

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 30, 2026



## OVERVIEW

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Spruce Lodge is part of a broad support system for seniors and adults with disabilities. Our Long-Term Care home provides accommodations for 128 residents. Beyond the Lodge, our campus includes Woodland Towers (rental and life lease apartments), Hamlet Estates (life lease garden homes, as well as a warm water swimming pool and the Spruce Lodge Active Living Centre- all designed to promote well-being and community connection.

Spruce Lodge's 2026/2027 Quality Improvement Plan is built on our Mission of Putting People First. We are committed to fostering an environment where residents, family and our team thrive. Input from the persons we serve is gathered to develop, monitor and evaluate our Quality Improvement Program while aligning with our Vision of- We will be a campus community with purpose, optimizing our people, places and programs to inspire and lead the way forward in service to People First.

Our Quality Improvement Plan also aligns with our strategic plan which was approved by the Spruce Lodge Board in 2025. Our three priority focuses include:

- 1) Shaping excellence in Dementia Friendly Service- The home will embark on our culture transformation journey to person directed care as well as plan, implement and evaluate the cottage renewal project.
- 2) Growing our culture of quality- The home will develop and implement a new quality and risk framework and to build a campus wide Quality and Risk Program.
- 3) Positioning our people for the future- To implement a

comprehensive human resource plan and to create a learning environment that fosters positive workplace behaviours and build each person's unique capabilities.

The first pillar in our Strategic Plan was a focus for this past year as 87 interdisciplinary team members were trained in DementiAbility. DementiAbility is a framework for emotion-based care as it guides team members to "see beyond behaviours, to understand the resident's emotional roots and to build caring strategies that honour the resident's personhood." (DementiAbility.com) Education was just a small step in this journey with other improvements including the implementation of engagement stations not only in the two cottages where we were focusing this framework initially but with stations throughout the home for staff to engage a resident in the moment, decreasing emotional distress and enhance quality of life. Other initiatives include the environmental improvements completed in Cottage B and C- a resident bathroom installed near the dining room to promote continence and ease of finding a bathroom, removal of carpet and installation of laminate floor for ease of residents moving walkers/ wheelchairs, and painting throughout the home areas. The completion of the A Little about Me Pages with input from the residents and family have also been a positive initiative as the more we know about a person and what is important to that person, the better we can understand each person's needs and how to engage them with meaning, purpose, connection and joy. Job descriptions were updated to include each role's responsibility in supporting DementiAbility and questions related to emotion based care are used in interviewing new team members to ensure we are hiring caring, compassionate staff.

As we know, emotional responses are a resident's unmet need. This can include a sense of belonging and purpose. The leadership team devoted time weekly to Cottage B, completing observational audits as well as engaging residents and supporting staff. We are still in an implementation phase of this change initiative and without support of the leadership team, we will not be able to sustain or move forward meeting the needs of our residents and staff. Tracking and trending of incidents, resident to resident and resident to staff provides feedback on the success of the program or where changes are needed and baseline data was used to be able to benchmark if the program is successful.

Our quality goal is to provide high-quality, person-centered care that meets the diverse needs and preferences of our residents and their families. We ensure that our staff, policies, and practices stay current with best practices in the sector, and we capitalize on knowledge-sharing with our peers, as well as other external clinical subject matter experts.

We align our quality improvement program with system-wide priority areas as communicated by our LSAA (Ontario Health), Health Quality Ontario, and the Ministry of Long-Term Care.

In the spring of 2026, Spruce Lodge will complete accreditation through CARF Canada. The mission of CARF is to promote the quality, value, and optimal outcomes of services through a consultative accreditation process and continuous improvement services that center on enhancing the lives of persons served. This peer review process demonstrates Spruce Lodge's commitment to the continuous improvement of our programs while also meeting our regulatory requirements of the Fixing Long Term Care Act and

regulations.

## ACCESS AND FLOW

Optimizing system capacity, timely access to evidence-based care that meets the needs of the population, and patient flow ultimately improves outcomes and the experience of care for patients, clients, and residents.

