

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: Rachel Corkery

Home Name: Kentwood Park

Name of ED: Rachel Corkery

Name of QI: Kelly Lumley

Date: 2026 –04 – 01

Omni Quality Living – Kentwood Park

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)	15.91	10.00	Kentwood residents will receive the most appropriate medical treatment in the most appropriate setting	

Change Ideas

Change Idea #1 Kentwood will utilize physician team and Nurse Practitioner NLOT team as available for diagnostic, treatment and follow up care as medically indicated within the home.

Methods	Process measures	Target for process measure	Comments
To inform residents and families of viable options that enhance the capacity within the home to provide a wide range of medical services for our residents.	To ensure the residents receive the most appropriate treatment in the most appropriate setting.	To maintain a low percentage of residents transferred to the ED	Kentwood has utilized physician and the Nurse Practitioner NLOT Team in 2024. This has reduced avoidable ED transfer for conditions that can be managed within the home.

Change Idea #2 Kentwood will continue to partner with the physician team and registered staff to ensure the resident receive timely clinical assessment and treatment plan as needed

Methods	Process measures	Target for process measure	Comments
Review all ED transfers with Medical Director, attending physician and registered staff to ensure the most appropriate treatment is achieved based on the specific residents' overall goals of care.	To ensure our residents receive the right care at the right time and in the right place.	To maintain a low percentage of resident transfer to the ED	Residents transfers reflective in this data include those that were medically indicated as well as those whose POA/SDM requested residents to be sent to ED for further inquiry/diagnostics

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	70.83	100.00	All Kentwood staff will complete relevant equity, diversity, and anti-racism education in 2026	

Change Ideas

Change Idea #1 Omni Quality Living will continue to support the growth and development of a rich equity, diversity, inclusion and antiracism program as part of the Strategic Plan of Omni Quality Living.

Methods	Process measures	Target for process measure	Comments
Kentwood is building a Diversity Equity and Inclusion committee with an identified Champion to provide informative and relevant information to staff, residents and family members	The home is in the process of establishing an Information Board that includes articles and information on DEI initiatives	100% of all staff (executive level, management and all) will completed relevant equity, diversity and inclusion training.	We will continue to enhance and promote DEI by sharing committee information and seeking opportunities to share information with residents and staff.

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	95.83	100.00	All residents of Kentwood feel that they are treated with dignity and respect always. That the staff take the time to listen to them and are helpful to them.	

Change Ideas

Change Idea #1 Ensure that all residents and family have the opportunity to provide input into the operations and the culture of the home

Methods	Process measures	Target for process measure	Comments
Provide dedicated time at each monthly Resident Council meeting to discuss concerns, complaints and compliments. Elicit feedback and input into the operations and improvements in the home, to reinforce the importance of the "resident voice" in all aspects of care	To ensure that all management team will follow up with 100% of concerns or complaints within 10 business days. The Executive Director will provide written responses to all resident council communication within 10 business days.	Monitor data on concern/complaint reports received by the home and effective actions taken as a result.	Total Surveys Initiated: 24 Total Surveys Initiated: 24 Total LTCH Beds: 34 Total surveys initiated 24. Total LTCH beds 34. The response rate for survey completion was slightly reduced by 14% from the year prior. Despite this the home is confident that the data accurately reflects the resident experience.

Change Idea #2 Kentwood will provide continuous education for staff including customer service, resident focused care and respectful communication

Methods	Process measures	Target for process measure	Comments
Utilize Surge Learning for education in addition to in person education and in-services. Partnerships through Providence Care for capacity enhancement education opportunities for resident focused care will be accessed and utilized when available. Consult and seek feedback from residents and family members, follow up with concerns to ensure responses and results are satisfactory.	All staff will complete 100% of required and assigned Surge Learning.	Kentwood will increase the response rate to 100% of residents/Family member complete the annual satisfaction survey to ensure accuracy of responses and the true reflection that residents feel "listened to"	Kentwood saw a slight reduction in response rates overall to the 2024 resident satisfaction survey. 24 out of a possible 34 respondents completed the 2024 survey. Despite this reduction Kentwood is still confident in the accuracy of the overall satisfaction and responses to this question

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	91.67	95.00	Kentwood will provide continuous education for staff including customer service, resident focused care and respectful communication.	

