Omni
Quality Living

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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 – Bear Creek Terrace

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 CQIIR 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)	22.58	18.00	Staff education and ongoing communication regarding residents' advance directives and care preferences continue to be reinforced to support resident-centred decision-making. Residents' choices to transfer to the hospital are respected. The home is supported by a full-time Nurse Practitioner (NP), providing timely on-site assessment and intervention to reduce avoidable ED visits. The Medical Director reviews ED transfer data monthly to support continuous quality improvement and identify opportunities to enhance in-home care.	Lambton Family Health Team, Proresp, GMHOT, WMMI

Change Ideas

Change Idea #1	On-Site Clinical Assessment Enhance in-home clinical management through timely on-site assessment and treatment using a Nurse Practitioner (NP) to support decision-making and reduce avoidable ED transfers.		
Methods	Process measures	Target for process measure	Comments
Utilize NP availability for timely resident assessments. Support nursing staff in early identification of changes in condition and escalation to NP for intervention.	Percentage of ED transfers where NP assessment was completed before transfer (where applicable), measured monthly.	=90% of applicable ED transfers will have NP assessment completed prior to transfer by June 30, 2026.	Supports timely clinical decision-making and reduces avoidable transfers through enhanced in-home care.

Change Idea #2	Staff Education & Clinical Protocols Reinforce staff education on recognizing changes in condition, advance directives, and adherence to clinical escalation protocols to support appropriate in-home care.		
Methods	Process measures	Target for process measure	Comments
Provide ongoing education sessions and reinforcement during huddles and meetings. Review advance directives and escalation expectations with staff.	Percentage of staff who have received education on changes in condition and escalation protocols, tracked annually.	100% of nursing staff will complete education by December 31, 2026.	Focus on improving early recognition and appropriate response to changes in resident condition.

Change Idea #3	Interdisciplinary Review & Communication Implement monthly interdisciplinary reviews of ED transfers with the Medical Director and leadership team, while strengthening communication with residents and families regarding goals of care and treatment decisions.		
Methods	Process measures	Target for process measure	Comments
Conduct monthly ED transfer reviews. Reinforce communication with families regarding goals of care and expectations.	Number and percentage of ED transfers reviewed monthly by the leadership team, the NP, and the Medical Director.	100% of ED transfers will be reviewed monthly by June 30, 2026.	Supports continuous quality improvement and ensures alignment with resident goals of care.

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	74.00	100.00	The target addresses identified gaps in education completion and reinforces accountability at all levels of the organization. Improving participation in EDI and anti-racism training aligns with organizational values, legislative expectations, and best practices in long-term care.	

Change Ideas

Change Idea #1 Education Implementation & Awareness Increase completion of equity, diversity, and inclusion (EDI), and anti-racism education across all team members while enhancing awareness of inclusive practices.

Methods	Process measures	Target for process measure	Comments
Implement mandatory EDI and anti-racism training for all staff. Utilize the DEI committee to support awareness initiatives and reinforce key concepts through team meetings and communication.	Percentage of staff who have completed EDI and anti-racism education, measured annually.	100% of staff will complete EDI and anti-racism education by December 31, 2026, and annually thereafter.	Supports foundational knowledge and promotes a culture of inclusion and respect.

Change Idea #2 Monitoring & Accountability Strengthen accountability for EDI education completion through leadership oversight and tracking.

Methods	Process measures	Target for process measure	Comments
Track and monitor education completion through learning systems. Provide updates to leadership and follow up on outstanding completion.	Percentage of staff with completed training tracked and reviewed by leadership.	Quarterly review of education completion with action taken to address gaps.	Ensures sustained accountability and visibility of education progress.

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	87.34	95.00	This target has been established to improve resident satisfaction through increased staff awareness of the importance of listening and meaningful engagement. Focused efforts on communication, responsiveness, and follow-up will support improved outcomes in this area.	

Change Ideas

Change Idea #1 Staff Communication & Engagement Improve resident experience by strengthening staff listening skills, communication, and responsiveness.

Methods	Process measures	Target for process measure	Comments
Provide staff education on active listening and respectful communication. Reinforce expectations through coaching and performance management. Promote regular resident engagement opportunities (e.g., Residents' Council, one-to-one interactions).	Percentage of staff who have completed education on communication and customer service, measured quarterly. Number of resident engagement opportunities (e.g., meetings, forums) held monthly.	100% of staff will complete communication education annually, and resident engagement opportunities will be held monthly.	Total Surveys Initiated: 79 Supports improved communication, relationship-building, and resident-centered care.

