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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 – Streamway Villa

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)	10.00	5.00	Decrease avoidable Emergency department visits by 50% over 2026.	NPSTAT, Westminster Mobile Medical Imaging, Lifelabs, PASE

Change Ideas

Change Idea #1 Collaborating with Corporate Office with the goal of recruiting a Nurse Practitioner to be onboarded as part of the team at Streamway Villa to assist with and decrease need for transfers to the emergency department.

Methods	Process measures	Target for process measure	Comments
Once the Nurse Practitioner is onboarded, the QI team will continue to meet monthly and review the emergency room transfers and compare and analyze the previous statistics.	Monthly reviews within the home of emergency room transfers as well as utilizing the LTC QIP indicator to review statistics quarterly.	50% of avoidable emergency room transfers when on staff Nurse Practitioner is implemented within the home.	

Change Idea #2 The home will further increase the collaboration between Streamway Villa Registered staff and Nurse Practitioner via NPSTAT Program.

Methods	Process measures	Target for process measure	Comments
Streamway Villa will increase utilization of Nurse Practitioner through NPSTAT Program to ensure timely clinical and diagnostic support and recommendations.	Quality team will review data surrounding ED transfers quarterly and analyze trends.	The goal at Streamway is to reduce ED transfers by 50% throughout 2026.	Streamway Villa remains committed to utilizing our resources within the home setting to the fullest, making every effort to support our residents within the home setting and avoid unnecessary transfers to ED.

Change Idea #3 Streamway Villa will strengthen it's collaboration pathways with external partners such as PASE, LifeLabs and Westminster Mobile Medical Imaging that are capable of supporting residents with various testing and assessments to avoid unnecessary transfers to the ED

Methods	Process measures	Target for process measure	Comments
DOC will ensure maximal collaboration by initiating routine touchpoints with service providers regarding potential alterations, success stories and alterations that could lead to improved overall support for the residents while being able to remain in the home environment.	The Nursing Management Team as well as Registered Staff will engage in active dialog with service providers to ensure service potential is maximized.	Goal to decrease emergency transfers by 50% over 2026	

Measure - Dimension: Efficient

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Elimination of Staffing Agency Usage by end of 2026	C	% / LTC home residents	In house data collection / January to January	CB	0.00	We feel that, with increased potential staff members as well as current staff retention, 0% agency usage is a reasonable target by the end of 2026.	Omni Quality Living Corporate Head Office, Canadian Union of Public Employees, Ontario Nurses Association

Change Ideas

Change Idea #1 Streamway is committed to providing a consistent, stable and sustainable staffing compliment. Working towards eliminating reliance on nursing staffing agencies to cover gaps in scheduling. This will lead to improved continuity of care, strengthen support and communication within the team and build on the high quality of care provided.

Methods	Process measures	Target for process measure	Comments
Streamway continues to recruit through multiple platforms including online, company internal postings and word of mouth. In addition, proven quality driven results create a positive culture within the home leading to staff engagement, retention and recruitment. Careful review and assessment of qualified applicants is performed to ensure candidates are effectively evaluated for available positions.	Management team reviews scheduling and data monthly to discuss trends and successes as well as opportunities to collaborate on improved path forward.	Streamway Villa's goal is to eliminate the use of agency staffing requirements by December 31,2026	Streamway Villa remains committed to ensuring adequate staffing levels to support our residents' needs.

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	CB	100.00	We expect 100% compliance with all staff receiving DEI education and training as well as access to the DEI committee to ensure an inclusive and understanding work environment.	SURGE Learning

Change Ideas

Change Idea #1 All Streamway Villa Staff will have 100% compliance with mandatory DEI education and learning through SURGE Learning as well as open access to DEI committee monthly meetings.

Methods	Process measures	Target for process measure	Comments
Staff complete all mandatory DEI training during orientation and annually. Huddles and posters throughout the home are utilized to communicate DEI committee implementations, events or initiatives to foster discussion and encourage a comfortable and inclusive working and living environment.	All managers will monitor and ensure completion of SURGE Learning modules on time and in full. All managers will be available and prepared for discussion that arises from modules surrounding DEI. Non-compliance of mandatory education will result in formal letters to delinquent staff members and follow up from management until in compliance.	This home achieved 96.8% compliance with DEI education last year. Can realistically plan for 100% in 2026. This is reflective of our commitment to an inclusive and culturally competent work environment. The missed staff were due to large number of new hires towards the end of the year.	