Change Ideas

Change Idea #1 Kentwood will continue to foster an environment where residents, families and advocates can freely express their opinions without fear of reprisal

Methods	Process measures	Target for process measure	Comments
<p>Kentwood will follow Omni Quality Living policies and procedures always when addressing concerns and complaints. Kentwood will continue to utilize Resident Council as a platform for hearing concerns and receiving feedback into the operations of the home. Kentwood staff will ensure all concerns and complaints are responded to in a timely and appropriate manner. Kentwood will continue to foster a culture and environment that values the voice of residents and caregivers.</p>	<p>100% compliance with Omni Quality Living concern/complaint policies. 100% of all concerns will include appropriate follow up to all pertinent parties.</p>	<p>Kentwood results are 91.7% overall response to this indicator.</p>	<p>Total Surveys Initiated: 24</p> <p>Total Surveys Initiated: 24 Total LTCH Beds: 34 Kentwood maintained an above average satisfaction rate</p>

Change Idea #2 All staff will receive annual education promoting Zero Tolerance of abuse and neglect as well as required education specific to Whistleblower Protection

Methods	Process measures	Target for process measure	Comments
<p>Kentwood will utilize Surge Learning as a platform to ensure that education is assigned and delivered to all staff which will include Zero Tolerance of Abuse (including Power Imbalance) Whistle Blower Protection and reporting concerns/complaints</p>	<p>100% of all required education is completed by all staff.</p>	<p>The home is currently above the Omni Quality Living overall response to this indicator. The target Process measure will be to maintain this high level of success</p>	

Safety

Measure - Dimension: Safe

Indicator #5	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	4.55	4.00	Maintain a low average of worsening stage 2-4 pressure ulcers	

Change Ideas

Change Idea #1 Continue to share knowledge with registered staff through training and instruction by qualified individuals, including our NP from NLOT while ensuring accuracy of staging and documentation

Methods	Process measures	Target for process measure	Comments
Ongoing wound care audits to ensure accurate monitoring and timely interventions. Changes are reviewed at monthly registered staff meetings	All new skin and wound issues are to be communicated with the physician if nursing interventions are not showing improvement within one week	An interdisciplinary approach with ongoing discussions regarding treatment plans	

Measure - Dimension: Safe

Indicator #6	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	1.09	0.00	Aim is to be a zero-restraint home, upholding the least restraint, last resort policy	

Change Ideas

Change Idea #1 Kentwood will seek alternatives to physical restraints by providing entrapment education and following least restraint, last resort policy

Methods	Process measures	Target for process measure	Comments
Utilizing entrapment infographic as available on surge learning to educate about the risks associated with restraints	Ensure that all residents and their circle of care are advised of this information at the time of the admission	Information to be included in the resident admission package.	

Change Idea #2 Kentwood will assess the perceived need of a physical restraint and seek reasonable alternatives to relieve the undesirable behavior

Methods	Process measures	Target for process measure	Comments
Using a PEICES approach to assess potential contributing factors	Utilize the Behavioral support assessment which follows a PEICES approach to gain insight into potential causes of restlessness or safety concerns	Kentwood will remain a restraint free home	

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staffing positions that have been unfilled for greater than 30 days.	C	% / Staff	In house data collection / Q4 2025	96.00	100.00	That all staffing vacancies are filled with 30 days of vacancy	

Change Ideas

Change Idea #1 Ensure that all vacancies are posted within 1 business day of the position becoming available internally as per UFCW collective agreement and Registered Nursing contract

