Omni
Quality Living

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Omni Quality Living Continuous Quality Improvement Initiative Report 2026/27

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

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Omni Quality Living – West Lake Terrace

Continuous Quality Improvement Initiative Report

2026/27

OVERVIEW

At Omni Quality Living, people remain the driving force behind our mission. Since 1975, we have been committed to delivering compassionate, high-quality care, and as we move into our 51st year, we continue to shape the future of long-term care in Ontario with innovation, integrity, and a deep sense of purpose.

Quality is embedded in our culture. Our **Quality Matters** program guides our approach, ensuring that every resident receives care that is safe, timely, effective, and personalized. This framework supports continuous improvement and reinforces our commitment to evidence-based practices, routine evaluation, and industry-leading standards.

We recognize our role in supporting a health system that is sustainable, equitable, and focused on long-term wellness. Our work aligns with Ontario's vision for a value-based universal health care system—one that prioritizes prevention, improves outcomes, reduces hallway medicine, and strengthens access to high-quality care for all Ontarians.

Our **2026/27 Quality Improvement Plan** reflects provincial annual priorities as well as corporate priorities identified across Omni Quality Living. It aligns with regional and provincial strategies and fulfills the requirements of the **Continuous Quality Improvement Initiative Report (CQIIR)** under section 168 of O. Reg. 246/22 of the *Fixing Long-Term Care Act, 2021*.

This plan also supports broader provincial goals: enhancing the health care experience through an integrated, resident-centered continuum of care, and collaborating with partners to build an accountable, high-performing system that reduces disparities and improves outcomes across diverse populations.

Access and Flow

Improving access and flow across Ontario's health system continues to be a shared responsibility, and long-term care plays a vital role in ensuring residents receive the right care in the right place. Omni Quality Living remains committed to strengthening system capacity and

supporting smoother transitions for residents, families, and partners across the continuum of care.

- **Timely and Responsive Admissions**
  All applications for admission are reviewed promptly and responded to in accordance with the *Fixing Long-Term Care Act*. We remain committed to ensuring that individuals waiting for long-term care receive timely decisions and clear communication.
- **Efficient Bed Management**
  Available beds are reported to Ontario Health at Home without delay, and admissions are scheduled as soon as possible to support flow across hospitals, community settings, and long-term care.
- **Expanding Capacity Through Redevelopment**
  We continue to redevelop existing homes, often adding new beds and licenses—and to build new homes in communities across Ontario. These investments support provincial efforts to increase long-term care capacity and reduce pressure on hospitals.
- **Nurse Practitioner–Led Outreach**
  Nurse Practitioner outreach remains a key strategy in enhancing on-site clinical support, reducing avoidable transfers, and improving resident outcomes.
- **Reducing Unnecessary Emergency Department Transfers**
  We continue to strengthen in-home clinical capabilities, early intervention strategies, and staff education to minimize avoidable transfers to emergency departments.
- **Enhanced On-Site Diagnostics**
  Partnerships with local health agencies enable more facility-based services such as X-ray, ultrasound, and laboratory testing—improving access to timely diagnostics and reducing the need for off-site appointments.
- **Improving Transitions Through Technology**
  We continue to advance our use of digital tools to support safe, accurate, and efficient communication with external health partners.
- **Strengthening Medication Reconciliation**
  Many of our homes have adopted the pharmacist-led “Boomer Process” for first-time admissions, ensuring accurate medication reconciliation and safer transitions into long-term care.

Technology

Strengthening digital connectivity across the health system remains essential to improving access, flow, and resident safety. Omni Quality Living continues to expand the use of technology to support accurate, timely, and coordinated transitions of care.

- **Maximizing PointClickCare**
  PointClickCare remains our core clinical information system. We continue to leverage its advanced capabilities, including analytics, dashboards, and real-time reporting—to

support early identification of risk, improved care planning, and stronger communication across the continuum of care.

