



Centennial Place LTCH

July 2026 Continuous Quality Improvement (CQI) Report

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Continuous Quality Improvement Initiative Report

Overview

Centennial Place is a 128 bed Long-term care home owned and operated by AON Inc. As reflected in our Mission, Centennial Place is “dedicated to creating a New Tradition of Long-term Care by combining a comfortable environment with flexible programs tailored to individual needs. We provide a home-like environment that promotes the maximum independence, dignity, safety, and wellness of every one of our residents.” Our Mission and Values are brought into action through innovative design and furnishings, through staff selection and training, through clean and well-maintained environments, and programming that respects residents’ individuality while promoting independence.

“Innovative design” is the starting point for creating a home-like environment. For example, to promote a peaceful atmosphere, Centennial Place has carpeted hallways and no overhead communication system. The furnishings and décor are tasteful and appeal to local preferences. Meals are prepared onsite, with fresh local ingredients and menus developed with resident input. Private dining is available in each Home-Area to promote family interaction and to create

opportunities for residents and families to celebrate special events together.

At the core of our approach to programming is resident “choice”. This is codified in the Fixing Long-Term Care Act (FLTCA) and Centennial Place has always operated this way. This means offering options to residents and giving them the opportunity to have some control over their lives and their routines. It incorporates a focus on wellness and restorative programs, as well as such things as flexible waking times, input on menu and meal choices, and having a say in what programs are offered. Staff receive training on adult Montessori concepts and how to enhance resident independence and dignity. Community events are frequent and varied, with the goal being to ensure that residents have lots to choose from and that their lives can remain purposeful and satisfying. Centennial Place is accredited with the Commission on Accreditation of Rehabilitation Facilities (CARF) since 2019. We were recently accredited for 2025-2028 with zero recommendations – an exceptional accomplishment.

As part of a comprehensive and integrated process that includes input from annual program evaluations, annual strategic planning at a corporate level, a review of performance and outcomes using provincial and local data sources (including “Your Health System” through the Canadian Institute for Health Information), and review of priority indicators released from Ontario Health, we have identified improvement opportunities and set improvement objectives for the year.

Priority Areas for Quality Improvement

In addition to quality of life, promoting resident safety is at the foundation of what we do. As a result, the goals of this Continuous Quality Improvement Plan align well with Centennial Place’s Mission. We are basing this plan on our Quality Improvement Plan (QIP) that is submitted annually to Health Quality Ontario. Therefore, based on the parameters of the province wide QIP process and the desire for common indicators that suggest performance improvement, we will focus our attention to:

- Maintain or decrease our number of potentially avoidable emergency department transfers.
- Continue to receive positive responses to resident satisfaction surveys,

particularly responses to: “Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"”, and “Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences"”;

- Percentage of LTC home residents who fell in the 30 days leading up to their assessment; and,
- Percentage of LTC residents without a diagnosis of psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment.
- Percentage of long-term care residents whose stage 2 to 4 pressure ulcer worsened

Indicators and Goals

1. Number of Emergency Department (ED) visits for modified list of ambulatory care–sensitive conditions per 100 long-term care residents (list is per the Ontario Health Indicator Technical Specifications, 2024-2025 Quality Improvement Plans). We are currently 19.59, the provincial average is 18.5 and our goal for this indicator is 16%. We will continue with current strategies to reduce ED visits that are avoidable.
2. Positive responses on resident satisfaction surveys: we scored 95% overall satisfaction in this measure in 2025. We offer an online survey through Survey Monkey, with paper versions available for those who do not have access to the Internet or would simply prefer this method. Total Survey Initiated=75, Number of LTCH beds=128. The process has been overhauled, and all questions were reviewed at the senior management level, and this has helped to collect good data throughout 2025 to help us improve the quality of care and services that we provide to our residents.
3. Percentage of residents who fell in the 30 days: we have several measures in place to attempt to reduce injuries from falls, which is our overarching goal, knowing that the population whom we serve will continue to fall based on their individual diagnoses, dementia in particular. Our current rate for falls is 29.33% - this is 12.83% worse than the Ontario average. Although our fall indicator is high, our rate of injury resulting from fall remains low.
4. Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment. Our current performance for this indicator is 6.45%, with the provincial average at 24.4%. Our goal is to maintain the current level. The resident population continues to have more dementia/Alzheimer’s diagnosis predominantly for admission into our home. We continue with current strategies to minimize the use of

antipsychotics medications unless medically appropriate.