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	Maintain target performance of 100% as our goal is to ensure residents feel comfortable opening sharing questions and concerns and feel that their voice is heard at all times.	Metrics@Work

Change Ideas

Change Idea #1 Continue to support and encourage strong participation and discussion at Resident Council Meetings. Ensure items brought forward are actioned accordingly and in timely manner.

Methods	Process measures	Target for process measure	Comments
Life Enrichment Coordinator will ensure support required to facilitate inclusive Residents' Council Meeting. This meeting gives each resident in attendance an opportunity to involve themselves in decisions surrounding their daily life within the home as well as be involved in discussions with other residents, creating a collaborative gathering that ensures all in attendance have the opportunity to contribute and all residents within the home are provided an informative summary of the contents of the meeting.	The number of residents attending Residents Council Meetings will be reviewed and evaluated by Life Enrichment Coordinator following each meeting to ensure opportunity was presented to all.	Our goal is to maintain 100% and ensure that all residents continue to feel they are consistently heard by Streamway Villa staff.	Total Surveys Initiated: 47

Change Idea #2 Metrics@Work and Omni Quality Living partnered to complete the annual Resident Experience Survey in 2025. This process is planned to continue for 2026. Resident's contributions are encouraged and supported by families and staff to ensure maximal participation in order to gain the most accurate perspective. This will allow the interdisciplinary team to ensure they have the opportunity to improve/maintain high standards of quality care.

Methods	Process measures	Target for process measure	Comments
Streamway Villa plans to continue to utilize the ongoing collaboration with Metrics@Work to complete our annual Resident Satisfaction Surveys. This is supported at the home level by the Life Enrichment Department to ensure both residents and families are given the opportunity to complete an informed and comprehensive survey without fear of repercussions. Survey questions are discussed at the Residents Council Meetings and the Results are analyzed and actioned upon as needed by the Management and team at the home. It is an ongoing goal for Streamway Residents to feel that their views and concerns are taken seriously and addressed thoroughly in a timely manner.	Surveys are completed electronically by residents, with family or staff support as needed. By maximizing the number of residents completing the survey, we are able to ensure the data received best represents the overall population.	Our target is 100% participation in the surveys to adequately capture resident views and needs. Our goal for the outcome is to maintain 100% satisfaction. We recognize that with a smaller home size, each resident can significantly impact the percentage outcome of the survey and ensure their voice and is valued.	

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	100.00	100.00	Current performance was actually 99.4%. We will continue to strive to meet 100% and ensure that all residents, at all times feel that they are able to safely express their feelings, thoughts and concerns.	Metrics@Work

Change Ideas

Change Idea #1 Metrics@Work and Omni Quality Living partnered to complete the annual Resident Experience Survey in 2025. This process is planned to continue for 2026. Resident's contributions are encouraged and supported by families and staff to ensure maximal participation in order to gain the most accurate perspective. This will allow the interdisciplinary team to ensure they have the opportunity to improve/maintain high standards of quality care.

Methods	Process measures	Target for process measure	Comments
Streamway Villa plans to continue to utilize the ongoing collaboration with Metrics@Work to complete our annual Resident Satisfaction Surveys. This is supported at the home level by the Life Enrichment Department to ensure both residents and families are given the opportunity to complete an informed and comprehensive survey without fear of repercussions. Survey questions are discussed at the Residents Council Meetings and the Results are analyzed and actioned upon as needed by the Management and team at the home. It is an ongoing goal for Streamway Residents to feel that their views and concerns are taken seriously and addressed thoroughly in a timely manner.	Surveys are completed electronically by residents, with family or staff support as needed. By maximizing the number of residents completing the survey, we are able to ensure the data received best represents the overall population.	ur target is 100% participation in the surveys to adequately capture resident views and needs. Our goal for the outcome is to maintain 100% satisfaction. We recognize that with a smaller home size, each resident can significantly impact the percentage outcome of the survey. This provides each resident the opportunity to have their voice heard and feel valued without the concern of repercussions.	Total Surveys Initiated: 43

Change Idea #2 Residents will feel comfortable and safe to express their concerns by ensuring all staff receive annual training on the Resident Bill of Rights.

