Omni
Quality Living

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Omni Quality Living Continuous Quality Improvement Initiative Report 2026/27

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

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Omni Quality Living – Riverview Manor

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)	15.93	7.50	We aim to reach a target half of what the SE-LHIN average is but are cognizant our relative target will require a substantial change to accomplish this goal. We will work closely with our partners and stakeholders on this change idea	Peterborough Regional Health Centre

Change Ideas

Change Idea #1 Provide education for Registered Staff, utilizing thorough assessments and our in-house Nurse Practitioner to avoid a transfer of a resident to the ED

Methods	Process measures	Target for process measure	Comments
The Management team will continue to review monthly statistics sharing data at monthly QI meetings and quarterly PAC meetings to explore missed opportunities for skilled assessments and utilization of NLOT that could have avoided a transfer to the ED	Number of residents transferred to the ED per month	The goal is to reduce the number of ED visits to 7.5	With our in-house Nurse Practitioner will allow increased opportunity to provide treatment to our residents at our home

Measure - Dimension: Efficient

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Eliminate the use of temporary nursing agency staff in our home by the end of 2026	C	Number / Staff	In-house survey / 2026	CB	0.00	We are committed to building a stable, sustainable, and dedicated in-house workforce	Job postings on Indeed Platform for Recruitment

Change Ideas

Change Idea #1 Eliminate the need for temporary nursing agency staff by December 31, 2026, to provide a more consistent team of in-house staff for our residents and families to promote continuity of care and enhances resident and family experience

Methods	Process measures	Target for process measure	Comments
We will attempt to recruit any agency staff that are currently working in the home, that are fully trained and complement our team. Will continue with our community partners with accepting students in the PSW and RPN program. We will continue to work with Home Office in the recruitment of staff for our home using online advertisements, job fairs. All applicants will be thoroughly vetted to ensure the best fit for our Home	In-house data collection from nursing schedules. Schedules will be reviewed 2-3 months in advance, regardless of the season, so as to ensure adequate time for planning for recruitment, training and coverage of vacant shifts	The goal is to have zero agency staff covering shifts in Riverview Manor by December 31, 2026	

Equity

Measure - Dimension: Equitable

Indicator #3	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	It is an expectation every employee of Riverview Manor has completed DEI and Anti-Racism education annually	Surge Learning

Change Ideas

Change Idea #1 Achieve 100% compliance of DEI and Anti-Racism education using mandatory education through Surge Learning

Methods	Process measures	Target for process measure	Comments
All staff to complete mandatory education during orientation and annually going forward. Huddles will be used to communicate and promote DEI discussion. Formation of an internal DEI Team will facilitate ongoing inclusivity within the home. Training will consist of Blindspots: Challenging Assumptions, Diversity, Equity and Inclusion in the Workplace, Understanding Gender Pronouns in Healthcare and What is Anti-Racism?	All department managers will monitor Surge completion rates on a monthly basis. Staff who have not completed required education within the month will receive letters detailing expectations of completion and further action necessary with continued non-compliance. Huddles will be used to address DEI initiatives in the home.	100% compliance with Surge DEI and Anti-Racism education. In 2025 the home achieved 100% compliance with this.	Monthly calendars of DEI events are posted within the home. WE continue to work with our resident and family councils and employees to promote DEI

Experience

Measure - Dimension: Patient-centred

Indicator #4	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	100.00	100.00	We want to ensure all residents feel comfortable openly sharing questions and concerns with any staff or management knowing that their concerns will be taken seriously and will be treated. We feel we can continue to improve in this aspect making 100% a reasonable goal	Metrix@Work

Change Ideas

Change Idea #1 Utilize monthly QI meetings to review concerns brought forward over the month, how they were dealt with and the level of resident satisfaction with the resolution provided and if in a timely manner

Methods	Process measures	Target for process measure	Comments
The home uses a care and concern form for residents where each concern is to be addressed promptly, and the resolution communicated to the resident/family. Concerns are tracked for data collection and overviews provided at Resident Council meetings	Number of resident concerns received monthly, satisfaction rating on the annual Resident Experience & Satisfaction Surveys	Our goal is 100% satisfaction on the annual Resident Experience & Satisfaction Survey	Total Surveys Initiated: 92 We will be engaging with residents and families to improve the number of surveys we receive, in hopes of having a 100% return on surveys initiated

Change Idea #2	Continue to utilize the resident satisfaction survey in partnership with Omni and Metrics at Work. Resident Councils assist in the development of the survey to ensure their perspective is captured. Residents and families are also encouraged to attend their care conferences to provide a platform to bring forward and discuss concerns and ideas to all members of the multidisciplinary team to ensure a collaborative approach to improving resident care