Spruce Lodge is actively engaged in initiatives to provide evidence-based care that meets the needs of the population we are serving. The implementation of our RNAO clinical pathways guide the staff in effectively gathering person directed information and assessments which are then used for clinical decision making and care planning. Palliative Care and End of Life Care best practice guidelines were implemented over the past year with a focus on improving quality of life and respecting resident values at End of Life. A focus on education stressing Palliative Care does not mean dying but is a holistic approach that provides comfort, symptom relief and support to individuals of any age living with serious or chronic illness. The main goal is to enhance quality of life by managing symptoms while also addressing emotional, social and spiritual concerns and is not limited to end of life but is provided at any stage of illness. CPR/No CPR conversations were introduced as the home transitioned from Health Care Directives to goals/values of care conversations.

Spruce Lodge has entered into a partnership with an ethics consultant. Through this partnership, the Lodge will benefit from ongoing ethics consultation and education that supports our team in addressing complex and sensitive situations with confidence. By building awareness, offering expert guidance, and creating space

for reflection and discussion, this work will strengthen our culture of thoughtful, resident-centred decision-making and enhance the overall experience for those we serve.

Access to timely diagnostic testing is a barrier for the home often resulting in residents being transferred to ED for access to labs and x-rays to guide treatment plans. There is funding to support emergency lab visits however, the timing of this service rarely matches when a resident has acute medical changes resulting in the decision to transfer for diagnostic testing to aide in a treatment plan. Focusing on Advance Care planning conversations, goals/values of care and sharing this information with the team will be a focus for 2026/2027 to ensure a treatment plan matches the residents goals as one initiative to decrease transfers to ED.

Changes to our skin and wound process occurred over this past year with one RN successfully completing the Wound Canada training with funding support through the Ministry of LTC. Wound rounds were implemented with this person then completing the majority of the wound assessments to promote consistency as well as opportunities to share knowledge related to the management of wounds. This initiative will continue into 2026 as we continue to build capacity with all team members related to wound assessment and management as well as initiate a skin prevention program for the home.

In recognizing that much of what we see that leads to escalation in emotional responses associated with dementia and other neurocognitive complexities is due to an unmet need, we strive to work together to finding successful solutions that set the person and their care team up for success. Adjustment to a community

setting is often difficult for any new admission. Recognizing that the first day in a new surrounding can be overwhelming, Spruce Lodge, as part of our admission process prioritizes 'A Little About Me' information to assist the team in getting to know the new resident and setting their home environment up for success on day 1. Prioritizing knowing who the person is guides the team in gaining insight as to what the resident is communicating as an unmet need. This approach reduces emotional responses from escalating and the number of incidents where external supports and possible hospital admission are required.

Our home is committed to optimizing system capacity, timely access to care, and enhancing patient flow to improve outcomes and quality of care for patients, clients, and residents. As part of this important initiative, we work in collaboration with our community partners, including Behavior Supports Ontario, Senior's Mental Health and the Alzheimer's Society of Huron/Perth, among others, on implementing strategies and treatment plans to avoid unnecessary visits to emergency departments through new models of care.

In addition, our home has been actively involved with the Ministry of Long-Term Care and Point Click Care in the implementation of AMPLIFI, which is a project aimed at improving the continuity of care for Ontario Long-Term Care residents by streamlining transitions between care institutions, leading to safer care for residents, and more efficient workflows for providers. We are patiently waiting for our local hospitals, Huron Perth Healthcare Alliance to come on board with the Amplify project as this would improve communication and updates on resident care needs between our home and the hospital system most of our transfers

occur with.

Additional partnerships include our local IPAC hub, the Huron-Perth Health Unit, Multi-Gen dental care, Horizon Pro-Respiratory for oxygen services and respiratory assessments, a contracted skin and wound specialist who assists the home in the management of complex wounds, our Consultant Pharmacist whose enhanced knowledge and experience, ensures that if a pharmacological intervention is required, it is the most appropriate with the least risk of causing other harms. We continue to follow the Boom-R process of medication reconciliation through our pharmacy, Care RX. to promote accuracy with medications at care transitions. These times of transition are critical for resident safety and an area that the home is working collaboratively with pharmacy and discharging facilities to ensure the best care possible for our residents.