Methods	Process measures	Target for process measure	Comments
All staff members will maintain current education status with SURGE Learning, specifically signing regarding their comprehension and understanding of the Resident Bill of Rights. This education is provided upon hire and annually thereafter. In addition, this gives staff the knowledge to participate in discussions at Quality Meetings, huddles, disciplinary meetings and Program Meetings to discuss opportunities and removable barriers to improve the quality of residents' daily life within the home.	Ongoing tracking and actioning on resident and family concerns. Tracking and analysis of outcomes of Resident Experience Survey.	We will have 100% satisfaction rate on 2026 Resident Experience Survey in this category.	

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	11.29	8.00	Streamway Villa will continue to work with our falls prevention program to decrease fall risk within the home.	Achieva Health

Change Ideas

Change Idea #1 Continue to utilize full time Physiotherapy Assistant (PTA) provided by Achieva Health contract. This provides a positive impact on 1:1 individualized programs to assist in maintaining, improving or stabilizing many residents mobility, strength and endurance. This actively contributes to residents overall confidence, health and well-being.

Methods	Process measures	Target for process measure	Comments
The PTA is overseen by the physiotherapist also supplied by contract by Achieva Health and head of our Falls Prevention Program. However, is monitored on a day to day basis by the Director of Care and supported by the nursing team.	This will be measured by the physiotherapist as they complete ongoing assessments of each resident and their progress. They then will actively revise their plan of care to ensure it is meeting their needs and goals upon admission, quarterly and as needed. This is discussed with the Director of Care and communicated to the frontline staff to ensure coordinated care.	The target for this indicator is a 3% decrease in the overall falls over the next quarter by utilizing our PTA and fall prevention strategies outlined in our Falls Prevention Program.	

Change Idea #2 Streamway Villa will enhance the utilization and collaboration of the monthly Falls Prevention Committee within the home. We will ensure comprehensive communication with all avenues of the healthcare team regarding falls prevention, tips and tricks and individual risk factors for residents that are high fall risk.

Methods	Process measures	Target for process measure	Comments
This will be reviewed by the Falls Prevention Committee which is overseen by the Director of Care and the Quality Improvement Nurse. They will continue to receive and analyze each fall report, ensuring complete and accurate documentation. Committee will review each incident to discuss and identify potential individual risk factors and brainstorm ideas for implementation to attempt to minimize fall risk for each resident.	Fall data will continue to be analyzed on a monthly basis to indicate effectiveness of interventions. Will ensure Plan of Care accurately reflects individual interventions to attempt to minimize fall risk and risk of injury associated to fall.	Goal is to have falls in Streamway Villa decrease by 3% over the next quarter.	

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	25.44	12.50	BSO Lead in place and able to provide ongoing monitoring and support for residents with responsive behaviours, as well as ensure all staff receive support, training and education surrounding BSO.	Behaviour Supports Ontario, PASE, Ontario Health@Home, Northumberland Hills Hospital

Change Ideas

Change Idea #1 Streamway Villa has hired a BSO RPN to assist with the management of responsive behaviours. Through their ongoing education regarding proper usage of antipsychotics, they will support the registered staff and physicians when treating residents suffering from responsive behaviours to ensure antipsychotic usage is minimized as a last resort. They will also ensure BSO practices are utilized throughout the home by offering support, education and training.

Methods	Process measures	Target for process measure	Comments
Streamway Villa continues to promote alternative interventions beginning with non-pharmaceutical. Working with Ontario Health @ Home to ensure comprehensive applications received to assist home with preparation for new residents. We will also increase the involvement of our pharmacy team members in analysis and recommendations to avoid addition of antipsychotic medications.	Will review data surrounding antipsychotic usage, number of residents receiving antipsychotic medications without a diagnosis of psychosis, and management of responsive behaviours at monthly QI meetings as well as monthly registered staff and psw meetings.	Streamway Villa will decrease the number of residents receiving antipsychotic medications without a supporting diagnosis by 50%	

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	0.00	0.00	Streamway Villa will continue to use best practices and ongoing education surrounding skin and wound care and treatment to minimize the chances of worsening pressure injuries.	NPSTAT, Medline

Change Ideas

Change Idea #1 Staff will maintain compliance with the Skin and Wound app, implemented in 2025, to ensure weekly monitoring of all skin concerns/conditions. This gives an effective platform for prompt and accurate documentation of all wound concerns and allows for ongoing follow up until resolved. This is reviewed and monitored by the Director of Care and creates a straightforward process if referral required for consults and promotes an optimal outcome for the residents.

