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Omni Quality Living Continuous Quality Improvement Initiative Report 2026/27

Prepared in accordance with: *Fixing Long-Term Care Act, 2021* O. Reg. 246/22 – Section 168
Continuous Quality Improvement Initiative Requirements

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Omni Quality Living – Almonte Country Haven

Continuous Quality Improvement Initiative Report

2026/27

OVERVIEW

At Omni Quality Living, people remain the driving force behind our mission. Since 1975, we have been committed to delivering compassionate, high-quality care, and as we move into our 51st year, we continue to shape the future of long-term care in Ontario with innovation, integrity, and a deep sense of purpose.

Quality is embedded in our culture. Our **Quality Matters** program guides our approach, ensuring that every resident receives care that is safe, timely, effective, and personalized. This framework supports continuous improvement and reinforces our commitment to evidence-based practices, routine evaluation, and industry-leading standards.

We recognize our role in supporting a health system that is sustainable, equitable, and focused on long-term wellness. Our work aligns with Ontario’s vision for a value-based universal health care system—one that prioritizes prevention, improves outcomes, reduces hallway medicine, and strengthens access to high-quality care for all Ontarians.

Our **2026/27 Quality Improvement Plan** reflects provincial annual priorities as well as corporate priorities identified across Omni Quality Living. It aligns with regional and provincial strategies and fulfills the requirements of the **Continuous Quality Improvement Initiative Report (CQIIR)** under section 168 of O. Reg. 246/22 of the *Fixing Long-Term Care Act, 2021*.

This plan also supports broader provincial goals: enhancing the health care experience through an integrated, resident-centered continuum of care, and collaborating with partners to build an accountable, high-performing system that reduces disparities and improves outcomes across diverse populations.

Access and Flow

Improving access and flow across Ontario’s health system continues to be a shared responsibility, and long-term care plays a vital role in ensuring residents receive the right care

in the right place. Omni Quality Living remains committed to strengthening system capacity and supporting smoother transitions for residents, families, and partners across the continuum of care.

- **Timely and Responsive Admissions**
All applications for admission are reviewed promptly and responded to in accordance with the *Fixing Long-Term Care Act*. We remain committed to ensuring that individuals waiting for long-term care receive timely decisions and clear communication.
- **Efficient Bed Management**
Available beds are reported to Ontario Health at Home without delay, and admissions are scheduled as soon as possible to support flow across hospitals, community settings, and long-term care.
- **Expanding Capacity Through Redevelopment**
We continue to redevelop existing homes, often adding new beds and licenses—and to build new homes in communities across Ontario. These investments support provincial efforts to increase long-term care capacity and reduce pressure on hospitals.
- **Nurse Practitioner–Led Outreach**
Nurse Practitioner outreach remains a key strategy in enhancing on-site clinical support, reducing avoidable transfers, and improving resident outcomes.
- **Reducing Unnecessary Emergency Department Transfers**
We continue to strengthen in-home clinical capabilities, early intervention strategies, and staff education to minimize avoidable transfers to emergency departments.
- **Enhanced On-Site Diagnostics**
Partnerships with local health agencies enable more facility-based services such as X-ray, ultrasound, and laboratory testing—improving access to timely diagnostics and reducing the need for off-site appointments.
- **Improving Transitions Through Technology**
We continue to advance our use of digital tools to support safe, accurate, and efficient communication with external health partners.
- **Strengthening Medication Reconciliation**
Many of our homes have adopted the pharmacist-led “Boomer Process” for first-time admissions, ensuring accurate medication reconciliation and safer transitions into long-term care.

Technology

Strengthening digital connectivity across the health system remains essential to improving access, flow, and resident safety. Omni Quality Living continues to expand the use of technology to support accurate, timely, and coordinated transitions of care.

- **Maximizing PointClickCare**

PointClickCare remains our core clinical information system. We continue to leverage its advanced capabilities, including analytics, dashboards, and real-time reporting—to support early identification of risk, improved care planning, and stronger communication across the continuum of care.

- **HealthConnex Integration**

HealthConnex supports secure, streamlined information exchange between long-term care and acute care partners. Expanded use of this platform reduces delays, improves accuracy of shared information, and supports more efficient transitions.

- **Optimizing CHRIS**

CHRIS remains essential for communication with Ontario Health at Home and community partners. Consistent use supports timely referrals, accurate documentation, and smoother transitions for residents entering or leaving long-term care.

- **Driving Compliance Through CHeCS**

CHeCS transforms regulatory complexity into operational clarity. This mobile-first, AI-enabled platform standardizes compliance workflows, reduces incident logging time, manages staff training and certifications, and supports adherence to the *Fixing Long-Term Care Act*. By reducing administrative burden, CHeCS enables staff to focus more time on resident care.

- **Advancing Interoperability Through Amplify**

All Omni homes continue to use Amplify to support safer transitions by connecting clinical data systems between long-term care and acute care. This integration reduces the risk of medication discrepancies, treatment errors, and information gaps during transfers.

