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 – Rosebridge 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)	20.59	18.00	Continue to remain below provincial average of 22%. Rate of ED visits will continue to trend downward to meet the absolute target of 18% over the next 12 months	

Change Ideas

Change Idea #1 Audit, review and track all ED transfers, identifying those considered avoidable based on conditions identified by HQO and provide feedback to the nursing team to ensure continued improvement of this metric

Methods	Process measures	Target for process measure	Comments
NP to review all ED transfers. Discuss results at the quarterly PAC meetings and Nursing Practice meetings. Purpose is to identify any trends in ED visits and review all potentially avoidable ED visits with the team. NP to assist with assessments/treatment recommendations that can be provided in house to avoid unnecessary ED transfers. Ensure timely response from mobile x-ray by consistent follow-up and timely submissions of requisitions.	Track and measure number of ED visits deemed potentially avoidable.	100 percent of all ED visits will be tracked and analyzed for trends	Resident and family choice impact this QI for ED visits that are deemed avoidable. Rosebridge continues to improve upon this metric through resident/POA education, Nurse practitioner program to provide safe effective treatment at the home level and ongoing capacity building with registered staff.

Measure - Dimension: Efficient

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Improve our part time workforce staffing levels with skilled and talented individuals that align with our organizations mission, vision and values.	C	% / Staff	In house data collection / 12 months	90.00	100.00	To eliminate the use of temporary staffing agencies	

Change Ideas

Change Idea #1 Hire talented, skilled and qualified staff to fill all vacant part-time positions

Methods	Process measures	Target for process measure	Comments
Identify number of actual Part-time positions available/needed and advertise accordingly. Hiring manager to contact applicants and book interview within 2 days of receiving application. Engage with schools to recruit student placements and expand our reach of new recruits within the community	number of part-time positions filled to be reviewed each month, reduction in agency use from month to month	100% of available part-time positions will be filled by the end of the year	

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	100% completion of EDI education corporate target	

Change Ideas

Change Idea #1 Provide EDI education sessions for staff to increase awareness utilizing different methods

Methods	Process measures	Target for process measure	Comments
Ensure all staff and managers have access to learning modules on Surge or arrange in person education session. Post monthly diversity	Monitor completion rates monthly for all departments including management team.	100% of staff will complete education	

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	95.16	98.00	To continue to sustain/improve our high average above 90% while ensuring we are aligned with the organizational averages.	Metrics@Work

Change Ideas

Change Idea #1 Continue to maintain our high average in this area. Create an action plan to respond to items rating below 80%. To improve the survey completion rate from 62% to 65%

Methods	Process measures	Target for process measure	Comments
Management team will promote and support residents and families with survey completion by highlighting the importance of the survey and how it drives care and improvement initiatives, as well as ensuring ease of access to survey through use of iPads and web links sent via email.	survey response rate, # of surveys completed	Survey results will remain above 90% when residents are asked how well they feel the staff listen to them. Goal of Survey completion rate will be 50% or higher	Total Surveys Initiated: 62 Total Surveys Initiated: 62 Total LTCH Beds: 62 Resident population at time of survey delivery impacts completion rates and is dependent on number of residents who are cognitively able to complete survey and number of family members willing to complete the survey on loved one's behalf.

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	93.55	98.00	To continue to sustain/improve our high average above 90% while ensuring we are aligned with the organizational averages.	Metrics@Work

Change Ideas

Change Idea #1 Continue to maintain our high average in this area. Create an action plan to respond to items rating below 80%. To improve the survey completion rate from 62% to 65%

Methods	Process measures	Target for process measure	Comments
Management team will promote and support residents and families with survey completion by highlighting the importance of the survey and how it drives care and improvement initiatives, as well as ensuring ease of access to survey through use of iPads and web links sent via email.	survey response rate, # of surveys completed	Survey results will remain above 90% when residents are asked how well they feel the staff listen to them. Goal of Survey completion rate will be 50% or higher	Total Surveys Initiated: 62 Total Surveys Initiated: 62 Total LTCH Beds: 62 Resident population at time of survey delivery impacts completion rates and is dependent on number of residents who are cognitively able to complete survey and number of family members willing to complete the survey on loved one's behalf.

