Macassa Lodge

Continuous Quality Initiative Report

Long Term Care Division, City of Hamilton

June 2026

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Hamilton

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Introduction

Macassa Lodge is home to 270 residents and one of two long-term care homes owned and operated by the City of Hamilton. Our dedication to continuous quality improvement is exemplified in our recent achievement of earning our sixth consecutive three-year CARF Accreditation Award through an on-site survey in January 2026.

Guided by our mission, vision and values, we remain dedicated to delivering high quality care and services that enhance the lives of our residents.

Our Mission - We provide person-centered, long-term care that promotes well-being and creates opportunities to maximize the quality of life of our residents.

Our Vision - We are committed to our people, dedicated to building a strong and healthy community, passionate about making a difference by providing quality care and recognized for our excellence.

Our Values

- Engaged Empowered Employees
- Sensational Service
- Collective Ownership
- Steadfast Integrity
- Courageous Change

The purpose of this report is to provide an overview of Continuous Quality Improvement Initiatives and plans for 2026-2027 at Macassa Lodge as well as summarize quality improvement results and achievements from 2025-2026.

Priorities for 2026-2027

For the 2026-2027 fiscal year, Macassa Lodge's priority areas for quality improvement as outlined in the annual Health Quality Ontario Quality Improvement Workplan will address the six areas of focus below:

1) Access & Flow - Reduce Avoidable Emergency Department (ED) Visits

Measure: % of ED visits for modified list of ambulatory care-sensitive conditions
Baseline: 17.63%
Target: 17.00%
Our strategies to improve care and services in 2026-27:

1) Information on treatment options available within the home provided on admission and during care conferences (admission, annual) and when a resident has a change in condition
2) Re-educate staff on availability of in-home treatment options and effective communication of these options to residents and SDMs
3) Conduct regular audits of ED transfers to identify trends & review at monthly Registered Staff meetings
4) Review results of ED transfer audits quarterly at PHAC meetings
5) RN education on GHHN LTC Pathway

2) Equity – Provide a Safe and Inclusive Environment

Measure: % of positive responses to Q2) "The Lodge provides a welcoming atmosphere where residents feel safe and accepted."

Baseline Q2: 94.00%
Target: 95.00%
Our strategies to improve care and services in 2026-27:

1) People Leaders to remain compliant with City Of Hamilton's (COH) expectations related to Inclusion, Diversity, Equity, Accessibility (IDEA) education.
2) City of Hamilton IDEA education completed during onboarding orientation for all new staff.
3) Complete CLRI IDEA Assessment and develop action plans
4) Revise Tour Package and Resident Welcome Package to ensure inclusivity messaging

3) Experience – Improve Resident & Family Experience

Measures: % of positive responses Q19) "Response to call bells is timely" and Q22) "I am familiar with Resident/Family Council & its role"

Baseline Q19: 68%
Target Q19: 70%
Baseline Q22: 54%
Target Q22: 56%

Our strategies to improve care and services in 2026-27:

1) Host Family Information Events or Family Council
2) Create a display to promote Resident Council during Resident Council week
3) Track attendance at Resident Council and Family Council
4) Review call bell response expectations with staff

5) Review Satisfaction Survey question related to call bells to capture more specific, actionable information

4) Safe & Effective – Reduce Falls and Reduce Utilization of Antipsychotics without a Diagnosis of Psychosis

Measures: 1) % of res who fell in the last 30 days, and 2) % of res not living with psychosis who were given antipsychotic medication**.**

Baseline 1: 12.56%
Target 1: 12.00%
Baseline 2: 23.64%
Target 2: 20.00%
Our strategies to improve care and services in 2026-27:

1) Participate in Person-centered Routine Fracture Prevention in Long-Term Care (PREVENT) Research Trial
2) Re-educate staff on documentation of hallucination/delusion

5) Safe & Effective – Reduce Worsening Stage 2-4 Pressure Ulcers

Measure: % of Residents with Worsened Stage 2-4 Pressure Ulcers
Baseline: 3.42%
Target: 2.50%
Our strategies to improve care and services in 2026-27:

1) Registered Nurses to perform weekly audits to ensure weekly wound assessments are completed and closed
2) Select Registered and Unregulated staff will complete Wounds Canada training
3) Provide training related to the policy revision to remove prescription creams from PSW tasks to Registered Staff
4) Re-educate RNs/RPNs re: staging and basics of wound care

