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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

Submitted by: Lisa Rosati

Home Name: Richmond Terrace

Name of ED: Lisa Rosati

Name of QI Lead: Angie Macleod

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Omni Quality Living – Richmond 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 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)	24.20	21.75	We feel that this target is achievable as we continue to benefit from our in house NP	

Change Ideas

Change Idea #1 Utilize the home's internal NP to maximize services offered in the home

Methods	Process measures	Target for process measure	Comments
Review and analyze ED visits to determine trends	Number of potentially avoidable ED transfers per quarter	100% of ED visits will be analyzed	

Change Idea #2 Education for all RN's

Methods	Process measures	Target for process measure	Comments
Provided through Nursing Practice meetings	Number of RN's that have completed education	100% of RN's to have completed education on Avoidable ED visits	

Change Idea #3 Provide additional education to the NP to potentially expand the scope of services provided in the home

Methods	Process measures	Target for process measure	Comments
Determine learning needs	Education completed by NP	100% of education completed by NP	

Change Idea #4 Determine areas of improvement for our home

Methods	Process measures	Target for process measure	Comments
Review and analyze each hospital transfer	Number of ED visits	100% of ED visits will be analyzed	

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	Assigned annual education is mandatory for all staff	

Change Ideas

Change Idea #1 Ensure all staff complete DEI education

Methods	Process measures	Target for process measure	Comments
Mandatory education completed upon hire and annually	Review education completed	100% of staff will complete DEI education	

Change Idea #2 Improve satisfaction to Resident Survey question "I feel my diverse cultural needs have been met"

Methods	Process measures	Target for process measure	Comments
Results of satisfaction survey	Number of satisfaction surveys completed over number of positive responses to survey question	Improve current satisfaction 89.31% to 95% in 2026	

Change Idea #3 Improve response to Staff Satisfaction survey question "I feel my diverse cultural needs have been met"

Methods	Process measures	Target for process measure	Comments
Results of Staff Satisfaction survey	Number of Surveys completed over positive responses received	Improve from average of 3.96 to 4.3 in 2026- responses out of 5	

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	90.00	Calculation of current performance is incorrect. Current performance is 87% based on our survey which is out of 5	

Change Ideas

Change Idea #1 All staff will complete education on Customer Service

Methods	Process measures	Target for process measure	Comments
Staff will complete customer service education upon hire and annually	100% of staff will complete education	Total number of staff who completed education over total number of staff	Total Surveys Initiated: 130

Change Idea #2 Continue to promote open communication

Methods	Process measures	Target for process measure	Comments
The team will review all resident concerns daily at management meeting	100% of concerns will be documented in daily management meeting minutes	Total number of concerns over total number addressed	

Change Idea #3 Improve resident satisfaction

Methods	Process measures	Target for process measure	Comments
Analyze all concerns monthly and share with team	Review all concerns received and identify trends	100% of concerns received will be trended and shared with team	

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	96.67	98.00	We feel this target is attainable based on the current trend of internal complaints	

Change Ideas

Change Idea #1 Address all concerns within the appropriate time frame as per complaints policy

Methods	Process measures	Target for process measure	Comments
Ensure follow up is completed for all concerns submitted	100% of concerns to be addressed within the timeframe as per policy	Total number of concerns completed over total number of concerns submitted	Total Surveys Initiated: 120 Total surveys initiated 131 with 120 responding

Change Idea #2 Education for residents on Residents Bill of Rights

Methods	Process measures	Target for process measure	Comments
Residents Rights will be reviewed at all Resident Council meetings	100% of Residents Rights will be reviewed annually	Total Resident Rights over total reviewed	

Change Idea #3 Education for Staff on Resident Rights

Methods	Process measures	Target for process measure	Comments
Residents Rights education to be completed by all staff	100% of staff will have completed the education upon hire and annually	Total number of staff over total education completed	

Change Idea #4 Ensure MOLTC and Ombudsman contact information is provided to each complainant

Methods	Process measures	Target for process measure	Comments
Review each complaint to ensure the policy is followed	100% of complainants will be provided contact information	Total number of complaints over total number of complaints with contact information provided	

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	16.60	15.00	With our current resident population we feel this target is attainable based on our trends for 2025	

Change Ideas

Change Idea #1 Falls prevention education to be completed by all staff

Methods	Process measures	Target for process measure	Comments
Completed online through Surge Learning	Number of staff over number of staff who have completed the education	100% of staff to complete the education	

Change Idea #2 Analyze all falls data to determine trends

Methods	Process measures	Target for process measure	Comments
All falls discussed at daily management meeting, weekly at CQI, quarterly at PAC and quality meetings	Number of total falls over the number of falls reviewed	100% of falls will be reviewed by the team	

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	34.63	30.00	We were unable to track in 2025 due to transition to LTCF from RAI/MDS.	

