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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 – Village Green

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)	41.07	10.50	We aim to reach a target half of what the SE-LHIN average is but are cognizant our relative target will require a substantial change to accomplish this goal. We will work closely with our partners and stakeholders on this change idea	South East Nurse-Led Outreach Teams (NLOT), Lennox And Addington County General Hospital, South East Local Health Integration Network, Westminster Mobile Medical, Mobile Diagnostic Imaging

Change Ideas

Change Idea #1 Provide education for Registered Staff, utilizing thorough assessments and Nurse-Led Outreach Team (NLOT) Nurse Practitioners to avoid a transfer of a resident to the ED

Methods	Process measures	Target for process measure	Comments
The Management team will continue to review monthly statistics sharing data at monthly QI meetings and quarterly PAC meetings to explore missed opportunities for skilled assessments and utilization of NLOT that could have avoided a transfer to the ED	Number of residents transferred to the ED per month	The goal is to reduce the number of ED visits to 10.5	Recruitment of our own Nurse Practitioner will allow increased opportunity to provide treatment to our residents here at our home. A key challenge for the home is that current medical director frequently orders transfers to ED regardless of in-house supports

Change Idea #2 The home will endeavor to recruit a full time Nurse Practitioner to ensure timely clinical support to our residents

Methods	Process measures	Target for process measure	Comments
Executive Director will collaborate with Home Office to secure a permanent, in house, Nurse Practitioner. Ww will continue to utilize the regional NLOT program during this time	The home will actively support the recruitment of a full time Nurse Practitioner to strengthen the clinical care provided to our residents thus avoiding unnecessary ED visits	The goal is to have an in-house NP by July 1, 2026	The home will continue to utilize mobile diagnostic services.

Measure - Dimension: Efficient

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

Change Ideas

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

Methods	Process measures	Target for process measure	Comments
We will attempt to recruit any agency staff that are currently working in the home, that are fully trained and complement our team. We will utilize the CCPN, Nursing PLEDGE, Join LTC and PSW funding programs for recruitment and retention of new graduates. We will continue to work with Home Office in the recruitment of staff for our home using online advertisements, job fairs. All applicants will be thoroughly vetted to ensure the best fit for our Home	In-house data collection from nursing schedules. Schedules will be reviewed 2-3 months in advance, regardless of the season, so as to ensure adequate time for planning for recruitment, training and coverage of vacant shifts	The goal is to have zero agency staff covering shifts in Village Green by December 31, 2026	

Equity

Measure - Dimension: Equitable

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	81.00	100.00	It is an expectation every employee of Village Green has completed DEI and Anti-Racism education annually	Surge Learning

Change Ideas

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

Methods	Process measures	Target for process measure	Comments
All staff to complete mandatory education during orientation and annually going forward. Huddles will be used to communicate and promote DEI discussion. Formation of an internal DEI Team will facilitate ongoing inclusivity within the home. Training will consist of Blindspots: Challenging Assumptions, Diversity, Equity and Inclusion in the Workplace, Understanding Gender Pronouns in Healthcare and What is Anti-Racism?	All department managers will monitor Surge completion rates on a monthly basis. Staff who have not completed required education within the month will receive letters detailing expectations of completion and further action necessary with continued non-compliance. Huddles will be used to address DEI initiatives in the home.	100% compliance with Surge DEI and Anti-Racism education. In 2025 the home achieved 89% compliance with this. Our annual percentage was lower than normal due to onboarding of 30 new staff in the late fall of 2025	Monthly calendars of DEI events are posted within the home. WE continue to work with our resident and family councils and employees to promote DEI

Experience

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	90.63	100.00	We want to ensure all residents feel comfortable openly sharing questions and concerns with any staff or management knowing that their concerns will be taken seriously and will be treated. W feel we can continue to improve in this aspect making 100% a reasonable goal	Metrics@Work

Change Ideas

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

Methods	Process measures	Target for process measure	Comments
The home uses a care and concern form for residents where each concern is to be addressed promptly and the resolution communicated to the resident/family. Concerns are tracked for data collection and overviews provided at Resident Council meetings	Number of resident concerns received monthly, satisfaction rating on the annual Resident Experience & Satisfaction Surveys	Our goal is 100% satisfaction on the annual Resident Experience & Satisfaction Survey	Total Surveys Initiated: 32 We will be engaging with residents and families to improve the number of surveys we receive, in hopes of having a 100% return on surveys initiated