6) Safe & Effective – Reduce Use of Daily Restraints

Measures: % of Residents in Daily Physical Restraints
Baseline: 1.26%
Target: 1.26%
Our strategies to improve care and services in 2026-27:

1) Restraint Reduction Policy Review and Program Development
2) Provide training to staff related to updated Restraint Reduction Policy
3) Director of Nursing to review restraint use monthly

4) Provide education on restraint use to Residents and Substitute Decision Makers
5) Redevelop audit tool for managing restraints

Organizational objectives, policies, procedures, and protocols that govern the continuous quality improvement program are reviewed/revised at least annually as necessary, and are subject to the following legislation:

- Fixing Long term Care Homes Act, 2021
- Ontario Regulation 246/22 made under the Fixing Long Term Care Homes Act, 2021
- Excellent Care for All Act, 2010
- Long Term Care Home Service Accountability Agreement, and
- CARF Accreditation standards

Identification of Priority Areas

When developing Macassa Lodge's annual Quality Improvement Plan, the steps below are used by the Quality Committees to ensure a sustainable plan is in place that includes SMART goals that are Specific, Measurable, Achievable, Relevant, and Time-based:

- Understand and prioritize opportunities for improvement
- Develop improvement initiatives
- Implement improvement initiatives
- Monitor successes and challenges
- Pivot if/when necessary

A number of reliable data sources are reviewed by several organizational teams and committee's including but not limited to:

- Integrated and Extended Quality Improvement Committees
- Resident's Council
- Family Council
- Program/Department specific teams

- Professional Health Advisory Committee
- Organizational Leadership Team

Reliable data sources are not only reviewed in the fall, when planning for the annual quality improvement plan begins, but throughout the year as part of the homes quality improvement program to monitor and measure successes and challenges. Data sources that are reviewed include but are not limited to:

- Performance Indicator Data from Canadian Institute for Health Information (CIHI)
- Ontario Health Quality Improvement Plan Indicator Matrix
- Annual Resident/Family Satisfaction Survey outcomes
- Feeback at Resident Council
- Trends identified from complaints received from residents, families, staff, and stakeholders
- Trends identified from Critical Incidents (reportable to Ministry of Long-Term Care)
- Inspection outcomes from Ministry of Long-Term Care, Ministry of Labour, and Public Health
- Infection Prevention and Control audits
- Any identified emergent issues internally or externally
- Commission on Accreditation of Rehabilitation Facilities (CARF) survey outcome
- Avoidable Emergency Department transfer rates

Monitor, Measure & Communicate Progress

The process to monitor and measure successes and challenges, identify and implement adjustments, and communicate outcomes is reflected in Macassa Lodge's annual Quality Improvement Committee Schedule/Workplan. This schedule lists priority agenda items that need to be discussed each month and includes a template for committee members to document progress for each quality improvement indicator and initiative, as well as barriers, and if adjustments need to be made.

Quality Improvement Plan progress and outcomes are communicated by the Manager of Quality Improvement and Privacy at Resident Council meetings and departmental meetings as appropriate.

A copy of the Quality Improvement Plan, monthly progress, and Continuous Quality Improvement committee minutes are posted publicly in an accessible location in the home on the Quality Improvement Communication board for all residents, family members, staff, and visitors to read. Paper based copies are available upon request. The Continuous Quality Initiative Report is posted on our home's website in a digitally accessible format.

2025 Annual Satisfaction Survey

In 2025, the annual resident and family satisfaction survey was completed in the months of July and August. Assistance was provided to Residents by Recreationists as required, and surveys were mailed out to Substitute Decision Makers.

2025 overall satisfaction results for Macassa Lodge are as follows:

1) I can communicate openly and freely to ensure that my care and service needs are met without fear of consequences. **89%**
2) I am involved in decisions relating to my care. **90%**
3) The staff in each department take time to listen to my concerns. **87%**
4) I am treated with respect and in a courteous manner. **94%**
5) Overall, I am satisfied with the quality of the care and service. **94%**
6) I would recommend this Lodge to others who need LTC. **92%**

The results of the 2025 resident and family satisfaction survey were communicated at the following Council/Committee meeting dates:

1) Resident's Council members – October 17, 2025
2) Family Council – no active council
3) Quality Improvement Committee – October 16, 2025
4) Management Team – October 3, 2025

Copies of the annual resident and family satisfaction survey results were posted in the home on October 14, 2025.