Safety

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	16.67	15.00	To close the gap between current value and provincial average of 15%	

Change Ideas

Change Idea #1 Ensure each resident at high risk for falls has an individualized plan of care for fall prevention

Methods	Process measures	Target for process measure	Comments
Determine residents at high risk for falls Review plan of care for each resident at high risk Discuss strategies with falls lead and staff in residents circle of care Update plan of care Communicate changes in care plan with care staff through team huddles and report	# of residents at high risk for falls # of plans of care reviewed # of new strategies determined # of care plans updated # of sessions held to communicate changes with staff	100% of residents that are high risk for falls will have an individualized care plan in place. 100% of residents who fall will have a post fall assessment completed inclusive of team huddles on prevention strategies, with care plan updates prn	

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	28.37	25.00	To work towards closing the gap between current value and provincial average of 19%	

Change Ideas

Change Idea #1 Identify residents who were prescribed antipsychotic medication without a diagnosis of psychosis and continue efforts to deprescribe when able as well as ensure diagnosis is updated and coded accordingly

Methods	Process measures	Target for process measure	Comments
Audit residents' charts, PCC risk management incidents and InterRAI data to determine the reasons for antipsychotic medication usage. Information is provided to the MD/NP and pharmacist for review and consideration for deprescribing. Ensure current/new diagnosis is reflected in the InterRAI assessment	The number of residents on antipsychotic medications without a dx of psychosis.	100% of all residents with anti-psychotic use prescribed will have care planning to support reason for medication use.	Challenges include antipsychotic medications utilized to manage disease processes that are not included on the list of diagnosis of psychosis. Those whom have received long term treatment with antipsychotic mediations and who experience positive outcomes prior to admission to LTC generally will continue on said treatment regime and are very reluctant to alter current treatment plans. Rosebridge will continue efforts to identify and reduce where able through above stated strategies.

Measure - Dimension: Safe

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care residents whose stage 2 to 4 pressure ulcer worsened	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as reporting quarter for the rolling 4-quarter average	5.66	4.00	To close the gap between current value and provincial average of 1.9%	

Change Ideas

Change Idea #1 Strengthen pressure injury prevention and management through staff participation in recognized Skin & Wound education and certification programs (ECHO/SWAN)

Methods	Process measures	Target for process measure	Comments
Enroll skin and wound lead and registered staff (as opportunities arise) in SWAN program	number of staff successfully completed SWAN program	100% of staff enrolled in SWAN program will complete the program successfully	

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	2.45	2.00	To close the gap between current value and provincial average of 1.9%	

Change Ideas

Change Idea #1 Provide families with information about least restraint approach

Methods	Process measures	Target for process measure	Comments
On admission ensure family/resident receive education on least restraint approach in the home and risk of restraint use	100% of new admissions will receive education on least restraint, last resort culture	number of admissions that receive education/teaching	Restraint use has been family driven, despite health teaching

Access and Flow | Efficient | Optional Indicator

Indicator #7

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

Last Year		This Year		
16.22	**15**	**20.59**	**-26.94%**	**18**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

Audit, review and track all ED transfers, identifying those considered avoidable based on conditions identified by HQO.

Process measure

- Track and measure number of ED visits deemed potentially avoidable.

Target for process measure

- 100 percent of all ED visits will be tracked and analyzed for trends.

Lessons Learned

Rosebridge continues to work collaboratively with external service providers to reduce preventable ED visits. This indicator is monitored quarterly. We did not meet our target. Some of the challenges experienced are resident/family requests for hospital transfers.

Comment

Continue to appropriately assess and treat residents in the Home. If a resident requires a transfer to the ED or it is requested by the resident and/or his/her POA for personal care, the resident will be transferred to the ED. Every effort will be made to assess/treat residents in the Home. Outreach NP involved in hospital transfers and contributes to the reduction on unnecessary transfers.

Access and Flow | Efficient | Custom Indicator

Indicator #1

Improve our workforce staffing levels with skilled and talented individuals that align with our organizations mission, vision and values. (Rosebridge Manor)

Last Year		This Year		
CB	**10**	**90.00**	**--**	**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

Hire talented, skilled and qualified staff to fill all vacant fulltime positions

Process measure

- number of full-time positions filled to be reviewed each month, reduction in agency use from month to month

Target for process measure

- 100% of available full-time positions will be filled by the end of the year

Lessons Learned

We have successfully improved our workforce staffing levels and have eliminated reliance on Dietary, Life Enrichment, PSW and RN agency staff. We continue to work towards the elimination of reliance on RPN staff and build our part time staffing compliment

Comment

Ongoing recruitment efforts will continue as previous year until we can successfully eliminate reliance on RPN agency staff.

Equity | Equitable | Optional Indicator

	Last Year		This Year		
Indicator #6 Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Rosebridge Manor)	**100.00** Performance (2025/26)	**100** Target (2025/26)	**100.00** Performance (2026/27)	**0.00%** Percentage Improvement (2026/27)	**100** Target (2026/27)

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

Provide education sessions for staff and managers on Equity to increase awareness.