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

Methods	Process measures	Target for process measure	Comments
Village Green will utilize the survey designed by Metrics at Work to impart on residents and families the importance of sharing their thoughts and feelings, without fear, to assist in improving the culture of the home. The home has an open door policy to discuss any concerns at any time with concerns taken seriously and with a timely response given to all concerns. The Executive Director is available at all times to discuss any concerns with residents or families	Surveys are available electronically with staff assisting any residents that require it. Families are encouraged to provide input if their loved ones are not capable of doing so. Survey results are reviewed and any items less than 80% satisfaction will have an action plan developed. This action plan will be reviewed at both Resident and Family Council	As we move to larger home we realize it will take a team approach and effective communication with residents and families to promote a high rate of survey completion. Our aim will be to have over 75% completion rate with over 85% of all respondents responding positively	Total surveys initiated in 2025 32/48

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	87.50	100.00	It is our goal that all residents feel comfortable expressing any concerns or ideas to all staff, not just management. It is an expectation that all concerns are genuinely listened to and responded to with compassion and our best effort is made to resolve them to improve the quality of life of residents in our care	Metrics@Work

Change Ideas

Change Idea #1 Ensure all residents feel safe to express concerns through continued education on Resident Bill of Rights

Methods	Process measures	Target for process measure	Comments
Education is provided with orientation and annually going forward to ensure all staff are familiar with the Resident Bill of Rights. Utilize QI meetings, PAC meetings, Resident and Family council meetings as avenues to share and discuss information pertaining to improving quality of life for our residents	Tracking the number of concerns received monthly. Track score with annual Resident Experience & Satisfaction Surveys	Our goal is to achieve 100% on the annual Resident Experience & Satisfaction Survey	Total Surveys Initiated: 32 We will be engaging with residents and families to improve the number of surveys we receive, in hopes of having a 100% return on surveys initiated

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

Methods	Process measures	Target for process measure	Comments
Village Green will utilize the survey designed by Metrics at Work to impart on residents and families the importance of sharing their thoughts and feelings, without fear, to assist in improving the culture of the home. The home has an open door policy to discuss any concerns at any time with concerns taken seriously and with a timely response given to all concerns. The Executive Director is available at all times to discuss any concerns with residents or families	Surveys are available electronically with staff assisting any residents that require it. Families are encouraged to provide input if their loved ones are not capable of doing so. Survey results are reviewed and any items less than 80% satisfaction will have an action plan developed. This action plan will be reviewed at both Resident and Family Council	As we move to larger home we realize it will take a team approach and effective communication with residents and families to promote a high rate of survey completion. Our aim will be to have over 75% completion rate with over 85% of all respondents responding positively	Total surveys initiated in 2025 32/48

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	9.92	4.00	The home will endeavor to strengthen multidisciplinary assessments and collaboration to enhance our falls prevention program with the aim of reaching this goal	Achieva Health Care Physiotherapy Services

Change Ideas

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

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

Change Idea #2 Village Green will continue to have a full time Physiotherapy Assistant (PTA) to provide ongoing assessments and therapy with regards to mobility, ambulation, strengthening and balance exercises and transfer or lift requirements

Methods	Process measures	Target for process measure	Comments
Attendance at all PTA programs will be documented whether individual or group. This will allow for accurate tracking and engagement. The Physiotherapist (PT) will attend weekly post fall huddles with the Directors of Care to review recent falls, precipitating factors and interventions to reduce further falls	The PT will continue with quarterly, and as needed, assessments of all residents in the program, and evaluate residents who are not in the program routinely, for readmission to the PT program. Finding will be documented and shared with the management and nursing teams within the home, with changes also reported to family members. Management and registered staff will ensure communication to front line staff and updates made to nursing care plans. Orientation and Annual education is provided for all staff through Surge learning on Falls Prevention strategies.	Through collaboration with the resident, family, staff and PTA/PT to promote safe mobility and overall improvement in strength and balance we would like to achieve an improvement of 5% in falls occurring at Village Green	

