



## **Station Place LTCH**

### July 2026 Continuous Quality Improvement (CQI) Initiative Report

628 Old Norwood Road  
Havelock, ON K0L 1Z0  
(705) 740-1690

Designated Lead for Continuous Quality Improvement (CQI) Initiative:  
Michael O'Keeffe, Administrator

### **Continuous Quality Improvement Initiative Report Overview**

As reflected in our Mission, Station 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, Station 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 Station Place along with our parent organization, AON Inc., 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. Station Place is accredited with the Commission on Accreditation of Rehabilitation Facilities (CARF) for the years 2025-2028 and was accredited two months after opening on September 15, 2025, 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 Station Place’s Mission. We are basing this plan on our Quality Improvement Plan (QIP) that is submitted annually to Health Quality Ontario. Being our first year in operation, the reporting parameters of the QIP did not fully apply to Station Place, which you will note in the indicators that were applicable to us from September 15, 2025 (our opening date) until September 30, 2025.

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 on:

- Maintain or decrease our number of potentially avoidable emergency department transfers. The priorities identified in our QIP align with provincial long-term care indicators and the operational priorities of a newly opened home. Station Place is currently collecting baseline data for all optional indicators, and this is noted in our QIP workplans. For the sole priority indicator – avoidable emergency department visits – there were only 15 days of reportable data where we had “0” emergency department visits. We will provide a much more robust QIP after we have had a full year of data to analyze for the 2027 report.
- Resident and family feedback, Resident Council and Family Council (which is still in the forming stage) discussions and staff engagement

activities all contribute to identifying opportunities for improvement and developing action plans.

### **Indicators and Goals**

1. Maintain or decrease our number of potentially avoidable emergency department transfers: the provincial rate is 22.3 and with only 15 days of reportable data, our number is at “0”; however this is not a reflection of actuality with such a small sample. We will continue with current strategies to reduce ED visits that are avoidable and report on this indicator in our next QIP (if applicable/reportable) and on our 2027 Continuous Quality Improvement Initiative Report.
2. Other indicators will be determined by the provincial government for 2027.

### **Survey Required Under Section 43 of the FLTCA**

- The resident / family satisfaction survey is carried out per policy GA-F-40 (Resident/Family Surveys) as part of the home’s Continuous Quality Improvement program. Surveys are provided to residents / SDM’s prior to individual care conferences and collected and summarized by the Director of Resident & Family Services monthly and then annually.
- As noted above, our homes’ opening date did not allow us to provide the survey for 2025 and it will be conducted in 2026 and reported on in our next CQI Initiative Report.
- The results of the survey will be communicated to residents and their families and staff of the home by being posted in a conspicuous space on the “Residents’ Council” bulletin board on the ground floor by the front desk.
- The results of the survey will also be shared with the Residents’ Council.
- Any scores on surveys below “Satisfied” will be sent to the appropriate Manager for follow up by the Director of Resident & Family Services, along with our Social Service Worker. Individual concerns will be followed up on and addressed through these individuals.
- 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.

**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 will be shared with our Residents' Council at their next meeting post June 30, 2026.