1, 2025.	Dementia Care Lead and Services Training and Education Coordinator	Sept 1, 2025	Active listening will improve building connections between residents and care partners. Taking a few minutes each shift by checking in with residents on a personal level will provide more emotional support, enhance resident satisfaction with care and improved relationships and communication.

Activities and Belonging	Install an Ambient ABBY board, interactive gaming device in each neighborhood. Train care partners on how to engage residents (or encourage residents with self-directed usage) with this board by September 15, 2025.	Director of Programs and Services	February 5/26 (several outbreaks occurred preventing install).	To reduce resident boredom and loneliness through providing meaningful activities residents can easily engage with-self led and self directed, familiar programs to their remaining abilities. A reduction in personal expressions, independent engagement, cognitive and emotional support, will also enhance family visits, added feature of personalization (resident FOB trial). Will provide opportunities to maximize social connections by pairing residents with similar interests during group activities; will foster social connections. Care partners will be able to offer more one-on-one or small group activities for residents who may be less receptive to large group settings. Care Partners will be able to identify individual hobbies or interests (like music, art, or games) and offer customized activities that align with those preferences. Intergenerational programs bridge age gaps providing all the domains of well being as per Eden. These interactions can reduce loneliness, boredom, depression, social isolation while increasing cognitive stimulation, self worth and vitality. Key
	Complete the Sensory door escape project by July 30, 2025.	Director of Programs and Services	July 3, 2025	
	Increase the number of intergenerational programs by 3 per year (through community outreach,) by December 31/25.	Director of Programs and Services	April 7, 2025 visits by Seventh Day Adventist church on all neighbourhoods; June 7, 2025 - Gregory Alliance church group (cancelled due to outbreak). YIPI students Sheridan College/Annual family fun day event-kids corner August 28/25/Dec 14, 2025 - U10 AA youth hockey team ginger bread houses and cards dropped off/John Knox	

			cards from youth group.	benefits; improved mood, mobility and renewed sense of purpose.
Engagement in Care	Provide care partner families and residents with information at Resident Council and Family Council on the importance of attending Care Conferences by May 30, 2025.	Restorative Care Lead Training and Development Coordinator	April 9, 2025 FM May 22, 2025 RC	Improve Care partners familiarity with individual cases. Structured template and front-line care partners attendance will provide meaningful, actionable information that is specific to the resident's evolving care needs. Attending front line care partners will have thoroughly reviewed residents' files before the meetings to be prepared with specific, individualized updates, rather than providing general information. Limit redundancy in information shared during conferences, focusing on updates regarding progress, challenges, and any necessary changes in care.
	Develop a structured conference reporting template to be used for consistent reporting at care conferences. Ensure that a front-line nurse, and PSW attend the care conferences by June 30, 2025.	DRC Resident Advocate	May 1, 2025	
Visiting Experience	Provide an information sheet and education on the appropriate locations that can be used for visiting while in Faith Manor (and surrounding community) for residents, and care partners including families during resident council and family council and monthly care partner meetings by May 30, 2025. Add this information to the Resident / Family Information Handbook.	DRCs Administrator Resident Advocate	May 30, 2025 Info sheet already currently in handbook – new updated information sheet/resource is deferred to 2026 *Note: all common areas are showcased as part weekly*	Residents, families and care partners to be more aware of designated spaces that family and friends can visit in private and enhance the visiting experience.

			tours scheduled at Faith Manor.	