Together, these digital tools strengthen our ability to deliver safe, coordinated, and efficient care while supporting broader provincial goals for a more connected and higher-performing health system.

Resident and Family Experience

A positive resident and family experience is central to high-quality long-term care. It reflects every interaction resident and family have within our homes—from daily care and communication to access to information and involvement in decision-making.

At Omni Quality Living, the voices of residents and families guide our quality improvement efforts. We are committed to creating an environment where each person's preferences, needs, and values shape the care they receive.

Resident Experience Survey

We partner with **Metrics at Work**, an independent organization that administers and analyzes our annual Resident Experience Survey. This survey focuses on two key indicators:

- How well residents feel staff listen to them.
- Whether residents feel they can express their opinions without fear of consequences

Survey results provide valuable insight into the lived experience of residents and families. Findings are used to identify opportunities for improvement, guide action planning, and celebrate strengths. Results are shared openly to promote transparency and accountability.

Our goal remains clear: to ensure every resident experiences compassionate, respectful, and individualized care, supported by strong partnerships with families and caregivers.

Provider Experience

A strong provider experience is essential to delivering exceptional resident care. At Omni Quality Living, we are committed to being a workplace where people feel respected, supported, and inspired—across all roles, generations, and career stages.

- **Recruitment, Retention, and Workforce Development**
We actively recruit and retain qualified candidates while investing in the next generation of long-term care professionals. Our corporate education coordinator strengthens partnerships with colleges and universities, coordinates student placements, and supports preceptorship opportunities.
- **Success Through PREP LTC**
The PREP LTC initiative has strengthened our ability to support students and new graduates by enhancing preceptor training, improving onboarding, and building confidence among staff who take on mentorship roles. This has contributed to stronger multigenerational teams and a more supportive learning environment.
- **Commitment to Learning and Growth**
We offer bursaries for continuing education, certifications, and skills training, recognizing that investing in our people strengthens both care quality and job satisfaction.
- **Creating a Supportive Workplace**
A positive provider experience includes moments of connection, recognition, and joy. Our homes regularly host appreciation events, celebrations, and team-building activities. Every employee also receives a holiday gift card as a gesture of gratitude for their dedication.

Safety

Safety is the foundation of high-quality care. At Omni Quality Living, we view safety as a whole-person commitment that includes physical, emotional, psychological, and social well-being.

Whole-Person Safety

Our approach is grounded in a biopsychosocial understanding of health. We focus on:

- **Physical safety:** Strong IPAC practices, fall prevention, medication safety, and safe clinical procedures.
- **Emotional and psychological safety:** Trauma-informed approaches, respectful communication, and environments free from fear or intimidation
- **Social safety:** Supporting meaningful relationships, reducing isolation, and fostering belonging.

A Culture of Staff Safety

A safe home depends on a safe workplace. We support staff through:

- Clear protocols and training
- Access to tools and technology that reduce risk.
- A culture of open reporting and psychological safety
- Respectful, inclusive environments that promote teamwork.

Learning and Continuous Improvement

We encourage open reporting of incidents and near misses and use this information to guide improvements. Digital tools support consistent documentation, timely communication, and effective follow-up.

Partnering With Residents and Families

Residents and families play an essential role in safety. Their insights help identify risks, improve communication, and strengthen care planning.

Palliative Care

Palliative care at Omni Quality Living is grounded in dignity, comfort, and whole-person support. Our approach enhances quality of life for residents living with progressive, life-limiting illnesses while providing meaningful guidance to families.

Resident-Centered and Culturally Responsive Care

Care plans reflect each resident's physical, emotional, social, psychological, and spiritual needs. From admission, we complete additional assessments to support culturally appropriate advance care planning.

Support for Families

Families are essential partners. We provide education, emotional support, and practical guidance to help them navigate the palliative journey.

Holistic Comfort and Well-Being

Our teams focus on:

- Pain and symptom management
- Emotional and psychological support
- Social connection and belonging
- Spiritual care aligned with personal beliefs

Care in Place

Whenever possible, we provide palliative care within the home to reduce unnecessary hospital transfers and support comfort in familiar surroundings.

A Compassionate, Coordinated Experience

Our approach ensures personalized care, continuity, comprehensive support, and a focus on comfort, dignity, and peace.

Population Health

Long-term care plays a vital and often underrecognized role in improving population health. Omni Quality Living contributes to healthier communities by supporting older adults with complex needs, preventing avoidable hospital use, and promoting well-being across the continuum of care.

