

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 2, 2026



## OVERVIEW

Saint Luke's Place is a charitable, not-for-profit organization proudly celebrating 50 years of service to the seniors' community in Cambridge (established in 1976).

Our long-term care home is a 114-bed, CARF Canada–International accredited residence. We support residents across four home areas offering basic, semiprivate, and private accommodations. One of these areas is a secure, specialized environment with an enclosed outdoor space designed for 19 residents living with dementia who may wander and require a safe, supportive setting.

Saint Luke's Place is part of a vibrant Campus of Care that includes Independent Living and a Seniors Active Living Centre, promoting social connection and engagement across all aspects of senior living and creating a welcoming community where older adults can interact, participate, and thrive.

### Our Mission

Enriching lives in our vibrant senior community through excellent service and care.

### Our Vision

Visionary leaders in seniors' health and wellness.

### Our Values

Dignity and Respect

Innovation and Quality

Community and Service

Trust and Integrity

Accountability and Transparency

Saint Luke's Place successfully completed its 2022–2025 Strategic and Operational Plan, strengthening our adaptability, innovation,

and resilience during a period of significant change. This work enhanced quality of care, improved financial stability, and deepened community partnerships, laying essential groundwork for the future redevelopment of our long-term care home to increase beds and better serve our community.

We are now moving forward with our 2026–2029 Strategic Plan, building on these achievements and advancing our role in long-term care and independent senior living. A continued priority is expanding collaboration with the City of Cambridge and other partners to enhance health services for older adults across our community.

For 2026–2027, our Quality Improvement Plan (QIP) takes a deliberate and streamlined approach focused on four key dimensions of quality: Access and Flow, Equity, Experience, and Safety. This direction ensures we continue to enhance the resident experience, strengthen fair and responsive access to care, reinforce safe and evidence-based practices, and optimize system flow throughout our long-term care environment.

Our annual Resident and Family Satisfaction Survey helps ensure ongoing alignment with our CARF Canada–International Accreditation. Saint Luke's Place remains committed to quality improvement by strengthening infection prevention and control, enhancing communication with partners, and maintaining consistent resident care through thoughtful human-resource planning.

Our Quality Improvement Plan (QIP) aligns with the enhanced expectations of the Fixing Long-Term Care Act and related regulations. Regular updates to the Quality Improvement

Committee, Resident Care Committee, and Board of Directors ensure strong oversight. Saint Luke's Place remains committed to evidence-based practice, continually reviewing and benchmarking our performance against peers provincially and nationally to improve resident quality of life.

This year's Quality Improvement Plan (QIP) builds on the progress and lessons of the past three years, setting clear, purposeful goals and deepening our engagement with community partners. The plan aligns with the Health Quality Ontario 2026–27 priority-issues narrative, centering our work on the four provincial priority areas.

While some areas fall outside the scope of this year's formal QIP submission, Saint Luke's Place remains committed to sustaining and enhancing performance in several core domains, including:

- skin and wound care
- continence and bowel management
- infection prevention and control
- responsive behaviours
- restraint and falls prevention
- resident satisfaction

These areas continue to form an essential part of our broader organizational quality improvement program and reflect our ongoing dedication to delivering high-quality, person-centred care.



## ACCESS AND FLOW

Saint Luke's Place partnered with Grand River Hospital and Cambridge Memorial Hospital in 2019 to address "Hallway Medicine" by creating a Transition Wing for alternate level of care. Although this partnership concluded in 2025 due to campus redevelopment, we continue to collaborate with both hospitals to support timely admissions whenever possible.

Building on the experience gained through this initiative, Saint Luke's Place has further strengthened its approach to supporting older adults with complex needs and improving resident flow. The introduction of Resident Care Managers, along with ongoing education for our Registered staff, enhances care coordination, ensures timely clinical follow-up, and helps reduce avoidable emergency department visits through high-quality, person-centered support.

In addition, we are advancing innovative care models that emphasize early identification of health concerns through advanced care planning, proactive assessments, and early intervention. This approach improves outcomes, reduces unnecessary transfers, and ensures care remains personalized and responsive to each resident's evolving needs.

## EQUITY AND INDIGENOUS HEALTH

At Saint Luke's Place—a charitable, non-profit, non-denominational organization—we foster an environment that celebrates diversity and inclusion. We welcome everyone and maintain zero tolerance for any physical, emotional, or verbal abuse. Our commitment to health equity is reflected in the intentional practices, policies, and communication we use to uphold equity, diversity, and inclusion

across our Long-Term Care Home.

