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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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Date: 2026 –04 – 01

Omni Quality Living – Forest Hill

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)	22.44	20.00	As we continue to educate families and residents on end of life goals and quality vs. quantity of life, we have decided that an adjustment downwards of 2% is likely attainable.	

Change Ideas

Change Idea #1 Provide families with a greater understanding of the implications of sending their loved ones to hospital.

Methods	Process measures	Target for process measure	Comments
Education during care conferences. Speaking to Family counsel.	Create a written information, fact sheet to share with all families. this would include explaining the partnership with the community paramedics. Outlining other services which the home is capable of providing like IV therapy.	Reduce ED visits by 15% this year.	

Change Idea #2 DOC and ADOC to schedule individual meetings with families that have chosen hospitalization for resident(s) and discuss plan of care thoroughly with them.

Methods	Process measures	Target for process measure	Comments
Through education of both the families and resident of pros and cons of hospitalization and what they expect to gain from going to the ER. Explanation of treatments that can be offered within the home.	Number of resident(s) being transferred to ER decreases	To reduce the rate per 100 residents being sent to the ED for a visit to 20.0 this year.	

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	We continue to aim for 100% completion of all staff in their equity, diversity, inclusion, and anti-racism education.	

Change Ideas

Change Idea #1 To involve the staff of the home to develop culturally based information which could be shared in the home over a period of time.

Methods	Process measures	Target for process measure	Comments
Staff to write down their personal experiences in coming to live in Canada. Staff to share culturally specific foods, clothing, rituals or other things which they consider important at dates and locations to be posted in the home.	Measure the number of staff who participate in this planned event for the entire year against the total number of staff employed.	To have at least 20 percent of all staff participate in either providing the information or participating in the schedule events.	

Change Idea #2 Reach out to community partners who can provide education or culturally based information which can be shared.

Methods	Process measures	Target for process measure	Comments
Schedule cultural events and educations during the year.	Hold 2 to 3 educational events utilizing outside third party resources.	Measure the number of staff who attended these educational events. Survey their feedback. target would be that at least 40% of the staff participate in at least one event for this year.	

Change Idea #3 Post through out the home posters to promote diversity, equity and inclusion.

Methods	Process measures	Target for process measure	Comments
Have these publications shared at monthly department meetings for discussion.	Continued monitoring of surge learning numbers and support any person who has not completed the diversity, equity and inclusion training.	To post 6 to 8 sets of written publications for the year. That 100% of staff have completed their online training.	

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	89.83	95.00	Throughout the year we will be providing education to our staff on how important it is to listen to the residents. More focus will be placed on how staff approach and interact with residents to increase the response to this question when residents are surveyed again.	

Change Ideas

Change Idea #1 Customer service training, resident bill of rights training.

Methods	Process measures	Target for process measure	Comments
Majority of this training is done online. Greater live events would likely improve the end result.	percentage of staff who have participated in at least one event in the year. On line surge learning training.	At least 40% of staff have participated in one live event in the year. 100% of staff have completed their online training.	Total Surveys Initiated: 118

Change Idea #2 Greater interaction of the management team on all RHAs.

Methods	Process measures	Target for process measure	Comments
The Management team has been divided into 4 groups one assigned to each RHA. The teams will be spending time with staff and residents on RHAs this will enhance communication and provide everyone an opportunity to be heard.	Improvement in the survey result.	At least a 3% improvement in the survey result.	

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	85.43	90.00	Education with staff on allowing residents to ask questions, voice opinions. Responding to resident concerns/complaints in a timely manner will allow residents to see that their opinions matter and will be dealt with expediently.	

Change Ideas

Change Idea #1 Managers to spend more time on the RHAs getting to know residents and allow residents to get to know them.

Methods	Process measures	Target for process measure	Comments
Greater connections between management and residents will create a safe environment for residents to speak up rather than sharing concerns directly with the staff who are providing the care. To share with the residents the ability to register a complaint without identifying themselves.	Number of daily visits by a manager to every RHA. Positive change in the survey results.	A minimum of ten manager visits to each RHA each week. A 3% improvement in the survey results.	Total Surveys Initiated: 199

Equity | Equitable | Optional Indicator

Indicator #5	Last Year		This Year		
	96.61	100	100.00	3.51%	100
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Country 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

Post through out the home posters to promote diversity, equity and inclusion. Have these publications shared at monthly department meetings for discussion. Continued monitoring of surge learning numbers and support any person who has not completed the diversity, equity and inclusion training.

Process measure

- The completion in surge learning. The number of department meetings which have discussed and documented a diversity, equity and inclusion discussion.

Target for process measure

- 100% surge completion. 100% of department meetings have held diversity, equity and inclusion discussions.

Lessons Learned

Lack of good resource material. Changes in the management team.