Methods	Process measures	Target for process measure	Comments
All registered staff receive education on the proper utilization of the Skin and Wound app. We will also support our registered staff in completing SWAN and NSWOCC courses to be able champion the wound care program. Education provided to all nursing staff to ensure early recognition of potential complications to enhance the ability for a timely resolution. Staff education includes specialized surface options, dietary referrals and potential supplementation, turning, repositioning and offloading, physiotherapy, incontinence care etc.	Data to be reviewed at monthly QI Meetings, huddles, reports and multidisciplinary staff meetings. Our QI RN compiles data monthly to ensure properly and accurately evaluated.	Streamway Villa's goal is to have zero worsening pressure injuries in 2026	

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	0.00	0.00	Streamway Villa will remain committed to maintain zero physical restraints in the home throughout 2026.	

Change Ideas

Change Idea #1 Streamway Villa will continue to provide proactive care and promote safety without the use of physical restraints.

Methods	Process measures	Target for process measure	Comments
Streamway Villa will continue to provide ongoing education and training to residents, staff and families regarding physical restraints. Reviewed at least annually with all staff via SURGE Learning. Streamway Villa will continue to ensure that care plans are individualized and available proactive supports and interventions are in place to continue to avoid the use of physical restraints within the home.	CIHI data and InterRAI tracking number of restraints utilized within the home. Currently 0%.	Goal is to maintain zero physical restraints for 2026	

Access and Flow | Efficient | Optional Indicator

Indicator #6	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Streamway Villa)	8.49	1	10.00	-17.79%	5

Change Idea #1 Implemented Not Implemented In Progress

Quarterly we report to our corporate office the # of ED visits occurred, DOC and multidisciplinary team discuss ED visits, as well each visit is reviewed during our monthly quality team meeting. Quarterly we review at our MAC/PAC meetings, and communicate with our registered staff the importance of assessment and utilizing our contracted providers to avoid ED visits. Our aim is to maintain or improve our % provincially and within our health region.

Process measure

- Quarterly we receive a data report from Ontario Health regarding ED transfers. Currently our % is 8.49% which decreased from 2023/2024 of 10.28. Our current practice will continue. Each resident who is transferred is discussed with the multidisciplinary team and QI team monthly to determine process, procedure and assessment of the resident. If resident is transferred and they did not meet requirements, discussions would take place with multidisciplinary team and through family care conferences with resident/POA/Family.

Target for process measure

- Our aim at Streamway Villa is to improve our current performance of 8.49%. The current performance in our health region is 22.6%.

Lessons Learned

Staff will ensure advanced directives are updated and current with each care plan review and care conference.

Change Idea #2 Implemented Not Implemented In Progress

Collaborating with Corporate Office with the goal of recruiting a Nurse Practitioner to be onboarded as part of the team at Streamway Villa to assist with and decrease need for transfers to the emergency department.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Streamway continues to monitor and review data surrounding emergency room visits. Continue to collaborate with internal and external partners to ensure all transfers to the emergency department are warranted and unavoidable. Family and residents may choose to attend emergency despite effective staff education, ability and support within the home.

Comment

Continue to provide education to bridge comfort, knowledge and skill gaps between LTC and ED. Support Corporate Head Office in the recruitment of a nurse practitioner contracted for Streamway Villa. This comes with the goal of supporting with assessment and decision-making surrounding ED transfers, as well as provision of education and training to registered staff to ensure comfort and understanding.

Equity | Equitable | Optional Indicator

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

Change Idea #1 Implemented Not Implemented In Progress

Streamway Villa - Omni Quality Living includes in its strategic plan a DEI as a pillar to our organization. A new program with policy and procedures has been established for homes in early 2025. Our goal at Streamway Villa is to provide education and knowledge to all of our staff, residents, families, and visitors of our new program in the first half of 2025.

Process measure

- Corporate Development with a DEI committee with partners from all homes and depts. continues to evolve. Streamway Villa's QI team will engage in discussions regarding DEI program and policy at the home level, as well as initiate events to engage staff in participating in our DEI program. The program will engage, staff, residents, families, visitors and volunteers.