Spiritual Care	Offer more accessible religious activities for non-verbal or less mobile residents, by offering interactive prayer sessions or guided spiritual exercises or the audio bible devices (in different languages) by June 30, 2025.	Spiritual Care Coordinator	June 30, 2025	Support residents' spiritual needs. External partners will be readily available to provide residents with spiritual support that is inclusive. Residents are made aware of programs that are available meeting their spiritual needs.
	Establish a relationship with cultural and multi-faith centers in Peel region and create a reference list to allow more inclusive and multi-faith services by June 30, 2025**.**	Spiritual Care Coordinator	June 30, 2025	
Meal Service Snacks Dietitian	Hold 4-6 in-services with nursing, food service care partners and PSW care partners on pleasurable dining by June 30, 2025.	Dietary Manager Dietitian DRC Training and Education Coordinator	July 18, 2025	Resident and families will have an enhanced opportunity in making food choices. Care partners will enhance the dining experience through providing a pleasurable

	Educate family and residents during care conference on the availability of the seasoning caddy starting April 1, 2025.	Dietary Manager Dietitian DRC Training and Education Coordinator	Nov 20, 2025	dining environment for all residents. Seasoning caddies will contain seasonings based on resident preferences and likes. Nutrition discussions during care conferences will enhance understanding of food availability, choices, and provide on-the-spot responses to questions on food enquiries.
	Purchase a dementia friendly food picture book to enhance pleasurable dining experience by promoting resident choice. Pilot on Garden neighborhood (FM1) effective June 1, 2025.	Dietary Manager Dietitian PSW Registered Staff	June 15, 2025	

Accommodation • **Housekeeping** • **Laundry**	To reduce misplaced lost and mixed-up clothing, hold care partner huddles with re-training monthly on each neighborhood. First huddle to be held April 1, 2025 and ongoing after that.	Housekeeping / Laundry Manager and Supervisor	Dec 31st, 2025	Reduce incidents of misplaced items, and decrease the number concerns received due to laundry handling. Eliminate concerns regarding lost and/or damage items. Increase attention to detail when handling laundry, including pre- washing checks for stains and proper washing procedures for delicate items.
	Monthly audits will be done on resident clothing delivery to ensure items have been correctly delivered to the right resident. 5 residents per unit each month will be audited starting April 1, 2025 and ongoing after that.	Housekeeping / Laundry Manager and Supervisor	Dec 31st, 2025	
Resident Advocate Palliative Care/ End Of life	Implement the RNAO Palliative and End-of-Life clinical pathways at Faith Manor by December 31, 2025, by coordinating with key stakeholders, providing necessary resources, and ensuring care partners training and readiness for full integration.	DRC, NP, Spiritual Care Coordinator	May 30, 2025 Decision made, not to pursue this.	Care partners to be more prepared in providing end of life care. Educated volunteers will continue to be aware of the care expectations at end of life.
	Re-engage 100% of end-of-life volunteers by ensuring they complete their training by April 20, 2025 through targeted outreach and providing necessary resources to support training completion.	DRC, NP, Spiritual Care Coordinator	May 29, 2025	
Volunteer	Increase visibility and knowledge of the volunteer program by creating and posting a “Did You Know?” poster by May 1, 2025.	Volunteer Coordinator	July 16, 2025	Residents and families will better understand the activities of various volunteers and how many hours are donated in order to improve the care of the residents in various areas.
	Increase visibility and knowledge of the volunteer program by including current statistics in the monthly Tie That Binds – Volunteer Department article by April 1, 2025.	Volunteer Coordinator	July 16, 2025	
	Provide Resident and Family Councils with a quarterly report including the number of hours donated by volunteers by May 31, 2025.	Volunteer Coordinator	July 16, 2025	

Environmental, Safe and Secure Maintenance	Run a weekly call-bell report to analyze response times and address any delays immediately with care partners starting the week of March 17th, 2025.	DRCs, Maintenance Manager	November 30, 2025	Residents can be assured of timely response when they call for assistance. Timely responses can prevent incidents e.g. falls, incontinence. Will also be able to address any deficiencies and hold care partners accountable for appropriate response time.
Medical Care MD/NP	Provide re-education to resident and family councils about the availability of the MD/NP by May 30, 2025.	NP Administrator	April 9, 2025 FM May 22, 2025 RC	Enhance residents and family's knowledge about MD/NP availability, allowing them to bring forward any medical concerns immediately so that they can be addressed and communicated while the physician is present, or in more urgent cases by the NP.
Continence	Schedule regular check-in audits with residents/families to review satisfaction with continence care and address any concerns by auditing 5 residents per home area per month. First 5 residents to be audited by April 30, 2025, then ongoing monthly.	DRCs, Specialized Programs Lead	April 28th, 2025	Enhanced review of care products, to ensure they are meeting individual resident care needs and satisfaction.
Contracted Services	Educate resident and family councils on the frequency/availability of contracted services to improve their understanding and expectations of in-house services by June 30, 2025.	DRCs Administrator	Family Council: June 11, 2025 Resident Council: June 26, 2025	Families and residents will better understand the schedules of contracted services and frequencies. Improve communication regarding healthcare services and availability, ensuring families are informed of any changes or updates.