- **Supporting Aging Populations with Complex Needs**
We provide stable, comprehensive, 24-hour care for individuals with chronic conditions, cognitive impairment, mobility challenges, and social vulnerabilities—reducing strain on hospitals and community services.
- **Promoting Wellness and Prevention**
Our teams focus on early identification of health changes, chronic disease management, fall prevention, nutrition and hydration, and social engagement.
- **Reducing Health System Pressures**
By providing high-quality care in place, we help reduce avoidable ED visits, unnecessary hospital admissions, ALC pressures, and harmful transitions.
- **Equity and Inclusion**

We support residents from diverse cultural, linguistic, and socioeconomic backgrounds and ensure care is respectful, inclusive, and aligned with individual values.

- **Strong System Partnerships**

We collaborate with hospitals, primary care, Ontario Health Teams, community agencies, and specialized services to support coordinated care and improved transitions.

- **Data-Informed Decision-Making**

We use clinical data, quality indicators, and resident experience feedback to guide improvement and target interventions.

- **Enhancing Quality of Life**

Population health is about living well. We prioritize meaningful engagement, purposeful activities, social connection, and emotional well-being.

Alignment With the Fixing Long-Term Care Act and CQIR Requirements

Omni Quality Living's 2026/27 Quality Improvement Plan fully aligns with the *Fixing Long-Term Care Act, 2021* and the **Continuous Quality Improvement Initiative Report** requirements under O. Reg. 246/22.

1. Systematic Approach to Continuous Quality Improvement

Our plan uses a standardized, evidence-informed framework supported by:

- Clinical indicators
- Resident experience surveys
- Safety reports
- Staff feedback

2. Annual Priorities and Targets

- Aligns with provincial priorities
- Includes home-level and corporate-level indicators
- Uses data from PCC, HealthConnex, CHRIS, CHeCS, and surveys
- Sets realistic, evidence-based targets

3. Resident, Family, and Caregiver Engagement

- Use independent Resident Experience Surveys
- Incorporate Resident and Family Council feedback
- Share results and action plans publicly
- Embed resident voice in care planning and safety initiatives

4. Staff Engagement and Provider Experience

- Strengthen workforce development
- Support multigenerational teams
- Promote psychological safety and open reporting
- Encourage staff participation in QI activities

5. Monitoring, Reporting, and Evaluation

- Use real-time data systems
- Conduct audits and interdisciplinary reviews
- Track trends in safety and outcomes
- Report progress to leadership, residents, families, and the public

6. Integration With the Broader Health System

- Strengthen partnerships with hospitals, OHTs, and community agencies
- Use digital platforms to improve transitions
- Support system flow and reduce avoidable transfers
- Contribute to population health and equity

7. Commitment to Resident Safety

- Use a biopsychosocial approach
- Strengthen IPAC, emergency preparedness, and violence prevention
- Encourage open reporting
- Implement technology-enabled safety systems

8. Public Transparency

- Share QI priorities and results openly
- Maintain clear, accessible documentation
- Demonstrate accountability through visible action

Access and Flow

Measure - Dimension: Efficient

| Indicator #1 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|--|------|---|--|---------------------|--------|---|------------------------|
| Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents. | P | Rate per 100 residents / LTC home residents | CIHI CCRS, CIHI NACRS / October 1, 2024, to September 30, 2025 (Q3 to the end of the following Q2) | 29.92 | 22.00 | <p>Early Identification and Intervention:</p> <p>Expanded In-House Management:</p> <p>Staff Education and Competency:</p> <p>Improved Communication and Care Coordination:</p> <p>Family and Substitute Decision-Maker Engagement:</p> <p>This target is ambitious yet achievable and reflects our commitment to providing high-quality, resident-focused care while improving system efficiency and resident experience.</p> | |

Change Ideas

Change Idea #1 Improve early identification of changes in resident condition, utilizing PPS scores as tools to inform decision making and care planning.

| Methods | Process measures | Target for process measure | Comments |
|--|---|---|--|
| Utilize standardized assessment tools and reinforce escalation protocols | % of change-in-condition assessments completed and documented | Aim to achieve 80% compliance over the next year. | Focus on consistency across all shifts, with audits as needed. |

Change Idea #2 Implement a structured approach to strengthen clinical escalation and decision-making. This initiative focuses on ensuring that staff are confident and consistent in recognizing changes in resident conditions, escalating concerns appropriately, and making timely, informed clinical decisions. By providing clear protocols, decision-support tools, and targeted education, the home aims to enhance resident safety, reduce delays in care, and improve overall clinical outcomes. This initiative will be supported through ongoing staff training, leadership mentoring to identify opportunities for improvement.

