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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 – Springdale Country 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 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)	19.35	15.00	The target justification been set for Springdale Country Manor, with increased education and support of Registered Staff and families as well as a focus on the use of the the NP to attend home and assess residents prior to transfers to ED we are confident that our goal can be achieved.	

Change Ideas

Change Idea #1 Continue to monitor our ED transfers on a monthly basis and analyzed each case based and how to improve care flow

Methods	Process measures	Target for process measure	Comments
Ongoing education with the registered staff regarding in depth nursing assessments and usage of the home's in house physicians and NP program. Education to also be provided to the families upon admission and as needed regarding the care that the home can provide versus the care provided at the hospital. Reducing and eliminating nursing agency use is a strategic priority to improve continuity of care.	Quarterly reporting at our QI meetings and validation of findings to ensure we are lowering our transfer rates monthly, quarterly and then annually	Currently Springdale's indicator is 19.3% and the goal is to have Springdale's indicator be at 15.0 % for this coming year	

Equity

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	100.00	100.00	This target supports Springdale Country Manor's ongoing commitment to equity, diversity, and anti-racism by ensuring continued education and awareness initiatives that promote an inclusive and respectful care environment.	

Change Ideas

Change Idea #1 1) To improve overall dialogue of diversity, inclusion, equity and anti-racism in the workplace including religion and spiritual preference 2) To increase diversity training through Surge education or live events; 3) To facilitate ongoing feedback or open-door policy with the management team with diverse staff members 4) To include Cultural Diversity as part of CQI meetings

Methods	Process measures	Target for process measure	Comments
Surge training, posters, recognition of all holidays, activities.	1) Number of staff education on Culture, Religion and Diversity; 2) number of new employees trained of Culture, Religion and Diversity; 3) number of culture and diversity events celebrated for the year 4) number of topics discussed at the quarterly CQI	1)100% of staff educated on different topics of Culture, Religion and Diversity 2) maintain the number of culture, religion and diversity events celebrated within the home 3) increase participation of topic discussion	100% training completed on surge with regards to diversity.

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	81.63	95.00	Springdale Country Manor feels that we can meet the target with continued education on admission, annually using the Surge platform. We will also utilize community partners to provide communication techniques with resident's education to the staff.	

Change Ideas

Change Idea #1 1)To increase our goal from 81.63% to 95%. Engaging residents in meaningful conversations, and care conferences, that allow them to express their opinions. Review "Resident's Bill of Rights" more frequently, at residents' Council meetings monthly; 2) To continue to provide new staff education regarding Resident Bill of Rights during on-boarding process

Methods	Process measures	Target for process measure	Comments
Surge learning, in services, care conferences, resident council meetings.	Goal to see 100% satisfaction.	All staff will have training on resident Bill of rights and residents will respond more favorably on the question of how well Staff listen to them.	Total Surveys Initiated: 53

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	84.91	95.00	Springdale Country Manor feels that we can meet the target with continued education on admission, annually using the Surge platform. We will also utilize community partners to provide communication techniques with resident's education to the staff.	

Change Ideas

Change Idea #1 Communication with residents, families at time of admission, at care conferences, at resident Council and family council, to continue to encourage residents and families to bring concerns forward. Whistle Blowing Protection policy to be reviewed to ensure residents and families know to bring concerns forward without fear of reprisal

Methods	Process measures	Target for process measure	Comments
Resident service coordinator will communicate this information at admission, Director of Care will review this information at care conferences, Life enrichment coordinator to review this information at resident council meetings. Home to continue to actively recruit and establish a family council for the home, as we do not presently have one.	% of residents with a documented conversation regarding our complain process and whistle blowing protection policy.	All residents will have a conversation of this at their Annual Care Conference.	Total Surveys Initiated: 53

Change Idea #2 Communication with residents, families at time of admission, at care conferences, at resident Council and family council, to continue to encourage residents and families to bring concerns forward. Whistle Blowing Protection policy to be reviewed to ensure residents and families know to bring concerns forward without fear of reprisal

Methods	Process measures	Target for process measure	Comments
Resident service coordinator will communicate this information at admission, Director of Care will review this information at care conferences, Life enrichment coordinator to review this information at resident council meetings. Home to continue to actively recruit and establish a family council for the home, as we do not presently have one.	% of residents with a documented conversation regarding our complain process and whistle blowing protection policy.	All residents will have a conversation of this at their Annual Care Conference.	

