Omni
Quality Living

Table of Contents

1. Continuous Quality Improvement Initiative Report 2026-2027
2. Workplan Report 2026-2027
3. Progress Report 2026-2027

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

Submitted by: Nicole Fulford

Home Name: Forest Hill
Name of ED: Nicole Fulford
Name of QI: Rachel Ronning
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 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)	24.38	15.00	Forest Hill remains committed to improving health care efficiency, and to provide the best service, care and outcomes for the residents in this home.	

Change Ideas

Change Idea #1 We will continue to strive to improve our current performance by identifying and monitoring each resident with an ER transfer and work collaboratively with external resources- lab, xray, ultrasound etc., attending physicians and Nurse Practitioner to avoid ER transfers

Methods	Process measures	Target for process measure	Comments
Analyze data quarterly to identify trends related to various clinical conditions. 2)Ensure optimal utilization of services and resources available in house or through contracted services prior to transferring residents to hospital.	Total # of admissions to acute care from ED, Total # of transfers to ED	ER transfers will be decreased from current performance of 23.48% to 15% by March 31, 2027	

Change Idea #2 To continue to build on staff's knowledge in physical assessment skills and early recognition of resident with high risk of future transfer to ED.

Methods	Process measures	Target for process measure	Comments
Provide education sessions for staff by NP/Pharmacist on reducing ED visits through early identification of changes in resident's condition	# of staff educated on preventable ED visits	There will be a reduction in preventable ED visits by March 31, 2027	

Change Idea #3 Recruit a Nurse Practitioner to work in the home full-time to strengthen clinical leadership and reduce potential ER transfers

Methods	Process measures	Target for process measure	Comments
Advertise and recruit potential candidates to fill position, work with the Nurse Led Outreach Team (NLOT) at The Ottawa Hospital to obtain consistent NP coverage.	Number of Nurse practitioners interviewed and hired in the 2026/27 QIP year	# of Nurse Practitioners employed by the home.	

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	Goal is to have 100% of staff completion	

Change Ideas

Change Idea #1 Annual DEI Education for all staff to increase awareness of equity, inclusion, and anti-racism

Methods	Process measures	Target for process measure	Comments
All staff will complete assigned education on Surge Learning platform in 2026	# of staff to complete annual education/training by December 31, 2026	100% completion rate	

Change Idea #2 Recognition and Celebration of Cultural/EDI Groups.

Methods	Process measures	Target for process measure	Comments
Expand and explore new events and initiatives for cultural recognition and celebration.	Increase the number of cultural and EDI recognition or celebration events held with target goal of 1/quarter	# of DEI events held	

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	91.18	100.00	goal is to achieve 100% of residents to respond positively during annual survey	

Change Ideas

Change Idea #1 Respect and promote resident values, preferences and expressed needs

Methods	Process measures	Target for process measure	Comments
Annual education for staff regarding the essentials of therapeutic communication, Resident's Bill of Rights, Abuse Prevention Program, Resident Bill Of Rights reviewed at each monthly Resident Council meeting.	100% of staff will complete Resident Bill of Rights Training in 2026	100% of staff will complete annual bill of Rights Education in 2026	Total Surveys Initiated: 71

Change Idea #2 Careplan development and reviews will be completed with each resident/POA input

Methods	Process measures	Target for process measure	Comments
On admission quarterly, annually or if change in status when plan of care is reviewed, meet with resident/POA to discuss goals, wishes and incorporate into careplan.	# of plan of care meetings held with resident/POA present	Plan of care reviews will be held with resident in attendance	

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	91.36	100.00	goal is to achieve 100% of residents to respond positively during annual survey completion	

Change Ideas

Change Idea #1 To improve the resident participation in the annual survey.

Methods	Process measures	Target for process measure	Comments
Conduct the Resident Care Survey annually encouraging all residents POA's to participate when resident is unable.	Total # of residents/POA's that participate in the annual survey	80% of resident's/POA's will participate in the 2026 annual Resident Experience survey	Total Surveys Initiated: 81

Change Idea #2 To improve Resident Experience and encourage freedom of expression by providing education on Resident's Rights/ Whistleblower Protection

Methods	Process measures	Target for process measure	Comments
To improve Resident Experience and encourage freedom of expression by providing education on Resident's Rights, Whistleblower Protection	100% of staff that complete annual training	100% of staff will complete annual education of Resident Bill of Rights/ Whistleblower Protection by December 31, 2026	

Change Idea #3 Address concerns as they are identified following the process developed in our policy and procedure