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|--|
| Establish clear escalation pathways to Charge Nurses and physicians; reinforce after-hours on-call procedures | % of clinical concerns escalated prior to ER transfer | Aim to achieve 80% compliance over the next year. | Education and support for new and existing staff |

Change Idea #3 The home will implement strategies to enhance communication with residents' families and substitute decision-makers (SDMs). This includes providing timely updates on resident health status, care plans, and any changes in condition, as well as ensuring opportunities for questions and shared decision-making. By strengthening these communication practices, the home aims to build trust, improve transparency, and support families and SDMs in being active partners in care. Ongoing staff education and structured communication tools will be used to ensure consistency and effectiveness.

| Methods | Process measures | Target for process measure | Comments |
|---|--|---|---------------------------------------|
| The home will ensure that Goals of Care (GOC) and advance directives are reviewed upon admission, quarterly, and whenever a resident's condition changes. This process supports resident-centered care by confirming that care aligns with the resident's wishes and values. Reviews will be documented and communicated to the care team, residents, and substitute decision-makers to ensure clarity, informed decision-making, and continuity of care. | % of residents with up-to-date goals of care documentation | Aim to achieve 80% compliance over the next year. | Helps reduce non-beneficial transfers |

Change Idea #4 Increase education for residents and their families surrounding palliative care and in home support for end of life.

| Methods | Process measures | Target for process measure | Comments |
|--|---|---|--|
| Implement an educational brochure that will be provided to residents and families upon admission, and as needed throughout the resident's stay in the Home | percentage of questions from residents and families regarding palliative care are navigated | Aim to achieve 80% compliance over the next year. | Partnership with Palliative Care Coach, Partnership with Social Work |

Equity

Measure - Dimension: Equitable

| Indicator #2 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|-------------------|---|---------------------|--------|--|------------------------|
| Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education | O | % / Staff | Local data collection / Most recent consecutive 12-month period | 100.00 | 100.00 | <p>Improved quality of care and resident experience</p> <p>Stronger staff engagement, retention, and morale</p> <p>Reduced risk of discrimination and inequitable practices</p> <p>Alignment with regulatory, accreditation, and human rights expectations</p> | |

Change Ideas

Change Idea #1 EDI and anti-racism education mandatory for leadership

| Methods | Process measures | Target for process measure | Comments |
|--|---|--|---|
| Assign required training to executive and management staff with defined completion timelines | % of executive and management staff who complete training | Aim to achieve 100% compliance over the next year. | Completion tied to performance expectations |

Change Idea #2 Promote leadership accountability

| Methods | Process measures | Target for process measure | Comments |
|--|---|--|---------------------------------|
| Include EDI education completion in leadership reports | % of leadership compliance reported quarterly | Aim to achieve 100% compliance over the next year. | Reinforces governance oversight |

Change Idea #3 Track and monitor training completion

| Methods | Process measures | Target for process measure | Comments |
|-------------------|---|--|---------------------------------|
| Maintain tracking | Monthly training completion reports generated | Aim to achieve 100% compliance over the next year. | Allows timely follow-up on gaps |

Experience

Measure - Dimension: Patient-centred

| Indicator #3 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|------------------------|---|---------------------|--------|---|------------------------|
| Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" | O | % / LTC home residents | In house data, NHCAHPS survey / Most recent consecutive 12-month period | 54.55 | 100.00 | person-centered care effective communication resident satisfaction psychosocial outcomes | |

Change Ideas

Change Idea #1 Reinforce active listening skills among staff

| Methods | Process measures | Target for process measure | Comments |
|--|---|---|---|
| Provide GPA training on active listening, empathy, and resident-centered communication | Percentage of staff completing listening/communication training | Aim to achieve 80% of staff trained the next year | Total Surveys Initiated: 95 Training can be integrated into existing staff meetings or annual competencies |

Change Idea #2 Improve staff awareness of resident feedback

| Methods | Process measures | Target for process measure | Comments |
|--|--|---|--|
| Share resident survey results and comments related to listening during team meetings | Frequency of survey data shared with staff | Aim to achieve 80% of staff awareness the next year | Helps connect staff action to resident experience outcomes |

Change Idea #3 Address resident concerns in real time

| Methods | Process measures | Target for process measure | Comments |
|---|--|--|---|
| Optimize the process for promptly addressing resident concerns raised during interactions | concerns addressed within defined timeframe as indicated by policy and indicated in Quarterly report | 85% of issues resolved within 48 hours | Timely follow-up reinforces to residents that their voices matter |

Measure - Dimension: Patient-centred

| Indicator #4 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|------------------------|--|---------------------|--------|---|------------------------|
| Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". | O | % / LTC home residents | In house data, interRAI survey / Most recent consecutive 12-month period | 91.58 | 100.00 | support a culture of psychological safety, respect foster trust and transparency promotes an environment where residents are valued and protected | |

Change Ideas

Change Idea #1 Educate staff on psychological safety and non-retaliation

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|--|
| Provide ongoing training via surge learning on respectful communication, non-retaliatory practices, and resident rights | Percentage of staff completing surge learning | Aim to achieve 90% of staff trained the next year | Total Surveys Initiated: 95 Training may be incorporated into orientation and annual competencies |

Change Idea #2 Strengthen leadership visibility and trust

| Methods | Process measures | Target for process measure | Comments |
|--|---|--|---|
| Conduct regular leadership rounds focused on listening and reassurance | number of scheduled leadership rounds completed | Aim to achieve 100% strengthened leadership visibility and trust | Leaders should explicitly reinforce non-retaliation during interactions |