## **EQUITY AND INDIGENOUS HEALTH**

Spruce Lodge is committed to fostering an inclusive and culturally responsive care environment where all residents, families, and staff feel valued, respected and supported. With a focus on person centered, emotion based care; addressing spiritual needs are adherent in the model of care. Culturally relevant activities and therapies are key for maintaining connection to culture, language, and community while also addressing physical and mental wellbeing. Establishing trusting relationships with individuals and their families to gain understanding of resident's needs, the team strives to be aware of the potential impact of intergenerational trauma and create a supportive and understanding environment.

Cultural competence education was a focus for this past year and we continue to build our foundation of knowledge by focusing on

cultural bias, AODA and DEI in the workplace education for the team.

The home has advanced how we honour those that came before us and respecting Truth and Reconciliation with the development of a Land Acknowledgement to be used prior to meetings and gatherings in the home. We currently have a small indigenous population in our home, but by strengthening our knowledge on history and the ongoing impacts of colonization, we are able to strengthen the relationship with our indigenous community.

Through our admission process, we gather information to support cultural preferences, meaningful cultural activities, food preferences and spiritual needs as well as information on gender identification and language spoken. This information is shared with the team to support equitable care for all. This information is also used to guide our activity team in planned events that are celebrated such as Black History Month, Truth and Reconciliation Day, Pride, as some examples. The team also uses a Diversity Calendar to help plan events.

New team members are asked to provide information related to cultural preferences, meaningful activities, languages spoken and read. This information is used as we plan for education sessions on differing cultural backgrounds and how we can learn more about those that live and work with us. We have had the opportunity to partner with staff and community members from a variety of cultural backgrounds to create focused activities in the home to highlight the unique cultural experiences of those who work and live in our community in a way that educates both staff and residents and works towards developing a culture within the home of acceptance and inclusivity.

We strive to provide care to our residents in their native language if they do not speak English and the use of cuing picture cards with both the native language and English translation as well as technologies such as Google Translate are used to promote conversation between staff and residents.

Our focus on quality improvement engagement occurs through communication, education and training as well as as, the Code of Conduct which clearly outlines our priorities around non-discrimination, zero tolerance for abuse, neglect and unlawful conduct, ethics, professionalism and the promotion of caring and compassion in all we do- People First. All staff during onboarding, receive training on Accessibility for Ontarians with Disabilities Act requirements, as well as, education on how to provide excellent customer service to those with various disabilities.

## **PATIENT/CLIENT/RESIDENT EXPERIENCE**

Spruce Lodge has an active Resident and Family Council. The Councils meet regularly where information is provided and received. The Councils are involved in providing feedback and input into the decision-making process related to care and services within the home. Members of both councils sit on our Quality Circle team and attend our quarterly meetings.

Resident/ Family Engagement Surveys are reviewed by the Residents and Family Councils in advance of the release date. The surveys are conducted annually and provide valuable information that guides the development of the Quality Improvement Plans for the home.

Feedback received from our families include 87.5% agreeing that they have trust in the team which is an increase from 82% in 2024. 97% of respondents answered that dignity and privacy of their resident is respected versus 93% in 2024.

86% of families reported they would recommend Spruce Lodge to others in the community versus 82% in 2024.

Some responses from our recent Resident Engagement Survey, we rated 91% of residents who participated in the survey responding that I feel listened to versus 97% in 2024. In 2025, 92% of residents responded that they were involved in discussions about their care versus 87% in 2024. We saw a slight decrease in the response to "I tend to be happy here: with 88% of the residents responding positively to this question in 2025 versus 90% in 2024. We value the input of the residents and use their feedback in our commitment to continuous improvement, ensuring that the satisfaction and well-being of our residents always comes first. We will move the timing of the survey forward with agreement of the residents to see if we are able to complete before the end of the year in hopes of having more residents participate in providing feedback.

The home also asks for feedback on two things we are doing well and one thing you wish we can change. This along with What does the mission of Putting People First mean to you, are their any accessibility improvements that are required and if there are any education supports that would benefit you is used to build our education plan, update the accessibility plan as well as our Quality and Risk management program.