Change Idea #2 Implemented Not Implemented In Progress

To involve the staff of the home to develop culturally based information which could be shared in the home over a period of time.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Staff to write down their personal experiences in coming to live in Canada. Staff to share culturally specific foods, clothing, rituals or other things which they consider important.

Change Idea #3 Implemented Not Implemented In Progress

Reach out to community partners who can provide education or culturally based information which can be shared.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Schedule cultural events and educations during the year.

Comment

Staff to write down their personal experiences in coming to live in Canada. Staff to share culturally specific foods, clothing, rituals or other things which they consider important. Schedule cultural events and educations during the year.

Experience | Patient-centred | **Custom Indicator**

Indicator #6	Last Year		This Year		
	Reduction of agency use. (Country Terrace)	0.00 Performance (2025/26)	100 Target (2025/26)	55.00 Performance (2026/27)	-- Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Hire additional staff.

Process measure

- Monitor on a bi-weekly basis the use of agency.

Target for process measure

- Target is zero, no agency use.

Lessons Learned

Have hired over 100 new staff in the year. Have hired RPN staff who now cover over 80% of all open RPN job lines. Live general orientation sessions are enhancing the retention of new staff and creating a positive start to their working career in the home. Specific orientation is geared to the needs of the new hires.

Change Idea #2 Implemented Not Implemented In Progress

Implement new scheduling software to manage scheduling, and attendance. This will allow the tracking of key statistics such as agency use.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Use software to assist in planning recruitment needs and the tracking the progress toward removing the use of agency staff.

Change Idea #3 Implemented Not Implemented In Progress

Staff planning for future needs. Reviewing current compliments and contingency plans.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Quarterly general orientations will be scheduled and hiring will be timed to match these dates. Planning sessions to determine future needs and industry trends will take place and plans to manage future needs will be created prior to the staffing challenges taking place.

Comment

Use software to assist in planning recruitment needs and the tracking the progress toward removing the use of agency staff. Quarterly general orientations will be scheduled and hiring will be timed to match these dates. Planning sessions to determine future needs and industry trends will take place and plans to manage future needs will be created prior to the staffing challenges taking place.

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?" (Country Terrace)	85.44	100	89.83	5.14%	95
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Customer service training, resident bill of rights training.

Process measure

- That residents indicate they feel listen to by staff.

Target for process measure

- Currently at 85.44%. Will target an improvement to 88%.

Lessons Learned

Majority of this training is done online. Greater live events would likely improve the end result.

Change Idea #2 Implemented Not Implemented In Progress

Greater interaction of the management team on all RHAs.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Managers spending time with staff and residents on RHAs will enhance communication and provide everyone an opportunity to be heard.

Comment

Managers spending time with staff and residents on RHAs will enhance communication and provide everyone an opportunity to be heard.

Indicator #4	Last Year	100	This Year	1.79%	90
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Country Terrace)	83.93	Target (2025/26)	85.43	Percentage Improvement (2026/27)	Target (2026/27)
	Performance (2025/26)		Performance (2026/27)		

Change Idea #1 Implemented Not Implemented In Progress

Continuous training on resident bill of rights, customer service and whistle blowing protection. Education of the internal complaint process.

Process measure

- Satisfaction survey results.

Target for process measure

- We are aiming for 100% of our residents to be able to express themselves without fear of consequences and will continue to educate staff about the importance of actively listening.

Lessons Learned

Education alone is not sufficient to change interpersonal relationships, which are critical to cause residents to feel safe to speak up.

Change Idea #2 Implemented Not Implemented In Progress

Managers to spend more time on the RHAs getting to know residents and allow residents to get to know them.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Greater connections between management and residents will create a safe environment for residents to speak up rather than sharing concerns directly with the staff who are providing the care. To share with the residents the ability to register a complaint without identifying themselves.

Comment

Greater connections between management and residents will create a safe environment for residents to speak up rather than sharing concerns directly with the staff who are providing the care. To share with the residents the ability to register a complaint without identifying themselves.

Safety | Safe | Optional Indicator

Indicator #1	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Country Terrace)	11.49	10	19.37	-68.58%	10

Change Idea #1 Implemented Not Implemented In Progress

Focus on frequent fallers

Process measure

- All staff will be made aware of the logos and expected to check in with the resident anytime they pass by.

Target for process measure

- Target for fall reduction remains at 1% to reach our original target goal of 10%. We feel that continued education will help to reduce falls.

Lessons Learned

Frequent fallers represented 60% of all falls. Limited staffing. The home was still in final stages of construction which was a key focus. Increased falls occurred due to the new building layout and additional residents.

Change Idea #2 Implemented Not Implemented In Progress

Will divide the management teams to work closely with the staff to target frequent fallers and common causes of falls.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Greater presence on the RHA by management and closer focus on resident specific care will result in a reduction of falls.

Change Idea #3 Implemented Not Implemented In Progress

Focus on frequent fallers

Create and utilize a frequent faller program such as falling leaves.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

All staff will easily able to identify residents at risk to fall and will pause and check in with these residents to reduce the causes of falls.