Holland Christian Homes

Faith Manor
2026 Action Plan

Based on Results of 2025 Resident Satisfaction and Family Experience Survey

The Faith Manor 2025 Resident care partner Satisfaction and Family care partner Experience surveys launched on November 17, 2025, with a deadline of December 12, 2025. The CQI Specialist tabulated the results which were then shared with Residents and Family Councils. A temporary working group, with members of Residents Council, Family Council and the Faith Manor team was created to take the survey results and create an Action Plan for 2026.

Faith Manor has 160 residents. Of those, 44 residents were deemed capable of participating in the survey. With the help of volunteers, 30 residents completed the survey. From the families who were eligible to complete the survey (based on a resident's 6-month residency requirement), 55 family members completed the survey via Survey Monkey.

Below is an Action Plan created in response to the 2025 Resident Care partner Satisfaction and Family Care Partner Experience survey results and approved by both Resident Council and Family Council.

The benchmark statement of "I would recommend this home to others" received a positive response from 97% per cent of residents and 96% of families.

Person-Centred Language

Institutional Language	Person-Centred Language
Patient/Client	Elder/Resident
Loved One/Caregiver	Family Care Partner
Staff	Employee Care Partner
Administrator	Community Leader
DOC / ADRC	Community Guide
Registered Staff/ Charge Nurse	Community Leaders
Program Leads	Neighborhood Mentors
Activities Manager	Life Enrichment Lead
Activities Staff	Life Enrichment Support Team
Departments	Support Team Care Partners
LTC Facility/Home for the Aged	LTC Community
Unit/Floors	Neighborhoods
Secured Unit/Dementia Unit	Neighborhood (Supporting residents living with Dementia)
Activity Room	Gathering Space/Studio/Creative Corner
Tub Room	Spa
Semi private Room	Share accommodations
Shift Report	Daily Huddles
Meetings/Group Discussion	Learning Circles
Education	Education Huddles
Behaviours	Personal Expressions
Triggers	Unmet Needs/ Contributing Factors
Exit seeking/wandering	Exploring/Searching
Allow/Delegate/ “get to”	Choice/Empower/Support
Diapers	Briefs/Underwear/Panties
Feeders	Assisted dining/assistance with meal
Bib	Apron/Clothing Protector
Call Bell	Assistance Alert/lifeline
Care Plan	Growth Plan
Admission	Moving In
Discharge	Moving out
Annual Performance Review	Personal Growth Plan

Areas to Improve	Action Items	Person Responsible	Date Completed	Outcomes of the Actions
Personal Care and Services • Daily decisions • Personal relationships • Privacy • Trust • Comfort and Facilities	• Provide training on the Residents' Bill of Rights to all care partners to align with respecting residents' choices and offering choices by November 30th, 2026.	Community Guide		Residents will feel appreciated, valued, and empowered to take charge of their lives. This will guarantee that residents receive support and engage in the care they receive, which will enhance their well-being, choices, autonomy, and dignity.
	• All Care partners will reduce institutional trappings by applying the “EDEN EYES” checklist in the neighbourhoods by November 30, 2026.	Neighbourhood Leads/Community Guide		Residents will enjoy and feel the home-like environment.
	• Provide customer service education to all	Community Guides,		A solid understanding of customer service in caregiving will