Change Idea #2 Monitoring & Responsiveness Strengthen follow-up and responsiveness to resident feedback and concerns.

Methods	Process measures	Target for process measure	Comments
Monitor resident concerns and feedback. Ensure consistent follow-up and resolution within established timelines. Review feedback trends through leadership and quality processes.	Number of resident concerns/feedback addressed and followed up monthly.	100% of resident concerns will be acknowledged and followed up on within established timelines (10 days).	Ensures resident voices are heard, acknowledged, and acted upon promptly.

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	81.01	90.00	The target reflects the home's commitment to fostering a safe and respectful environment where residents feel comfortable expressing their opinions without fear. Improving this measure will support resident autonomy, trust, and meaningful engagement in care and daily living.	

Change Ideas

Change Idea #1 Culture of Safety & Communication Foster a safe and open environment where residents feel comfortable expressing their opinions without fear.			
Methods	Process measures	Target for process measure	Comments
Reinforce a culture of respect, openness, and psychological safety. Educate staff on respectful communication and resident rights. Promote regular opportunities for resident feedback (e.g., Residents' Council, one-to-one conversations).	Percentage of staff who have completed education on resident rights and respectful communication, measured annually.	100% of staff will complete education, and resident feedback opportunities will be held monthly.	Total Surveys Initiated: 79 Supports a culture of trust, respect, and psychological safety.

Change Idea #2 Monitoring & Follow-Up Strengthen processes to ensure resident concerns and feedback are acknowledged and addressed in a timely manner.			
Methods	Process measures	Target for process measure	Comments
Monitor and track resident concerns and feedback. Ensure consistent follow-up within established timelines. Review trends through leadership and quality processes.	Percentage of resident concerns acknowledged and followed up within established timelines, measured monthly.	100% of resident concerns will be acknowledged and followed up within established timelines (10 days).	Ensures residents feel heard, supported, and confident in speaking up.

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	20.36	15.00	This target is supported by the full implementation of Achieva Health to strengthen tracking, trending, and intervention planning for falls. With increased PT involvement and consistent NP and pharmacy medication reviews, the home aims to proactively identify risks and reduce fall incidence to 15.0%.	Achieva Health, Hogans Pharmacy

Change Ideas

Change Idea #1 Clinical Management & Prevention Strategies Reduce falls through consistent application of individualized prevention strategies and interdisciplinary collaboration.

Methods	Process measures	Target for process measure	Comments
Collaborate with the Achieva Physiotherapy team to support mobility and strengthening programs. Reinforce staff education on falls prevention and safe mobility practices. Ensure care plans are updated and communicated to front-line staff.	Percentage of high-risk residents with updated falls prevention care plans, measured monthly. Percentage of staff who have completed falls prevention education, measured annually.	100% of staff will complete falls prevention education annually. High-risk residents will have updated care plans quarterly.	Supports proactive risk identification and individualized prevention strategies.

Change Idea #2	Interdisciplinary Review & Monitoring Strengthen interdisciplinary review and monitoring of residents with falls to identify trends and support timely intervention.

Methods	Process measures	Target for process measure	Comments
Complete regular interdisciplinary reviews of residents with falls and those identified as high risk. Utilize NP and pharmacy input to address contributing factors.	Percentage of residents with falls reviewed by the interdisciplinary team monthly.	100% of residents with falls will be reviewed monthly.	Ensures ongoing monitoring, timely intervention, and continuous quality improvement.

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	24.87	18.00	This target reflects the home's commitment to appropriate prescribing practices by ensuring all antipsychotic use is supported by a valid clinical diagnosis. Through ongoing review by the Medical Director, NP, and Pharmacist, the home will focus on diagnosis verification, gradual dose reduction, and alternative interventions to safely reduce use to 18.0%.	Central Lambton FHT, Hogans Pharmacy

Change Ideas

Change Idea #1	Medication Management & Diagnosis Review Reduce inappropriate antipsychotic use through interdisciplinary medication review and ensuring appropriate clinical diagnosis.		
Methods	Process measures	Target for process measure	Comments
Complete regular interdisciplinary medication reviews with Medical Director, NP, and Pharmacist. Ensure all antipsychotic use is supported by a valid clinical diagnosis and assessed for potential reduction.	Percentage of residents on antipsychotics reviewed quarterly by the interdisciplinary team.	100% of residents on antipsychotics will be reviewed quarterly.	Supports appropriate prescribing practices, diagnosis verification, and medication optimization.