Our home continues to be committed to engaging and partnering

with our Residents/Families with the use of virtual technology, newsletters, surveys and have started to hold small group education sessions for residents and families. Members of the leadership team have been invited to attend Family Council meetings and are provided with topics to be reviewed to share knowledge on practices within the home. Our goal for 2026/2027 is to continue to offer education sessions for residents and families as well as to investigate the use of regular newsletters to keep all updated on changes in the home. The Leadership team has also been attending one resident cafe a month to provide residents an opportunity in the moment to ask questions of the team, get to know each other better and for the team to introduce themselves to residents so they know who to reach out to if there are concerns. Although a new initiative for 2026, initial cafes have been positive.

The home has partnered with Sensory Scapes who have helped us design an information area where our Quality Information, Family Council, updates in the home etc., are all located in one area.

Building relationships and providing a platform for engagement ultimately enriches the overall experience for everyone involved.

## **PROVIDER EXPERIENCE**

Spruce Lodge values the health and well-being of our teams and recognizes that when our people thrive, our campus does too. Caring for our people also plays an essential role in our Mission of Putting People First and aligns with our third pillar of the strategic plan of positioning our people for the future.

The home has implemented a Wellness philosophy that introduces the importance of our team caring for themselves and each other.

Education activities such as healthy eating on a budget, how to budget, financial planning are topics that will be offered this year in response to staff input.

Celebrating our team has always been a priority of Spruce Lodge and not only happens during our appreciation week where all team members are celebrated but also through our Long Service Awards and gifts of shirts, sweaters and other swag to promote the mission as well as build team spirit.

DementiAbility focuses on a whole team approach to enabling and enriching the lives of residents in an engaging environment. When the whole team is part of a solution based approach, the culture of the home changes. Part of this initiative also focuses on promoting 'care in action' where residents, family, leadership and team members write a note recognizing seeing a member of the team's efforts in providing emotion based care in their interactions with residents. This initiative which began summer 2025, consists of a monthly collection of the care in action notes and the leadership team in turn hand delivers each note received to the team member thanking them for the difference they make. This has been a meaningful initiative that has resulted in a shift in the culture of the home.

Spruce Lodge is currently supporting the fifth class of PSW students through the Avon Maitland School Board who are completing their PSW certification in a living classroom setting here at the Lodge. We have also supported the most PSW students through Conestoga College for their placements and the home is a preferred placement partner with the College. We are proud to be a part of growing our new healthcare workers.

Staff who refer a new employee to our home receive an initial bonus upon recruitment and an additional amount if the recruited team member stays for a year with the home. This is a way to attract team members that our current team wants to work with and already has a relationship with.

Communication books have returned and a daily shift report is provided to each home area in written format that is added to throughout the day. This ensures the team is prepared for their shift. Plans are in place for the installation of a tablet in the housekeeping/laundry area so these team members will have access to the PCC dashboard and also be kept up to date with resident changes, or notices throughout the home.

Our Human Resources lead applies for recruitment grants for PSW/RPN/RN students completing their placements so that they are able to support their families while completing their education and this has also made us an employer of choice by supporting these students. We were not successful in our application for Health Force Ontario grants which would have allowed us to support summer students who want to experience long-term care and what this industry has to offer.

Our residents benefit from our music therapy students who are completing their placements in the home as well as supporting PTA/OTA students. We also welcome high school co-op students with a placement as this allows future employees to explore work opportunities that they may not have considered previously.

Our Nutrition Services Manager holds weekly huddles with the

Dietary Aides. The huddles are held three times a week- 2 occur with the day team members and one with the students who serve over the supper meal. This valuable touchpoint has aided in improving two way communication in this team. Team meetings are now held twice in the same week so that more staff are able to attend based on their work rotation. This has also promoted communication and sharing of information as more people are able to participate in the meetings.