We honour the National Day for Truth and Reconciliation, provide Land Acknowledgements, and participate in cultural events that promote learning, awareness, and unity. All staff complete mandatory annual training on unconscious bias, inclusivity, and person-centered care. Our partnership with the Canadian Centre for Diversity and Inclusion further strengthens our commitment to equity, belonging, and ongoing awareness-building across our organization.

Quality improvement involves all staff and departments through ongoing communication, education, and training. Clinical improvement efforts include personal support workers, nursing staff, physicians, life enrichment, dietary, social services, leadership, and our Board. We also work closely with healthcare partners—including Ontario Health atHome Homes, NLOT, local hospitals, pharmacy, physiotherapy, BSO, and Public Health—to support shared quality goals.

We ensure our practices remain current through knowledge-sharing with peers and clinical experts and align our quality improvement program with priorities set by Ontario Health atHome, Health Quality Ontario, and the Ministry of Health and Long-Term Care.



**Land Acknowledgment**

We acknowledge that the lands on which our campuses are built are on the traditional territories of many nations.

These include the Haldimand Tract and the traditional territory of the Neutral, Anishinaabe (uh-NISH-ih-NAH-bay) and Haudenosaunee (Hoo-dee-no-SHOW-nay) peoples. These lands are part of the Dish with One Spoon Covenant Wampum between the Haudenosaunee and the Anishinaabe peoples.

We also acknowledge the enduring presence of all First Nations, Inuit and Métis peoples, who continue to live here.

Saint Luke's Place respect that indigenous people have rich culture and traditional practices and are the traditional stewards of the land and water upon which our campuses are built.

Saint Luke's Place acknowledge the historical and ongoing injustices that Indigenous peoples continue to endure in what we now call Canada.

We commit ourselves to gain knowledge, forge new, culturally safe relationships, and contribute to reconciliation.





**EMPLOYER  
PARTNER**

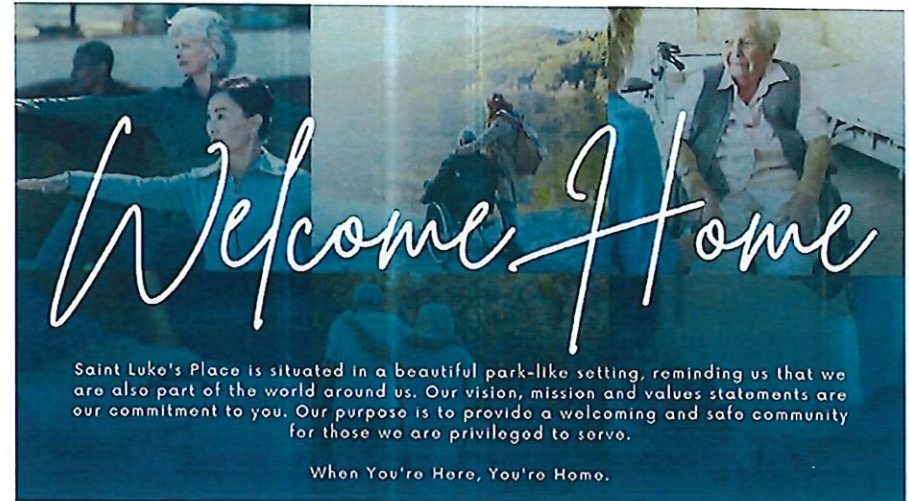
## PATIENT/CLIENT/RESIDENT EXPERIENCE

Residents and families are active partners in care planning through care conferences, Residents' Council, Family Council, and individual discussions. Their feedback shapes care strategies, priorities, and our Quality Improvement Plan (QIP). Care Conferences remain the primary forum for shared decision-making, and both councils receive regular updates on QIP progress through reports and bulletin-board communications.

Quality improvement across clinical areas—including responsive behaviours, infection prevention, falls, pain and palliative care, skin and wound care, and continence—is guided by an interdisciplinary team. Positive outcomes and updates are shared throughout the year in newsletters and council communications.

Saint Luke's Place strengthens resident-centred care through participation in AdvantAge Ontario and regional networks such as AdvantAge Ontario Region 3, the LTC Network through Ontario Health atHome, and the Cambridge Collaborative Care Committee. We also apply RAO Best Practice Guidelines and Institute for Safe Medication Practices resources to support our core clinical programs.

Our monthly Resident Care Committee—which includes Nursing, Infection Control, Physiotherapy, the Dietitian, Clinical Care Coordinator, Social Work, interRAI/Clinical Documentation, Life Enrichment, BSO, a Resident, a Family Member, Pharmacy, and the Medical Director—reviews outcomes, benchmarks, and best practices to provide coordinated oversight of all clinical matters.