Safety

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	21.31	15.00	Springdale Country Manor will continue to work toward this target by maintaining and strengthening current falls prevention strategies.	

Change Ideas

Change Idea #1 To establish and initiate Fall Huddles after each fall and daily with the interdisciplinary team 2) Monthly collaboration with Falls committee, and external resources-physiotherapy department for the development of the resident's plan of care, nursing team to complete post falls assessment to help determine causes of falls. Pharmacist/MD/NP to complete medication review, and PT for physio regiment. Review with family and resident for their goals, 3) Injury prevention. 4) Comprehensive post fall analysis, in the development of resident plan of care

Methods	Process measures	Target for process measure	Comments
1) Complete a daily meeting with multidisciplinary team at morning meeting following the report of any new falls regarding ideas to help prevent risk of falls or injury related to falls; 2) to increase training and/or education of Falls program to all staff; 4) Education and reeducation provided to registered staff on the completion of post falls assessment.	Meetings, education, falls prevention strategies, i.e. Alarms, falls matts, etc.	Number of falls within the home will decrease with a combined effort of all staff and all departments within the home.	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	25.45	18.00	Springdale Country Manor is committed to reducing the use of antipsychotic medications among residents without a diagnosis of psychosis through ongoing medication reviews, interdisciplinary care planning, and the use of non-pharmacological interventions.	

Change Ideas

Change Idea #1 The MD, nursing staff and BSO team both internal and external (PACE) will meet monthly to review residents on antipsychotic medication for diagnosis and indication for use at both the bso meetings and QI meetings. This is standing item in CQI/PAC quarterly meeting agenda. 2) Residents who are prescribed antipsychotics for the purpose of management of Responsive expressions, will have a quarterly review, for the potential of reduction or the discontinuation of medication. 3) Development of plans of care, with non pharmaceutical approach - identification of triggers and interventions 4) During admission conference, review with families, reason for the prescribing of antipsychotic medication, interventions effective in management of responsive expressions

Methods	Process measures	Target for process measure	Comments
Meetings with Multidisciplinary team, training for staff to assist with responsive behaviors. ongoing education.	Meetings held monthly by interdisciplinary team including BSO team meeting and QI meetings. Number of antipsychotics reduced as a result monthly meetings. 2) BSO lead and nursing team will ensure that residents who receive antipsychotics for responsive behaviours with have their medication, plan of care reviewed, quarterly by the interdisciplinary team (including resident and family) 3) Review of plan of care for non-pharma logical approaches, in the plan of care	Newly admitted residents will have been reviewed for the appropriateness of antipsychotics use; 2) All residents who are prescribed antipsychotic medications will receive a 3-month review to determine potential for reduction in dosage or discontinuing antipsychotics.	The home has had success with the reduction of antipsychotics, and staff participation in the process.

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care residents whose stage 2 to 4 pressure ulcer worsened	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as reporting quarter for the rolling 4-quarter average	3.35	2.00	This target supports Springdale Country Manor's commitment to improving resident outcomes by ongoing skin assessments, individualized care planning, and the implementation of evidence-based wound prevention and management strategies.	

Change Ideas

Change Idea #1 Staff education with focus on prevention of pressure injuries.

Methods	Process measures	Target for process measure	Comments
1. Review PURS score on a quarterly basis, according to the RAI schedule. 2. Continue to provide staff education on prevention of pressure injuries utilizing surge learning yearly. 3. Continue to discuss altered skin integrity at monthly QI meetings.	1. % of residents reviewed with PURS score of 3 or greater with interventions in place according to the RAI schedule. 2. # of education sessions provided to staff on prevention of pressure injuries.	Review of residents with PURS score of 3 or greater will continue on an ongoing basis with all identified residents (100%) being completed by December 2026. Staff will regularly receive education on prevention of pressure injuries, and all staff will have received education by December 2026.	

Measure - Dimension: Safe

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care residents in daily physical restraints	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	1.64	0.00	Springdale Country Manor currently maintains a low rate of daily physical restraint use and will continue to support a least-restraint approach through ongoing assessment and individualized care planning to ensure resident safety and dignity.	