- **HealthConnex Integration**
  HealthConnex supports secure, streamlined information exchange between long-term care and acute care partners. Expanded use of this platform reduces delays, improves accuracy of shared information, and supports more efficient transitions.
- **Optimizing CHRIS**
  CHRIS remains essential for communication with Ontario Health at Home and community partners. Consistent use supports timely referrals, accurate documentation, and smoother transitions for residents entering or leaving long-term care.
- **Driving Compliance Through CHeCS**
  CHeCS transforms regulatory complexity into operational clarity. This mobile-first, AI-enabled platform standardizes compliance workflows, reduces incident logging time, manages staff training and certifications, and supports adherence to the *Fixing Long-Term Care Act*. By reducing administrative burden, CHeCS enables staff to focus more time on resident care.
- **Advancing Interoperability Through Amplify**
  All Omni homes continue to use Amplify to support safer transitions by connecting clinical data systems between long-term care and acute care. This integration reduces the risk of medication discrepancies, treatment errors, and information gaps during transfers.

Together, these digital tools strengthen our ability to deliver safe, coordinated, and efficient care while supporting broader provincial goals for a more connected and higher-performing health system.

Resident and Family Experience

A positive resident and family experience is central to high-quality long-term care. It reflects every interaction resident and family have within our homes—from daily care and communication to access to information and involvement in decision-making.

At Omni Quality Living, the voices of residents and families guide our quality improvement efforts. We are committed to creating an environment where each person's preferences, needs, and values shape the care they receive.

Resident Experience Survey

We partner with **Metrics at Work**, an independent organization that administers and analyzes our annual Resident Experience Survey. This survey focuses on two key indicators:

- How well residents feel staff listen to them.
- Whether residents feel they can express their opinions without fear of consequences

Survey results provide valuable insight into the lived experience of residents and families. Findings are used to identify opportunities for improvement, guide action planning, and celebrate strengths. Results are shared openly to promote transparency and accountability.

Our goal remains clear: to ensure every resident experiences compassionate, respectful, and individualized care, supported by strong partnerships with families and caregivers.

Provider Experience

A strong provider experience is essential to delivering exceptional resident care. At Omni Quality Living, we are committed to being a workplace where people feel respected, supported, and inspired—across all roles, generations, and career stages.

- **Recruitment, Retention, and Workforce Development**
  We actively recruit and retain qualified candidates while investing in the next generation of long-term care professionals. Our corporate education coordinator strengthens partnerships with colleges and universities, coordinates student placements, and supports preceptorship opportunities.
- **Success Through PREP LTC**
  The PREP LTC initiative has strengthened our ability to support students and new graduates by enhancing preceptor training, improving onboarding, and building confidence among staff who take on mentorship roles. This has contributed to stronger multigenerational teams and a more supportive learning environment.
- **Commitment to Learning and Growth**
  We offer bursaries for continuing education, certifications, and skills training, recognizing that investing in our people strengthens both care quality and job satisfaction.
- **Creating a Supportive Workplace**
  A positive provider experience includes moments of connection, recognition, and joy. Our homes regularly host appreciation events, celebrations, and team-building activities. Every employee also receives a holiday gift card as a gesture of gratitude for their dedication.

Safety

Safety is the foundation of high-quality care. At Omni Quality Living, we view safety as a whole-person commitment that includes physical, emotional, psychological, and social well-being.

Whole-Person Safety

Our approach is grounded in a biopsychosocial understanding of health. We focus on:

- **Physical safety:** Strong IPAC practices, fall prevention, medication safety, and safe clinical procedures.
- **Emotional and psychological safety:** Trauma-informed approaches, respectful communication, and environments free from fear or intimidation
- **Social safety:** Supporting meaningful relationships, reducing isolation, and fostering belonging.

A Culture of Staff Safety

A safe home depends on a safe workplace. We support staff through:

- Clear protocols and training
- Access to tools and technology that reduce risk.
- A culture of open reporting and psychological safety
- Respectful, inclusive environments that promote teamwork.

Learning and Continuous Improvement

We encourage open reporting of incidents and near misses and use this information to guide improvements. Digital tools support consistent documentation, timely communication, and effective follow-up.

Partnering With Residents and Families

Residents and families play an essential role in safety. Their insights help identify risks, improve communication, and strengthen care planning.

Palliative Care

Palliative care at Omni Quality Living is grounded in dignity, comfort, and whole-person support. Our approach enhances quality of life for residents living with progressive, life-limiting illnesses while providing meaningful guidance to families.

