

## **Table of Contents**

1. Continuous Quality Improvement Initiative Report 2026-2027
2. Workplan Report 2026-2027
3. Progress Report 2026-2027



**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

**Submitted by: Russell Borden**

**Home Name: Grace Villa**

**Name of ED: Russell Borden**

**Name of QI: Kyla Gallagher**

**Date: 2026 –04 – 01**

# Omni Quality Living – Grace 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 #2	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)	31.11	28.78	Aim to reduce by 5-10% (28-29.55); Some initiatives remain in progress from previous year workplan, the home continues to work with community partners to strengthen capacity and increase education about available services to all applicable stakeholders.	St. Joseph's Health Care System Hamilton

### Change Ideas

Change Idea #1 Staff and prescriber education to increase awareness and capacity in collaboration with Prescribers and community partners.

Methods	Process measures	Target for process measure	Comments
Education in services will be offered on relevant topics at least once per quarter;	Number of in services offered	75% or in services in at least 3 out of 4 quarters for the year	Community partnership with NLOT - Nurse Led Outreach Team will support the home with education about services, supports, prevention, etc. improving capacity and reducing the need for hospital transfers.

Change Idea #2 Increase resident and family awareness about available services at the home to avoid ED visit or reduce length of hospital stays.

Methods	Process measures	Target for process measure	Comments
<p>Improve family conversations at care conferences regarding care directives;            Develop education/in service with support from Prescribers around discussions about advance directives;            Develop script for conversation about EOL/Palliation at time of admission;            Create flyer for family education regarding what treatments are available in LTC vs Acute Care;</p>	<p>Number of care conferences where improved discussions have occurred vs. total number of care conferences held throughout the year, measured each quarter.</p>	<p>minimum of 80% of all care conferences will have improved discussion about advance directives, available treatments and services that the home can provide, and education is provided to families</p>	

Change Idea #3 Implement UTI education for all direct care staff

Methods	Process measures	Target for process measure	Comments
<p>Education to be provided to all direct care staff about early identification of symptoms, treatment, implementing bladder scan protocol/process to support reduction in UTI frequency/severity</p>	<p>Number of regular staff who completed the education vs. total number of regular direct care staff</p>	<p>100% of regular direct care staff will attend UTI education</p>	<p>Aim to support education initiatives from various sources to improve UTI education, awareness, and early detection</p>

## 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	CB	100.00	All residents will demonstrate confidence that staff are willing to listen to them.	

## Change Ideas

Change Idea #1 New education regarding power imbalance for all staff.

Methods	Process measures	Target for process measure	Comments
The home will implement this education through the online education platform and add to mandatory annual education for all staff.	The number of staff who have completed the education within the year.	100% of all staff. Measuring the number of staff who have completed the education vs. the number of staff who have not completed the education.	

Change Idea #2 Continue to ensure resident concerns are resolved within the required timeframe with final follow up.

Methods	Process measures	Target for process measure	Comments
Currently all complaints/concerns are tracked by the home, the home will continue to evaluate that all concerns are resolved within 10 days as per the home's policy and final follow-up with the complainant was completed.	Number of concerns resolved within a 10 day period with final follow-up vs. total number of concerns received.	At least 90% of all concerns will have been resolved within 10 days with final follow-up completed.	

## 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	89.52	90.00	Goal is to maintain a score greater than 85%	

## Change Ideas

Change Idea #1 Increase resident participation CQI Bi-Monthly presentations for program evaluations and quality improvement initiatives;

Methods	Process measures	Target for process measure	Comments
Display posters in the home, inviting Residents and Families to CQI meetings with meeting dates and times for voluntary attendance.	Document attendance of residents and families at each CQI meeting.	Goal that at least 5/6 CQI meetings for the year will have at least 2 or more Resident and Family attendees.	Total Surveys Initiated: 124

Change Idea #2 Strengthening format for Resident Council and Coordinate schedules for food and resident councils.

Methods	Process measures	Target for process measure	Comments
Complete resident poll on preferred format for each council.	Poll and follow up poll completed within the year, with changes implemented.	All intervention steps completed 100% within the year.	