	care partners through neighbourhood huddles and annual Mandatory training by November 30th, 2026. • Ensure all Care Partners always wear the Name tag while working in the neighbourhoods by December 15th,2026	Training & Development Coordinator Community Guides, Neighbourhood Leads		alleviate worries associated with care. Enhance care results, communication, and the satisfaction of residents and their family care partners with the delivery of care. To ensure our customers recognize the care partners who are providing care to them.
Care Partners, Resident Bonding & Relationships	• Educating care partners while role-playing -"a day in a resident's life" by September 30th,2026	Community Guides/Training and Development Coordinator		To provide care partners with the understanding of residents' feelings/concerns.
Daily Decisions & Communication	Provide customer service education to all care partners through neighbourhood huddles and annual Mandatory training by November 30th, 2026.	Community Guides, Training & Development Coordinator		A solid understanding of customer service in caregiving will alleviate worries associated with care. Enhance care results, communication, and the satisfaction of residents and their

				family care partners with the delivery of care.
Activities & Building Community	Introduce cross training of support teams in all neighbourhoods empowering all resident and employee care partners to shift from care giving to care partnering to include the following: - Summer BBQ	Community Leaders Care partners, life enrich support teams, neighbourhood leaders, mentors/guide		Community Leaders Residents will feel connected to the outdoors and be supported to enjoy a lovely BBQ meal. A chance to congregate, converse and get fresh air.
	Organize a big day in a week and collaborate with care partners for resident's fresh air and outdoor time.	Care partners, life enrich support teams, neighbourhood		Residents will enjoy the social benefits of going outside for a walk, enjoy the beautiful gardens which will improve overall well-being.

	Increase overall time outside for Residents (May-September 2026).	leaders, mentors/guides		This will also aide in the reduction is personal expressions, reduced agitation, boredom, loneliness and restlessness-3 plagues of Eden Alternative.
	Outdoor Gardening Program	Director of Programs/Life Enrichment support teams/community mentor		Will offer residents a sense of purpose, improved mood, enhanced physical mobility and activity through sensory stimulation. This can also help dexterity boosting strength through tasks, watering planting and weeding. In addition, it can also offer emotional and mental relaxation, reduce anxiety and offer a calm environment.
Engagement in Care	Empower communication huddles between PSW Care partners at shift change by June 30th, 2026.	Community Guide Restorative Care Nurse		Communication and information sharing will be improved residents and families will feel being listened to. Participate in the care they receive by being empowered through information transmission among care partners

	Care Partners will be educated on growth planning and empowered to attend annual reviews to support the residents by Oct 30th, 2026.			Residents will receive enhance, and individualized care based on their Growth Plan. Growth Plan reviews with provide residents with the opportunity to be involved in their care based on choice, and preference. Care provided will be person centered. Improve overall well-being.
Visiting Experience	Create a resource for residents and families that highlight the various areas in the community they can explore utilize for visits and socialization. To be completed by November 1, 2026	Resident Advocate		Residents and their loved ones will have more opportunities to engage, socialize and develop more connections in the broader HCH community campus. A change in their day to day scenery and environment can give residents a feeling of “going out” and having an outing.

Volunteers	Increase the number of new on- boarded volunteers by 10% by December 31, 2026.	Support Team Care Partner (Volunteer Coordinator)		Enhance and support resident experience.
Spiritual Care	Collaborate with external care partners in the community to enhance various denominations and offer onsite services to support other religious services in the Neighbourhoods by September 1, 2026. Educate Care Partners about the significance of devotion and encourage them to pause, listen, and show respect during these moments. - Pre-record devotions and play recorded versions as and when needed	Spiritual Care Coordinator, Pastor, Director of Programs and Services-other care partners and life enrichment		Onsite services that offer variety and support one's faith will offer/ enhance residents' spirituality and meeting their spiritual well-being. In person vs CH 990 is more effective in the delivery of this service. Devotions in a Christian environment offers a daily "lifeline" to God that fosters an intimate, growing relationship rather than just a religious ritual. It nourishes and sustains one's faith; provides spiritual strength, daily guidance and direction, protection from Sin, finds peace and rest, revives the heart and validates the Christian faith at Faith Manor. It models Christ's