As a result of communication with members of Resident Council, Quality Improvement Committees and Management Team, the following actions to address opportunities for improvement will be taken to improve care, services, and programs for the two priority areas below. Action items to address the lowest scores on the satisfaction survey have been embedded into the 2026-27 Quality Improvement Plan:

1) **Improve positive response to Q19 'Response to call bells is timely':**
    a) Review call bell response expectations with staff at monthly meetings (target: April 2026 – March 2027)
    b) Review Satisfaction Survey question related to call bells to capture more specific, actionable information (target: June 1, 2026)
2) **Improve positive response to Q22 'I am familiar with Resident/Family council & its role'**
    a) Host Family Information Events or Family Council (target April 2026-March 2027)
    b) Create a display to promote Resident Council during Resident Council week (target: September 1, 2025)
    c) Track attendance at Resident Council and Family Council (target: April 2026 – March 2027)

Progress on outcomes with regards to quality improvement initiatives and actions taken to address priority areas identified by the annual resident/family satisfaction survey are reviewed at Resident Council and Quality Improvement Committee meetings. A documented record of actions taken, dates actions were implemented, and outcomes is maintained at Macassa Lodge and posted on the Quality Improvement Communication board for all residents, family members, volunteers, and staff members to read.

A copy of the Resident and Family satisfaction report was offered to members of the Resident Council and provided to those who requested it. Additionally, a copy of the report is posted publicly in the home on the Quality Improvement Communication board with a notation that copies are available upon request to the Manager of Quality Improvement and Privacy.

2025-2026 Quality Improvement Outcomes

1) Access & Flow - Reduce Avoidable Emergency Department Visits

Measure: *% of ED visits for modified list of ambulatory care-sensitive conditions*
Baseline: 17.49%
Target: 17.00%
Result: 17.63% - Not met
Initiatives:

1) Complete Individualized Summaries (I.S.) for all existing LTC residents during annual Care Conference – Implemented April 2025
2) Complete nine promotional strategies to enhance awareness about Prevention of Error-based Transfers (PoET) – Implemented April 2025
3) Provide overview of PoET and copies of resources at six-week post admission Care Conference – Implemented December 2025
4) Nurse Leader led review of Emergency Department transfers (to determine appropriateness) – Implemented April 2025

2) Equity – Provide a Safe and Inclusive Environment

Measure: % of positive responses to Q2) “The Lodge provides a welcoming atmosphere where residents feel safe and accepted.”
Baseline: 95.00%
Target: 96.00%
Results: 94% - Not met
Initiatives:

1) People Leaders to complete Inclusion Diversity Equity Accessibility (IDEA) Module #2: Cultural Awareness in the Workplace – Completed January 2026
2) Add IDEA on Integrated Quality Improvement Agenda – Implemented April 2025
3) Add IDEA as a standing agenda item on all team meetings – Implemented March 2026
4) Add IDEA related question on all interview tools – Implemented April 2025
5) Complete CLRI IDEA Assessment and develop action plans – In progress

3) Experience – Improve Resident & Family Experience

Measures: % of positive responses Q14) "I can easily access programs and services available at the Lodge" and Q19) "Response to call bells is timely."
Baseline Q14: 60%
Target Q14: 63%
Result Q14 : 81% - Met
Baseline Q19: 63%
Target Q19: 66%
Result Q19*:* 68% - Met
Initiatives:

1) Create a directory of services and providers and share at Care Conferences – Completed January 2026
2) Communicate updates to residents/families regarding changes to service providers - Incomplete
3) Complete a pulse survey to obtain focused input about call bell response – Completed March 2026
4) Audit call bell response time on one home area on Days/Evenings/Nights each month – Implemented April 2025

4) Safe & Effective – Reduce Falls and Reduce Utilization of Antipsychotics without a Diagnosis of Psychosis

Measures: 1) % of residents who fell in the last 30 days, and 2) % of residents not living with psychosis who were given antipsychotic medication.
Baseline 1: 13.19%
Target 1: 13.00%
Result 1: 11.80% - Met
Baseline 2: 23.17%
Target 2: 22.70%
Result 2: 21.50% - Met
Initiatives:

Participate in Person-centered Routine Fracture Prevention in Long-Term Care (PREVENT) Research Trial – *In progress*

5) Safe & Effective – Reduce Worsening Stage 2 -4 Pressure Ulcers

Measure: % of Residents with Worsened Stage 2-4 Pressure Ulcers

Baseline: 4.90%
Target: 4.60%
Result: 2.70% - Met
Initiatives:

1) Registered Nurses to perform weekly audits to ensure weekly wound assessments are completed and closed – Implemented July 2025
2) Select Registered and Unregulated staff will complete Wounds Canada training – Completed September 2025
3) Re-educate active PSW staff on application of treatment creams – Implemented April 2025

6) Safe & Effective – Reduce Worsening Behavioural Symptoms

Measures: % of Residents Experiencing Worsened Behaviours
Baseline: 13.50%
Target: 13.20%
Result: 7.40% - Met
Initiatives:

1) Leaders will complete Gentle Persuasive Approach (GPA) Train the Trainers education – Completed June 2025
2) GPA train front line staff – Implemented September 2026
3) Provide training to staff related to updated Responsive Behaviour Policy – Implemented April 2025
4) Implement Violence Assessment Tool (VAT – resident specific) – Implemented July 2025
5) Train Registered staff on VAT completion – Implemented June 2025

Quality Improvement Committee

All members of Macassa Lodges Regular and Extended Quality Improvement Committees participate in developing, monitoring, and evaluating the annual continuous quality improvement initiative plan and report. Additionally, members participate in the development, application and evaluation of the annual resident/family satisfaction survey including identification of action items to address opportunities for improvement.

Macassa Lodge's Integrated Quality Improvement Committee meets on a monthly basis (between Extended Quality Committee meetings) and is comprised of the following Leadership Team members:

Lisa Phelps, Administrator
Alecia Matteson, Director of Nursing
Jennifer Young, Manager of Quality Improvement & Privacy (Chair)
Andrea Ciparis, Administrative Support
Christine Gallagher, Supervisor-Housekeeping and Laundry
Rola Shewayhat, Director of Food Services
Mike Stallard, Supervisor of Administration
Vince Guetter, Superintendent Facilities Operations & Maintenance
Denise Kendall, Supervisor of Resident Services and Adult Day Program
Kory Bothen, RAI Coordinator
Lisa Sargent, Nurse Leader
Gabrielle Miguel, Nurse Leader
Victoria Vandermeulen, Nurse Leader
Camelia Burlea, Nurse Leader
Lunda Mbesha, Nurse Leader
Brian Bettencourt, Senior Project Manager

Macassa Lodge's **Extended Quality Improvement Committee** members meet quarterly. In addition to members of the Leadership team listed above, Extended Committee members also include:

Dr. Joginder Khera, Medical Director
Azra Gaertner, Infection Control Practitioner
Sherry Draper, Personal Support Worker
Alia Arif, Registered Dietitian
Sameer Kapadia, Care Rx Pharmacist Consultant
Ashlee Taylor, Social Worker
Natasa Burgaric, RPN
R.A., Resident's Council President
S.M., Family Member

HQO Narrative Report

Access and Flow

Reducing unnecessary hospital transfers remains a key focus for Macassa Lodge. We are committed to strengthening community partnerships and optimizing available

resources to ensure residents receive the right care in the right place at the right time. These resources include utilization of the Greater Hamilton Health Network (GHHN) LTC Pathway, which is a directory of available services to provide in-home support. Support organizations include the Mobile Integrated Health Hamilton Paramedicine Program; Mental Health Consults through CONNECT, SJHH; Geriatric Psychiatry Consultation, HHS; and Palliative Care Outreach Team. The leaders of Macassa Lodge are actively involved in Greater Hamilton Health Network Long Term Care Innovation Network, which fosters system collaboration, shared learning, and advocacy to improve care access and transitions across the continuum.

A resident-centred approach remains foundational to our work. The team continues to engage residents and substitute decision makers in meaningful conversations about goals of care, including end of life preferences, ensuring these wishes are well documented and respected. This proactive planning helps reduce avoidable ED visits and supports care delivery within the home whenever appropriate. The Medical Director, supporting Physicians, and Nurse Practitioner, along with our Registered Nurses play vital roles in early identification and management of health concerns. Through health promotion, education, and timely clinical intervention, the team works to prevent illness exacerbation and reduce the need for hospital transfers, keeping residents comfortable in their home.