## Safety

### Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Eliminating the use of direct care staff from agencies by year end.	C	% / Worker	In house data collection / April 2025- March 2026 (Q1-Q4) 4-Quarter average	0.50	0.50	Omni Quality Living is committed to building a stable, sustainable, and dedicated in-house workforce. Reducing reliance on temporary nursing staffing agencies supports continuity of care, strengthens team cohesion, and enhances resident experience.	

### Change Ideas

Change Idea #1 Improve RPN retention through various methods to fill all vacant RPN positions.

Methods	Process measures	Target for process measure	Comments
Methods include: Continue supporting long-standing staff, increasing morale, improving transparency, maintain strong communication, continue to provide education and support staff development, continue addressing and resolving staff concerns in a timely manner, and addressing issues with interprofessional conflict. Provide education that includes strategies for conflict resolution. Leaders will continue to use just culture approach, and lead by example.	Total vacant RPN positions vs total RPN positions.	Goal to increase filled RPN positions from 76% to 90% or above.	

**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	17.80	16.02	The home has implemented several initiatives for this indicator, some completed, some remain in progress. Current internal data indicates improvements in these scores.	

**Change Ideas**

**Change Idea #1** Leveraging available technology to improve communication among all levels of Nursing and Personal Care Staff. Ensuring effective use of communication tools intends to reduce communication breakdown prevent follow-up delays.

Methods	Process measures	Target for process measure	Comments
Implement education for all Nursing and Personal Care staff on how to effectively utilize relevant aspects of the EHR platform communication tools.	All nursing and personal care staff will complete the education provided by department leads.	100% Completion of education with all care staff using staff list and sign-off.	

**Change Idea #2** Implementing kardex reviews to ensure fall interventions are assessed weekly by nursing and personal care staff.

Methods	Process measures	Target for process measure	Comments
Implement sign-off to track all kardex sign-offs weekly to ensure completion.	Completion rate of weekly kardex review sign-offs.	Initial target of 60% completion weekly.	

**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	35.10	31.59	This target is realistic and achievable	

**Change Ideas**

**Change Idea #1** Standardize review of all antipsychotic medications prescribed to ensure orders are reviewed in a routine and timely manner in the absence of applicable symptoms.

Methods	Process measures	Target for process measure	Comments
At the time of every quarterly medication review, residents receiving antipsychotics will be assessed for symptoms and/or active use.	Tracking tool and reports from PCC will be used to track residents who meet qualifying criteria and compare with the total number of cases reviewed.	At least 80% of all qualifying cases will be reviewed.	

**Change Idea #2** Engage residents, families, and care partners in discussions about antipsychotic medications, responsive behaviours, and care with nonpharmacological interventions.

Methods	Process measures	Target for process measure	Comments
Distribute factsheets or information pamphlets at time of admission and annual care conferences.	Measure developed, implemented, and sustained throughout each quarter.	100% completion on all criteria, sustained for more than six months.	

## 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	5.70	5.13	This target is realistic and achievable	St. Joseph's Health Care System Hamilton

## Change Ideas

Change Idea #1 Education on topical application of specific moisture barrier products to reduce risk of MASD.

Methods	Process measures	Target for process measure	Comments
At least two applicable in-service will be provided within the year.	All staff will complete education with sign-off and return demonstration.	100% of all regular direct care staff.	

Change Idea #2 Implement a new checklist that will be utilized for all hospital transfers to ensure all treatment information is sent, including the treatment administration record (TAR).

Methods	Process measures	Target for process measure	Comments
Connect with relevant stakeholders to support development of checklist, including hospital to develop improved communication and information transfer, evaluate any other gaps, etc.	Check list will be collected and reviewed against total number of hospital transfers.	Once implemented, 75% of all hospital transfers will have associated checklists.	Ensures all existing treatment orders are listed to minimize delays in skin/wound treatment during ED visit or hospital stay.