Methods	Process measures	Target for process measure	Comments
Riverview Manor will utilize the survey designed by Metrics at Work to impart on residents and families the importance of sharing their thoughts and feelings, without fear, to assist in improving the culture of the home. The home has an open door policy to discuss any concerns at any time with concerns taken seriously and with a timely response given to all concerns. The Executive Director is available at all times to discuss any concerns with residents or families	Surveys are available electronically with staff assisting any residents that require it. Families are encouraged to provide input if their loved ones are not capable of doing so. Survey results are reviewed and any items less than 80% satisfaction will have an action plan developed. This action plan will be reviewed at both Resident and Family Council meetings	As we move to larger home we realize it will take a team approach and effective communication with residents and families to promote a high rate of survey completion. Our aim will be to have over 75% completion rate with over 85% of all respondents responding positively	Total surveys initiated in 2025 62/92

Measure - Dimension: Patient-centred

Indicator #5	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	95.16	100.00	It is our goal that all residents feel comfortable expressing any concerns or ideas to all staff, not just management. It is an expectation that all concerns are genuinely listened to and responded to with compassion and our best effort is made to resolve them to improve the quality of life of residents in our care	Metrics@Work

Change Ideas

Change Idea #1	Ensure all residents feel safe to express concerns through continued education on Resident Bill of Rights		
Methods	Process measures	Target for process measure	Comments
Education is provided with orientation and annually going forward to ensure all staff are familiar with the Resident Bill of Rights. Utilize QI meetings, PAC meetings, Resident and Family council meetings as avenues to share and discuss information pertaining to improving quality of life for our residents	Tracking the number of concerns received monthly. Track score with annual Resident Experience & Satisfaction Surveys	Our goal is to achieve 100% on the annual Resident Experience & Satisfaction Survey	Total Surveys Initiated: 62 We will be engaging with residents and families to improve the number of surveys we receive, in hopes of having a 100% return on surveys initiated

Change Idea #2	Continue to utilize the resident satisfaction survey in partnership with Omni and Metrics at Work. Resident Councils assist in the development of the survey to ensure their perspective is captured. Residents and families are also encouraged to attend their care conferences to provide a platform to bring forward and discuss concerns and ideas to all members of the multidisciplinary team to ensure a collaborative approach to improving resident care		
Methods	Process measures	Target for process measure	Comments
Riverview Manor will utilize the survey designed by Metrics at Work to impart on residents and families the importance of sharing their thoughts and feelings, without fear, to assist in improving the culture of the home. The home has an open door policy to discuss any concerns at any time with concerns taken seriously and with a timely response given to all concerns. The Executive Director is available at all times to discuss any concerns with residents or families	Surveys are available electronically with staff assisting any residents that require it. Families are encouraged to provide input if their loved ones are not capable of doing so. Survey results are reviewed and any items less than 80% satisfaction will have an action plan developed. This action plan will be reviewed at both Resident and Family Council	As we move to larger home we realize it will take a team approach and effective communication with residents and families to promote a high rate of survey completion. Our aim will be to have over 85% completion rate with over 90% of all respondents responding positively	Total surveys initiated in 2025 62/92

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	11.91	4.00	The home will endeavor to strengthen multidisciplinary assessments and collaboration to enhance our falls prevention program with the aim of reaching this goal	Achieva Health Care Physiotherapy Services

Change Ideas

Change Idea #1 Implement an education program for Registered Staff on post fall assessments to ensure a thorough review of contributing factors and prevention measures including 'near-miss' events

Methods	Process measures	Target for process measure	Comments
Falls and near-misses will be discussed at shift-to-shift report, qshift huddles, weekly post-fall huddles with physiotherapy, daily morning meetings, monthly QI meetings and quarterly PAC meetings. We will also engage with our pharmacy for medication reviews as needed post fall to determine if medication side effect could be contributing to falls	Data collection through InterRai, submitted to CIHI and Home office, monthly QI reports and weekly post-fall huddles	Decrease the percentage of residents who fall through in-depth post fall assessments and quick implementation of preventative measures	Promoting safe mobility practices to reduce the risk of injury will also be a priority