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	13.11	5.00	We have improved by 2.89 percent and would like to continue to show improvement in this area	CareRx, Nurse-Led Outreach Team (NLOT), Providence Care Behavioural Support Ontario

Change Ideas

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

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

Measure - Dimension: Safe

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care residents whose stage 2 to 4 pressure ulcer worsened	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as reporting quarter for the rolling 4-quarter average	8.66	5.00	We will utilize best practices and external partners for prevention of worsening stage 2 to 4 pressure ulcers to achieve an improvement to 5%	Nurse-Led Outreach Team (NLOT), Medline, Point Click Care

Change Ideas

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

Methods	Process measures	Target for process measure	Comments
All registered staff receive skin and wound app training on hire and then as needed. We will support our registered staff in completing the SWAN and NSWOCC courses. Wound Care champions will be utilized, from both registered and non-registered nursing staff. Education will be provided for all staff on evidenced-based practices to prevent the worsening of pressure injuries. RNAO Best Practice guidelines will be followed promoting early identification and consistent monitoring of wounds at all stages. All skin and wound concerns will be reviewed at monthly QI meetings. Additional interventions will include specialized surfaces for pressure relief, dietary referrals for supplements, turning and repositioning schedules, toileting plans and referrals to physiotherapy as needed	The registered staff completing Quality shifts weekly will ensure follow up on all skin and wound concerns with proper assessments being done and signed for on the treatment records, reporting to Directors of Care enabling timely interventions and reassessments	Management and registered staff completing Quality skin and wound days will monitor for 100% compliance with the skin and wound app to promote a target of 5%	With InterRAI a resident may be coded as having a worsening stage 2-4 wound which may not be accurate as it will flag a previous assessment detailing the first documentation of the wound

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	We are proud to continue to be successful as a Zero restraint home.	

Change Ideas

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

Methods	Process measures	Target for process measure	Comments
We will continue with orientation and annual education on our zero restraint policy and procedures to support individualized care planning promoting resident autonomy and safety. We will continue to utilize all other interventions possible to promote safety and eliminate restraint use	InterRAI and CIHI data showing 0% restraints; reviewed monthly at QI meetings	Our goal is to continue with 0% restraint use	

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. (Village Green)	13.11	5.90	41.07	213.27
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Provide skills education for Nurses to provide in house services that might otherwise be reason to transfer a resident to the ED.

Process measure

- Number of residents transferred to the ED per quarter

Target for process measure

- The goal/target is to reduce the number of ED visits to 5.9

Lessons Learned

This has been a challenge due to the need for use of agency RN's that are not as familiar with policies and procedures and the resources available in house. The management team continues to track transfers in daily meetings, monthly QI meetings and quarterly PAC meetings to brainstorm ideas to reduce transfers. At times POA's decide they wish their loved one to be transferred for assessment when treatment could be provided in house

Change Idea #2 Implemented Not Implemented In Progress

Educate Registered Staff on the scope and utilization of the regional NLOT program with resident's being assessed by NP to determine if a transfer is required or treatment can adequately be provided in the home

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

NLOT NP's have offered to provide education for registered staff on the wealth of assessments and services they can provide to avoid ED visits. Education will also be provided to family members. It is challenging when there is not an NP available after hours and the choice of medical staff is to send to the Emergency Department for diagnostics

Comment

Recruitment of our own Nurse Practitioner, utilizing available funding, will provide our residents with care and treatment in our home, avoiding a transfer to the ED, which in itself can be detrimental to the resident. Our preference at Village Green is to treat in the home, when possible, to avoid this stress on residents and families. There are occurrences where a resident, or family member, will insist on a transfer to the ED despite our recommendations, and we must abide by their wishes

Equity | Equitable | Optional Indicator

	Last Year		This Year		
Indicator #5	98.41	100	81.00	-17.69%	100
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Village Green)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Achieve 100% completion of DEI education with mandatory Surge Learning.

Process measure

- All managers to monitor Surge stats and completion rates. For any employee that has not completed required monthly education within the timeline letters are sent out with the expectation of completion and further action will be taken if there is continued non-compliance

Target for process measure

- 100% compliance with Surge regarding DEI education.