**Access and Flow | Efficient | Optional Indicator**

Indicator #7	Last Year		This Year		
	Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Grace Villa)	<b>34.10</b> Performance (2025/26)	<b>30.69</b> Target (2025/26)	<b>31.11</b> Performance (2026/27)	<b>8.77%</b> Percentage Improvement (2026/27)

**Change Idea #1**  Implemented  Not Implemented  In Progress

Increase collaboration with community partners.

**Process measure**

- Number of opportunities attended versus opportunities available.

**Target for process measure**

- Total number of meetings attended over total number of meetings held.

**Lessons Learned**

Agreement signed with hospital partners in July 2025 to initiate collaborative support from the Nurse-led Outreach Team to improve capacity and development and reduce resident ED visits.

**Change Idea #2**  Implemented  Not Implemented  In Progress

Utilize Person-Centered-Decision Making End of Life Questionnaire in PCC.

**Process measure**

- Completion of assessment post admission in PCC per policy.

**Target for process measure**

- Total number of assessments completed over total number of new admissions.

### Lessons Learned

100% of the Person-Centered-Decision Making End of Life Questionnaires in PCC were completed.

**Change Idea #3**  Implemented  Not Implemented  In Progress

Increase physician participation in care conferences and to have discussions about goals of care with families. / Obtain physician support to increase communication between MD and family at time of to review treatment options.

#### Process measure

- Measure unavoidable ED visits versus avoidable ED visits. 70% of all ED visits will be considered unavoidable. Measure frequency of direct conversations between MD and family at time of hospital transfer for potentially avoidable ED transfers.

#### Target for process measure

- Total number of ED visits over total number of avoidable ED visits.

### Lessons Learned

Both primary Physicians now routinely attend all post-admission care conferences, and most annual care conferences.

### Comment

The home continues to work closely with community partners to increase education and support for clinicians, staff, residents, and families to reduce frequency of hospital transfers and ED visits.

Equity | Equitable | **Optional Indicator**

Indicator #6	Last Year		This Year		
	Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Grace Villa)	<b>100.00</b> Performance (2025/26)	<b>100</b> Target (2025/26)	<b>CB</b> Performance (2026/27)	<b>--</b> Percentage Improvement (2026/27)

**Change Idea #1**  Implemented  Not Implemented  In Progress

Will utilize education opportunities on hire and annually.

**Process measure**

- Surge reports will show 100% completion both on hire and annually.

**Target for process measure**

- Total number of staff education completed over total number of staff.

**Lessons Learned**

Implemented mandatory education at time of hire/orientation and annually. Including - Challenging Assumptions, Understanding Gender Pronouns in Healthcare, and Building Cultural Competence in Healthcare.

**Change Idea #2**  Implemented  Not Implemented  In Progress

Evaluate staff responses to survey to determine if diverse needs have been met.

**Process measure**

- Maintain a score of 3.65/3.57 respectively, with potential to increase by 5% or higher on annual staff survey question relating to diverse cultural needs.

**Target for process measure**

- Actual score over highest potential score.

**Lessons Learned**

Responses reviewed during annual Strategic Planning Meeting and new action plan developed based on feedback.

**Change Idea #3**  Implemented  Not Implemented  In Progress

Utilize wellness committee to bring awareness to dates with significant impact relating to equity, diversity, inclusion, and anti-racism.

**Process measure**

- Will implement on average one event per quarter.

**Target for process measure**

- Total number of events held.

**Lessons Learned**

Developed Wellness committee in Sept 2025, meets monthly, member recruitment continues. Goal ongoing to implement 1 event per quarter - multiple events completed in December.

**Comment**

No longer combining Wellness with DEI committee, goal to develop DEI committee continued with 2026-2027 QIP. New education implemented for current mandatory education year, due in May 2026. Expected completion rate of 100% for all staff to complete annual education requirements.