## PROVIDER EXPERIENCE

Saint Luke's Place's tagline, "When you're here, you're home," reflects the welcoming community we support each day, including vulnerable seniors in our Long-Term Care Home and independent senior tenants in our apartments.

We prioritize the health and wellness of our employees, recognizing that a supported team is essential to fulfilling our mission and values. Our Wellness Committee and leadership team help foster a positive workplace through activities that build engagement, belonging, and enjoyment. Staff also have access to Homewood Health's Employee and Family Assistance Program (EFAP), which provides coaching, counselling, and online well-being resources. Employees benefit from ongoing learning opportunities through our online education portal and regular training sessions. They are encouraged to pursue relevant courses, explore internal roles, and set development goals through annual performance reviews.

We value staff perspectives and invite employees to join committees that guide organizational priorities and enhance resident care. Their involvement ensures staff voices are heard and recognized as an important part of the Saint Luke's Place family.

## SAFETY

Saint Luke's Place is committed to maintaining a safe, respectful workplace free from violence and harassment, upholding the dignity and human rights of all employees, Board and Committee members, and volunteers.

To support this commitment, we follow a structured health and safety program that includes:

1. Written Standards – Comprehensive Occupational Health and Safety policies are regularly reviewed and updated. Working with our BSO team, we identify and address potential risks prior to admission and develop individualized care plans for residents with known responsive or aggressive behaviours.
2. Communication – Safety updates are shared through annual education, weekly huddles, and a suggestion/comment box to encourage continuous feedback.
3. Training – Staff receive annual training on emergency Codes and behavioural management, including de-escalation and dementia care. We provide in-house GPA training, PIECES education for registered staff, and Occupational Health and Safety Certification for Joint Health and Safety Committee members.
4. Evaluation – Injuries and near-misses are reviewed by the Joint Health and Safety Committee, with a shared reporting system to track and analyze trends.
5. Quality Improvement – The Quality Improvement Committee and Resident Care Committee review safety practices, streamline processes, and strengthen our safety culture through ongoing monitoring and risk reduction.

## PALLIATIVE CARE

Saint Luke's Place integrates palliative care across the entire illness

trajectory by focusing on comfort, dignity, and quality of life from early decline through end-of-life. Care is guided by the Ontario Palliative Care Quality Standard and delivered by a multidisciplinary team that supports the physical, emotional, psychosocial, and spiritual needs of residents and their families. Early goals-of-care conversations, coordinated symptom management, and strong family engagement ensure that care reflects each resident's values and wishes.

#### How We Improve Quality of Life

Residents and families participate in early and ongoing discussions about goals of care and end-of-life preferences.

Symptom management focuses on preventing and relieving pain, breathlessness, restlessness, and other forms of distress.

Emotional, social, and spiritual support is provided throughout the journey to reduce fear, uncertainty, and caregiver burden.

#### Three Examples Demonstrating Our Commitment

##### 1. Early Goals-of-Care Discussions

Care conferences integrate palliative approaches early, ensuring residents' values, cultural needs, and personal wishes guide care. This supports the Quality Standard requirement for timely, resident-driven planning and improves communication, preparedness, and satisfaction among families.

##### 2. Comprehensive Symptom and Comfort Management

Residents receive continuous assessment and timely relief of symptoms using best-practice tools and interventions such as oral care, repositioning, pressure-relief supports, and medication management. This aligns with the standard's focus on managing physical symptoms to preserve comfort and dignity.

##### 3. Monthly Multidisciplinary Palliative Care Committee

A dedicated team reviews residents receiving palliative or end-of-life care to improve coordination, identify gaps, and strengthen care plans. Staff are supported through ongoing palliative education (GPA, CAPCE, Fundamentals). Feedback and outcome data from these reviews inform improvements to care processes and staff training.

## POPULATION HEALTH MANAGEMENT

Saint Luke's Place is committed to transforming our local health system to better meet the needs of our residents now and in the future. A core goal of this work is to build a healthcare environment that attracts and retains dedicated staff who feel supported, valued, and proud of the work they do.

This focus is especially important for Long-Term Care organizations like ours, where recruiting compassionate and skilled individuals to care for older adults is essential. Working collaboratively with community partners helps us address these shared challenges and strengthens our ability to deliver high-quality care.

With strong leadership, trusted relationships, and Board support, we are embracing new and innovative ways of organizing and delivering care. As resident acuity continues to increase, we remain committed to developing and implementing new care models that better support residents and families.