Change Idea #3 Ensure timely follow-up on concerns

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|--|
| Implement a standardized process for acknowledging and addressing resident concerns | concerns acknowledged within 24 hours and resolved within timeframe as per policy OP-Am-6.1 | Aim to achieve 90% of timely follow up for resident concerns within 24 hours over the next year | Documenting follow-up demonstrates accountability and builds trust |

Safety

Measure - Dimension: Safe

| Indicator #5 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|------------------------|---|---------------------|--------|--|------------------------|
| Percentage of LTC home residents who fell in the 30 days leading up to their assessment | O | % / LTC home residents | CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average | 20.00 | 15.10 | For commitment to resident safety, fall prevention, and quality care | |

Change Ideas

Change Idea #1 Ensure timely fall risk assessments

| Methods | Process measures | Target for process measure | Comments |
|--|---|---|--|
| Complete fall risk assessments on admission, quarterly, and with any change in condition | 85% of resident fall risk assessments are noted to be completed | Aim to achieve 90% compliance over the next year. | Supports early identification of high-risk residents |

Change Idea #2 Individualize fall prevention care plans

| Methods | Process measures | Target for process measure | Comments |
|---|--|---|--|
| Develop and update care plans based on identified risk factors and prior fall history | Residents at risk with an individualized fall prevention care plan | Aim to achieve 90% compliance over the next year. | Care plans should be reviewed after any fall |

Change Idea #3 Improve post-fall analysis and follow-up. Regular interdisciplinary team meeting.

| Methods | Process measures | Target for process measure | Comments |
|---|--|---|---|
| Conduct post-fall huddles and root cause analysis | falls with documented post-fall review | Aim to achieve 90% compliance over the next year. | Use findings to update care plans and interventions |

Measure - Dimension: Safe

| Indicator #6 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|------------------------|---|---------------------|--------|---|------------------------|
| Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment | O | % / LTC home residents | CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average | 14.41 | 10.00 | support our Home's commitment to safe, person-centered care | |

Change Ideas**Change Idea #1** Conduct regular medication reviews

| Methods | Process measures | Target for process measure | Comments |
|---|--|--|--|
| Implement medication reviews by pharmacy and interdisciplinary team | number of residents without psychosis who have documented medication reviews | Aim to achieve 100% compliance over the next year. | Focus on deprescribing opportunities and alternative interventions if possible |

Change Idea #2 Promote non-pharmacologic interventions

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|--|
| Implement behavior management strategies (BSO) such as personalized care plans, social engagement, activity programs, and environmental modifications | number of residents with documented non-pharmacologic interventions | Aim to achieve 80% increase over the next year. | Ensure interventions are tailored to resident preferences, needs, and wishes |

Measure - Dimension: Safe

| Indicator #7 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|------------------------|---|---------------------|--------|--|------------------------|
| Percentage of long-term care residents whose stage 2 to 4 pressure ulcer worsened | O | % / LTC home residents | CIHI CCRS / July 1 to September 30, 2025 (Q2), as reporting quarter for the rolling 4-quarter average | 3.76 | 3.30 | reflects commitment to high-quality, wound care and prevention practices | |

Change Ideas**Change Idea #1** Ensure timely and accurate skin assessments

| Methods | Process measures | Target for process measure | Comments |
|--|---|---|---|
| Complete comprehensive skin assessments on admission, weekly, quarterly and with any change in condition | residents with Stage 2–4 pressure ulcers receiving timely assessments and interventions | Aim to achieve 80% of resident having timely and accurate skin assessments over the next year | Early identification supports prompt intervention |

Change Idea #2 Optimize monitoring and tracking of worsening ulcers

| Methods | Process measures | Target for process measure | Comments |
|--|--|--|--|
| Create a tracking tool and regular meetings with multidisciplinary team to review tracker and plan follow up | Residents being reviewed for worsening ulcers with decreased numbers | Aim to achieve 85% improvement of stage 2-4 pressure ulcer worsening | attempt to reduce inhouse acquired wounds. |

Change Idea #3 Address nutrition and hydration risks

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|---|
| Conduct nutritional assessments and interventions for at-risk residents | Residents with pressure ulcers receiving nutritional evaluation | Aim to achieve 80% of resident having timely and accurate nutritional assessments and intervention over the next year | Collaboration with dietitian is essential |

Measure - Dimension: Safe

| Indicator #8 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|------------------------|---|---------------------|--------|--|------------------------|
| Percentage of long-term care residents in daily physical restraints | O | % / LTC home residents | CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average | 0.00 | 100.00 | Is to support the facility's commitment to resident safety, dignity, and person-centered care. | |