Resident-Centered and Culturally Responsive Care

Care plans reflect each resident's physical, emotional, social, psychological, and spiritual needs. From admission, we complete additional assessments to support culturally appropriate advance care planning.

Support for Families

Families are essential partners. We provide education, emotional support, and practical guidance to help them navigate the palliative journey.

Holistic Comfort and Well-Being

Our teams focus on:

- Pain and symptom management
- Emotional and psychological support
- Social connection and belonging
- Spiritual care aligned with personal beliefs

Care in Place

Whenever possible, we provide palliative care within the home to reduce unnecessary hospital transfers and support comfort in familiar surroundings.

A Compassionate, Coordinated Experience

Our approach ensures personalized care, continuity, comprehensive support, and a focus on comfort, dignity, and peace.

Population Health

Long-term care plays a vital and often underrecognized role in improving population health. Omni Quality Living contributes to healthier communities by supporting older adults with complex needs, preventing avoidable hospital use, and promoting well-being across the continuum of care.

- **Supporting Aging Populations with Complex Needs**
  We provide stable, comprehensive, 24-hour care for individuals with chronic conditions, cognitive impairment, mobility challenges, and social vulnerabilities—reducing strain on hospitals and community services.
- **Promoting Wellness and Prevention**
  Our teams focus on early identification of health changes, chronic disease management, fall prevention, nutrition and hydration, and social engagement.
- **Reducing Health System Pressures**
  By providing high-quality care in place, we help reduce avoidable ED visits, unnecessary hospital admissions, ALC pressures, and harmful transitions.
- **Equity and Inclusion**
  We support residents from diverse cultural, linguistic, and socioeconomic backgrounds and ensure care is respectful, inclusive, and aligned with individual values.
- **Strong System Partnerships**
  We collaborate with hospitals, primary care, Ontario Health Teams, community agencies, and specialized services to support coordinated care and improved transitions.

- **Data-Informed Decision-Making**
  We use clinical data, quality indicators, and resident experience feedback to guide improvement and target interventions.
- **Enhancing Quality of Life**
  Population health is about living well. We prioritize meaningful engagement, purposeful activities, social connection, and emotional well-being.

Alignment With the Fixing Long-Term Care Act and CQIIR Requirements

Omni Quality Living's 2026/27 Quality Improvement Plan fully aligns with the *Fixing Long-Term Care Act, 2021* and the **Continuous Quality Improvement Initiative Report** requirements under O. Reg. 246/22.

1. Systematic Approach to Continuous Quality Improvement

Our plan uses a standardized, evidence-informed framework supported by:

- Clinical indicators
- Resident experience surveys
- Safety reports
- Staff feedback

2. Annual Priorities and Targets

- Aligns with provincial priorities
- Includes home-level and corporate-level indicators
- Uses data from PCC, HealthConnex, CHRIS, CHeCS, and surveys
- Sets realistic, evidence-based targets

3. Resident, Family, and Caregiver Engagement

- Use independent Resident Experience Surveys
- Incorporate Resident and Family Council feedback
- Share results and action plans publicly
- Embed resident voice in care planning and safety initiatives

4. Staff Engagement and Provider Experience

- Strengthen workforce development
- Support multigenerational teams
- Promote psychological safety and open reporting

- Encourage staff participation in QI activities

5. Monitoring, Reporting, and Evaluation

- Use real-time data systems
- Conduct audits and interdisciplinary reviews
- Track trends in safety and outcomes
- Report progress to leadership, residents, families, and the public

6. Integration With the Broader Health System

- Strengthen partnerships with hospitals, OHTs, and community agencies
- Use digital platforms to improve transitions
- Support system flow and reduce avoidable transfers
- Contribute to population health and equity

7. Commitment to Resident Safety

- Use a biopsychosocial approach
- Strengthen IPAC, emergency preparedness, and violence prevention
- Encourage open reporting
- Implement technology-enabled safety systems

8. Public Transparency

- Share QI priorities and results openly
- Maintain clear, accessible documentation
- Demonstrate accountability through visible action

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1, 2024, to September 30, 2025 (Q3 to the end of the following Q2)	X	0.00	To maintain our current performance below the provincial average of 22.3%. We currently do not have a mobile X-Ray or ultrasound company at this time.	