Change Idea #2	Behavioral Supports & Education Increase use of non-pharmacological interventions to support responsive behaviours and reduce reliance on antipsychotic medications.		
Methods	Process measures	Target for process measure	Comments
Implement and reinforce non-pharmacological interventions for responsive behaviours. Provide staff education on behaviour management and appropriate medication use. Ensure care plans reflect individualized behavioural strategies.	Percentage of staff who have completed education on responsive behaviours and non-pharmacological interventions, measured annually. Percentage of residents with documented non-pharmacological interventions in care plans, measured quarterly.	100% of staff will complete education annually. 100% of residents will have documented non-pharmacological interventions in care plans.	Supports person-centred care and safe reduction of unnecessary antipsychotic use.

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	3.93	3.50	This target demonstrates the home's commitment to continuous quality improvement and proactive risk reduction in skin and wound care. By aiming to decrease worsening pressure ulcers to 3.50%, the home is focusing on strengthening assessment practices, care planning, and staff accountability, aligning with regulatory expectations and best practice standards in long-term care.	Medline

Change Ideas

Change Idea #1 Clinical Management & Staff Education Reduce worsening of stage 2–4 pressure ulcers through early identification and consistent wound management practices.

Methods	Process measures	Target for process measure	Comments
Complete regular skin and wound assessments and monitoring. Utilize NP and the interdisciplinary team for timely review and intervention. Reinforce staff education on wound care, repositioning, and prevention strategies.	Percentage of Registered team members and PSW staff who have completed wound care education, measured annually. Percentage of residents with updated skin and wound care plans, measured during weekly audits.	100% of clinical staff will complete wound care education annually. 100% of residents with pressure ulcers will have current, updated care plans.	Supports early identification, consistent care practices, and improved clinical outcomes.

Change Idea #2 Interdisciplinary Review & Monitoring Strengthen interdisciplinary oversight and monitoring of residents with pressure ulcers to prevent worsening.

Methods	Process measures	Target for process measure	Comments
Conduct weekly interdisciplinary reviews of all residents with pressure ulcers. Monitor wound progression, reassess interventions, and ensure care plan compliance.	Percentage of residents with pressure ulcers reviewed weekly by the interdisciplinary team.	100% of residents with pressure ulcers will be reviewed weekly.	Ensures timely intervention, accountability, and continuous monitoring of wound status.

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	1.80	1.50	The target of reducing daily physical restraint use from 1.80% to 1.50% is achievable through continued promotion of least-restraint practices, enhanced interdisciplinary assessments, and increased family education to support understanding of risks, benefits, and alternative interventions.	Lambton Family Health Team

Change Ideas

Change Idea #1	Least-Restraint Practice & Education Reduce the use of daily physical restraints through person-centered care and implementation of alternative interventions.		
Methods	Process measures	Target for process measure	Comments
Implement and reinforce non-restraint alternatives and individualized care strategies. Provide staff education on restraint reduction, resident safety, and least-restraint practices. Support clinical decision-making with NP and physician involvement.	Percentage of staff who have completed restraint education, measured annually. Number/percentage of residents with documented non-restraint alternatives in care plans, measured quarterly.	100% of staff will complete restraint education annually. 100% of residents in restraints will have documented alternatives in care plans.	Supports safe, person-centered care while promoting dignity and independence.

Change Idea #2	Interdisciplinary Review & Monitoring Strengthen interdisciplinary review and monitoring of restraint use to ensure ongoing appropriateness and opportunities for reduction.		
Methods	Process measures	Target for process measure	Comments
Complete regular interdisciplinary reviews of residents using restraints, including NP and physician input. Monitor restraint use trends and reassess need on an ongoing basis.	Percentage of residents in restraints reviewed quarterly by the interdisciplinary team.	100% of residents in restraints will be reviewed quarterly.	Ensures accountability, appropriate use, and continuous efforts to reduce restraints.

Access and Flow | Efficient | Optional Indicator

Indicator #6

Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Bear Creek Terrace)

Last Year		This Year		
9.41	8.50	22.58	- 139.96 %	18
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☐ Implemented ☐ Not Implemented ☑ In Progress

Work with the interdisciplinary team, registered staff, and mobile diagnostic services to ensure residents receive the appropriate care and avoid unnecessary transfers to acute care settings wherever possible.