Change Idea #2	Riverview Manor will continue to have a full time Physiotherapy Assistant (PTA) to provide ongoing assessments and therapy with regards to mobility, ambulation, strengthening and balance exercises and transfer or lift requirements		
Methods	Process measures	Target for process measure	Comments
Attendance at all PTA programs will be documented whether individual or group. This will allow for accurate tracking and engagement. The Physiotherapist (PT) will attend weekly post fall huddles with the Directors of Care to review recent falls, precipitating factors and interventions to reduce further falls	The PT will continue with quarterly, and as needed, assessments of all residents in the program, and evaluate residents who are not in the program routinely, for readmission to the PT program. Finding will be documented and shared with the management and nursing teams within the home, with changes also reported to family members. Management and registered staff will ensure communication to front line staff and updates made to nursing care plans. Orientation and Annual education is provided for all staff through Surge learning on Falls Prevention strategies.	Through collaboration with the resident, family, staff and PTA/PT to promote safe mobility and overall improvement in strength and balance we would like to achieve an improvement of 4% in falls occurring at Riverview Manor	

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	26.02	20.00	We would like to continue to show improvement in this area	CareRX, BSO, In-House Nurse Practitioner

Change Ideas

Change Idea #1 Collaborate with our pharmacy for medication reviews upon admission and quarterly to determine if antipsychotics are justified and/or required. The home will also attempt to locate historical information from family physicians, attending physicians if admitted from acute care, and obtain history from family members if possible

Methods	Process measures	Target for process measure	Comments
We will continue to promote nonpharmacological approaches and strengthen behavioral support strategies. We will also continue to collaborate with Ontario Health at Home for medication history for all new admissions. Continuing to utilize BOOMR will assist in identifying concerns with prescribed medications	Residents receiving antipsychotics are discussed at monthly QI and BSO meetings, quarterly PAC meetings and within our internal BSO team. Our physicians continue to work on reducing antipsychotics and/or writing a diagnosis for the antipsychotic. These measures will help reduce the number of residents prescribed antipsychotics without a supporting diagnosis	Every medication a resident is prescribed is reviewed on admission and quarterly but the physician or Nurse Practitioner and the consultant pharmacist. This promotes evidenced based medication management	It is challenging when a resident is admitted on an antipsychotic and little historical information is provided as to why or without a supporting diagnosis.

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	3.04	2.00	We will utilize best practices and external partners for prevention of worsening stage 2 to 4 pressure ulcers to achieve an improvement to 2%	Point Click Care, Medline

Change Ideas

Change Idea #1	Staff will achieve and maintain 100% compliance with Skin and wound App introduced in 2025, to ensure weekly and needed monitoring of all skin concerns. Any deterioration in wounds will be promptly and appropriately documented. It will also be reported to our wound care team thru referral, to support optimal outcome for resident

Methods	Process measures	Target for process measure	Comments
All registered staff receive skin and wound app training on hire and then as needed. Wound Care champions will be utilized, from both registered and non-registered nursing staff. Education will be provided for all staff on evidenced-based practices to prevent the worsening of pressure injuries. RNAO Best Practice guidelines will be followed promoting early identification and consistent monitoring of wounds at all stages. All skin and wound concerns will be reviewed at monthly QI meetings. Additional interventions will include specialized surfaces for pressure relief, dietary referrals for supplements, turning and repositioning schedules, toileting plans and referrals to physiotherapy as needed	The float registered staff completing assessments weekly will ensure follow up on all skin and wound concerns with proper assessments being done and signed for on the treatment records, reporting to Directors of Care enabling timely interventions and reassessments	Management and float registered staff completing skin and wound assessments will monitor for 100% compliance with the skin and wound app to promote a target of 2%	With InterRAI a resident may be coded as having a worsening stage 2-4 wound which may not be accurate as it will flag a previous assessment detailing the first documentation of the wound. Currently Registered staff on shift for days and evenings designated for wound care and assessments.

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	2.55	1.50	We will promote safety through the continued elimination of physical restraints	

Change Ideas

Change Idea #1 We will promote safety through the continued elimination of physical restraints

Methods	Process measures	Target for process measure	Comments
We will continue with orientation and annual education on our zero restraint policy and procedures to support individualized care planning promoting resident autonomy and safety. We will continue to utilize all other interventions possible to promote safety and eliminate restraint use	InterRAI and CIHI data showing 2.55% restraints; reviewed monthly at QI meetings	Our goal is to decrease the number of restraint use	Discussions with family occurred prior to the use of restraints and use of alternative methods for safety trialed. POA's continue to request the use of restraints. All current restraints in use are POA's request

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. (Riverview Manor)	**20.79** Performance (2025/26)	**15** Target (2025/26)	**15.93** Performance (2026/27)	**23.38%** Percentage Improvement (2026/27)	**7.50** Target (2026/27)

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

Utilize NP STAT assigned to the home to prevent emergency department visits

Process measure

- Number of emergency department visits will be reviewed quarterly by the quality team. quality team to review if staff are following the flow chart and utilizing the NP STAT prior to transfer to emergency department

Target for process measure

- Nursing staff will ensure 100% of all transfers are completed based on the flow chart

Lessons Learned

Hiring and on-site NP. NP STAT does continue to come into the home if required.