Change Ideas

Change Idea #1	In order for West Lake Terrace to maintain a lower percentage of transfers to the ER, we plan to complete the following change ideas; 1. Continue to provide education to the registered staff to ensure full assessments are completed and discussed with the physician or Nurse Practitioner before any resident is sent to the ER. 2. Continue to have discussions with POA's at time of admission, annual care conferences and as required regarding transfers to hospital. 3. Review of ER Transfers at multidiscipline meetings, quality meetings and professional advisory meetings. 4. Obtain contract with Ministry for approval of Expansion Application for Mobile X-Ray. Find a local company that will provide mobile X-Ray and or ultrasound services for our home.

Methods	Process measures	Target for process measure	Comments
The Director of Care will discuss all ER transfers at departmental meetings to determine the factors that led to the transfer and what interventions can be put into place to decrease future visits. Registered staff will continue to compete full assessments within their scope of practice and utilize the assistance from our physician and nurse practitioner. Ministry has provided us with a contract for Mobile X-Ray and Ultrasound services, now we need to find a company that will come to our home.	The number of ER transfers are collected every month and analyzed by the DOC who then brings the data to departmental meetings. As a group the ER visits are discussed on factors that lead to ER visits, assessments that were completed before the visit and discussions had with POA's. discussions with POA's and residents on admission/annual care conference and as required to make them aware of the physician and nurse practitioner availability to assess ass injuries and health concerns before ER visits. Further the ER visits are reviewed in multidisciplinary meetings including the professional advisory committee and quality committee.	Our aim at West Lake Terrace is to reduce our ER visits by 11.3% reaching 15% for 2026/2027	In 2025/2026 West Lake had a total of 13 ER visits. October 1, 2024-September 30 2025 West Lake only had 9 ER visits.

Equity

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	100.00	100.00	Our Aim at West Lake Terrace is to have 100% of staff complete equality, diversity and inclusion training in 2026	

Change Ideas

Change Idea #1 All staff at West Lake Terrace will be educated in Diversity, Equality and Inclusion in 2026 through review of any new or current policy and procedure, and implementation of a DEI committee, creation of a DEI Bulletin board.

Methods	Process measures	Target for process measure	Comments
All staff will review new and current policies in Surge Learning, signing off on the course to prove completion. Our Social Service Manager will facilitate the continuation of a DEI committee and maintain an up-to-date bulletin board.	Each department manager will have all responsible employees review policies and sign of for accuracy of data, these numbers will be reviewed at our quality meetings.	100% of staff will review DEI policies and procedures by end of 2026. DEI bulletin board will be updated monthly with anything pertaining to DEI.	Total LTCH bed: 33

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	100.00	100.00	Based on the 2025 resident satisfaction survey with Metrics @ work our current performance is 95.7%	

Change Ideas

Change Idea #1	Our target at West Lake Terrace is 100% and in order to reach that target we will complete the following change ideas. 1. The mangers of the home will continue to complete walkabouts and have conversations with residents to ensure their need are being met. 2. Discuss resident concerns and compliments daily in managers morning meeting. 3. Managers to be invited to resident council to hear any concerns. 4. Managers to only take 24-48hours to close the loop on any issues brought up in resident council or daily walkabouts.

Methods	Process measures	Target for process measure	Comments
Each manager will be required to walk about the home 3 times a day, during which they will speak with the residents to ensure they are satisfied with their care or have any concerns. Every morning in managers meeting we continue to discuss any resident's issues, concerns or compliments brought forward. Executive Director and rest of managers continue to get invited to residents' council to allow residents to see their faces and know what they are involved with in the home and take any questions, concerns or compliments. Managers will try to adress any concerns or issues within 24-48hours.	We will continue to use Metrics @ Work survey for 2026. Once completed the survey is reviewed and any action plans will be put into place.	Our aim at West Lake Terrace is to improve our percentage from 95.7% to 100% in 2026.	Total Surveys Initiated: 29 Total Survey's Initiated: 29 Total LTCH Beds: 33 3 residents/POA's were unable to answer the survey

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	96.55	100.00	Based on our 2025 Metrics @ Work survey our current performance is 96.6% from 91.3% in 2024	

Change Ideas

Change Idea #1	In order to improve this measure at West Lake Terrace, we plan to complete the following change ideas. 1.Resident rights will be reviewed at every resident council meeting with discussions and examples of how they apply. 2. A resident will be invited to attend our quarterly quality meeting to provide insight of their needs and day to day routines and become more involved in the organizational practices in the home. 2. Abuse policy will be shared with all residents and POA at resident council meeting and during admission to our home.