5. Percentage of long-term care residents whose stage 2 to 4 pressure ulcer worsened. Our current performance for this indicator is 4.01%, with the provincial average at 2.5%. The homes resident population presents complex clinical needs, increasing risk for skin breakdown. We will focus on proactive prevention.

Survey Required Under Section 43 of the FLTCA

- Families are provided with a link to complete the online survey. Residents have the option to complete the survey either electronically or on paper and may receive assistance from a volunteer if needed.
- The results of our 2025 survey are as follows:

Survey Questions	% Satisfied
I find the Home to be clean and free of clutter.	94.94
The building is well-maintained.	98.71
The Home feels safe and secure.	97.44
I am encouraged to personalize my space.	98.73
Do you feel you have a voice and are listened to by staff?	93.15
I receive information if there is an outbreak in the home (ex. signage, phone call, emails, etc.).	91.89
I enjoy the taste of the food that is served to me.	94.28
There is enough variety in the menu for me.	88.4
My cultural food preferences are considered in the meal options that are available to me.	95.72
The foods and drinks are served at the right temperatures (hot foods/drinks are hot, cold foods/drinks are cold).	97.14
I am given the option to personalize my meals (with condiments, second servings and/or refills).	98.54
I feel that my feedback about meals is heard and changes are made in response.	94.28
My privacy is respected when I visit with my friends and family	98.53
Staff knock before entering my room.	97.02
I am treated with dignity and respect during my bathing and dressing routines.	97.06
I can get up and go to bed when I like.	94.12
The Care staff treat me with respect.	97.02
I trust the staff who provide my care.	98.51
New team members introduce themselves and their role to me.	92.53
I am encouraged to be involved in making daily decisions about my care.	92.42
I am informed about any changes to my medications and have the opportunity to ask questions.	92.54

Staff explain things in a way that is easy for me to understand.	96.88
If I have a concern, I feel comfortable approaching the leadership team without fear of consequence.	96.88
I understand my rights and responsibilities as a member of this home.	100
The Home provides me with the overall quality and service I/we expect.	96.72
I would recommend this Home to a family member or friend if they needed this type of care and service.	98.31

- The results of the survey are communicated to residents and their families and staff of the home by being posted in a conspicuous space on the “Resident and Family Council” bulletin board on the ground floor across from the elevators.
- Any scores on surveys that are below “Satisfied” are sent to the appropriate Manager for follow up by the Director of Resident & Family Services.
- Through our regular Continuous Quality Improvement meetings, our priority areas for quality improvement (above) are reviewed and should any actions / implementations occur, they will be recorded in these meeting minutes.
- Any follow-up on these items will be posted / dated on the same bulletin board as above.
- No systemic issues were reported to us, with items that required follow-up having to do with issues specific to individual residents.
- We are continuing with an online survey for residents and family members to complete, which will be done annually.

Oversight

The Continuous Quality Improvement Committee oversees all aspects of our QIP and has identified change ideas that will be tested and implemented in collaboration with staff, physicians, and other key stakeholders. Our existing CQI processes will be used to monitor and measure progress, identify and implement adjustments and communicate outcomes for the home’s priority areas for quality improvement as part of this Report.

Sharing and Reporting

A detailed QIP, including Narrative and Workplan, is available on Ontario Health’s QIP publicly accessible pages. A copy of this report was shared with our Residents’ Council in the Spring of 2026.