Comment

Greater presence on the RHA by management and closer focus on resident specific care will result in a reduction of falls. All staff will easily able to identify residents at risk to fall and will pause and check in with these residents to reduce the causes of falls.

Indicator #2 Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Country Terrace)	Last Year		This Year		
	X	100	3.85	--	2
	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 reduce the use of antipsychotic medication without a psychosis.

Process measure

- Number of residents receiving antipsychotic medication without a diagnosis.

Target for process measure

- Our target for this measure is 100%. We would like to ensure that only those with appropriate diagnosis receive antipsychotic medications.

Lessons Learned

Doctors continue to review residents to be sure to include a diagnosis when antipsychotic medication is prescribed.

Change Idea #2 Implemented Not Implemented In Progress

Look for non medical interventions to manage behaviours.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Create a sensory room on each RHA. A space to create a relaxing respite space. Implementation of the BSO PSW to help manage behaviours after regular hours and weekends.

Comment

Create a sensory room on each RHA. A space to create a relaxing respite space. Implementation of the BSO PSW to help manage behaviours after regular hours and weekends.

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	19.37	10.00	Implementation of falling leaf falls program within the home this year, as well as education will help to increase staff awareness of the important role they play in fall prevention. This will translate into decrease in falls.	

Change Ideas

Change Idea #1 Focus on frequent fallers. Create and utilize a frequent faller program such as falling leaves.

Methods	Process measures	Target for process measure	Comments
All staff will easily able to identify residents at risk to fall and will pause and check in with these residents to reduce the causes of falls. The program will be discussed in monthly section meetings, department meetings and shift exchanges.	Number of total falls by RHA monthly. Number of residents who have had a fall monthly.	To reduce total falls in the home to an average of no more than 30. To have the frequent fallers represent no more than 35% of the total falls per month.	

Change Idea #2 Will divide the management teams to work closely with the staff to target frequent fallers and common causes of falls.

Methods	Process measures	Target for process measure	Comments
Greater presence on the RHA by management and closer focus on resident specific care will result in a reduction of falls.	That all permanent staff per RHA know who all the frequent fallers are. That falls reduce on all RHAs.	100% of the permanent staff on every RHS know who the frequent fallers are and what interventions they can perform to reduce falls.	

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	3.85	2.00	We continue to work with our attending physicians to decrease the number of residents that are on antipsychotic medications without a diagnosis of psychosis.	

Change Ideas

Change Idea #1 To reduce the use of antipsychotic medication without a psychosis.

Methods	Process measures	Target for process measure	Comments
At least at care conferences Doctors will review residents to be sure to include a diagnosis when antipsychotic medication is prescribed.	That the number of residents receiving antipsychotic medication without a psychosis is reduced.	Reduce the indicator by 10% in this year.	

Change Idea #2 Look for non medical interventions to manage behaviours.

Methods	Process measures	Target for process measure	Comments
Create a sensory room on each RHA. A space to create a relaxing respite space. Implementation of the BSO PSW to help manage behaviours after regular hours and weekends.	The number of residents who use the sensory room on a monthly basis as a first response instead of using medication.	To have at least 40% of residents responding with responsive behaviour use the sensory room as a first response prior to using a medication on a monthly basis.	

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	3.57	2.70	Our registered staff continue to be shown different tips and tricks for dealing with advanced wound care. As well we are encouraging the registered staff to educate the PSW's on things that they can do to decrease pressure injuries.	

Change Ideas

Change Idea #1 DOC and registered staff member both have advanced wound care education which assist the staff in dealing with complex wounds better.

Methods	Process measures	Target for process measure	Comments
CCC will review Stage 2-4 worsening pressure injuries and will refer to DOC or trained registered staff and will collaborate to decide on appropriate course of treatment for the wound.	The number of residents with Stage 2-4 pressure injuries that are improving.	To lower the percentage of residents with stage 2 to 4 pressure ulcer worsened to 2.9% this year.	

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	1.07	0.00	We currently have no restraints, and we educate families and staff constantly on why we don't promote the use of restraints within our home.	

Change Ideas

Change Idea #1 Continue to follow Omni Policy and work with families and residents upon admission in terms of education and support

Methods	Process measures	Target for process measure	Comments
Communication and consistency. Education for families is vital. Use of alternative methods such as floor mats, hip protectors.	In-house data and CIHI data. This is an indicator that is closely monitored.	100% of residents free of restraints. This is considered best practice.	The home continues to have very few residents (1 or 2 at most) utilizing a restraint.

Change Idea #2 Educate all new families to the home on the impact of restraint use.

Methods	Process measures	Target for process measure	Comments
Upon admission and during the first care conference explain the risks of restraint use and alternative means of managing behaviours.	Restraint use remains as low as possible.	zero restraints in use.	