Methods	Process measures	Target for process measure	Comments
1)Information on complaints concern process will be provided to resident's and POA on admission. 2)Annual education to staff on procedure/process to follow when addressing complaints and concerns 3) Follow up visit post admission to review if any questions/concerns by SSW/RSC within 2 weeks of admission.	# of Concerns to addressed within the timeline of the homes concerns and complaints policy	100% of concerns will be responded to within 10 days of the initial complaint by March 31, 2027	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff vacancies in the Master Staffing Schedule- Nursing	C	Number / LTC home residents	In house data collection / ending March 31, 2027	21.00	100.00	all vacancies in the Nursing department master rotation to be filled	

Change Ideas

Change Idea #1 To fill all vacant positions in the master staffing schedule and reduce the need for temporary agency staff

Methods	Process measures	Target for process measure	Comments
1. Timely posting of available positions 2. On-going active recruitment of staff 3. Maintain strong relationship with educational institutions to grow PREP LTC student placement program. 4. Maximize use of funding resources and initiatives to attract new hires and/or students. 5. Strengthen Preceptorship program to facilitate quality student placement opportunities.	# of positions not filled, # of days working short/month, # of shifts worked by temporary(agency) staff/month	100% of staff vacancies to be filled by March 31, 2027	

Safety

Measure - Dimension: Safe

Indicator #6	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	16.31	12.00	Goal to improve Falls below the Provincial average	

Change Ideas

Change Idea #1 Falls will be discussed post fall huddles, in shift-to-shift reports, daily multidisciplinary meetings, monthly and quarterly QI meetings, and quarterly PAC meetings to increase supports and initiate interventions as appropriate.

Methods	Process measures	Target for process measure	Comments
Tracking and analyzing all falls by ADOC Falls Program lead, PT. All falls are reviewed post fall, daily at managers' report, weekly at interdisciplinary rehab meetings at unit level and monthly at quality improvement meetings.	# of falls, # residents who fell in the 30 days leading up to their assessment	reduce the # of falls to 12% or below	

Change Idea #2	Implement purposeful rounding education for all frontline staff.		
Methods	Process measures	Target for process measure	Comments
Educate on the 4 P's- Pain: Assessing the patient's pain level and managing it appropriately. Potty: Ensuring the patient has access to the bathroom and addressing any toileting needs. Position: Checking the patient's comfort and ensuring they are in a safe position. Possessions: Ensuring the patient has all necessary personal items within reach.	# of staff educated on 4 P's process	100% of front-line staff will be educated on the 4 P's process by June 30, 2026	

Change Idea #3	Implement Carefall Program. The CareFall Assessment aims to identify and mitigate fall risks in older adults, which are critical for maintaining their health and independence.		
Methods	Process measures	Target for process measure	Comments
Incorporate Carefall interventions into current Life Enrichment programming- exercise program, walking program	# falls, # residents who fell in the 30 days leading up to their assessment	Reduce falls in the home to 12% or below by March 31, 2027	

Measure - Dimension: Safe

Indicator #7	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	35.21	25.00	goal is to reduce current level to achieve the Provincial level	

Change Ideas

Change Idea #1 Antipsychotic Reduction Program			
Methods	Process measures	Target for process measure	Comments
1) Each quarter our pharmacy partner will complete a medication review on all referred residents. DOC/ADOC/Physician/Pharmacist collaborate quarterly to review prescribed antipsychotics with goal to deprescribe where appropriate. 2) Monthly BSO team meeting	# residents receiving antipsychotics with reduction program utilized, # of Medication reviews completed monthly	Decrease in the use of residents on antipsychotics from our current status of 35.21% to 25.0% by March 31, 2027	

Change Idea #2 Utilization of BSO resources and staff to assist in identifying non pharmacological approaches to managing responsive behaviours			
Methods	Process measures	Target for process measure	Comments
1)BSO program collaboration team to meet monthly. 2)Staff to receive education in managing responsive behaviors- GPA, Pieces, Teepa Snow 3)Addition of dedicated BSO PSW hours on the evening shift to address responsive behaviours.	Number of antipsychotic medications without a diagnosis of psychosis	# of staff that attended education sessions	

Measure - Dimension: Safe

Indicator #8	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	5.34	3.00	goal is to reduce current level to achieve/maintain below the Provincial average	

Change Ideas

Change Idea #1 Education for Registered staff and PSW on Skin Care, Assessment, Wound Care management

Methods	Process measures	Target for process measure	Comments
1) Annual mandatory education to be completed by staff via surge learning. 2) In person education sessions for staff by Medline Skincare Representative based on the homes identified needs.	Number of Registered staff and PSW's educated on wound care management, assessment and skin care	100 % of the nursing staff to be educated on wound care management, assessments and skin care by March 31, 2027.	