Methods	Process measures	Target for process measure	Comments
The multidisciplinary team will track the number of verbal and written resident and family complaints. Follow up will be documented and provided within 24-48 hours.	We will continue to utilize Metrics @ Work as per Omni Quality Living in 2026 and continue to work with the multidisciplinary team to further improve our numbers.	Our aim for 2026 at West Lake Terrace is to improve from 96.6%	Total Surveys Initiated: 29 Total Surveys Initiated: 29 Total LTCH Beds: 33 3 Resident's/POA's refused to complete the survey

Safety

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	14.12	10.00	To decrease number of falls by 4.12% to 10% by end of Q2 September 2025.	

Change Ideas

Change Idea #1 In order to reduce falls our falls at West Lake Terrace to 10% we plan to complete the following change ideas. 1. Continue to offer hp protectors to residents that are able to wear them. 2. Continue to have our pharmacy consultant review all medications of any resident that falls twice in one month. 3. Registered staff will voice at shift-to-shift report which residents are high risk for falls to bring awareness to staff for resident safety. 4. High risk residents have a bed or chair alarm in place.

Methods	Process measures	Target for process measure	Comments
Review of fall data. After each fall the registered staff to have a fall huddle to discuss the fall, interventions in place and that may need to be put into place. If more then one fall in a month the resident is to have a referral to the pharmacy consultant to review all medications. We continue to utilize hip protectors when necessary.	After each fall the registered staff will complete full assessments and a post fall huddle, care plans are reviewed to include any new interventions as required. Referrals are sent to the pharmacy consultant and physio therapist for review of the resident. All falls are reviewed by the DOC and discussed at our monthly quality at our multidisciplinary meetings including PAC and quality.	West Lake Terrace aims to reduce falls by 4.12% to 10% by Q3.	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	23.29	10.00	We currently worsened in this indicator from 2025. Our goal at West Lake Terrace is to decrease our current performance by 13.29% to 10% by end of Q2 2026	Care Rx Pharmacy

Change Ideas

Change Idea #1 West Lake Terrace is currently above the provincial standard, and we worsened by 9.6% in 2025 with 23.74%. Our goal for 2026 is to decrease to 10% through the following interventions. 1. The BSO Lead will ensure appropriate documentation and interventions are put in place with any new or worsening behaviour. 2. Any new antipsychotics that are ordered will continue to be reviewed for symptom improvement utilizing the DOS tool and antipsychotics monitoring form. 3. Continue to complete quarterly medication reviews with the pharmacy and physician to ensure current antipsychotic usage reflects current resident diagnosis. 3. Social Services Worker and Clinical Care Coordinator will facilitate education on non-pharmlogical interventions. 4. Referrals as needed to Behavioural Support Team, Seniors Mental Health.

Methods	Process measures	Target for process measure	Comments
The BSO Lead will review documentation and Care plan to ensure accurate reflection of current interventions for antipsychotic usage. Date is reviewed at quality, Professional Advisory Committee and multidisciplinary meetings. Medications continue to be reviewed by the pharmacy consultant with recommendations and then by the physician.	Monthly quality indicators are reviewed at our quality meetings. We aim to be below provincial average. We currently have 4 residents on long term antipsychotics with no diagnosis, we review with the pharmacy consultant and physician routinely to see if they can safely be discontinued and or decreased. 4 residents from 26 assessments gives a bigger percentage in our smaller home.	West Lake Terrace will reduce this indicator by 13.47% to 10.	West Lake Terrace only has 33 residents so when 1 resident trigger an indicator it appears to be a large percentage.

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care residents whose stage 2 to 4 pressure ulcer worsened	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as reporting quarter for the rolling 4-quarter average	3.80	0.00	To decrease our current performance by 3.8% to 0% by the end of Q2 September 2026.	

