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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 – Woodland Villa

Continuous Quality Improvement Initiative Report

2026/27

OVERVIEW

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

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

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

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

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

Access and Flow

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

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

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

Technology

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

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

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

- **HealthConnex Integration**

HealthConnex supports secure, streamlined information exchange between long-term care and acute care partners. Expanded use of this platform reduces delays, improves accuracy of shared information, and supports more efficient transitions.

- **Optimizing CHRIS**

CHRIS remains essential for communication with Ontario Health at Home and community partners. Consistent use supports timely referrals, accurate documentation, and smoother transitions for residents entering or leaving long-term care.

- **Driving Compliance Through CHeCS**

CHeCS transforms regulatory complexity into operational clarity. This mobile-first, AI-enabled platform standardizes compliance workflows, reduces incident logging time, manages staff training and certifications, and supports adherence to the *Fixing Long-Term Care Act*. By reducing administrative burden, CHeCS enables staff to focus more time on resident care.

- **Advancing Interoperability Through Amplify**

All Omni homes continue to use Amplify to support safer transitions by connecting clinical data systems between long-term care and acute care. This integration reduces the risk of medication discrepancies, treatment errors, and information gaps during transfers.

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

Resident and Family Experience

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

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

Resident Experience Survey

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

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

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

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

Provider Experience

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

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

Safety

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

Whole-Person Safety

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

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

A Culture of Staff Safety

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

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

Learning and Continuous Improvement

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

Partnering With Residents and Families

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

Palliative Care

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

Resident-Centered and Culturally Responsive Care

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

Support for Families

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

Holistic Comfort and Well-Being

Our teams focus on:

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

Care in Place

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

A Compassionate, Coordinated Experience

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

Population Health

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

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

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

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

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

1. Systematic Approach to Continuous Quality Improvement

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

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

2. Annual Priorities and Targets

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

3. Resident, Family, and Caregiver Engagement

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

4. Staff Engagement and Provider Experience

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

- Encourage staff participation in QI activities

5. Monitoring, Reporting, and Evaluation

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

6. Integration With the Broader Health System

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

7. Commitment to Resident Safety

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

8. Public Transparency

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

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1, 2024, to September 30, 2025 (Q3 to the end of the following Q2)	16.36	10.00	While our home is currently below the provincial average in ED visits, we continue to strive to further decrease the number of ED visits in the Home through goals of care discussions and the addition of a third physician to the Home as well as attempting to recruit a Nurse practitioner.	

Change Ideas

Change Idea #1 Ensure Goals of Care discussions are completed and reviewed annually or with any change in condition.

Methods	Process measures	Target for process measure	Comments
Topic of discussion on admission and during post admission and annual care conferences. Physician involvement in conversations of goals of care as well.	Track and monitor ED visits on a monthly basis.	Reduce ED visit rate by 10% over the next 12 months.	

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	83.50	100.00	At Woodland Villa we believe that education on DEI is imperative to all staff, volunteers and partners in the Home to ensure an inclusive culture.	

Change Ideas

Change Idea #1 Establish clear annual completion expectations. Monitor completion monthly and follow up with managers on outstanding staff.

Methods	Process measures	Target for process measure	Comments
Track staff compliance with training and education of surge learning on an ongoing basis to ensure annual compliance.	Number of staff who have completed annual training	Achieve and sustain 100% completion for active staff and new hires within 30 days of hire.	

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	90.00	95.00	At Woodland Villa we wish for all Residents to feel heard by staff, know where they can go to ask for help and not feel rushed during times of care and meals and we will work towards improvement on the annual Resident Satisfaction Survey in this area.	

Change Ideas

Change Idea #1 Provide refresher education on active listening skills (eye contact, sitting at eye level, teach-back method)

Methods	Process measures	Target for process measure	Comments
In person and online education	Number of Residents who rate how well staff listen will improve in next Resident Satisfaction Survey	96% of Residents will respond positively to how well staff listen to them	Total Surveys Initiated: 100

Change Idea #2 Incorporate communication expectations and survey results into staff meetings and huddles.

Methods	Process measures	Target for process measure	Comments
Bring information to monthly multidisciplinary meetings on each unit.	Number of Residents who positively respond to how well staff listen will improve.	Increase percentage of Residents who respond positively to how well staff listen to them to 96%.	

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	88.00	95.00	At Woodland Villa, we wish for all of our Residents to feel safe and be able to express their needs and wishes to any staff member of partner of Woodland Villa.	

Change Ideas

Change Idea #1 Post clear, easy-to-read signage about: How to raise concerns External reporting options Review complaint process at Resident Council.