Process measure

- The number of ED visits in each quarter

Target for process measure

- 100% of ED visits reviewed by QI committee each quarter

Lessons Learned

Improved interdisciplinary collaboration, increased use of mobile diagnostics, and decreased wait times. The addition of a full-time NP improved timely assessment and intervention. Ongoing challenges include variability in staff knowledge, documentation, and consistent application of change in condition and advance directive processes. With this, the elimination of agency registered staff has shown improvements in our ability to educate our team on procedures.

Change Idea #2 ☐ Implemented ☐ Not Implemented ☑ In Progress

Provide health teaching to front line staff, registered staff and family members regarding in-house services, assessments and mobile diagnostic services that can be provided in place of a visit to the ED as well as the risk/benefits of transfers to the ED if residents can be safely treated in-house.

Process measure

- 100% of ED visits to be reviewed by QI committee quarterly

Target for process measure

- 100% of assessments from incidents resulting in a transfer to ED to be reviewed

Lessons Learned

Ongoing education to staff and families improved awareness of in-home services and alternatives to ED transfers, supporting more care within the home. Challenges remain with consistent uptake of education and ensuring clear communication of risks and benefits to support informed decision-making.

Comment

Focus will be on strengthening staff education, improving consistency in documentation and communication, and maximizing NP utilization for early assessment and intervention. Ongoing monthly review of ED transfers with the Medical Director will support data-driven improvements and reduction of avoidable transfers while respecting resident choice.

Equity | Equitable | Optional Indicator

	Last Year		This Year		
Indicator #5 Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Bear Creek Terrace)	**CB** Performance (2025/26)	**100** Target (2025/26)	**74.00** Performance (2026/27)	**--** Percentage Improvement (2026/27)	**100** Target (2026/27)

Change Idea #1 ☐ Implemented ☐ Not Implemented ☑ In Progress

Promote Diversity, Equity and Inclusion throughout the residence to celebrate our residents, family members, and team members

Process measure

- The number of events and/or historical chapters celebrated each month

Target for process measure

- Bear Creek Terrace is committed to celebrating DEI events 4 times per month in each home area

Lessons Learned

A fully established DEI committee is in place to lead initiatives that promote diversity, equity, and inclusion across the home. Ongoing focus will be on staff education, inclusive practices, and creating opportunities to celebrate and support residents, families, and team members.

Change Idea #2 ☐ Implemented ☐ Not Implemented ☑ In Progress

Foster an inclusive environment by creating a DEI committee comprised of front-line team members, managers and residents.

Process measure

- Number of committee members and DEI initiatives

Target for process measure

- Our goal is for the committee to be comprised of at least 3 managers, 4 front-line team members, and 4 residents.

Lessons Learned

A DEI committee was successfully established with representation from front-line staff, management, and residents, supporting a more inclusive environment. Ongoing focus is needed to maintain engagement and ensure consistent participation across all groups.

Comment

Focus will be on strengthening DEI committee engagement, expanding staff education, and implementing initiatives that promote inclusive practices and representation across the home.

Experience | Patient-centred | Optional Indicator

	Last Year		This Year		
Indicator #3	**CB**	**100**	**87.34**	**--**	**95**
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Bear Creek Terrace)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☐ Implemented ☐ Not Implemented ☑ In Progress

Foster an environment that allows our residents the freedom to communicate their concerns

Process measure

- The number of concerns and compliments received from the residents reviewed monthly.

Target for process measure

- 100% of concerns received will be accompanied by an action plan and a response to the resident within a timely manner as per Omni Policy

Lessons Learned

Focus will be on strengthening opportunities for residents to express concerns through regular communication channels, promoting a culture of openness, and ensuring timely follow-up and resolution of issues.

Comment

Opportunities for residents to express concerns will be strengthened through regular forums, open communication channels, and timely follow-up, fostering a culture of transparency, responsiveness, and continuous improvement.

Indicator #4

Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Bear Creek Terrace)

Last Year		This Year		
CB	**100**	**81.01**	**--**	**90**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☐ Implemented ☐ Not Implemented ☑ In Progress

Ensure that all team members are educated on the Omni Code of Conduct and customer service with a focus on respectful communication.

Process measure

- Feedback received from Resident Council Meetings and follow-up with individual residents who may have received inappropriate responses.