Process measure

- Monitor completion rates monthly for all departments including management team.

Target for process measure

- 100% of staff will complete EDI education

Lessons Learned

100% of staff completed EDI education

Comment

100% of staff have completed EDI education. This will continue to be a focus of 2026. Rosebridge is committed to fostering a culture of EDI

Experience | Patient-centred | Optional Indicator

	Last Year		This Year		
Indicator #4	**98.39**	**99**	**95.16**	**-3.28%**	**98**
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Rosebridge 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

Continue to maintain our high average in this area. Create an action plan to respond to items rating below 80%. To improve the survey completion rate from 42% to 50%

Process measure

- survey response rate, # of surveys completed

Target for process measure

- Survey results will remain above 90% when residents are asked how well they feel the staff listen to them. Survey completion rate of 50% or higher

Lessons Learned

Process measure
• Survey was completed by residents, families with support from life enrichment staff (for those residents who were not comfortable with a computer. 39/62 surveys were completed with a 62.9% response rate.

Goal of the survey was to quantify the quality questions asked to the residents regarding resident experience at Rosebridge Manor and to increase our response rate and have 75% of residents/families complete the survey.

Comment

Given our high positive response We will continue to closely monitor this quality indicator and strive to sustain/improve our residents experience.

Indicator #5

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

Last Year		This Year		
98.39	**99**	**93.55**	**-4.92%**	**98**
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 maintain our high average in this area. Create an action plan to respond to items rating below 80%. To improve the survey completion rate from 42% to 50%

Process measure

- survey response rate, # of surveys completed

Target for process measure

- Survey results will remain above 90% when residents respond positively to the statement "I can express my opinion without fear of consequences". Survey completion rate of 50% or higher

Lessons Learned

Survey was completed by residents, families with support from life enrichment staff (for those residents who were not comfortable with a computer). 39/62 surveys were completed with a 62.9% response rate. Goal of the survey was to quantify the quality questions asked to the residents regarding resident experience at Rosebridge Manor. We will work to increase our response rate and have 75% of residents/families complete the survey.

Comment

Given our high positive response We will continue to closely monitor this quality indicator and strive to sustain/improve our resident experience.

Safety | Safe | Optional Indicator

Indicator #2

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

Last Year		This Year		
16.52	15.50	16.67	-0.91%	15
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

Recognizing not all falls can be prevented, the focus for this years QIP will be reducing injury and risk for injury

Process measure

- 1) Determine those residents at risk for falls 2) Review plan of care for each resident at risk 3) Discuss strategies with fall team and staff 4) update plan of care 5) communicate changes in plan of care with care staff

Target for process measure

- 1) # of residents at risk for falls and/or those that have experienced a fall related injury 2) # of plans of care reviewed 3) # of new strategies determined 4) # of plans of care updated 5) # of sessions held to communicate changes with staff

Lessons Learned

Risk management initiatives such as post fall assessments, huddles, and focused audits have been beneficial in strategy planning that focuses on individual resident needs to foster individualized plans of care that reduce the risk of injury from falls.

Comment

100% of staff have received education in fall prevention strategies. Capacity building remains an ongoing intervention through staff QI huddles, policy reviews and
updates, targeted education in areas identified as needing improvement. Did not meet our target performance, will continue to implement improvement initiatives that will work towards closing the gap between our current performance and the provincial benchmark. See this years workplan for further initiatives

	Last Year		This Year		
Indicator #3	**25.25**	**24**	**28.37**	**-12.36%**	**25**
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Rosebridge 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

Identify residents who were prescribed antipsychotic medication without a diagnoses of psychosis and continue efforts to deprescribe when able.

Process measure

- The number of residents on antipsychotic medications without a dx of psychosis.

Target for process measure

- 100% of those residents receiving antipsychotic medication without a diagnosis of psychosis with be identified by June 30th, 2025. 100% of those identified residents whose medication cannot be deprescribed will have a stated rationale that supports their treatment plan.

Lessons Learned

focus remains on ensuring RAI assessments are updated to reflect current diagnosis. Ongoing efforts to reduce utilization remain in place in consultation with the resident (POA), pharmacist and physician

Comment

Challenges include antipsychotic medications utilized to manage disease processes that are not included on the list of diagnosis of psychosis. Those whom have received long term treatment with antipsychotic mediations and who experience positive outcomes prior to admission to LTC generally will continue on said treatment regime and are very reluctant to alter current treatment plans. Rosebridge will continue efforts to identify and reduce where able