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

Riverview Manor will increase the nursing and physicians education and focus on the mobile xray and ultrasound options within the home

Process measure

- Riverview Manor plans to ensure mobile imaging is accessible and readily used by physicians when reasonable to decrease transfer to emergency room.

Target for process measure

- With the consistent use of a mobile imaging company in home this will potentially decrease avoidable ED visits as diagnosis can be made in the home.

Lessons Learned

Awaiting Ministry approval for Mobile X-RAY and mobile ultrasound services.

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

Number of ED visits and reasons for ED visits will be reviewed at monthly QI meeting to identify any avoidable ED visits, and implement interventions as necessary

Process measure

- All ED visits will be reviewed by the Quality Improvement team to discuss if there are any possible interventions that can be implemented to prevent future avoidable ED visits

Target for process measure

- 100% of all EED visits will be reviewed at quarterly QI meetings

Lessons Learned

Continue to review during quartely QI meetings.

Change Idea #4 ☑ Implemented ☐ Not Implemented ☐ In Progress

Registered staff will be trained in specialized therapy options in the home such as IV therapy

Process measure

- The nursing management team will monitor and review any required education that the nursing staff may require to limit avoidable ED visits based on the recent ED visits that have occurred

Target for process measure

- 100% of registered staff and nursing managers will complete specialized treatment training as required

Lessons Learned

IV training completed for all Registered staff.

Comment

Staff education and ongoing communication regarding resident's advanced directives and care preferences continue to be emphasized. However residents and or POA's may at times choose to override the directives and request to be transferred. Recruitment of of Riverview Manor's own NP, utlizing available funding will provide our residents with the care and treatment in home avoiding transfers to hospital, which in itself is detrimental to the residents. Preference at Riverview Manor is to treat in the home when possible to avoid the stress on residents and families.

Equity | Equitable | Optional Indicator

Indicator #6

Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Riverview Manor)

Last Year		This Year		
100.00	**100**	**100.00**	**0.00%**	**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

OMNI is working on a Core Program for EDI which will be implemented across all homes. Currently OMNI has policies and education for all staff through surge learning

Process measure

- Department Managers will monitor their staff for surge learning completion.

Target for process measure

- 100% of all staff will complete their surge learning related to DEI in the required month

Lessons Learned

100% Completion by all staff on EDI and anti-racism.

Comment

We will continue to promote equity, diversity and inclusion and anti-racism education through Surge Learning. We look forward to enhance implementations of our DEI policies , procedures and new programs. Efforts will focus on improving communication about DEI initiatives with residents and families. Please refer to our Workplan for further details.

Experience | Patient-centred | Optional Indicator

	Last Year		This Year		
Indicator #3	**91.67**	**100**	**100.00**	**9.09%**	**100**
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Riverview Manor)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

This topic will continue to be reviewed during residents' council meetings, care conferences and during POA and resident interactions with the newly implemented PDSA schedule that the social worker has initiated in the home. Staff education to continue to be completed regarding resident centered care annually on surge learning.

Process measure

- Riverview Manor had a completion rate of 58.7% of resident surveys. Riverview will ensure that 80% of resident surveys are completed to ensure a more residents answers are reflected in the statistics

Target for process measure

- Riverview Manor will have and increase of 8.33% when the next Metrics@home survey is completed for resident satisfaction

Lessons Learned

Several changes within our Social Service wworkers impacting scheduling PDSA. Education continues to be completed ongoing regarding resident centered care acheiving 100% on Surge.

Comment

Total survey initiated =62. Riverview Manor strives to be where residents and family members feel valued and we will achieve a greater level of trust where they can share feelings, concerns and suggestions for improvements.

	Last Year		This Year		
Indicator #5	**92.59**	**100**	**95.16**	**2.78%**	**100**
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Riverview Manor)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

This topic will continue to be reviewed during residents' council meetings, care conferences and during POA and resident interactions with the newly implemented PDSA schedule that the social worker has initiated in the home. Staff education to continue to be completed regarding resident centered care annually on surge learning.

Process measure

- Riverview Manor had a completion rate of 58.7% of resident surveys. Riverview will ensure that 80% of resident surveys are completed to ensure a more residents answers are reflected in the statistics

Target for process measure

- Riverview Manors goal is to increase the percentage by 7.41% for the 2025 resident satisfaction survey

Lessons Learned

Total surveyed 62. We will continue to provide education for our staff around respect always, Residents first and our Resident Bill of Rights. PRC on site to provide education.