Change Ideas

Change Idea #1 Review the use of anti-psychotic medications without a supporting diagnosis

Methods	Process measures	Target for process measure	Comments
Nurse Practitioner and nursing team will review all residents utilizing anti-psychotics to determine if there is a diagnosis to support	Number of residents on anti-psychotic medication over those with a diagnosis to support	100% of residents will be reviewed by Q3	

Change Idea #2 Physician will review all medications quarterly

Methods	Process measures	Target for process measure	Comments
Physician will complete quarterly medication review in collaboration with the nursing team	Total number of residents reviewed over total number of residents	100% will be reviewed	

Change Idea #3 Increase collaboration with internal BSO team

Methods	Process measures	Target for process measure	Comments
BSO team to attend weekly CQI meetings when able	Meetings attended over total meetings	BSO will attend 75% of weekly CQI meetings	

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	6.52	5.00	We feel this target is attainable based on our trends for 2025	

Change Ideas**Change Idea #1** Review all wounds to determine trends

Methods	Process measures	Target for process measure	Comments
all wounds are discussed daily at management meeting, weekly at CQI, quarterly at PAC and quality	Percentage of wounds reviewed	100% of wounds will be reviewed	

Change Idea #2 Registered staff and NP to be provided with additional wound care education

Methods	Process measures	Target for process measure	Comments
Wound specialist representative to complete education	Percentage of registered staff who have completed the education	100% of registered staff to complete education	

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	0.83	0.83	Restraint Minimization Program and Policy	

Change Ideas

Change Idea #1 Education to be provided upon move in with families and residents of our Restraint Minimization program and Policy

Methods	Process measures	Target for process measure	Comments
Add to move in process	Number of move ins over education completed	100% of new residents and families will be provided with education	

Change Idea #2 Ensure annual written consent completed

Methods	Process measures	Target for process measure	Comments
Completed an annual care conference	Total number of residents requiring restraints over number of consents completed	100% residents who require restraints are completed annually	

Change Idea #3 Review all residents on restraints quarterly for effectiveness

Methods	Process measures	Target for process measure	Comments
CQI meeting, PAC meeting, Quality meetings	Number of residents who require restraints over number of residents reviewed	100% residents who require restraints are completed annually	

Access and Flow | Efficient | Optional Indicator

Indicator #6	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Richmond Terrace)	20.61	19.50	24.20	-17.42%	21.75

Change Idea #1 Implemented Not Implemented In Progress

Review all ED visits to discuss opportunities to manage care internally

Process measure

- Total number of ED visits over total number reviewed

Target for process measure

- 100% of ED visits reviewed

Lessons Learned

The team continues to evaluate all transfers

Change Idea #2 Implemented Not Implemented In Progress

Collaborate with NLOT team to provide education to in house NP to expand procedures that can be provided in house

Process measure

- Total number of ED visits in 2024 over the total number of ED visits in 2025

Target for process measure

- Reduce number of ED visits by 2026 by 5%

Lessons Learned

We will work on implementing this year

Change Idea #3 Implemented Not Implemented In Progress

Continue to educate registered staff on Avoidable and Non avoidable ED transfers

Process measure

- Total number of Nursing Practice meetings over education provided regarding ED transfers

Target for process measure

- 100% of registered staff to complete education

Lessons Learned

Education provided upon hire and through Nursing Practice meetings

Comment

Although we did meet our target, we will continue to work on this for 2026-2027

Equity | Equitable | Optional Indicator

	Last Year		This Year		
Indicator #5	CB	100	100.00	--	100
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Richmond 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

All staff will complete this education upon hire and annually

Process measure

- 100% of staff will complete the required education

Target for process measure

- Number of staff over number of staff who have completed education

Lessons Learned

Completed upon hire and annually

Change Idea #2 Implemented Not Implemented In Progress

Maintain current level of satisfaction to Resident Satisfaction Survey Question "I feel my diverse cultural needs have been met"

Process measure

- Number of Satisfaction Surveys completed over positive responses to survey question

Target for process measure

- Maintain current level of Satisfaction

Lessons Learned

We slightly increased resident satisfaction for this question.