Change Idea #2 Monthly tracking and review of residents with Pressure related wounds			
Methods	Process measures	Target for process measure	Comments
1) Utilization of skin and wound tracking tools in PCC to analyze pressure-related injuries in the home. 2) Development of the plan of care, and appropriate prescribed wound and skin care products based on identified risk(s).	Number of pressure-related injuries that have resolved as a result of interventions	# of pressure injury will reduce from 5.34% to 3% by March 31, 2027	

Change Idea #3 Ensure scheduled Weekly skin assessments for pressure injuries is completed utilizing Chartpic application in PCC			
Methods	Process measures	Target for process measure	Comments
Communicate to Registered staff requirement to complete the assessments on a daily basis by ADOC/Charge Nurse	# of audits of completion rates completed	100% completion rate for wound assessments in 7 days	

Measure - Dimension: Safe

Indicator #9	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	1.69	0.00	goal is to maintain or improve the current level of 1.69%	

Change Ideas

Change Idea #1 Maintain Least Restraint, Last Resort philosophy around the use of restraints in the home

Methods	Process measures	Target for process measure	Comments
1) Education to all staff on the Least Restraint, Last Resort Philosophy. 2) Provide resident's and families with Least Restraint, Last Resort fact sheet with Admission package.	# of resident's utilizing daily physical restraints in the home	Maintain or improve level below current performance- 1.69%	

Access and Flow | Efficient | Optional Indicator

	Last Year		This Year		
Indicator #7 Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Forest Hill)	**19.17** Performance (2025/26)	**15** Target (2025/26)	**24.38** Performance (2026/27)	**-27.18%** Percentage Improvement (2026/27)	**15** Target (2026/27)

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

We will continue to strive to improve our current performance by identifying and monitoring each resident with an ER transfer and work collaboratively with external resources- lab, xray, ultrasound etc., attending physicians and Nurse Practitioner to avoid ER transfers

Process measure

- Total # of admissions to acute care from ED, Total # of transfers to ED

Target for process measure

- ER transfers will be decreased from current performance of 19.17% to 15% by March 31, 2026

Lessons Learned

Challenge was a lack of NP available to be assigned to our home from the NLOT program at TOH. Xray has been noted to be more readily available.

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

Educate staff on reasons for preventable ED transfers

Process measure

- # of staff educated on preventable ED visits

Target for process measure

- There will be a reduction in preventable ED visits by March 31, 2026

Lessons Learned

This will continue to be ongoing, especially with the addition of an NP to our home.

Comment

We continue to work in conjunction with the Ottawa Hospital NLOT Program to obtain a dedicated NP to our home, attempts to hire into this role was unsuccessful due to lack of potential candidates applying.

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 (Forest Hill)	**96.95** Performance (2025/26)	**100** Target (2025/26)	**100.00** Performance (2026/27)	**3.15%** Percentage Improvement (2026/27)	**100** Target (2026/27)

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

Annual DEI Education for all staff to increase awareness

Process measure

- # of staff to complete annual education/training by December 31, 2025

Target for process measure

- 100% completion rate

Lessons Learned

Assigned as mandatory education annually.

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

Recognize cultural/diversity events/occasions each month of the year

Process measure

- number of months there is information related to equity, diversity, inclusion and antiracism posted

Target for process measure

- 100%- calendar to be posted each month

Lessons Learned

Incorporated into staff events and resident life enrichments activities.

Comment

Strengthen the home's DEI committee to work to engage staff, families and residents.

Experience | Patient-centred | Custom Indicator

Indicator #6

Percentage of staff vacancies in the Master Staffing Schedule (Forest Hill)

Last Year		This Year		
CB	100	NA	--	NA
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 fill all vacant positions in the master staffing schedule and reduce the need for temporary agency staff

Process measure

- # of positions not filled, # of days working short/month, # of shifts worked by temporary(agency) staff/month

Target for process measure

- 100% of staff vacancies to be filled by March 31, 2026

Lessons Learned

We did note improvements and a decrease in vacant master rotations. Shortage of RPN candidates and desire of full-time versus part time positions remains a challenge.

Comment

To ensure all Ontario health initiatives are utilized to attract new staff.