Feedback from our employee engagement surveys is used to enhance the working relationship between leadership and front line staff focusing on our mission of People First. Some examples of our team responses of what does People First mean to them include "Understanding that my residents are more than a list of tasks to complete-acknowledging their needs and wants directly contributes to increased quality of life"; "residents, co-workers and everyone matters" and "knowing who you are serving and prioritizing their needs".

Our EAP provider hosted four education sessions in house related to mental health, anxiety, stress, and wellness for the team to attend as this was a request through our previous engagement survey. Enhancing our employee wellness program is a key strategic indicator of our plan, how to offer sessions to reach more staff and we will involve the team in planning for future educational opportunities.

Team schedules were revised to move closer to the mandated four hours of direct care. Concerns raised by residents, family and staff as well as the increase in our employee pool, allowed the home to increase the staffing compliment to have a consistent staffing

compliment seven days a week. With the implementation of DementiAbility, team member roles have been updated to move away from set tasks to having the flexibility to meet the resident's needs in the moment and to take time to engage the residents by allowing them to do what they are able to and staff not doing for them. These changes also provide the team with the opportunity to design programming in the home area and all departments play a key role in this.

## **SAFETY**

Resident safety is a top priority for Spruce Lodge. Our approach to safety is to foster a culture where everyone has a role to play in resident safety and the reporting of incidents- actual or near misses, are important to evaluating where there is a system weakness that needs to be addressed to prevent further incidents.

The theme of safety is woven through our care teams during team huddles, Circle of Care meetings and departmental meetings. Resident safety is also well supported through our Quality Circle and Risk Management committee, and our long-term care policies and procedures. Our approach to resident safety includes both prevention activities and post-incident follow-up and management. Our second pillar in our Strategic Plan is Growing our Culture of Quality.

DementiAbility- With environmental changes and interactive stations introduced in 2025/26, safety risks are discussed with the team. We strategize ways to address near misses, while supporting the resident's rights to be engaged in purposeful life. Infection protocols and controls are also considered and discussed as part of our ongoing efforts to create a space that supports the individual's

needs while addressing safety preventative measures.

Falls- The home continues to be higher than the provincial average for residents who fell. In quarter 3 of 2025, the home was at 19% of residents who had fallen versus the provincial average of 16%. This is an increase over the same time in 2024 where the home had 13.5% of residents who had a fall versus the provincial average of 16.3%. Falls and residents who fell are reviewed daily at huddle, to determine if additional interventions or monitoring is required to prevent future falls. Falls are also tracked with action plans shared at Circle of Care meetings, Quality, Leadership and Departmental meetings. An ongoing focus is on hourly intentional rounding as well as interventions to prevent falls, such as appropriate footwear, rest periods, hip protectors, and use of sensor lights to lower the number of residents who fall. The home also respects a resident's right to live with risk and this focus does impact the number of falls a resident may experience. The implementation of logo boards at the resident bedside to quickly alert staff on the type of transfer a resident is, what bed height their bed is to be at for safety as well as if a falls mat or alarm are used to remind the resident not to get up on their own or to alert staff if a resident is trying to get up is being implemented in 2026. This will provide quick information to team members who do not always have time to verify care with the care plan in the moment.

Worsened Stage 2-4 Wounds- The home continues to also be higher than the provincial average in this indicator. In quarter 3 of 2024, the home had 2.1% of residents with a worsened stage 2-4 wound (provincial average was 2.2) versus 3.8% in 2025 (provincial average is 2.2%) The home continues to enhance the skin and wound program and this was a focus for the 2025/2026 QIP. We will carry

this focus forward in 2026/2027 as we continue to educate the team on early identification in changes in skin integrity and consistency in managing wounds.

Taking an Antipsychotic without the Diagnosis of Psychosis- The home remains stable at 35% of residents using an antipsychotic without the diagnosis of psychosis where the provincial average is 19.4%. Our consultant pharmacist in collaboration with physicians, BSO team and front line staff review each resident using antipsychotics and if possible, decrease the dosage or stop the medication and monitor the resident's response utilizing DOS charting. Some residents use medication for other reasons, such as Haldol for nausea but this also is captured in this indicator. A focus of DementiaAbility and BSO is that all behaviour has meaning and the better we know a resident, the better care we can provide by identifying triggers and intervening prior to administering medication.