Change Ideas

Change Idea #1 Engage residents and families in decision-making

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|--|
| Educate residents and families on risks, rights, and alternatives to restraints | risks, rights, and alternatives to restraints, residents/families receiving education and consent documentation | Aim to achieve 100% of resident and family education on restraints over the next year | Reinforces informed consent and shared decision-making |

Access and Flow | Efficient | Optional Indicator

| Indicator #6 | Last Year | | This Year | | |
|--|-----------------------|------------------|-----------------------|----------------------------------|------------------|
| | Performance (2025/26) | Target (2025/26) | Performance (2026/27) | Percentage Improvement (2026/27) | Target (2026/27) |
| Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Almonte Country Haven) | 25.00 | 22 | 29.92 | -19.68% | 22 |

Change Idea #1 Implemented Not Implemented In Progress

Home reports quarterly to corporate office the number of ED visits that occurred. ED visits discussed and reviewed at PAC meeting on a Quarterly basis.

Process measure

- Home to compare average of ED visits with Omni corporate percentages as well as provincial reporting

Target for process measure

- Our aim at Almonte Country Haven is to reduce number of ED visits from 25% to 22%.

Lessons Learned

Improved collaboration with physicians, nurse practitioners, and external healthcare partners has supported in-house management where appropriate.

Change Idea #2 Implemented Not Implemented In Progress

Multidisciplinary team to discuss ED visits and review legitimacy of the visit

Process measure

- Data is collected and provided from Ontario Health via the LHIN. The data is shared with the home.

Target for process measure

- Our aim at Almonte Country Haven is to reduce number of ED visits from 22% to 22% over the next year.

Lessons Learned

Enhanced nursing assessments and monitoring have supported timely interventions within the home.

Family expectations and concerns regarding safety may influence decisions to transfer residents to the ED.

Change Idea #3 Implemented Not Implemented In Progress

Communicating and educating registered staff regarding questions to ask the patient and physician to gain patterns on factors that lead to sending a resident to the ED.

Process measure

- Data is collected and provided from Ontario Health via the LHIN. The data is shared with the home.

Target for process measure

- Our aim at Almonte Country Haven is to reduce number of ED visits from 25% to 22% over the next year

Lessons Learned

Increased use of advance care planning and goals-of-care discussions has supported resident-centred decisions regarding transfers to the ED.

Change Idea #4 Implemented Not Implemented In Progress

Home to review with Residents (when appropriate) and family members Resident specific goals of care surrounding ED visits.

Process measure

- Data is collected and provided from Ontario Health via the LHIN. The data is shared with the home.

Target for process measure

- Our aim at Almonte Country Haven is to reduce number of ED visits from 25% to 22% over the next year.

Lessons Learned

Staff education on recognizing early signs of deterioration has contributed to improved clinical decision-making in conjunction with family/resident wishes

Family expectations and concerns regarding safety may influence decisions to transfer residents to the ED.

Improve communication with families regarding care options and goals of care to support informed decision-making.

Comment

The home recognizes that reducing avoidable ED visits supports resident comfort, continuity of care, and system sustainability. Data is reviewed regularly to identify trends and opportunities for improvement, while ensuring that resident safety and clinical needs remain the primary focus.

Maintain ongoing staff education to support confidence and clinical competence in managing acute conditions.

Strengthen interdisciplinary collaboration to support timely, in-home interventions.

Equity | Equitable | Optional Indicator

| | Last Year | | This Year | | |
|---|-----------------------|------------------|-----------------------|----------------------------------|------------------|
| Indicator #5 | 90.00 | 100 | 100.00 | 11.11% | 100 |
| Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Almonte Country Haven) | Performance (2025/26) | Target (2025/26) | Performance (2026/27) | Percentage Improvement (2026/27) | Target (2026/27) |

Change Idea #1 Implemented Not Implemented In Progress

All home personnel to receive focused EDI education annually.

Process measure

- * Staff completion of required Surge DEI education modules is tracked through the Surge Learning platform Reports. *
Maintenance/decrease in number of incident reports over the year containing infractions of DEI incidents

Target for process measure

- Annual completion of 95% for all DEI education.

Lessons Learned

Increased participation has been observed across executive, management, and frontline staff groups.

Training content has increased staff awareness of bias, cultural safety, and respectful workplace practices.

Staff turnover and onboarding of new employees create ongoing training demands.

Comment

The home recognizes that EDI education is an ongoing process essential to fostering a respectful, inclusive, and culturally safe workplace. Training outcomes will continue to be reviewed alongside staff feedback and organizational practices to ensure meaningful impact beyond completion rates.

Continue monitoring staff completion rates and addressing gaps proactively.

Experience | Patient-centred | **Optional Indicator**

| Indicator #3 | Last Year | | This Year | | |
|--------------|---|---------------------------------------|-------------------------------|---------------------------------------|--|
| | Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Almonte Country Haven) | 85.42 Performance (2025/26) | 90 Target (2025/26) | 54.55 Performance (2026/27) | -36.14% Percentage Improvement (2026/27) |

Change Idea #1 Implemented Not Implemented In Progress

The home will continue to support the completion of the annual Resident Experience Survey by providing the support of team members to assist Residents, the provision of iPads/laptops for survey completion as well as consistent open communication with families for those Residents unable to complete.