Change Ideas

Change Idea #1	Not sure where the 3.6% data came from, according to our Quality indicators, we had no worsened stage 2-4 pressure areas in Q2 2025. In order to reduce our number of worsened stage 2-4 pressure ulcers we plan to continue the following change ideas. 1. Ensure the dietician and PT receive updated referrals for wounds that are worsening. 2.Consult with NP &/or Medline wound/ET RN when if wounds worsen or stall in healing after 2 weeks of using indicated treatment. 3. Treat wounds at first sign of them as per our healthy living healthy skin policy.

Methods	Process measures	Target for process measure	Comments
Skin condition of all residents is assessed twice daily with care. If any signs of skin breakdown, frontline staff notify registered staff, who then follow up with a skin assessment. The doctor or nurse practitioner are then notified for direction of treatment if unable to treat with RNAO best practice guidelines and Omni healthy living healthy skin protocols. A referral is put into to physio for a seating assessment if required. A referral is also put into the dietician to review nutritional intake for any possible supplements. If a resident has a wound, it is then monitored at minimum once a week with measurements, pictures and documentation of the progress of the wound.	Monthly quality indicators are reviewed at our monthly and quarterly meetings. We aim to be below provincial average. We did not have any worsened stage 2-4 pressure areas in Q2 of 2025.	West Lake Terrace will reduce this indicator by 3.8% to 0% in Q2 2026	West Lake Terrace only has 33 residents so when 1 resident trigger an indicator it appears to be a large percentage.

Measure - Dimension: Safe

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care residents in daily physical restraints	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	0.00	0.00	We currently had zero restraints in Q2. Our goal at West Lake is to continue to have zero restraints in the home in 2026.	

Change Ideas

Change Idea #1	West Lake Terrace is currently below provincial standard and have maintained Zero Restraints in the home. Our goal is to maintain zero restraints in the home through the following interventions: 1. Discussion with resident's, families/SDM regarding least restraint, last resort policy beginning at the time of touring the home, again at admission and as needed. 2. The use of any Personal Assistive Safety Devices in place of a restraint.

Methods	Process measures	Target for process measure	Comments
DOC to have discussions with resident's, families/SDM regarding least restraint, last resort policy beginning at the time of touring the home, again at admission and as needed. Charge Nurse to assess if a PASD is useful in place of a restraint.	Quality indicators are reviewed monthly and quarterly at our quality meetings.	West Lake Terrace will maintain zero restraints in 2026	

Access and Flow | Efficient | Optional Indicator

	Last Year		This Year		
Indicator #6	**26.83**	**15**	**X**	**--**	**0**
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (West Lake Terrace)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

In order for West Lake Terrace to reduce our performance to 15%, we plan to complete the following change ideas; 1. Continue to provide education to registered staff to ensure full assessment is completed and discussion with physician or NP before any resident is sent to ER. 2. Continue to have discussions with POA at time of admission, annual care conference and as required regarding transfers to hospital. 3. Review of ER transfers at the multidisciplinary meetings, quality meetings and Professional advisory committee meetings.

Process measure

- The number of ER transfers are collected each month and analyzed by the DOC who then brings the data to the departmental meetings. As a group the ER meetings are reviewed and discussions on factors that lead to ER visits, assessments that were completed before visit and discussions with POA. Discussions with POA and resident on admission/annual care conference and as required to make them aware of physician and NP availability to assess all injuries and health concerns before ER visits. Further the ER visits are reviewed with the multidisciplinary meetings including the professional advisory committee and quality committee.

Target for process measure

- Our aim at West Lake Terrace is to reduce our ER visits by 11.83% reaching 15% for 2025/2026.

Lessons Learned

Managing ER transfers/visits can be challenging in some cases. We found that families or the residents themselves want to be sent to the ER for assessment as a last minute. October 1, 2024- September 30, 2025 West Lake had 9 transfers with is a decrease from 13 the year previous.

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

Applying and implementing a mobile X-Ray/Ultrasound company program in the home.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Finding a company that services West Lake Terrace has shown to be a challenge.

Equity | Equitable | Optional Indicator

	Last Year		This Year		
Indicator #5 Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (West Lake Terrace)	**95.83** Performance (2025/26)	**100** Target (2025/26)	**100.00** Performance (2026/27)	**4.35%** Percentage Improvement (2026/27)	**100** Target (2026/27)

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

All staff at West Lake Terrace will be educated in Diversity, Equity, and Inclusion in 2025 through review of new policies and procedures, implementation of DEI committee.