Methods	Process measures	Target for process measure	Comments
The Business Services Manager in collaboration with the Department Managers will ensure the internal vacancy is posted	100% of all vacancies are posted internally	All internal applicants with appropriate qualifications and experience are aware of vacancies in a timely manner	Kentwood will track each job posting from time of vacancy to point of hire

Change Idea #2 Kentwood will ensure that all vacancies are promoted on all platforms including but not limited to Kentwood Omni Quality Living Website and social media platforms as well as Indeed Job Posting

Methods	Process measures	Target for process measure	Comments
1) Notify the Omni Quality Living corporate Marketing and Communications Director when vacancies need to be posted. 2) Appropriate Department manager will respond within 1 business day to qualified candidates to coordinate interview date and time. 3) Conduct interview and complete required selection processes in timely and organized fashion. 4) contact all successful candidates as selected.	Ensure that all relevant job posting information is contained in the posting including but not limited to education, experience requirements, relevant registration requirements, fulltime/part time and rate of pay	Kentwood will receive and review all applications for qualified and interested candidates	

Access and Flow | Efficient | Optional Indicator

	Last Year		This Year		
Indicator #6	X	0	15.91	--	10
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Kentwood Park)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Continue to source out a new community partner with portable x-ray and U/S services.

Process measure

- Continue to source out a new community partner with portable x-ray and U/S services to reduce ER visits.

Target for process measure

- The home will have a portable x-ray and u/s service within the next quarter.

Lessons Learned

Kentwood Park utilize physician team and Nurse Practitioner NLOT team its mobile diagnostic services The home continues to wait for response to application to Ministry of Health for Mobile Diagnostics Service, a necessary step to host this service in house for residents

Change Idea #2 Implemented Not Implemented In Progress

Kentwood Park will continue to partner with the physician team and registered staff to ensure the resident receive timely clinical assessment and treatment plan as needed

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Kentwood Park will continue to promote the care of our residents in the right setting and at the right time.

Comment

Kentwood Park is experiencing a change in resident population and their goals of care. We continue to look for new partnerships to meet the medical needs of our residents while avoiding ED transfers if possible.

Equity | Equitable | Optional Indicator

	Last Year		This Year		
Indicator #5	66.18	100	70.83	7.03%	100
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Kentwood Park)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

1)Omni continues to enhance their current EDI program and will be rolled out throughout the corporation. At this time, we will continue with mandatory Annual Surge learning courses. Current courses in Surge are as follows: Cultural Competence and Indigenous Cultural Safety - 4 Part series, Accenture Inclusion and The Power of Diversity Accenture - Accessibility Standards and AODA (1) AODA 2017, Blinds Spots Challenge Assumptions, and Understanding Gender and Pronouns in Healthcare-all 100% Completion Rate. The leadership team completed training at our annual FORUM around resiliency and EDI presented by Rick Gourlie, Doneath Stewart and Patsy Morrow in the Fall of 2024. We also post monthly diversity calendar from the CLRI for all the residents, families and staff to view. Omni has also developed a road map that aligns with the strategic plan as well as 6 step process that will initiate and maintain momentum in the implementation of a framework to support Diversity, Equity and Inclusion. Our home is in the process of establishing a Diversity, Equity and Inclusion Committee that will be responsible for promoting the success of DEI strategies in the Home.

Process measure

- All managers to monitor Surge stats and completion rates. If we find that employees have not completed required surge within the timelines then letters are sent out with our expectations for completion and further action steps will be taken if continued non-compliance with completion.

Target for process measure

- 100% compliance with Surge completed regarding relevant equity, diversity, inclusion, and anti-racism education annually.

Lessons Learned

Kentwood Park did not meet the target completion rate for Surge Learning completion. Factors contributing to this challenge could include time constraints during shifts based on resident care priorities and unplanned staffing shortages.