2024 97.4%

2025 97.5%

Change Idea #3 Implemented Not Implemented In Progress

Improve response to Staff Satisfaction Survey question "I feel my diverse cultural needs been met"

Process measure

- Number of Satisfaction Surveys completed over the number of positive responses to survey question

Target for process measure

- Improve responses by 3% by 2026

Lessons Learned

We did not see an improvement this year. 2024 rated at 4.01, 2025 rated at 3.96

Comment

All staff completed this education in 2025

Experience | Patient-centred | Optional Indicator

	Last Year		This Year		
Indicator #3	CB	CB	100.00	--	90
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Richmond 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

All staff will be educated on Customer Service

Process measure

- Total Number of staff who completed education over total number of staff

Target for process measure

- 100% completion

Lessons Learned

All staff receive education upon hire and annually

Change Idea #2 Implemented Not Implemented In Progress

Continue to promote open communication

Process measure

- 100% of concerns will be addressed and documented in daily management meeting minutes

Target for process measure

- Total number of concerns over concerns addressed

Lessons Learned

Continue to foster open communications through departmental meetings, informal meetings, PCC communication, One Call mass calling

Change Idea #3 Implemented Not Implemented In Progress

Improve Resident Satisfaction

Process measure

- Review all concerns received and identify trends

Target for process measure

- To have 100% of concerns identified and trend results shared with management team

Lessons Learned

We did not improve our rating (1-5) to this question, however, will continue to work on improving in 2026-2027.

2024 rated 4.47

2025 rated 4.35

Comment

We were collecting baseline data and will be working on maintaining this target in 2026- 2027

	Last Year		This Year		
Indicator #4	94.87	96	96.67	1.90%	98
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Richmond 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

Address all concerns within the appropriate time frame as per policy

Process measure

- 100% of concerns are addressed within timeframe as per policy

Target for process measure

- Total number of concerns completed over total number of concerns submitted

Lessons Learned

All concerns provided to ED and weekly review completed to ensure all complaints are followed up within the 10 days per policy

Change Idea #2 Implemented Not Implemented In Progress

Education on Residents Bill of Rights

Process measure

- 100% of Resident Rights will be reviewed each year

Target for process measure

- Total residents rights over total reviewed

Lessons Learned

Education completed upon hire and annually

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

Ensure MOLTC information is provided with each complaint

Process measure

- 100% of complainants will be provided contact information for MOLTC

Target for process measure

- Total number of complaints over total number complaints with MOLTC contact provided.

Lessons Learned

Added this box to our concern forms. ED to check for completeness

Comment

We increased our satisfaction rating to this question to 96.6% respondents answering yes (120 answered this question -116 yes, 4 no, out of 131 surveys)

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #1	17.05	16.50	16.60	2.64%	15
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Richmond 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

Provide Nursing staff with Education on Falls Prevention

Process measure

- 100% of registered staff will receive the education

Target for process measure

- Total number of registered staff over total number of staff who completed education

Lessons Learned

Education on falls prevention completed upon hire and annually

Change Idea #2 Implemented Not Implemented In Progress

Provide education to residents and families regarding falls prevention

Process measure

- Multi disciplinary team to review falls prevention interventions at each care conference

Target for process measure

- Total number of care conferences over total number of falls prevention education provided

Lessons Learned

Education to be provided at Resident Council and Family Forum

Change Idea #3 Implemented Not Implemented In Progress

Falls committee to review all falls to identify trends

Process measure

- Total number of falls reviewed over total number of falls

Target for process measure

- Reduced falls by 3.23%

Lessons Learned

Weekly CQI meetings address all falls, quarterly trending to identify areas for improvement

Comment

Although we did not meet our target this year, we will continue to work on this target for 2026- 2027

	Last Year		This Year		
Indicator #2	33.04	31	34.63	-4.81%	30
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Richmond 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

Pharmacy to review residents medications quarterly

Process measure

- % of residents reviewed

Target for process measure

- 100% of residents will be reviewed annually

Lessons Learned

Pharmacy continues to review all medications quarterly

Change Idea #2 Implemented Not Implemented In Progress

NP to review use of antipsychotics without a diagnosis

Process measure

- Reduce antipsychotic use by 6.17%

Target for process measure

- Total number of residents reviewed over total number of residents prescribed antipsychotics

Lessons Learned

NP continues to review use of antipsychotics, trending quarterly and reporting to PAC committee, quality committee

Comment

Although we did not meet our target this year, we will continue to work on this target for 2026- 2027