Process measure

- Each department manager will have all responsible employees review policies and sign off for accuracy of data, these numbers will be reviewed at our quality meeting.

Target for process measure

- 100% of staff will review new policies and procedures and a new DEI committee will be implemented by Q3.

Lessons Learned

We had 100% West Lake Terrace staff complete 2025 DEI policies and procedures. Challenges were in Surge itself, and background settings changed making it look like not 100% staff completed.

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

All staff at West Lake Terrace will be educated in Diversity, Equality and Inclusion in 2026 through review of any new or current policy and procedure, and implementation of a DEI committee, creation of a DEI Bulletin board.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

West Lake Terrace struggles to form a DEI committee as staff do not want to participate on being on a committee

Experience | Patient-centred | Custom Indicator

Indicator #7

Section 7: Respect and Relationships
7.8
If I raised a concern, I was contacted with regard to the outcome.
Rating 66.7%
lower than OMNI's overall response by 6.9%
(West Lake Terrace)

Last Year		This Year		
66.70	**100**	**66.70**	**--**	**NA**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

Our target at West Lake Terrace is 100% and in order to reach this goal we will complete the following change ideas: 1. Resident concern sheets will be utilized for all concerns. 2.Concerns will go to the department manager for a resolution. 3.The department manager will be responsible for meeting with the residents to acknowledge the concern as well as discuss the plan/outcome.

Process measure

- We will continue to utilize Metrics @ Work Survey for 2025. Once completed the survey is reviewed and an action plan is put in place.

Target for process measure

- Our aim at West Lake Terrace is to improve our percentage from 66.7% to 100% in 2025.

Lessons Learned

Successes have been having management invited to resident council meetings for feedback and to address concerns as a group if required. Encouraging the use of resident concerns sheets more

Experience | Patient-centred | Optional Indicator

	Last Year		This Year		
Indicator #3 Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (West Lake Terrace)	**82.76** Performance (2025/26)	**100** Target (2025/26)	**100.00** Performance (2026/27)	**20.83%** Percentage Improvement (2026/27)	**100** Target (2026/27)

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

Our target at West Lake Terrace is 100% and in order to reach that target we will complete the following change ideas. 1. The mangers of the home will continue to complete walkabouts and have conversations with residents to ensure their need are being met, these will be completed with resident care audits. These audits will be reviewed, and interventions will be put into place. 2. Further they will be reviewed as a group at the departmental meetings for each department to provide insight and add new interventions. 3. Gentle persuasive education will be offered to all staff aiming for 50% staff completion. 4. Engage residents and have them participate in quality meetings to allow for their input in organizational practices in the home.

Process measure

- We will continue to utilize Metrics @ Work survey for 2025. Once completed the survey is reviewed and ne action plans will be put in place.

Target for process measure

- Our aim at West Lake Terrace is to improve our percentage from 95.7% to 100% in 2025.

Lessons Learned

Managers walk abouts have been very successful. Resident care audits were being completed by all managers however we have had challenges with reviewing regularly and implementing any changes. Managers found it more convenient to fix any issues at the time then wait for later to address any issues.

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

Our target at West Lake Terrace is 100% and in order to reach that target we will complete the following change ideas. 1. The mangers of the home will continue to complete walkabouts and have conversations with residents to ensure their need are being met. 2. Discuss resident concerns and compliments daily in managers morning meeting. 3. Managers to be invited to resident council to hear any concerns. 4. Managers to only take 24-48hours to close the loop on any issues brought up in resident council or daily walkabouts.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Managers walk abouts have been very successful. Resident care audits were being completed by all managers however we have had challenges with reviewing regularly and implementing any changes. Managers found it more convenient to fix any issues at the time then wait for later to address any issues.

Indicator #4

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

Last Year		This Year		
87.88	**100**	**96.55**	**9.87%**	**100**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

In order to improve this measure at West Lake Terrace, we plan to complete the following change ideas. 1.Resident rights will be reviewed at every resident council meeting with discussions and examples of how they apply. 2. A resident will be invited to attend our quarterly quality meeting to provide insight of their needs and day to day routines and become more invo0lved in the organizational practices in the home. 3. Provide education to staff on positive approach, body language and tone of voice while providing care to each resident in the home. 3. Abuse policy will be shared with all residents and POA at resident council meeting and during admission to our home.