Change Idea #2 Implemented Not Implemented In Progress

Kentwood Park will support the growth and development of a rich equity, diversity, inclusion and antiracism program as part of the Strategic Plan of Omni Quality Living.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

A member of the Management Team will be designated DEI lead. Kentwood already promotes and supports a rich and diverse staff, but will use the informal process to capture more meaningful and trackable successes.

Comment

Our Home will continue to grow and support all Diversity, Equity and Inclusivity initiatives and education in the home including for staff and residents. Enhance and embrace cultural awareness and identify DEI blind spots that may exist.

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?" (Kentwood Park)	91.18 Performance (2025/26)	100 Target (2025/26)	95.83 Performance (2026/27)	5.10% Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Kentwood continues to utilize the resident satisfaction survey with OMNI's partnership with Metrics at Work and this will continue into 2025/26. Metrix at work is a leading provider of organizational measurement and consulting. Resident council also have input on developing the resident satisfaction survey questions each year. We are going to encourage residents to join their annual care conference with their loved ones so that the individual resident can voice and questions and or concerns and allow the multi-disciplinary to listen and create action plan for improvement.

Process measure

- Completing the Surveys via computer/tablet, an electronic qualitative and quantitative survey, ensure tablets and computers available with staff to assist residents with inputting the data for more accurate results. Resident population year to year will affect the survey results due to dementia with confusion. Families are encouraged to assist and add input when willing and able. Finalized results are then discussed at resident and family council meetings. Any flagged result below 80% will have a required action plan that will also be reviewed at both council meetings. We will work with our Resident and family councils and encourage input within the action plan for improvement.

Target for process measure

- The information received from this electronic survey has provided the home with an accurate account of our resident/ family current experience. We believe that this information will allow us to reflect and act upon our residents and families current experience as well we develop an action plan with those results being openly discussed with all parties involved. 100% Percentage of residents who responded positively to the statement: What number would you use to rate how well the staff listen to you. Our home scored 91.1% in this category out of 28 surveys completed. In light of our smaller resident population we find that this has an effect on our percentage's.

Lessons Learned

All residents are encouraged to attend monthly resident council meetings. In addition the annual satisfaction survey provides opportunity for commentary. Results of the survey are reviewed at Residents Council meetings and any area that scores less than 80% overall satisfaction must be addressed and action plan created.

Change Idea #2 Implemented Not Implemented In Progress

Kentwood Park will provide continuous education for staff including customer service, resident focused care and respectful communication

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

In 2026 the management team at Kentwood Park will be providing inservices and team huddles with a strong focus on quality improvement and quality care.

Comment

Kentwood park achieved a 72% respondent rate for the annual satisfaction survey which was a reduction from previous year. The overall outcome was actually 95.8% overall satisfaction. The home continues to strive to be supportive and inclusive, being a home where everyone is not just cared for but also cared about

	Last Year		This Year		
Indicator #4	88.24	100	91.67	3.89%	95
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Kentwood Park)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Kentwood Park continues to utilize the resident satisfaction survey with OMNI's partnership with Metrics at work and this will continue into 2025/26. Metrics at work is a leading provider of organizational measurement and consulting.

Process measure

- Completing the Surveys via computer/ tablet, an electronic qualitative and quantitative survey, ensure tablets and computers available with staff to assist residents with inputting the data for more accurate results. Resident population year to year will affect the survey results due to dementia with confusion. Families are encouraged to assist and add input. Finalized results are then discussed at resident monthly and family quarterly meetings and any flagged result below 80% will have a required action plan that will also be reviewed at both resident and family council meetings and our resident and family input is strongly encouraged.

Target for process measure

- The information received from this electronic survey has provided the home with an accurate account of our resident/ family current experience. We believe that this information will allow us to reflect and act upon our residents and families current experience as well as develop an action plan with those results being openly discussed with all parties involved. 100% Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences. Our home scored 89.3% in this category after completing 28 surveys. In light of our smaller resident population we find that this has an effect on our percentage's.