	- Conduct equipment checks prior to devotions - Engage residents in providing devotions on a rotational basis - Capture the prayers that are offered prior to meal service, to include them in an audit – April 30, 2026.			example and the routine of worship is important for residents overall.
Meal Service, Snacks & Dietician	Provide residents with choices each week Pleasurable dining huddles monthly Food Variety theme Nutritional Days			Improve meal times, and increase residents' choices towards food preferences. Increase resident satisfaction during meals by ensuring that meal times are pleasurable. Enhances well-being and nutrition.
Accommodation Housekeeping & Laundry	Provide care partners with training focusing on residents clothing process by December 31, 2026:	Support Team Care Partners		Audits will help solve issues of mixed clothing between residents.

	• Monthly audits on resident clothing. 8 residents per neighborhood each month by April 1, 2026. • New clothing being labelled needs approval before being delivered to resident (continuation from 2025) • Attend Family Council to explain the process of the Brown Bin and what to do if they find it full by April 30th, 2026 • Retrain care partners on how to use the label machine and to re iron any labels on clothing that are lifting by April 30th, 2026	(Housekeeping & laundry Manager and Supervisor)		Audit labelling will ensure clothing is being labelled to correct resident and prevent concern related to missed clothing. Updating Families through Family council will allow them to ask questions and to know exactly how to utilize the brown bin procedure for new clothing. Improve correct labelling and ensure residents cloths are never misplaced; received on-time

	• Remind care partners to empty the Brown Bin frequently			
Resident Advocate, Palliative Care & End of Life	Provide education to care partners about the role of POA and SDMs and who makes decisions regarding resident care. To be completed by December 1, 2026.	Resident Advocate/Nurse Practitioner		Improved communication between care partners and residents and/or their designate. Ensuring that the right person(s) are involved at any given time as it relates to care decisions and sharing information.
Environmental, Safe and Secure, Maintenance	Running weekly call-bell reports to analyze response times and address any delays immediately with care partners by December 15, 2026.	Support Team Care Partners (Environmental) and Community Guide		Residents can be assured of a timely response when they call for assistance. The timely responses can prevent incidents e.g. falls, incontinence. To address any deficiencies and hold care partners accountable for appropriate response time.
Medical Care, MD/NP	• Provide care information at move-in; care conference to families and residents	Resident Advocate/Community Guide		Improve understanding of the medical team and provide the opportunity to collaborate and

	to better understand the availability of the medical team and rounding times by December 15, 2026. • Provide training to Registered Care Partners on Medication Administration every quarter by December 15, 2026.	Community Guide		partner in making decisions that will enhance residents' quality of life. To ensure Registered Care Partners follow the right practices related to Medication administration.
Continence	• Provide continence application training to PSW care partners in order to prevent continence concerns by July 30th, 2026 • Incontinent care products training to residents and families through Resident Council and Family	Specialized Program Lead Specialized Program Lead and Incontinent Care Provider		• Resident will feel comfortable with the continence products if they are applied properly. Reduce concerns related to improper application. • Empowerment of families and residents on the use of incontinence products.

	Council by November 30th,2026.			
Contracted Services	• Enhance family and resident knowledge on contracted services offered in the home (e.g. vision, hearing, dental, spasticity, footcare etc.) by broadcasting care programs through Cliniconex and presenting via the resident council and the family council by October 30th, 2026. • Organize a "Resident and Family information night" event to share the information regarding the services we provide to residents by October 30th, 2026.	Resident Advocate Community Guides Training and Development Coordinator		Empower residents and families with the knowledge of the contracted services offered in-house. Prevent external travels and provide choice to receive contracted services in this Community; in the comfort of their home. Empower residents and families with the knowledge of the contracted services offered in-house.