Change Ideas

Change Idea #1 Maintain and attempt to decrease current QI score for resident(s) with restraints by continuing with the process of reviewing restraint use on a monthly basis and providing education on the home's least restraint policy to all floor staff

Methods	Process measures	Target for process measure	Comments
1. Continue the process of reviewing care plans of resident(s) with restraints on a quarterly basis. 2. provide staff education on least restraint policy yearly.	1. % of quarterly reviews completed according to the RAI-MDS schedule. 2. # of staff education (i.e., monthly committee meetings, orientation) on least restraint policy.	100% of quarterly reviews will be completed according to the RAI-MDS schedule by December 2026. 2. 100% of front-line staff will have education on least restraint policy by December 2026.	The home has had success with have having no restraints at times, however, at times family members, that despite health teaching and education regarding restraints from the home/staff, the family will choose to use restraints as a last resort for falls.

Access and Flow | Efficient | Optional Indicator

Indicator #6	Last Year		This Year		
	Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Springdale Country Manor)	16.13 Performance (2025/26)	13 Target (2025/26)	19.35 Performance (2026/27)	-19.96% Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Review all resident transfers to ED quarterly with a focus on before the acute event, were there actions that could have prevented the transfer and during the acute event were there actions that could have prevented the transfer.

Process measure

- Number of ED visits that will be reviewed by the QI Committee quarterly.

Target for process measure

- 100% of ED transfers reviewed quarterly by QI Committee.

Lessons Learned

A challenge is the home is admitting residents at a younger average age with more complex medical needs, and some residents or substitute decision-makers express a preference for hospital transfer during changes in condition

Change Idea #2 Implemented Not Implemented In Progress

Supporting the early recognition of residents at high risk for transfers to ED.

Process measure

- 100% percentage of residents at high risk for transfers to ED or with a change in health status reviewed by physician. Advanced Care Directives will promote the best outcome for residents based on their choices.

Target for process measure

- 100% of residents at high risk for ED transfer or with a change in health status will have their Advanced Care Directives reviewed and documented.

Lessons Learned

Challenges continue to be families who continue to request that their family member be sent to hospital, despite interventions that can be done within the home.

Change Idea #3 Implemented Not Implemented In Progress

Strengthen advanced care planning, clarifying goals of care early in admission.

Clinical response including immediate nursing assessment and vital signs, escalation to NP/MD per policy, initiation of in-home treatment (i.e. monitoring, antibiotics, fluids), and confirmation of alignment with goals of care.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Success includes the use of the NP to attend to the home to assist with the assessment of residents to prevent the transfer to the hospital, by providing support to both the family and staff, as well as providing medication orders.

Comment

With increased education and support to registered staff, the use of outside service providers, i.e. NP, the home strives to promote in-house care as opposed to unnecessary transfers to hospital.

Indicator #5	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Springdale Country Manor)	100.00	100	100.00	0.00%	100

Change Idea #1 Implemented Not Implemented In Progress

Promote Diversity, Equity and Inclusiveness in the home amongst residents, families and residents.

Process measure

- The number of cultural and diversity events that occur at Springdale Country Manor.

Target for process measure

- Springdale Country Manor will celebrate 4 cultural and diversity events by the end of December 2025.

Lessons Learned

Lead by the social services worker, a team was created to bring awareness to residents, staff, families and visitors to promote diversity and inclusiveness within the home, through posters, displays and activities.

Change Idea #2 Implemented Not Implemented In Progress

Foster inclusive leadership by prioritizing professional development in the area of Diversity, Equity, and Inclusion with management staff.

Process measure

- Number of managers that participate professional development activities in Diversity, Equity and Inclusion.

Target for process measure

- 100% of managers to complete in-person Diversity, Equity and Inclusion training

Lessons Learned

100% of management trained on diversion, equity and inclusion.

Comment

Springdale and Omni Health Care continue to promote inclusion and equality through education and the actions of their staff.

Experience | Patient-centred | Optional Indicator

	Last Year		This Year		
Indicator #3	94.12	95	81.63	-13.27%	95
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Springdale Country 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

Promote residents' attendance and participation at 6-week and annual care conferences to promote open communication.

Process measure

- The number of residents that attend and participate in scheduled 6-week and annual care conferences.

Target for process measure

- 40% of residents are able to attend and participate in scheduled 6-week and annual care conferences.