Methods	Process measures	Target for process measure	Comments
Simple signage being posted in each home area that Residents can easily access and read. Bring complaint process forward at teach Resident council meeting, ensuring that they can see who they can go to.	Number of Residents who respond positively to I can express my opinion without fear of consequence will increase.	We aim to achieve 95% positive responses on the annual Resident Satisfaction Survey when Residents are asked "I can express my opinion without fear of consequence.	Total Surveys Initiated: 100

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	4.05	3.00	At Woodland Villa, Fall Prevention is an integral part of our daily practice in multiple disciplines. We wish to continue to prevent falls in the Home to ensure we can keep Residents safe.	

Change Ideas

Change Idea #1 Post Fall Huddles - this approach focuses on immediate team communication and same-day interventions after any fall has occurred with the goal of dramatically reducing repeat falls and overall fall rates.

Methods	Process measures	Target for process measure	Comments
Being able to discuss with the team shortly after the fall has occurred will allow more discussion around what happened, any new behaviours or acute symptoms noted and allow for interventions to be in place quickly after the fall.	The number of repeat falls that occur will significantly decrease.		At Woodland Villa, we remain below the provincial average in the number of Residents who have fallen in the last 30 days, however we do see a trend in the number of Residents who have repeat falls.

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	18.13	14.00	At Woodland Villa, we remain below the provincial average in use of antipsychotic medications in the Home. Their use in Residents with no acceptable diagnosis comes as a last resort and with recommendations from our Mental Health Outreach team from the Royal Ottawa Hospital. Our physicians continue to deprescribe unnecessary use of antipsychotic medications beginning on admission to the Home.	

Change Ideas

Change Idea #1 Addition of weekly review meetings of Residents receiving antipsychotic medications with the goal of initiating appropriate non-pharmacological interventions into the care plan.

Methods	Process measures	Target for process measure	Comments
A short, structured weekly review huddle (often 15 minutes) focused solely on antipsychotic use will help the team identify residents who no longer benefit, start with decreasing doses as needed, implement alternative strategies and communicate changes within the team.	The goal is to decrease the % of Residents with no psychosis diagnosis on antipsychotics	We aim to decrease the number of Residents from 18 to 15, a reduction of nearly 25%.	

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	3.36	2.00	At Woodland Villa, skin and wound care is an integral part of our daily nursing practice. We have implemented many changes to the program for improvement in 2025 and continue to strive to improve performance in 2026 to decrease the number of worsening wounds in the Home.	

Change Ideas

Change Idea #1 Implement daily skin integrity huddles on each unit and as part of morning multidisciplinary meeting.

Methods	Process measures	Target for process measure	Comments
Discussing wounds on a daily basis will help identify early deterioration and the ability to implement additional or different interventions immediately.	Instances of worsening pressure ulcers will decrease	100% of Residents will have improved wound healing and no worsening condition.	

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. (Woodland Villa)	20.50 Performance (2025/26)	15 Target (2025/26)	16.36 Performance (2026/27)	20.20% Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Continue to work with in house physicians and other community resources to decrease avoidable ED visits. Advanced Directive discussions and care planning.

Process measure

- Number of potentially avoidable ED visits will decrease.

Target for process measure

- All Residents and families have opportunities to discuss goals of care with members of the nursing team and physician.

Lessons Learned

Increased use of clinical assessment tools (e.g., early warning signs, SBAR communication).

More timely identification of changes in resident condition.

Enhanced Advance Care Planning

Improved documentation of Goals of Care and Do Not Hospitalize directions.

Increased family engagement in care discussions, supporting informed decisions.

Some challenges have been greater likelihood of ED transfer during evenings, nights, and weekends due to limited on-site physician availability during off-hours.

Comment

Ensure Goals of Care discussions are completed and reviewed annually or with any change in condition.

Provide family education about risks and benefits of hospital transfer.

Access and Flow | Efficient | Custom Indicator

	Last Year		This Year		
Indicator #7	CB	100	CB	--	NA
Recruitment and Retention (Woodland Villa)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Establish a recruitment team and standard orientation process in the Home for new employees.

Process measure

- Number of staff hired in the home, number of vacant postings.

Target for process measure

- 100% of postings will be filled in each department.

Lessons Learned

Reduction in vacancy rate compared to previous reporting period.

Increased number of full-time and part-time staff positions filled

Some challenged have been competition with hospitals and other LTC homes and limited availability of qualified RNs, RPNs, and PSWs.

Comment

Develop partnerships with local colleges for student placements and job pathways.

Participate in community career fairs and outreach events.

Explore internationally educated nurse (IEN) recruitment supports

Formalize mentorship/preceptor program.

Conduct 30-, 60-, and 90-day check-ins.

Gather feedback from new hires to identify onboarding gaps.

Equity | Equitable | Optional Indicator

	Last Year		This Year		
Indicator #5	73.94	100	83.50	12.93%	100
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Woodland Villa)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Omni Quality Living Strategic Plan includes a multifaceted plan to engage employees with strategies, tools, and ideas to address equity in the Home.