Lessons Learned

While we are 17% lower than the previous year the the last quarter we onboarded approximately 30 new staff in preparation of our new home opening. Education will be continuing until we achieve 100% compliance. We also have a small number of staff on leaves of absence which are affecting the overall completion rates

Comment

Village Green will actively support diversity, equity and inclusion by creating an active working group for promotion and education within the home. Our Life Enrichment department will strive to facilitate DEI programming to include volunteers, residents and families

Experience | Patient-centred | Optional Indicator

	Last Year		This Year		
Indicator #3	91.43	100	90.63	-0.87%	100
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Village Green)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Each month through resident's council bring concerns forward to the Quality Improvement meeting for the team to review and respond.

Process measure

- Number of residents' concerns and the satisfaction rating on the annual Metrics@Work Resident Experience Survey.

Target for process measure

- Our target is 100% satisfaction rating on the annual Metrics@Work Resident Experience Survey

Lessons Learned

This has been a successful intervention but lessons learned it is better, when possible, to address concerns promptly rather than wait for the monthly QI meeting. Residents feel more valued and listened to when they receive a prompt reply to their concerns

Comment

Village Green strives to be home where residents and family members feel valued and we have achieved a level of trust where they can share feelings, concerns and suggestions for improvement

Indicator #4	Last Year		This Year		
	Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Village Green)	82.86 Performance (2025/26)	100 Target (2025/26)	87.50 Performance (2026/27)	5.60% Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Enhance the understanding of the Resident Bill of Rights

Process measure

- Track the number of resident concerns/complaints monthly. Track satisfaction rating with the annual Metrics@Work Resident Experience Survey.

Target for process measure

- Our target is 100% satisfaction rating on the annual Metrics@Work Resident Experience Survey.

Lessons Learned

All staff have completed education on the Resident Bill of Rights, which is also posted throughout the Home

Comment

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

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 (Village Green)	8.19 Performance (2025/26)	4 Target (2025/26)	9.92 Performance (2026/27)	-21.12% Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Conduct post fall huddles to debrief and discuss contributing factors, follow up care, fall prevention measures and lessons learned. Assess residents for Fall Risk on admission, quarterly and post fall.

Process measure

- Collect data in the home monthly and report to CIHI CCRS and home office.

Target for process measure

- Decrease the percentage of residents who fall

Lessons Learned

We successfully implemented a post fall huddle flowsheet and have physiotherapy doing a review of falls on a weekly basis. There have been challenges with time management with Registered Staff in ensuring post fall assessments are completed accurately and in a timely manner. It is also challenging when responsive behaviors are linked to falls involving a small number of residents with repeated falls

Change Idea #2 Implemented Not Implemented In Progress

We are going to implement an education program for Registered Staff on post fall and risk management assessments to ensure a thorough review of contributing factors and prevention measures are completed

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

We feel a great improvement will be seen in our falls prevention program through increasing the assessment skills of our registered staff.

Change Idea #3 Implemented Not Implemented In Progress

We have begun, and are going to continue to utilize pharmacist recommendations with post fall medication reviews to reduce the risk of falls related to PRN medications for responsive behaviors

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

This initiative, while a newer change idea, has been successful in reducing falls of specific residents with responsive behaviors who were experiencing frequent falls

Comment

Physiotherapist to be included in a weekly post-fall huddle. The strategies Village Green will employ in the falls prevention program will result in a collaborative, resident-centered approach to reduce injuries and post-fall complications

	Last Year		This Year		
Indicator #2	16.00	5.90	13.11	18.06%	5
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Village Green)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Attempt to either remove antipsychotic medication or make a diagnosis.

Process measure

- # of residents prescribed antipsychotic medications without a diagnosis

Target for process measure

- our target continues to be 5.9 as set in 2024

Lessons Learned

Utilizing local and in house BSO supports, our social services worker and Providence Care MRT we successfully lowered the percentage of antipsychotics used. While we remain above our target we are 2.89% below our performance last year and 5.88% below the provincial average.

Change Idea #2 Implemented Not Implemented In Progress

Collaborate with our pharmacist for medication reviews upon admission and quarterly to determine if antipsychotics are justified and/or required

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Village Green will utilize the resources of external partners such as CareRx to reduce the number of residents receiving an antipsychotic without a supporting diagnosis

Comment

At Village Green we feel this target is attainable by using a collaborative approach that encompasses residents, families, BSO, medical and nursing staff and pharmacy service provider