Process measure

- We will continue to utilize Metrics @ Work as per Omni Quality Living in 2025 and continue to work with our multidisciplinary team to further improve our numbers.

Target for process measure

- Our aim for 2025 at West Lake Terrace is to improve from 96.6%.

Lessons Learned

Some challenges we face is inviting a resident to our Quality meetings as we don't have a resident that would 1100% understand everything discussed. this we are still working on

Comment

We will continue to invite a resident to our quality meetings for input.

Safety | Safe | Optional Indicator

Indicator #1

Percentage of LTC home residents who fell in the 30 days leading up to their assessment (West Lake Terrace)

Last Year		This Year		
15.38	**10**	**14.12**	**8.19%**	**10**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

In order to reduce our falls at West Lake Terrace to 10% we plan to complete the following change ideas, 1. Managers will circulate the floor at 2pm and 3pm when less staff are on the floor from Monday to Friday. We will continue to offer hip protectors for residents that are able to wear. 3. Continue to have our pharmacist consultant review all medications of any resident that falls twice in one month. 3. Registered staff will voice at report which residents are high risk for falls to bring awareness to staff for resident safety.

Process measure

- After each fall Registered staff will complete full assessment and a post fall huddle, care plans are reviewed to include any new interventions as required. Referrals will be sent to the consultant pharmacist for a medication review and implement use of hip protectors if resident able to wear. All falls will be reviewed by the DOC and at all multidisciplinary meetings including PAC and quality.

Target for process measure

- Falls at West Lake Terrace will be reduced by 10% by Q3.

Lessons Learned

Managers circulating on the floor was a success as we did decrease our number of falls from Q2 2024 to Q2 2025. A challenge we continue to have is that hip protectors are not for everyone and can cause more of a risk then protection. We have also had a turnover in our residents.

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

In order to reduce falls our falls at West Lake Terrace to 10% we plan to complete the following change ideas. 1. Continue to offer hp protectors to residents that are able to wear them. 2. Continue to have our pharmacy consultant review all medications of any resident that falls twice in one month. 3. Registered staff will voice at shift-to-shift report which residents are high risk for falls to bring awareness to staff for resident safety. 4. High risk residents have a bed or chair alarm in place.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Managers circulating on the floor was a success as we did decrease our number of falls from Q2 2024 to Q2 2025. A challenge we continue to have is that hip protectors are not for everyone and can cause more of a risk then protection. We have also had a turnover in our residents.

Comment

West Lake Terrace only has 33 residents so when 1 resident triggers an indicator it appears to be a large percentage.

Indicator #2

Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (West Lake Terrace)

Last Year		This Year		
14.13	**10**	**23.29**	**-64.83%**	**10**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

West Lake Terrace is currently below provincial standard and have improved from our 2024 performance of 18.75%. Our goal for 2025 is to decrease from 14.13% to 10% through the following interventions: 1. Our new BSO lead will ensure appropriate documentation and interventions are put in place with any new or worsening behaviors. 2. Any new antipsychotics that are ordered will continue to be reviewed for symptom improvement utilizing the DOS tool and the antipsychotic monitoring form. 3. Continue to complete quarterly medication reviews with the pharmacy and physician to ensure current antipsychotic usage reflects current resident diagnosis. 3. Social Service Worker and Clinical Care Coordinator will facilitate education on non pharmlogical interventions.

Process measure

- Monthly quality indicators are reviewed at our quality meetings. We aim to reduce below provincial average. We continue to have 3 residents that have been on long term antipsychotics with no diagnosis, we review with the consultant pharmacist and physician if they can be safely decreased and discontinued.

Target for process measure

- West Lake Terrace will reduce this indicator by 14.13% to 10%.

Lessons Learned

Challenges are the residents being admitted into long term care homes being younger with mental health issues and requiring antipsychotics to manage behaviours in such a vulnerable setting.

Comment

West Lake Terrace only has 33 residents, 1 resident triggering an indicator appears to be a larger percentage in smaller homes