Target for process measure

- 100% of resident concerns and opinions will be addressed in a respectful manner and to their satisfaction

Lessons Learned

Focus will be on ensuring all team members complete education on the Omni Code of Conduct and customer service expectations, with ongoing reinforcement of respectful communication through training, coaching, and performance management.

Comment

All team members will complete education on the Omni Code of Conduct and customer service expectations, with ongoing reinforcement of respectful communication through training, coaching, and performance management, supported by regular monitoring and follow-up.

Safety | Safe | Optional Indicator

Indicator #1

Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Bear Creek Terrace)

Last Year		This Year		
17.98	**15**	**20.36**	**-13.24%**	**15**
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 decrease our current falls statistics by approx. 16%

Process measure

- Monthly review of falls to track either an increase or decrease based on the implementation of the Prevent Trial Strategies

Target for process measure

- A marked decreased in falls by 10%

Lessons Learned

The target to reduce falls by 16% was not met, with an overall increase in falls observed. Challenges included changes in resident acuity, increased use of antipsychotic medications, and variability in the implementation of falls prevention strategies. Ongoing focus is required on the consistent application of interventions, interdisciplinary review, and monitoring to reduce fall risk.

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

To reduce the number of falls in the home based on new falls tracking tools

Process measure

- The number of falls in the home each day, week and month to track patterns

Target for process measure

- 100% of falls will be investigated and actioned upon

Lessons Learned

Collaboration with the Achieva Physiotherapy team, now fully implemented in the home, supported individualized mobility and falls prevention strategies. Despite this, falls increased and targets were not met. Challenges included changes in resident acuity and inconsistent application of prevention interventions, indicating a need for continued focus on interdisciplinary review and consistent practice.

Change Idea #3 ☐ Implemented ☐ Not Implemented ☑ In Progress

Decreased the number of falls with injury when primary interventions have been utilized

Process measure

- Daily, weekly and monthly reviews of falls

Target for process measure

- A marked decrease in falls with injury with protective interventions in place

Lessons Learned

Primary interventions were implemented to support falls prevention, with ongoing interdisciplinary collaboration. Challenges remain with care planning, timely communication of interventions to front-line staff, and consistent application across all shifts, impacting overall effectiveness.

Comment

Focus will be on strengthening care planning processes, improving communication of interventions to front-line staff, and ensuring consistent application of falls prevention strategies through interdisciplinary collaboration, education, and ongoing monitoring.

	Last Year		This Year		
Indicator #2	**18.94**	**13**	**24.87**	**-31.31%**	**18**
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Bear Creek Terrace)	**Performance (2025/26)**	**Target (2025/26)**	**Performance (2026/27)**	**Percentage Improvement (2026/27)**	**Target (2026/27)**

Change Idea #1 ☐ Implemented ☐ Not Implemented ☑ In Progress

Utilize the interdisciplinary team to decrease the usage of antipsychotic medications for residents without a diagnosis to support it.

Process measure

- The number of residents with an order for antipsychotic medications who have expressive behaviours, but don't have a diagnosis to support.

Target for process measure

- 100% of residents who have an order for antipsychotic medications who don't have a diagnosis to support it will receive a full medication review, expressive behaviour charting, and diagnosis review to determine the need for antipsychotic medications.

Lessons Learned

Interdisciplinary collaboration, including NP involvement in medication review, supported reductions in inappropriate antipsychotic use and increased use of non-pharmacological interventions. Successes included improved medication reviews and team engagement. Challenges remain with consistent documentation, staff education, and sustaining alternative approaches to manage responsive behaviours.

Change Idea #2 ☐ Implemented ☐ Not Implemented ☑ In Progress

Decrease the usage of antipsychotic medications through the increased usage of non-pharmacological interventions

Process measure

- The number of residents who receive antipsychotic medications who have expressive behaviours but do not have a diagnosis to support

Target for process measure

- 100% of residents who have receive antipsychotic medications but do not have a diagnosis to supportive it will receive a "My Personhood" assessment and nonpharmacological interventions will be used primarily to support expressive behaviours

Lessons Learned

Focus will be on increasing the use of non-pharmacological interventions to reduce inappropriate antipsychotic use, supported by interdisciplinary collaboration, NP involvement, staff education, and ongoing monitoring of prescribing practices.

Comment

Non-pharmacological interventions will be further strengthened to reduce inappropriate antipsychotic use, supported by interdisciplinary collaboration, NP involvement, staff education, and ongoing monitoring and review of prescribing practices.