Lessons Learned

Residents continue to be invited to 6-week care conferences; however, challenges continue to be family members that feel that their "attendance" may upset the resident, therefore, request that they do not attend. The home continues to promote resident attendance and provide support to family members regarding this matter.

Comment

On going commitment of all staff to promote open communication with residents so they feel safe and secure in speaking to staff without ant fear.

Indicator #4	Last Year		This Year		
	Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Springdale Country Manor)	86.54 Performance (2025/26)	90 Target (2025/26)	84.91 Performance (2026/27)	-1.88% Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Engage residents and support them in leading the direction of their care.

Process measure

- Implementation of Resident Services Coordinator position to support residents and their families maintain open communication and a collaborative relationship with the home. Use of Resident Satisfaction Survey results to monitor changes from year-to-year.

Target for process measure

- Resident Satisfaction Survey results from Metric at Works are provided to the home and accurately reflect the residents experience at Springdale Country Manor.

Lessons Learned

Success to the home has been the addition of a resident service coordinator that has been dedicated to assisting the resident and their families upon admission and supporting them in directing them to the managers or staff who can provide them with the care and assistance they need on an ongoing basis.

Change Idea #2 Implemented Not Implemented In Progress

Promote Residents Council as a way for residents to share opinions without fear.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Success for the home is that it has a very active residents council that will voice their concerns in order for their needs to be addressed and met.

Change Idea #3 Implemented Not Implemented In Progress

This survey topic to be discussed at residents' council meetings and care conferences to ensure that residents feel comfortable and know-how and to who they can openly report any concerns.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

This change idea is in progress and will be evaluated within the year.

Comment

Continued open door policy of all managers in the home. Complaints process explained on admission and annually with care conference. Implementation of action plans, with increase in resident concerns. Involving families in care and care planning process.

Safety | Safe | **Optional Indicator**

Indicator #1	Last Year		This Year		
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Springdale Country Manor)	20.08	17	21.31	-6.13%	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

To reduce the number of falls in the home working towards meeting the provincial standard.

Process measure

- Review compliance with falls prevention strategies for residents at high risk for falls/injuries.

Target for process measure

- Monitor number of falls at monthly falls meeting and review effectiveness of falls prevention strategies.

Lessons Learned

While falls prevention strategies are in place, the home continues to support a high proportion of residents who remain ambulatory, increasing overall fall risk.

Change Idea #2 Implemented Not Implemented In Progress

A falls prevention campaign to be initiated including posters with reminders throughout the home for staff, residents, families to promote falls prevention awareness.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Have not yet implemented, will address upon completion of change idea.

Comment

The home continues to prioritize falls as an initiative within the home, and continue to work towards reducing the number of falls.

Indicator #2	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Springdale Country Manor)	27.23	23	25.45	6.54%	18

Change Idea #1 Implemented Not Implemented In Progress

Physicians and QI Nurse are working to review antipsychotic use in the home. They are working towards deprescribing and monitoring for adverse reactions to residents.

Process measure

- Number of residents' receiving antipsychotic medication who do not have a diagnosis of psychosis but do have a history of responsive behaviors.

Target for process measure

- 10% decrease in the use of antipsychotic medication to manage responsive behaviors. Reduction in staff requests for residents to have unnecessary anti-psychotic medication use.

Lessons Learned

An on-going challenge is the admission of residents who are receiving antipsychotic medications initiated in acute care or community settings, which then require reassessment and gradual dose reduction upon admission to align with LTC best practices.

Change Idea #2 Implemented Not Implemented In Progress

BSO team creation of binder to assist staff with interventions/strategies to deal with responsive behaviours, as opposed to the use of antipsychotics.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Challenges: reluctance of some families and staff to reduce or discontinue medications due to believe that they are effective in the management of the behaviour.

Success: Staff participation in the development of "fact sheets" or providing solutions to challenging behaviours.

Change Idea #3 Implemented Not Implemented In Progress

Improve communication with OHAH and discharge planning to identify use of antipsychotic medications without diagnosis including, rationale and intended duration prior to admission

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Continue to be challenged with the medication reconciliation on admission as there is often no clinical indication for residents being prescribed antipsychotic medication.

Comment

Through the continued work of the BSO team, the home continues to monitor and review the need for antipsychotics in residents with responsive behaviours and aim to include non-pharmacological interventions.