Comment

Riverview Manor strives to be the home that consistently promotes trust where residents and families are at ease expressing concerns knowing that we are available for difficult conversations. These conversations allow us to improve care, through active listening,compassion and problem solving.

Safety | Safe | Optional Indicator

Indicator #1

Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Riverview Manor)

Last Year		This Year		
16.72	**12.75**	**11.91**	**28.77%**	**4**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

Multidisciplinary team to complete post fall reviews and care plan reviews to ensure all appropriate interventions are in place.

Process measure

- RAI Coordinator will review the number of falls each month and note reasonings for all falls to ensure appropriate interventions are in place to prevent future falls

Target for process measure

- 100% of all residents who have fallen in the month previous will be reviewed at monthly falls meetings

Lessons Learned

Falls reviewed daily in multidisciplinary meetings with input from all disciplines. Care Plan reviews continue to be completed by RAI and note interventions that are effective.

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

All nursing staff will complete falls prevention training

Process measure

- The training will include basics of falls prevention as well as specifics to appropriate interventions to aide in prevention of falls

Target for process measure

- 60% of all staff will have completed training in the first 6 months, 100% of all staff will complete training by 1 year.

Lessons Learned

100% of staff completed Preventing falls in Long Term Care for Critical Team Members, non- registered staff, life enrichment.100% completed PASD and Physical Restraint training for Registered Staff. Least restraint last resort for all staff. 100% Registered staff consent for restraints and PASD's

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

The falls team will increase in size, and include front line staff.

Process measure

- The falls team will meet monthly to review falls and residents current care plan interventions.

Target for process measure

- The falls prevention team will have 2-3 new members in the next year

Lessons Learned

Will strive to recruite non Registered staff to join our Falls Committee.

Change Idea #4 ☐ Implemented ☐ Not Implemented ☑ In Progress

Post fall huddles

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Will reinstate post fall huddles following each fall.

	Last Year		This Year		
Indicator #2 Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Riverview Manor)	**23.02** Performance (2025/26)	**20** Target (2025/26)	**26.02** Performance (2026/27)	**-13.03%** Percentage Improvement (2026/27)	**20** Target (2026/27)

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

New BOOMIR project to assist with decreasing medication utilization when unnecessary

Process measure

- All new admissions will have their medications reviewed by the in house physician in consultation with their previous Physican (when possible) and pharmacist prior to admission

Target for process measure

- There will be a 5% decrease in unnecessary medications upon admission to the home through using the BOOMIR process

Lessons Learned

BOOMR is being utilized for New Admissions to the home. This has been more effective for a timely admissions and has decreased the unnecessary medications being prescribed.

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

All residents who are on an antipsychotic will have a rational or reasoning for the use of the medication and will be monitored by the BSO lead

Process measure

- By routinely reviewing and analyzing the reasoning and rationale for antipsychotic this will assist flagging the BSO lead when a antipsychotic may be able to be discontinued or may no longer be needed

Target for process measure

- All residents in the home who are prescribed an antipsychotic will be monitored and follow by the BSO team and antipsychotics will be removed when suitable or reasonable.

Lessons Learned

Ongoing review of antipsychotic medication by MRP's in the Home. BSO continue to follow as needed.

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

The home will work on increasing the number of staff with GPA training to assist in managing behaviors with non pharm logical interventions

Process measure

- 8-10 staff per month will complete GPA certification with

Target for process measure

- 60%-70% of all front line staff will be certified in GPA training over the next year

Lessons Learned

On the spot training with GPA approaches by BSO for front line staff. BSO team are all current in their GPA training.

Change Idea #4 ☐ Implemented ☐ Not Implemented ☑ In Progress

Nurse Practitioner

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Will complete medication reviews based on antipsychotic use in the Home and will specify rational for usage or need for possible decrease/discontinue in medication if indicated.

Comment

Full time Nurse Practitioner to evaluate ongoing the need for antipsychotic medication and its utilization.

Safety | Effective | Custom Indicator

Indicator #4

Percentage of residents who are on 15 or more medications daily (Riverview Manor)

Last Year		This Year		
100.00	**95**	**25.00**	**--**	**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

Over the next year residents medications will be reviewed with an attempt to complete medication compression to decrease the amount of medications/ decrease amount of unnecessary medications

Process measure

- Approximately 8 residents will be reviewed each month in attempts to decrease medications

Target for process measure

- There will be a 5% decrease in overall medication utilization over the next quarter

Lessons Learned

The home continues to utilize outside Pharmacist to review medications as per schedule. MRP continue to review medications quarterly for medication compression.

Comment

Nurse Practitioner to review medications ongoing for need med compression.