Lessons Learned

Overall the home feels that based on favourable results and commentary the overall satisfaction rate is accurate

Change Idea #2 Implemented Not Implemented In Progress

All staff will receive annual education promoting Zero Tolerance of abuse and neglect as well as required education specific to Whistleblower Protection

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Our home will continue to support, foster and endorse an environment that promotes Zero Tolerance of Abuse and Neglect as well as the Whistleblower protection to ensure that anyone bringing forward concerns or complaints does so without fear of reprisal.

Comment

Kentwood Park will continue to treat all concerns and complaints as opportunities to grow and enhance the resident experience. Encouraging supportive dialogue through platforms such as Residents Council and promotion of Family Council

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #1	X	4	6.52	--	NA
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Kentwood Park)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

1) Utilize and improved RISK management falls report on PCC. It includes a more streamlined assessment tool which provides risk management analysis on all falls.

Process measure

- DOC and Admin will review Surge learning stats and orientation package completion. Falls policy attached on back of registered staff report sheet to improve completion per policy and continued education provided at Nursing practice meeting, falls prevention meeting.

Target for process measure

- 100% staff trained on orientation and as required on Post falls Policy. 100% compliance with falls prevention education on surge learning completed annually.

Lessons Learned

Kentwood Park continues to expand the full use of PCC tools under Risk management. Documentation was not always consistent and fulsome. Routine Audits of Post Falls documentations has identified misses and has improved overall compliance with documentation completion

Change Idea #2 Implemented Not Implemented In Progress

Utilization of falls prevention funding for equipment.

Process measure

- DOC will submit invoices and review budget monthly. DOC will review falls rates monthly and discuss at monthly nursing practice meeting.

Target for process measure

- Increased utilization of falls prevention equipment will decrease falls by 5% (10% to 5%) over the next quarter.

Lessons Learned

Falls prevention equipment such as falls mats, high low beds and falls alarms are utilized in the home as identified based on falls risks.

Comment

Complete an interdisciplinary review of all residents who fell which includes physiotherapy, environmental review, medication review and nutritional review.
 Monitor and review all falls; identify trends to establish root cause and common contributors to falls.

	Last Year		This Year		
Indicator #2	27.27	20	27.47	-0.73%	NA
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Kentwood Park)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Improve communication with community partners, and discharge planners at Hospital. We will try to complete in person and onsite hospital visits from DOC/ED. We also work towards obtaining a more thorough review of medication list on admissions of the why's, when, how long.

Process measure

- Monitor antipsychotic usage with monthly Quality meeting and quarterly MDS assessment, pull report to determine if usage decreased. Antipsychotic monitoring tool in place when attempting to decrease usage. Discuss results at monthly QI meeting. MD to review quarterly and PRN for other effective interventions. CareRx to review annually and PRN.

Target for process measure

- 100% of resident's medications will be reviewed on a quarterly bases by MD and annual by Pharmacy consultant.

Lessons Learned

Kentwood Park was given funding for an Embedded BSO lead in 2025, to date the home has not been successful in recruitment efforts.

Change Idea #2 Implemented Not Implemented In Progress

Consult with staff, pharmacy and physician team to ensure the appropriate use of antipsychotic medication

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

The home continues to refer residents who exhibit responsive behaviours to Seniors Mental Health Mobile Response team , Psycho geriatrician as needed. Kentwood Park will utilize additional supports such as capacity enhancement education for caring for residents exhibiting responsive behaviours.

Comment

Antipsychotic usage is closely monitored by physicians, pharmacy BSO lead and Reg Staff and is only used when appropriate to enhance quality of life for the resident exhibiting responsive behaviours or mental health symptoms. Kentwood Park is seeing an increase in admissions and applications with Mental Health and Addictions looking for "trauma informed" care education as well as education regarding Addictions and Drug use in LTC will further support the teams ability to provide High quality meaningful care to this demographic