Our resident acuity has also changed over the past years. Currently, 73% of residents have a diagnosis of Alzheimer's, Frontal Lobe Dementias or other Dementias

37% of residents have a diagnosis of Depression

22% of residents have a diagnosis of Anxiety

11% of residents have a diagnosis of Bipolar, Schizophrenia

5%- substance abuse- drugs or alcohol

5% of residents have a diagnosis of personality disorder

Medication is not the first line of treatment when managing behaviours but for the safety of the resident and others, at times, is required. Close monitoring and working on non-medication interventions are also implemented with the goal of decreasing or

eliminating antipsychotics.

The home also experienced an increase in admissions to the home where several of the admissions are already on antipsychotic medications. As a move to LTC is stressful already, the home does not want to change a medication regime immediately, unless there is an identified risk, and allow the resident to build relationships with the staff of the home and other residents and then titrate doses down if able to do so with the goal to discontinue antipsychotics. Over the next year, as we have just transitioned to using the LTCF, updating diagnosis to ensure the most accurate are captured in the resident health file will also help to track why a medication is being used.

The completion of the ISMP medication self-safety assessment is another prevention tool where the registered staff team along with the consultant pharmacist, review current medication processes in the home, identify areas of risk and develop a plan for improvement.

Follow-up on medication errors: There is a standardized process through our CareRx portal that follows any medication errors, including the completion of a medication error report and a follow-up with the in-home clinical, medical, and pharmacy team. Monthly, the registered staff team review any medication errors that were submitted to provide opportunities for identifying if there is a system error versus human error.

Review and analysis of complaints and critical incidents: Our Complaint procedure was updated to provide a link on our web page that anyone is able to access to log a complaint within the

home. This is then forwarded to the most responsible manager to investigate and respond back to the person lodging the complaint following the legislative requirements. The Quality Circle team reviews and analyses all documented complaints and critical incidents. We use the data to identify recurring and system trends to guide quality improvement and risk-management activities. This information is also shared with resident and family councils as well as at team meetings.

Creating a culture of transparency is a priority and sharing with residents and family when we have not been at our best continues to move us forward on our quality journey. Feedback from residents, families and external stakeholders, such as IPAC, MoLTC, CARF, local health unit, Fire department, etc. is used to enhance our policies, processes and day to day operations. Having a safe environment for team members to report incidents is key as well, as if staff are afraid to report something, this prevents learning from an incident and does not allow the home to change a process which could prevent a reoccurrence or injury to resident.

## **PALLIATIVE CARE**

Care is provided to residents living at Spruce Lodge with a life-limiting diagnosis using a Palliative approach to ensure balance between symptom management promoting comfort and quality of life promoting dignity. This process is initiated at the time of admission utilizing the RNAO Clinical pathways- Palliative as well as the Resident Family Centred Care assessment, goals of care conversations and A Little about Me pages and reviewed with changes in residents condition or upon request. Individualized plans of care are implemented from the information gathered and updated as resident's condition warrants.

Through our palliative education sessions, end of life huddles and palliative committee meetings, as our team expands culturally, there are many different prior experiences related to death in our care team. Team huddles and supporting the team in the moment is a priority to ensure a resident receives the best care possible at end of life as we only have one opportunity to do this right for the resident and their family.

Feedback from families and team members post a resident death improve our care for the next resident at end of life. Some examples over the past year- our quiet room is close to the elevator and can get loud so the home had Quiet Please signs made to be put up when a resident has been moved to this room. Our end of life orders have been updated for ease of use and to prompt the physician to consider routine doses for meds, not just PRN, especially if a resident was previously receiving oral medications for symptom control.

In 2025, 10 residents died in acute care and 2 residents were transferred to hospice for end of life care. Knowing the residents values and goals at end of life are important to ensure we are providing the right care at the right time in the right place. The home is in the process of updating our care conference tool to support the registered staff in having difficult conversations as well as to build capacity within the team to complete the End of Life pathway when required as currently only 1-2 nurses have been using this valuable tool.