Equity | Equitable | Custom Indicator

Indicator #3	Last Year		This Year		
	Percentage of residents responding positively to the question "There are opportunities for me to express my spiritual and cultural preferences. (Grace Villa)	<b>75.00</b> Performance (2025/26)	<b>78.50</b> Target (2025/26)	<b>87.25</b> Performance (2026/27)	<b>--</b> Percentage Improvement (2026/27)

**Change Idea #1**  Implemented  Not Implemented  In Progress

Maintain 100% completion rate of admission recreation assessment to evaluate religious and spiritual preferences for all residents.

**Process measure**

- Quarterly review of data obtained through program assessment to ensure religious and spiritual services remain consistent with existing population.

**Target for process measure**

- Assessment completion rate.

**Lessons Learned**

This goal was met, 100% completion rate maintained.

**Change Idea #2**  Implemented  Not Implemented  In Progress

Increase culturally diverse themed programs.

**Process measure**

- Add 1-2 new culturally based programs each quarter.

**Target for process measure**

- Track number of new culturally based programs completed each quarter.

**Lessons Learned**

This goal was met, at least 1-2 culturally based programs implemented each quarter throughout the year

**Change Idea #3**  **Implemented**  **Not Implemented**  **In Progress**

Increase the number of opportunities available for alternative denominational programming.

**Process measure**

- Will aim to add an addition 1-2 spiritual service opportunities per quarter based on resident preferences and demographics.

**Target for process measure**

- Total number of additional spiritual service opportunities per quarter.

**Lessons Learned**

This goal was met. Three new churches were added, four separate spiritual denominations providing a combined total of five services now occurring each month. 1-1 virtual services also occurring, and a pastor who attends for end-of-life (EOL) rights.

**Comment**

Indicator based on the 2025 Resident Satisfaction Survey. 124 total survey participants, only 102 responded to this question. 89 responded yes, 13 responded no.  $89/102 = 87.25\%$

Experience | Patient-centred | **Optional Indicator**

	Last Year		This Year		
<b>Indicator #4</b>	<b>CB</b>	<b>80.36</b>	<b>CB</b>	<b>--</b>	<b>100</b>
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Grace 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

Will utilize education on Power imbalances.

**Process measure**

- Surge reports will show 100% completion.

**Target for process measure**

- Total number of staff education completed over total number of staff.

**Lessons Learned**

Education on power imbalance provided to all staff on Surge Learning along with abuse and neglect, goal met 100%. Resident bill of rights reviewed 100%, power imbalance also discussed at all in-person orientations.

**Change Idea #2**  Implemented  Not Implemented  In Progress

Provide education from the Director of Programs and Support Services.

**Process measure**

- Total attendance at each opportunity.

**Target for process measure**

- Total number of staff education completed over total number of staff.

**Lessons Learned**

Education development continues and expected to be completed and fully implemented in 2026.

**Comment**

78.4% (baseline) - Goal 80.36%, outcome score 80.80% Improvement goal exceeded.

Indicator #5	Last Year		This Year		
	Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Grace Villa)	<b>84.00</b> Performance (2025/26)	<b>86.49</b> Target (2025/26)	<b>89.52</b> Performance (2026/27)	<b>6.57%</b> Percentage Improvement (2026/27)

**Change Idea #1**  Implemented  Not Implemented  In Progress

Have family's complete survey if residents CPS score is three or above.

**Process measure**

- 100% of families with residents of CPS of three or more will be contacted to complete the survey.

**Target for process measure**

- Total number of surveys completed over total number of resident population of a CPS of 3 or higher.

**Lessons Learned**

This goal was met. 100% of families with residents of CPS of three or more were contacted to complete the survey.

**Change Idea #2**  Implemented  Not Implemented  In Progress

Review and follow-up with concerns when brought forward by residents/families utilizing the home's process outlined in the policies and procedures.

**Process measure**

- 100% of concerns are addressed within timeline as set out in the complaints policy.

**Target for process measure**

- Total number of addressed concerns over total number of concerns identified.

**Lessons Learned**

100% completed. Majority completed within the policy set timeline of 10 days (greater than 90%). For the few noted not completed within 10 days, due to staff being unavailable, unable to reach family/delayed response. Closed as soon as able, based on circumstance.