Process measure

- The annual Resident Experience Survey was completed by Residents (when able) with the support of our Life Enrichment Staff. When it was determined that a Resident was not capable of completing the survey, the POA family member for those Residents was provided the survey and the home requested they complete the survey on their loved ones' behalf.

Target for process measure

- The home would like to achieve a 95.1% positive response from all Residents and/or family members that complete the annual Resident Experience Survey.

Lessons Learned

The home has maintained a strong focus on resident-centered communication, contributing to positive resident feedback regarding staff listening.

Leadership visibility and open-door practices have encouraged residents to share feedback.

Residents with cognitive impairment, communication barriers, or sensory limitations may experience difficulty expressing concerns, impacting survey responses.

Variability in communication styles among staff may affect resident perceptions of being heard.

Change Idea #2 Implemented Not Implemented In Progress

Strengthen follow-up processes to ensure residents see visible outcomes from shared feedback.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Recognize and celebrate staff who demonstrate exemplary listening behaviours.

Comment

The home recognizes that feeling listened to is a key component of resident dignity, satisfaction, and quality of life. Survey feedback is reviewed and used to guide targeted improvements. Continued efforts will focus on ensuring that every resident, regardless of communication ability, feels heard and respected.

| | Last Year | | This Year | | |
|---|-----------------------|------------------|-----------------------|----------------------------------|------------------|
| Indicator #4 | 87.50 | 92.50 | 91.58 | 4.66% | 100 |
| Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Almonte Country Haven) | Performance (2025/26) | Target (2025/26) | Performance (2026/27) | Percentage Improvement (2026/27) | Target (2026/27) |

Change Idea #1 Implemented Not Implemented In Progress

Utilization of active listening skills, validation when actively listening to resident's and their concerns/worries. Re-education with staff regarding, but not limited to, OMNI Quality Living's Mission, Vision and Values, Code of Conduct, fostering positive home culture, Power Imbalance, Responsive Behaviours, Whistleblowing Policy. The home will provide additional staff training on reassuring Residents, demonstrating empathy and understanding while listening and responding to them as well as when providing care.

Process measure

- The annual Resident Experience Survey was completed by Residents (when able) with the support of our Life Enrichment Staff. When it was determined that a Resident was not capable of completing the survey, the POA family member for those Residents was provided the survey and the home requested they complete the survey on their loved ones' behalf. The home will closely review all concerns/complaints received and track for common issues.

Target for process measure

- The home would like to achieve a 92.5% positive response from all Residents and/or family members that complete the annual Resident Experience Survey.

Lessons Learned

The home continues to promote a culture of respect, dignity, and resident rights, supporting residents' ability to express opinions openly.

Leadership accessibility and open-door practices encourage residents to voice opinions directly.

Leadership accessibility and open-door practices encourage residents to voice opinions directly.

Cognitive impairment, anxiety, or communication barriers may limit some residents' ability to express opinions.

Change Idea #2 Implemented Not Implemented In Progress

Enhance onboarding education for new residents regarding their rights and how to voice concerns safely.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Residents who are new to the home may require time to feel comfortable speaking openly

Comment

The home recognizes that residents’ ability to express opinions without fear is essential to quality of life and meaningful engagement. Ongoing efforts focus on strengthening trust, transparency, and respectful communication at all levels.

Continue monitoring survey results and trends related to resident psychological safety.

Safety | Safe | Optional Indicator

| | Last Year | | This Year | | |
|---|-----------------------|------------------|-----------------------|----------------------------------|------------------|
| Indicator #1 | 11.27 | 6.27 | 20.00 | -77.46% | 15.10 |
| Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Almonte Country Haven) | Performance (2025/26) | Target (2025/26) | Performance (2026/27) | Percentage Improvement (2026/27) | Target (2026/27) |

Change Idea #1 Implemented Not Implemented In Progress

The home will continue with our Falls Prevention Program to reduce percentage of falls that occur. Increase capacity building through utilization of best practice initiatives, staff education and the home's partnership with Achieva Health for the provision of Physiotherapy services in the home.

Process measure

- Post Fall assessments, MDS data, Internal Quality indicator reports, 100% completion for annual staff education regarding Fall Prevention through the Surge Learning platform as well as Achieva Health's Education modules

Target for process measure

- 100% completion rate for Falls Prevention education for all home staff. 100% of Residents who fall will have a comprehensive post fall assessment completed. 100% of Residents will have a Fall Risk Assessment completed on admission, quarterly and PRN

Lessons Learned

Environmental factors and resident non-compliance with assistive devices continue to present challenges.