Macassa Lodge is currently undergoing a capital redevelopment project that began in November 2024. This project will expand the home's capacity from 270 to 290 beds and includes the redevelopment of 44 existing beds. Completion of the project is anticipated in the fall of 2026. The addition of these 20 new LTC beds will improve patient flow and access to long-term care services for the Hamilton community.

The following initiatives are included in our 2026-27 Quality Improvement Plan for Reducing Avoidable Emergency Department Transfers:

- Provide education to residents and Substitute Decision Makers on treatment options available within the home
- Re-educate staff on availability of in-home treatment options and effective communication of these options to residents and SDMs
- Enhance awareness and utilization of the Greater Hamilton Health Network LTC Pathway among Registered staff
- Conduct regular audits of Emergency Department transfers to identify trends, root causes and opportunities for improvement
- Review results of ED audits quarterly with Multidisciplinary team

Equity and Indigenous Health

Macassa Lodge is making meaningful progress in advancing equity, inclusion, diversity and accessibility (IDEA) across all levels of care and operations. In 2025, we achieved a 100% completion rate of the City of Hamilton's Inclusion, Diversity, Equity and Accessibility (IDEA) training among leadership. Building on this, IDEA training has been embedded into the orientation process for all new hires, including both frontline staff and leaders, to ensure a consistent and organization-wide foundation in equitable and inclusive practices. As part of our current 2025-26 Quality Improvement plan, IDEA has been incorporated as a question on all interview tools and established as a standing agenda item at team meetings to promote ongoing dialogue, celebrate successes, and identify gaps.

To support continuous improvement, an IDEA Self-Assessment Team has been established at Macassa Lodge, comprised of both front-line staff and leaders. The team is responsible for completing the Ontario Centres for Learning, Research and Innovation in Long Term Care's (CLRI) Organizational Assessment Tool and generating recommendations to address identified areas for improvement. The comprehensive assessment examines equity, diversity, and inclusion practices across key domains including Planning & policy; Organizational culture; Education and training; Human resources; Community capacity building; Resident & family engagement; and Service provision. Residents and families are actively engaged throughout this process, contributing to data collection and the development of action plans. Findings from this assessment will inform priorities within our Cultural Competency Plan, which is reviewed annually to ensure accountability.

At the service level, we continue to promote culturally responsive and inclusive care. Our Resident Services team organizes programming that reflects diverse cultural themes and recognizes important observances such as Black History month, Pride, and Indigenous days of significance. Multifaith services are offered monthly, and residents are supported in accessing community-based spiritual and cultural resources as requested. Our Dietary team plan theme meals encompassing different cultures and holidays, with input from our Residents. To support person-centred care, demographic information including gender identity, race, religion, and language, is collected at admission and used to inform individualized care plans that reflect resident's values, preferences, and identity.

Strategies to further strengthen a safe and inclusive environment in our 2026-27 Quality Plan include developing and implementing action plans based on the IDEA Self-assessment results and updating our Tour Package and Admission Package with inclusive messaging.

Resident Experience

Macassa Lodge prioritizes resident and family engagement and actively seeks advice regarding quality improvement, Resident and Family satisfaction, as well as other initiatives throughout the year. We use several mechanisms to help maximize opportunities for residents and family members to participate as they choose to. Examples of resident and family engagement strategies include, but are not limited to:

- Completion of annual resident/family satisfaction survey.
- Engagement and advice are sought regarding the annual Resident and Family satisfaction survey tool, annual roll out of the survey, outcome reports, and developing/prioritizing action items and timelines. 2025 satisfaction survey results were shared at Resident Council and the full survey report is posted in the home for all residents, families, and staff to review.
- Participation in development of the annual quality improvement plan initiatives and measures. A copy of the annual quality improvement plan is provided to the Resident and Family Council, is posted on the Home's website, and in the home.
- Completion of annual Food Service Survey including developing and prioritizing actions based on outcomes.
- Participation in monthly Resident Council meetings to share progress reports on the quality improvement plan and action items related to the annual resident and family satisfaction survey.
- Active participation and decision making during the post-admission and annual care conference.
- Completion of "How Are We Doing" forms to share compliments, concerns or complaints related to resident care, food and nutrition, clothing and laundry, safety, equipment and supplies, facility and grounds, Accessibility, and the Residents Bill of Rights, or other.
- Resident and family participation in our CARF Accreditation Survey focus groups.