Experience | Patient-centred | Optional Indicator

Indicator #3	Last Year		This Year		
	93.94	**100**	**91.18**	**-2.94%**	**100**
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Forest Hill)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

Respect and promote resident values, preferences and expressed needs

Process measure

- 100% of staff will complete Resident Bill of Rights Training in 2025

Target for process measure

- 100% of staff will complete annual bill of Rights Education in 2025

Lessons Learned

Utilized communication cards in order to improve residents' input into their careplan.

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

All residents living in the LTC home will be encouraged to attend to their care conferences

Process measure

- # of annual care conferences where residents attend

Target for process measure

- 100% of residents will be invited to their care conference with advanced notice

Lessons Learned

Each resident/POA is invited to their care conference.

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

Careplan development and reviews will be completed with each resident/POA input

Process measure

- # of plan of care meetings held with resident/POA present

Target for process measure

- Plan of care reviews will be held with resident in attendance

Lessons Learned

Done on admission, quarterly, annually and with any change in status.

Comment

This will continue to be a focus moving into the next year.

Indicator #4

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

Last Year		This Year		
92.98	**100**	**91.36**	**-1.74%**	**100**
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 improve the resident participation in the annual survey.

Process measure

- Total # of residents/POA's that participate in the annual survey

Target for process measure

- 80% of resident's/POA's will participate in the 2025 annual Resident Experience survey

Lessons Learned

improved number of residents able to complete the survey in 2025

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

To improve Resident Experience and encourage freedom of expression by providing education on Resident's Rights

Process measure

- 100% of staff that complete annual training

Target for process measure

- 100% of staff will complete annual education of Resident Bill of Rights by December 31, 2025

Lessons Learned

89.7% completion rate for 2025.

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

Address concerns as they are identified following the process developed in our policy and procedure

Process measure

- # of Concerns to addressed within the timeline of the homes concerns and complaints policy

Target for process measure

- 100% of concerns will be responded to within 10 days of the initial complaint by March 31, 2026

Lessons Learned

Required timelines followed.

Comment

This will continue to be a focus in the 2026/27 QIP.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #1 Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Forest Hill)	**15.36** Performance (2025/26)	**12** Target (2025/26)	**16.31** Performance (2026/27)	**-6.18%** Percentage Improvement (2026/27)	**12** Target (2026/27)

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

Review "Falling Star" program to ensure full implementation on all units.

Process measure

- # of staff educated on Falls prevention program ("Falling Star"), # audits completed on falling star program

Target for process measure

- Education sessions will be completed by June 30, 2025

Lessons Learned

One challenge noted was residents with cognitive impairment removing the Star logos.

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

Routine review of fall statistics to occur with interdisciplinary team to look for trends- location, time of day etc.

Process measure

- # resident falls reviewed by the interdisciplinary team.

Target for process measure

- 100% of resident falls reviewed by the interdisciplinary team.

Lessons Learned

This has been very effective in identifying trends and careplan interventions and will continue.

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

Implement 4 P's rounding- Pain, Position, Placement & Personal Needs

Process measure

- # of staff educated on 4 P's process

Target for process measure

- 100% of front-line staff will be educated on the 4 P's process by June 30, 2025

Lessons Learned

this was not completed as planned for this QIP year but will be a priority to implement in 2026/27.

Comment

Implementation of Carefall program, a fall risk assessment tool, which will be incorporated into Life Enrichment Activities on a daily basis to improve gait and mobility and decrease falls (exercise programs, walking program)

	Last Year		This Year		
Indicator #2	**36.78**	**25**	**35.21**	**4.27%**	**25**
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Forest Hill)	**Performance (2025/26)**	**Target (2025/26)**	**Performance (2026/27)**	**Percentage Improvement (2026/27)**	**Target (2026/27)**

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

Implement Antipsychotic Reduction Program

Process measure

- # residents receiving antipsychotics with reduction program utilized, # of Medication reviews completed monthly

Target for process measure

- Decrease in the use of residents on antipsychotics from our current status of 36.31% to 25.0% by March 31, 2026

Lessons Learned

Number of new admissions coming to the home already receiving antipsychotics continues to be a challenge. Ongoing collaboration with ROH Outreach Team remains effective.

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

Utilization of BSO resources and staff to assist in identifying non pharmacological approaches to managing responsive behaviours

Process measure

- Number of antipsychotic medications without a diagnosis of psychosis

Target for process measure

- # of staff that attended education sessions

Lessons Learned

Hosted several education sessions on this topic, currently the home has a GPA & Teepa Snow Certified Educator on staff.

Comment

Although we did see some improvments,this will continue to be a focus into the 2026/27 QIP.