Despite preventative efforts, falls continue to occur due to complex resident needs, including cognitive impairment, mobility limitations, and changing health conditions.

Change Idea #2 Implemented Not Implemented In Progress

Reintroduce post-fall huddles to review contributing factors and implement immediate, individualized interventions

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Variability in staff experience and turnover may affect consistent application of falls prevention strategies.

Comment

The home remains committed to continuous improvement in falls prevention through evidence-based practices and interdisciplinary collaboration. Ongoing evaluation of fall incidents and near-misses will guide adjustments to care strategies and support timely interventions. Feedback from staff, residents, and families will continue to inform program enhancements. The partnership with Achieva Health has been a valuable resource in supporting resident mobility and maintaining functional independence.

Continue to strengthen the Falls Prevention Program through regular review of policies, procedures, and outcomes.

| Indicator #2 | Last Year | | This Year | | |
|---|-----------------------|------------------|-----------------------|----------------------------------|------------------|
| | Performance (2025/26) | Target (2025/26) | Performance (2026/27) | Percentage Improvement (2026/27) | Target (2026/27) |
| Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Almonte Country Haven) | 11.33 | 9.66 | 14.41 | -27.18% | 10 |

Change Idea #1 Implemented Not Implemented In Progress

Home to improve opportunities to provide appropriate education for all home staff and family members regarding appropriate non-pharmacological interventions.

Process measure

- Many residents who are admitted to our home are already prescribed anti-psychotics therefore assessment and outreach to the BSO program is vital to change or discontinuation of medication to increase and enhance their quality of life at Almonte Country Haven. Monthly statistics from our CareRx Pharmacy.

Target for process measure

- Our current performance is 16.05%. Since our last submission, the home has had a 5.93% improvement in this indicator. The home will strive to remain at/or below the provincial average for this indicator.

Lessons Learned

Regular medication reviews involving nursing staff, physicians, and pharmacy consultants have supported safer prescribing practices.

Family expectations and concerns regarding resident safety may influence decisions to continue medication.

Change Idea #2 Implemented Not Implemented In Progress

Home to continue to take full advantage of community partnership and support with the Royal Ottawa Hospital Geriatric-Phychiatry Outreach Program.

Process measure

- Home to continue to track anti-psychotic use in home. Home to review new Resident's prescribed medication vs. Resident diagnosis to determine inappropriate use.

Target for process measure

- Our current performance is 16.05%. Since our last submission, the home has had a 5.93% improvement in this indicator. The home will strive to remain at/or below the provincial average for this indicator.

Lessons Learned

Some residents continue to exhibit complex responsive behaviours related to dementia, anxiety, or environmental triggers, leading to continued antipsychotic use.

Change Idea #3 Implemented Not Implemented In Progress

education to be provided for the new DOS mapping tools to better identify triggers and tailor non-pharmacological interventions.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Documentation inconsistencies may affect indicator outcomes despite appropriate clinical decision-making.

Comment

The home recognizes the importance of balancing resident safety, quality of life, and appropriate medication use. Efforts to reduce antipsychotic use are ongoing and guided by clinical assessment, interdisciplinary collaboration, and resident-centered care planning. Indicator results will continue to be interpreted within the context of resident complexity and care needs.

Safety | Safe | Custom Indicator

| | Last Year | | This Year | | |
|---|-----------------------|------------------|-----------------------|----------------------------------|------------------|
| Indicator #7 | CB | 15 | NA | -- | NA |
| To increase the number of Direct Care Staff providing care to Residents (Almonte Country Haven) | Performance (2025/26) | Target (2025/26) | Performance (2026/27) | Percentage Improvement (2026/27) | Target (2026/27) |

Change Idea #1 Implemented Not Implemented In Progress

To successfully hire Registered staff, Personal Support Workers, and other support staff(cooks, dietary aides). To fill RPN and PSW lines with Almonte Country Haven staff to minimize/eliminate agency use.

Process measure

- Staffing reports. Collect staff shortage data for our Quarterly QI reports. Tracking Staff Retention Staff Satisfaction surveys

Target for process measure

- The process measure will be achieved by March 2024

Lessons Learned

The home has implemented targeted recruitment and retention strategies to increase direct care staffing levels.

Ongoing workforce shortages within the healthcare sector continue to impact recruitment

Competition with other healthcare organizations limits the availability of qualified candidates

Reliance on agency or casual staff can affect continuity of care.

Change Idea #2 Implemented Not Implemented In Progress

Strengthen mentorship and peer-support programs to support staff well-being

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

collaborate with educational partners to build a sustainable workforce pipeline

Comment

The home recognizes that adequate direct care staffing is essential to resident safety, quality of care, and staff well-being. Efforts to increase staffing levels are ongoing and require a multifaceted approach addressing recruitment, retention, and workplace culture.

Continue monitoring staffing levels, turnover rates, and resident care needs.

Strengthen collaboration with educational partners to build a sustainable workforce pipeline.