Our resident handbook was updated to include information on our palliative philosophy of care as well resources were provided in

April to raise awareness on ACP day about the importance of Advance Care Planning for all. The priority message is to continue to have conversations related to sharing your wishes and identifying who will make decisions regarding your care if you are not able to.

Our Music Therapist has taken an active role in supporting residents and their family at end of life by providing support through music. This has been a well received addition to our care. A Simply music player is also available in the quiet room or can be taken to the resident room. This music player is preloaded with music or can be programmed with music that is meaningful to the resident.

An honour guard occurs at the time of a resident death to remember the life of the person as they leave the home and our Spiritual Care Coordinator posts a eulogy on our memorial board for all to pay respects for the resident who is no longer with us. A candle is placed on the resident's door and a memory placement is used at their table in the dining room to honour the resident who is gone. We have also supported a resident funeral at the home as well as visitations. All of these traditions provide an opportunity for the residents and staff to grieve.

As a home, we continue to support our residents who request MAiD. Our local MAiD medical provider assists the resident, family and the team through this process and supports all involved with a debrief once death has occurred. The request for this intervention can trigger emotions in those involved in the residents care and the team along with our Spiritual Care Coordinator support each other through this time. The home's MAiD policy was updated this year.

Palliative care education is provided annually to all team members

and the goal for 2026 is to continue to build on conversations, care at end of life and symptom management. We are investigating hosting Hospice Palliative Care- Fundamentals as our staff team has changed greatly over the last 5 years and would benefit from this education.

The home has implemented shift huddles when a resident is end of life to share updates on resident status, when care was last provided, changes in resident status, what education has been provided to resident and family so that consistent quality care can be provided. The end of life medication list was updated as well as the end of life checklist and post death checklist which are used to guide staff at this challenging time to ensure important steps are not overlooked. A debrief occurs at the time of a challenging death and each death is reviewed at our monthly palliative meeting which provides opportunities to share what went well and where we could have been better.

We learn something from each resident that we are fortunate to care for at end of life and this knowledge is shared so that we provide better care for the next resident at end of life.

## **POPULATION HEALTH MANAGEMENT**

Social determinants of health, promoting health equity and fostering an inclusive environment are indicators the home focused on while developing our strategic plan for 2025-2029. Knowing our community and the broader determinants of health helped the team to focus on local priorities for Spruce Lodge.

Ongoing relationship building and partnerships with health system partners such as local long-term homes including through our Huron-Perth LTC Committee that our administrator and Director of

Care attend, Ontario Health at Home, regional IPAC hubs, Behavior Supports Ontario, Ontario Health West and various regulatory authorities promotes care and services to our residents at the right place at the right time while reducing overall stressors to the health care system.

Our approach aligns with population health–based methodologies, broadening our focus to include proactive measures in meeting the needs of our entire resident population. This approach involves delivering proactive services to promote health, prevent diseases, and support individuals in living well with their conditions in every interaction within the healthcare system. One example of a proactive service is our swimming program which provides exercise, promotes activity, assists in pain management and helps to provide social interactions for those residents involved.

The implementation of DementiAbility is another example of population health management at Spruce Lodge. Our goal of building on the resident's abilities to engage and be involved is to increase the quality of life of each person in our care, one resident at a time. Environmental Audits and Emotion Based Care Audits provide a framework for analysis and future planning.

Environmental Audits are conducted twice a year to measure improvements made to the resident's environment and to determine next steps with the focus on becoming a DementiAbility Certified home.

Emotion Based Care Audits are conducted by the Leadership team weekly. These are compiled quarterly and reviewed by the Leadership Team. Strengths and areas for improvement are reviewed by the team quarterly. Areas for Improvement are strategized for strengthening.

**CONTACT INFORMATION/DESIGNATED LEAD**

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**SIGN-OFF**

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan on **March 30, 2026**

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**Lesley Biehn**, Board Chair / Licensee or delegate

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**Peter Bolland**, Administrator /Executive Director

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**Mary Anne Weller**, Quality Committee Chair or delegate

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Other leadership as appropriate

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