Provider Experience

In 2025, a recruitment video for our Long Term Care Division was developed and posted to City of Hamilton website in early 2026 to support hiring efforts. The video features testimonials from staff, residents and families, highlighting their experiences at Macassa Lodge and helping to showcase our workplace culture to prospective employees.

We have redeveloped and enhanced our staff orientation and onboarding process to improve the new hire experience and support retention. The first four days of orientation now include the City of Hamilton's corporate online learning modules, comprehensive reviews of home and departmental policies and Gentle Persuasive Approach (GPA)

training. Following this, new staff transition into the workplace through structured, position-specific peer training to ensure they feel supported and confident in their roles.

To further strengthen workplace culture and staff engagement, employees are encouraged to participate in our IDEA Self Assessment Team. This group is responsible for completing the Ontario Centres for Learning, Research and Innovation in Long Term Care's (CLRI) Organizational Assessment Tool, and developing recommendations to address identified areas for improvement, fostering a more inclusive and responsive work environment.

In addition, a comprehensive corporate satisfaction survey was conducted in the fall of 2025 (Our People Survey). Results are shared at the department level, where teams collaborate to develop targeted action plans. These initiatives are created in partnership with frontline staff, and progress is regularly monitored and communicated to ensure accountability and continuous improvement.

Staff at Macassa Lodge also benefit from enhanced City of Hamilton supports and resources aimed at improving overall staff experience and retention. These include Employee and Family Assistance Programs, staff recognition and appreciation events, expanded training opportunities, and mentorship programs designed to support professional growth and development.

Safety

In 2025 Macassa Lodge strengthened its approach to safety that prioritizes prevention and early identification of risk. A key component of this shift was the implementation of Gentle Persuasive Approach (GPA) training for all staff. This education equips team members to recognize early behavioural cues and respond effectively and safely in the moment, reducing the likelihood of escalation. By training Management members as GPA Certified instructors, we have ensured 100% staff completion and embedded this capability into orientation and ongoing practice, supporting sustained, real-time responsiveness.

This proactive focus is reinforced through regular inspections and risk assessments that identify potential hazards before harm occurs. Our new Responsive Behaviour policy, supported by the Violence Assessment Tool enables consistent, real-time awareness of resident-specific risks. Visual cues further support staff and volunteers to anticipate and prepare for potential behaviours, strengthening situational awareness and team readiness.

In addition, our Workplace Violence Risk Assessment takes a comprehensive and forward-looking approach, examining risks across all aspects of the home. Rather than relying solely on retrospective review, identified risks are addressed through targeted

improvement initiatives that are integrated into our living Risk Management plan, allowing for continuous monitoring and adaptation.

Our Joint Health & Safety Committee conducts monthly inspections that contribute to ongoing, real-time safety oversight. Risks are promptly communicated to the appropriate leads, with timely follow-up and accountability tracked through both management and committee meetings. This continuous feedback loop ensures that emerging risks are addressed quickly and that lessons learned are translated into immediate practice improvements.

Together, these initiatives demonstrate our commitment to fostering a responsive safety culture – one that emphasizes anticipation and real-time action to ensure a safer environment for residents, staff and visitors.

Palliative Care

Macassa Lodge integrates a palliative approach to care across the entire illness trajectory, beginning at admission and continuing through to end of life and bereavement. This approach is embedded in our interdisciplinary model of care and focuses on early identification of residents with life-limiting illness, proactive care planning, and holistic support for residents and their families and care partners. By prioritizing comfort, dignity and person-centred goals, we aim to improve quality of life at every stage of illness. We continue to review and update our Palliative Approach to Care program to ensure it remains rooted in best practice.

Resident Centred Care

- On admission to our Home, residents are provided a Palliative Approach to Care brochure that outlines all the Palliative options available during their time with our team.
- Advance Care Planning discussions are held regularly and documented in the resident's care plan, including goals of care, preferred place of care and end of life wishes.
- Palliative Approach to Care is integrated into recreational programming by offering residents opportunities to participate in The Legacy Work Program that focuses on storytelling, reminiscence and emotional expression. This program gives residents an opportunity to share their life's experiences, wisdom, and personal journeys while forming connections.
- Peer Loss / Grief Support - The home recognizes the impact of peer loss and provides emotional and psychosocial support to Residents experiencing grief related to the declining health or death of other residents.