Target for process measure

- Streamway Villa will continue to engage in discussions with our external partners such as the Ontario Health Team Northumberland, Community Care, Northumberland Hills Hospital, County of Northumberland, Town of Cobourg, and Alderville First Nations in continue our development of education sessions, programs, learning tools to engage all community partners in learning DEI and anti-racism education.

Lessons Learned

Streamway achieved 96.8% compliance with its DEI education on SURGE Learning and has an active DEI committee promoting inclusiveness throughout the home. Missed staff were hired late in year.

Change Idea #2 Implemented Not Implemented In Progress

Omni Quality Living continues to elevate its DEI program which was rolled out across the organization in 2025. Our home plans to continue to promote, complete and internalize the mandatory SURGE Learning courses at 100% compliance. In addition, we promote DEI within the home and have a DEI committee that meets monthly to enhance the inclusiveness on a home level. The results and implementations of these meetings are reflected in theme days, special events and discussions and are reviewed with the residents at Resident Council Meetings and posted throughout the home.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Streamway Villa has successfully implemented a DEI committee that is headed by our Life Enrichment Coordinator and Social Service Manager. This has been successful in raising awareness and discussion around cultural differences and preferences. This has resulted in a more cohesive staff group with an elevated understanding and appreciation for one another.

Comment

We will continue to promote equity, diversity, inclusion, and anti-racism education through Surge Learning. We look forward to the enhanced implementation of our DEI policies, procedures, and new programs. Efforts will also 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	CB	99.40	100.00	--	100
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Streamway Villa)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Metrics@Work and Streamway Villa with Omni Quality Living completed the annual Resident/family Experience Survey in November 2024 for 2024-2025. Survey was completed electronically with dedicated iPads to our residents and family members with our Life Enrichment Dept. as lead of the Initiative. Our goal is to increase our % of survey's completed from previous year, and to improve on our performance regarding "What number would you use to rate how well staff listen to you?"

Process measure

- Surveys will continue to be annual, and the Life Enrichment Dept. will continue to lead in this initiative. Communication of our results to our residents, families and staff are important to improve or maintain current outcomes.

Target for process measure

- Currently our 99.4% satisfaction is an indication that our current methods and focus on technology, engaging our families to participate and our dynamic group of residents that we are meeting our targets. We will continue to aim for 100% in this area for 2025-2026.

Lessons Learned

Streamway was successful in increasing the survey results from our previous year. We were able to achieve a 100% result in this category, which serves as positive feedback in our day to day operations within the home as a strong focus will always be to ensure our residents feel that their voice is heard, their opinions matter, and our staff is available to listen.

Change Idea #2 Implemented Not Implemented In Progress

Continue to support and encourage strong participation and discussion at Resident Council Meetings. Ensure items brought forward are actioned accordingly and in timely manner.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

As evidenced by most recent resident survey and our 100% result in this category, the residents at Streamway Villa feel heard on a daily basis. They feel that they are able to express their thoughts and feelings without the risk of negative consequences. This is a strong success for Streamway as our residents feeling that their voice is heard and valued is a pillar in our daily goals to ensure the best possible resident experience within our home.

Comment

Streamway Villa will continue to strive to maintain this outcome and ensure all residents continue to feel their voice is valued and heard.

Indicator #4	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Streamway Villa)	CB	99.40	100.00	--	100

Change Idea #1 Implemented Not Implemented In Progress

Our change idea for 2025/2026 is to maintain or achieve 100% of survey's completed by providing improved methods of communication to our residents and families through resident/family councils, electronic newsletters and family emails. As well our Life Enrichment dept. will provide education, 1:1 Conversations with Life Enrichment team and residents/family participation for our 2025-2026 surveys.

Process measure

- Continue with annual surveys in collaboration with Metrics@Work. New to this year's QIP our QI team would like to develop an information Video/Vimeo for our residents and families to engage them in completing the satisfaction surveys.

Target for process measure

- Our aim at Streamway Villa is to maintain our 99.4% and strive for 100% of residents responding positively to: " Percentage of residents who responded positively to the statement: I can express my opinion without fear of consequences."

Lessons Learned

This outcome has shown that our residents feel they have the ability to voice their concerns, opinions and views without fear of pushback, repercussions or retaliation. Streamway Villa feels that all residents should have the ability to contribute to the working of the home and it is important for all residents to be comfortable contributing their views.