Process measure

- DEI surveys in the Home to collect data regarding staff and their thoughts on equity in the Home and workplace.

Target for process measure

- All staff in the Home will have education on DEI in 2025 and survey results will show positive results based on outcomes in the Home.

Lessons Learned

Completion percentage has improved compared to the previous reporting period.

Majority of staff have now completed foundational EDI/Anti-Racism training.

A percentage of staff have not yet completed required training.

Barriers may include scheduling constraints, part-time/casual staff availability, or competing mandatory education priorities.

Comment

Establish clear annual completion expectations.

Monitor completion monthly and follow up with managers on outstanding staff.

Provide flexible access options (online modules, recorded sessions, multiple time offerings).

Experience | Patient-centred | Optional Indicator

Indicator #3	Last Year		This Year		
	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Woodland Villa)	92.97 Performance (2025/26)	96 Target (2025/26)	90.00 Performance (2026/27)	-3.19% Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Continue to work to achieve a high average on the Resident Satisfaction Survey in this area but also strive to achieve at least 80% in all areas on the survey. Action plans to address areas where our average is less than 80%.

Process measure

- Survey was completed electronically by Residents, families and assistance from Life Enrichment Staff where use of an iPad was difficult.

Target for process measure

- Response rate was 71% this year which was lower than last year. We aim to have 100% response rate in 2025.

Lessons Learned

Positive comments were highlighted in the commentary section that show respectful communication and kindness. High workload impacting time for active listening. Agency or new staff less familiar with residents, focus of continuity of care assignments has been successful in staff getting to know Residents.

Comment

Provide refresher education on active listening skills (eye contact, sitting at eye level, teach-back method).

Incorporate communication expectations into staff meetings and huddles.

Share survey results with staff to reinforce the positive impact of their behaviours.

Indicator #4	Last Year		This Year		
	Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Woodland Villa)	89.06 Performance (2025/26)	95 Target (2025/26)	88.00 Performance (2026/27)	-1.19% Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Engage Residents in discussions on Residents Bill of Rights and Omni Quality Living Values.

Process measure

- High positive response rate in our 2025 Resident Satisfaction Survey.

Target for process measure

- Residents at minimum on admission and during care conferences to be involved in discussions and know their rights and Omni quality livings values.

Lessons Learned

Majority of residents report feeling comfortable expressing concerns and preferences which indicates a foundation of trust between residents and staff.

The inherent caregiver-resident relationship may create perceived vulnerability. Residents may fear that complaining could affect their care (even if untrue).

Comment

Increase leadership walkabouts, encourage direct conversation with residents about concerns, document and track informal concerns to identify trends.

Post clear, easy-to-read signage about: How to raise concerns, External reporting options

Review complaint process at Resident Council.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #1	10.62	8	4.05	61.86%	3
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Woodland Villa)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Continue to prioritize our Fall Prevention Program to be multidisciplinary and incorporate best practice initiatives to support our Fall Prevention Program and education to all staff.

Process measure

- Risk Management, post fall assessments, incident reports, MDS data will allow us to monitor statistics on Residents who fall in the Home.

Target for process measure

- 100% completion of annual fall prevention training, 100% completion of incident reporting, post fall assessment and risk assessment in PCC.

Lessons Learned

A focus on education has been successful in decreasing the number of falls in the Home and it has also been successful to ensure that complete documentation and follow up interventions occur after a fall in order to prevent recurrent falls.

Comment

Conduct comprehensive fall risk reassessments after every fall, Implement tailored interventions (e.g., low beds, hip protectors, motion sensors), Increase physiotherapy involvement for strength and balance training, Review and optimize mobility aids.

Indicator #2	Last Year		This Year		
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Woodland Villa)	19.57 Performance (2025/26)	15 Target (2025/26)	18.13 Performance (2026/27)	7.36% Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Continue to work collaboratively with partners from the Royal Ottawa Hospital Outreach program to support BSO initiatives in the Home and incorporate best practice initiatives to support behaviours Residents exhibit as symptoms of dementia.

Process measure

- percentage of Residents receiving antipsychotic medications, RAI data, Quality Indicator reports, pharmacy reports.

Target for process measure

- All Residents taking antipsychotic medications, will have a thorough plan of care including non pharmacological interventions and communicated to care staff.

Lessons Learned

Improvement in this QIP did not quite reach our goal, however strategies and collaboration with ROH has assisted in decreasing number of antipsychotic medications used in the Home.

Comment

Reinforce use of: Behaviour mapping, Trigger identification, Individualized care approaches

Expand recreation and restorative programming for residents with responsive behaviours.

Promote consistent assignment to support familiarity and de-escalation.