- As required, referrals to community partners are made to support pain and symptom management, as well as support in navigating end of life decisions including Medical Assistance in Dying (MAID).

Family Support

- We actively involve families and care partners as part of the care team, offering education about disease progression, what to expect at end of life, and how to participate in care. Flexible visiting policies, including during end of life, support meaningful connection.

- We have end-of-life comfort carts available for resident's family members that contain food and beverages, music, memory notebooks, and ambiance lights. We provide cots in the rooms for families to rest without having to leave their loved one's bedside.

Staff Resources

- The Palliative Performance Scale is implemented into our policy and integrated with Point Click Care which provides data that helps to support decisions regarding interventions along this trajectory.

- Educational opportunities for staff include competency-based training through annual Mandatory Training and offering access to sessions on various Palliative Approach to Care topics. Learning Essential Approaches to Palliative and End-of-life Care (LEAP) and Canadian Serious Illness Conversation (CSIC) education are offered to multiple staff in a variety of disciplines.

- The clinical care team has access to a Palliative Care Clinical Coach through the Hamilton Family Health Team.

Population Health Management

Macassa Lodge works in close partnership with a broad network of healthcare and community organizations to deliver a person-centred, population health management approach that advances equity, promotes overall well-being, prevents disease progression and supports residents to live well with complex conditions.

We are actively engaged within the Greater Hamilton Health Network (GHHN) and Ontario Health Team structure. Our Director of Long Term Care and Seniors is actively involved with regional committees and advisory groups that bring together local health and social service providers to identify emerging community needs, align priorities, advocate and generate solutions that address gaps in care. The Director's community participation includes:

- Co-Chair of the Greater Hamilton Health Network Long Term Care Advisory Committee
- Co-Chair of the Hamilton Niagara Haldimand Brant Sub Regional Access & Flow
- Member of the West Region Access and Flow Regional Recovery Advisory Group
- Member of the West Region Long Term Care Regional Advisory Table
- Member of the Ontario Health – Hamilton Capacity Planning Table
- Member of the OLTCA Quality Committee
- Member of the AdvantAge Municipal Advisory Committee
- Member of the Age Friendly Hamilton Governance Committee
- Member of the Seniors Advisory Committee

The GHHN LTC Pathway provides access to specialized consultation, assessment, and management recommendations, including services such as the Hamilton Health Sciences Long Term Care Geriatric Outreach Team. This collaboration supports timely assessment and responsive management ensuring residents receive appropriate, compassionate care.

Within the home, we utilize an interdisciplinary model of care to proactively manage health risks and improve outcomes. The Pharmacy team conducts comprehensive medication reviews to identify risks such as falls and recommend appropriate interventions, including fracture prevention therapies. The Physiotherapy and Occupational team play a critical role in maintaining mobility, function, and quality of life through individualized care plans. Macassa Lodge is fortunate to have a full time Behavioural Supports Ontario Embedded Recreationist that assesses, plans, implements and evaluates person-centered, non-pharmacological, recreation therapy-focused interventions to prevent or manage responsive behaviors, and support staff by providing tips & strategies to support residents in meaningful engagement. Additionally, we also collaborate with the BSO Long Term Care Team, providing support to residents with responsive behaviours through assessments and developing individualized strategies designed to reduce frequency and intensity of disruptive responsive behaviours.

To reduce barriers and advance equitable access to care, we provide on-site opportunities for external services such as foot care and dental care for residents to engage without having to leave the home. Through collaboration with the Ontario

Seniors Dental Care Program and Hamilton Public Health, we host a mobile dental clinic that delivers free routine dental services, including dentures to low-income seniors, addressing a significant and often unmet need.

Our engagement extends beyond the residents in our home to support community well-being as well. The City of Hamilton operates the Macassa Lodge Adult Day Program, which provides a supportive environment for seniors, providing social, recreation and physical activities to help maintain independence and support caregivers. This initiative reflects our commitment to upstream interventions and community-based population health strategies.


Hamilton