Change Idea #2 Implemented Not Implemented In Progress

Metrics@Work and Omni Quality Living partnered to complete the annual Resident Experience Survey in 2025. This process is planned to continue for 2026. Resident's contributions are encouraged and supported by families and staff to ensure maximal participation in order to gain the most accurate perspective. This will allow the interdisciplinary team to ensure they have the opportunity to improve/maintain high standards of quality care.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Although the data states the current performance states 100%, the actual current performance was 99.4%. Which meets our previous target. We will continue to attempt to improve upon the number of surveys completed with a goal of receiving one from each resident or resident representative within the home.

Comment

Streamway Villa remains committed to providing results in the Resident Satisfaction Survey for each and every resident within the home for the upcoming year yet continue to maintain targets.

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 (Streamway Villa)	12.74 Performance (2025/26)	9 Target (2025/26)	11.29 Performance (2026/27)	11.38% Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Our goal for 2025/2026 is to improve communication with our registered staff and physiotherapy team in regards to our electronic referral process. Our focus will be our high risk residents with multiple falls per month. We will observe and gather data from process and policies. Part of this process will include ethical questions for our registered staff- Professional vs Personal Opinions Focus on the High Risk Frequent Fallers.

Process measure

- As our population changes and medical stability changes with our residents, we have observed some new patterns regarding high risk frequent fallers. This year we want to establish clear outcomes, communication and assessment and engage our registered staff and frontline staff in recognizing patterns. We will continue to use our data, and utilize our PT and QI team to

Target for process measure

- Our aim is to improve our % of falls to 9% through each quarter of 2025/2026 by changing our current method to our new method using PDSA analysis.

Lessons Learned

Our electronic referral process has become an effective communication tool within the interdisciplinary team. It is accurately utilized and gives the physiotherapy team the ability to review and prepare as well as ensures the information is communicated effectively and thoroughly down the correct pathway.

Change Idea #2 Implemented Not Implemented In Progress

Continue to utilize full time Physiotherapy Assistant (PTA) provided by Achieva Health contract. This provides a positive impact on 1:1 individualized programs to assist in maintaining, improving or stabilizing many residents' mobility, strength and endurance. This actively contributes to residents' overall confidence, health and well-being.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

We continue to trend in the right direction with our fall prevention. Although we did not meet our previous target, we maintain our commitment to our program and continue to work towards our new target.

Comment

Although the home did have a small improvement in fall data, we remain committed to strengthening our multidisciplinary communication through assessments, referrals and collaboration to enhance the outcomes of our fall prevention program to assist us in achieving our goal.

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 (Streamway Villa)	15.67	15	25.44	-62.35%	12.50

Change Idea #1 Implemented Not Implemented In Progress

Our goal is to education our staff in our new procedures, policies and processes that align with Behaviour Supports Ontario. Although we current do use all documents required, our goal is to provide further education and follow up regarding these processes. DOS- incomplete, why are they on, completed not communicated

Process measure

- Utilizing CareRx assessment documents for medications Utilizing our CareRx Consultant for medication reviews on admission, quarterly or with a change in medication Education of new processes and alignment with BSO and Think Research PDSA cycles with our QI RN and reviewed at monthly QI meetings to reach our goals in 2025/2026.

Target for process measure

- 85% of our current population has a diagnosis of dementia, and 48.9% of our current population are currently managed and monitored through our BSO program. Our target is to maintain below provincial targets and maintain our current targets with our BSO program.

Lessons Learned

Registered Staff to facilitate discussions with physicians surrounding ordering of antipsychotic medications to ensure appropriately ordered and documented.

Change Idea #2 Implemented Not Implemented In Progress

Streamway Villa has hired a BSO RPN to assist with the management of responsive behaviours. Through their ongoing education regarding proper usage of antipsychotics, they will support the registered staff and physicians when treating residents suffering from responsive behaviours to ensure antipsychotic usage is minimized as a last resort. They will also ensure BSO practices are utilized throughout the home by offering support, education and training.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Resident population received from recent admissions exhibiting responsive behaviours.

Comment

New BSO nurse to facilitate open communication with residents, staff, families, physican, PASE, etc to ensure appropriate usage of antipsychotics. Nursing staff to utilize BSO practices to identify triggers, tips and tricks to effectively manage responsive behaviours while minimizing the usage of antipsychotics.