This collaborative approach provides a unique opportunity to help shape a coordinated, responsive local health system—one that ensures people receive the right care when they need it. By working together, we can achieve far more than any one organization could accomplish on its own.

**CONTACT INFORMATION/DESIGNATED LEAD**

David Bakker, Chief Executive Officer  
Maureen Toth, Long Term Care Administrator  
Mirielle Tessier, Director of Nursing and Personal Care  
Jenn Coburn, Director of Infection Prevention and Control  
Sarah McArthur, Director of Human Resources

**OTHER**

Please consult our website for further information:  
[www.saintlukesplace.ca](http://www.saintlukesplace.ca)

**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 2, 2026**



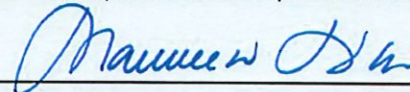
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Margot Kummer, Board Chair / Licensee or delegate



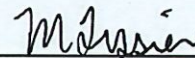
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David Bakker, Administrator /Executive Director



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Maureen Toth, Quality Committee Chair or delegate



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Mirielle Tessier, Other leadership as appropriate

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## 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)	9.32	9.00	A multiyear strategy will be utilized to reduce rate closer or better than the current provincial average	

### Change Ideas

**Change Idea #1** Increase nursing staff participation in advance care planning and palliative-approach education sessions. Continue encouraging registered staff to complete CAPCE training. The Home's Medical Director will continue to deliver an in-service on strategies to reduce emergency department transfers.

Methods	Process measures	Target for process measure	Comments
Track frequency of education sessions and attendance of nursing staff. Successful completion of registered staff participating in CAPCE training/certification.	Number of nursing staff attending education sessions per month	We aim to have 5 education sessions throughout the year and 50% of nursing staff attending 1 or more sessions. Increase certified registered staff in CAPCE.	Through education, we aim to build nursing staff's confidence in having advance care planning conversations with residents and families, while strengthening their understanding of the palliative approach to care.

## 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	EDI education will remain a mandatory component of annual training for all active employees.	

### Change Ideas

Change Idea #1 All active employees are required to complete mandatory annual education as outlined in the Fixing Long-Term Care Act and its regulations. Equity, diversity, inclusion, and anti-racism training are included as part of these annual requirements.

Methods	Process measures	Target for process measure	Comments
Monitor employee completion rates for general orientation and mandatory annual education/training.	Number of active employees will have demonstrated uptake of education annually.	Our goal is for all active employees—100%—to complete annual equity, diversity, inclusion, and anti-racism training each year.	Our Surge online education platform provides a variety of training modules, including EDI and anti-racism, which are assigned to all active employees.

## Experience

### Measure - Dimension: Patient-centred

Indicator #3	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	85.96	95.00	This indicator supports the Health Quality Ontario priority area of resident experience. Saint Luke's Place uses a customized resident and family satisfaction survey and does not utilize the interRAI Quality of Life survey or the NHCAHPS long-stay resident survey.	

### Change Ideas

Change Idea #1 Resident-centered care education will be incorporated into the mandatory annual training for all staff

Methods	Process measures	Target for process measure	Comments
Track frequency of education sessions and attendance of all active employees	Number of active employees will have demonstrated uptake of education annually.	We aim to have 100% of active employees complete education and training	Total Surveys Initiated: 114  Through our Surge online education platform various educational courses related to resident centre care are available and are assigned to all active employees

## Safety

### Measure - Dimension: Safe

Indicator #4	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	7.14	7.00	The target reflects local LHIN data and represents the lowest rate when compared to the LHIN, provincial, and Canadian averages.	

### Change Ideas

Change Idea #1 Saint Luke's Place continues to perform well below the regional, provincial, and national averages, demonstrating that our current practices are highly effective in minimizing the potentially inappropriate use of antipsychotic medications. We will continue to monitor this indicator as part of the Ontario Health priority areas; however, no new change ideas are planned at this time, as our performance has exceeded expectations for more than five years.

Methods	Process measures	Target for process measure	Comments
This indicator measures the percentage of residents without a diagnosis of psychosis who received an antipsychotic medication in the seven days prior to their assessment.	Numerator: Number of LTC Residents who meet the inclusion criteria in each quarter or reporting period Denominator: Sum of the number of residents who meet exclusion criteria in each quarter of reporting period.	Target reflects local LHIN data and is the lowest rate when comparing local LHIN with province of Ontario (19.3%) and Canadian average (22%)	Inclusion and exclusion criteria set as per Ontario Health, based on RAI-MDS assessment information