**Change Idea #3**  Implemented  Not Implemented  In Progress

Education will be provided on the resident's bill of rights.

**Process measure**

- 100% of the resident's bill of rights will be reviewed annually and will remain posted within the home.

**Target for process measure**

- Total number of residents bill of rights over the total reviewed.

**Lessons Learned**

100% of the bill of rights reviewed by end of November, Resident bill of rights remains posted in a central location in the home.

Safety | Safe | **Optional Indicator**

	Last Year		This Year		
<b>Indicator #1</b>	<b>17.08</b>	<b>16.23</b>	<b>17.80</b>	<b>-4.22%</b>	<b>16.02</b>
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Grace 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

Utilize education specific to dementia care to reduce factors increasing risk of falls.

**Process measure**

- 100% of staff will complete training on surge. Maintain goal of 100% of all front-line care staff who have completed GPA by tracking staff completion dates and running the course monthly, on site.

**Target for process measure**

- Total number of staff over total number of completed education.

**Lessons Learned**

100% of staff education on Dementia completed on Surge Learning.

100% of staff completed GPA - continue to offer monthly for complete education and recertification.

**Change Idea #2**  Implemented  Not Implemented  In Progress

Change recreation schedule to better support units with high risk of falls.

**Process measure**

- High risk fall times will be supported with resident programs.

**Target for process measure**

- Total number of falls during supported times over total number of falls.

**Lessons Learned**

Implemented new line in recreations department focusing on 1-1

**Change Idea #3**  Implemented  Not Implemented  In Progress

Implemented rotating schedule on specific units for staff to remain in the resident common area to respond quickly to high fall risk residents attempting to stand independently, require intervention or redirection, respond quickly to needs, etc.

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

Intervention successful at reducing falls, especially among specific residents with repeat falls/very high risk.

**Comment**

The home continues to develop new interventions to improve fall rates, in addition to those related to individual resident specific needs.

Indicator #2	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Grace Villa)	36.77	33.10	35.10	4.54%	31.59

**Change Idea #1**  Implemented  Not Implemented  In Progress

Review the use of anti-psychotic medications without supporting diagnosis.

**Process measure**

- Reduction of residents who trigger DRG01 (Antipsychotics with Diagnosis) by a total of 10%.

**Target for process measure**

- Number of residents who trigger DRGO1 in quarterly RAI assessments over total number of residents who did not trigger DRGO1.

**Lessons Learned**

Medications reviewed and tapered where appropriate, with resident turnover any new admissions admitted with existing orders had to be first observed over a period of time for gradual reduction for resident safety and well-being. Intervention implemented and on-going.

**Change Idea #2**  Implemented  Not Implemented  In Progress

Physician will review quarterly all medications and taper anti-psychotics as indicated.

**Process measure**

- 100% of all residents will be reviewed quarterly.

**Target for process measure**

- Total number of residents reviewed over total number of residents

**Lessons Learned**

100% of all resident medications reviewed quarterly.

**Change Idea #3**  Implemented  Not Implemented  In Progress

Increase engagement opportunities available to residents to reduce responsive expressions.

**Process measure**

- Reduction of incident reports with resident to staff responsive expressions.

**Target for process measure**

- Total number of incidents over total number of incidents involving responsive expressions.

**Lessons Learned**

Increased the number of programs available in key home areas to improve engagement among specific resident populations.

**Change Idea #4**  Implemented  Not Implemented  In Progress

Utilize pharmacy services to provide in-services to physicians and staff, strengthening education surrounding antipsychotic use and process/goals of describing.

**Process measure**

- Hold a minimum of 2 in-services within the year.

**Target for process measure**

- Total number of in-services held within the year.

**Lessons Learned**

First in-service completed in May 2025 - Education provided on site, led by Pharmacist. Both home physicians were present.  
Second in-service was held in September 2025 - Education provided on-site by pharmacy educator.

**Comment**

Improvements in this area remain a priority in the home and interventions continue in collaboration with residents and families, clinicians, and pharmacy partners.