

## OVERVIEW

Hillcrest Village Care Centre delivers exceptional care and lifestyle services to 164 residents who consider our facility their home. Situated in a residential neighbourhood of Midland, Ontario with convenient access to local amenities.

Our guiding principle, “Caring for a person in all aspects of their life and enjoying life with them,” shapes the environment we cultivate within our walls and extends into our interactions with the broader community. The Hillcrest Village design features six spacious, light-filled residential areas, including one specialized unit dedicated to providing a secure area with enhanced behavioural care.

At Hillcrest Village, we maintain an unwavering commitment to service excellence. We actively pursue opportunities to enhance our practices and implement evidence-based approaches across all quality initiatives.

Our Quality Improvement Plan (QIP) represents an integral component of our strategic and operational framework. We prioritize quality and safety throughout every department and function of our organization.

Our key objectives are organized under the following strategic categories:

- Access and Flow – Reducing potentially avoidable emergency department visits through staff education on early detection of change in status, structured communication tools including SBAR, and strengthened escalation processes to involve RCFs, physicians, and nurse practitioners prior to any transfer decision.
- Equity and Indigenous Health – Advancing our equity commitments through completion of the EDI-LTC assessment tool, finalizing an Equity, Diversity and Inclusion policy, reviewing our Mission, Vision and Values statements, and expanding inclusive practices across our resident experience and annual survey.

- Resident Experience – Improving how resident voices are heard and acted upon by restructuring our survey process, expanding “My Personhood” documentation, improving call bell response times, and ensuring all residents are consistently offered choice at mealtimes.
- Safety – Reducing falls through targeted interventions related to constipation and individualized care planning, while sustaining our strong performance in pressure injury prevention through ongoing staff education.
- Provider Experience – Supporting our team through ongoing education, clear role definition, and our established weekly communication system.

## ACCESS AND FLOW

At Hillcrest Village Care Centre, Access and Flow remains a critical priority. Our rate of potentially avoidable emergency department visits per 100 long-term care residents increased from 15.20 to 18.28 over the past year, falling short of our target of 13.70. While this result is not where we want to be, we note that our rate of 18.28 remains below the provincial average of 22.3%, reflecting that our overall performance continues to compare favourably with peers across Ontario. While we are encouraged that our 2025-2026 initiatives resulted in zero COPD-related ED visits, falls and pneumonia emerged as the primary drivers of transfers, and we recognize that our overall performance in this area requires renewed focus and more targeted intervention.

For 2026-2027, our change ideas shift emphasis toward earlier intervention, structured communication, and stronger escalation processes before any transfer decision is made:

### Early Detection and Family Conversations

We will partner with our Palliative Care Network and the Centre for Learning, Research and Innovation in Long-Term Care (CLRI) to deliver in-services for registered staff on early detection of change in resident status and having difficult conversations with families. Our goal is for 60% of registered staff to participate in this education by mid-2026 and 80% by December 31, 2026. Equipping staff to recognize and communicate early decline is foundational to reducing unnecessary transfers.

### SBAR Communication Tool

We will introduce and formalize the use of the Situation-Background-Assessment-Recommendation (SBAR) framework as a requirement when preparing to transfer a resident to hospital. SBAR will be incorporated into our registered staff orientation package and filed on the resident chart when completed. Senior managers will provide follow-up coaching as needed to reinforce consistent use and support staff in exploring alternatives to transfer.

### Escalation Prior to Transfer

We will update our Resident Transfer Record Form to capture whether the Resident Care Facilitator (RCF), physician, or Nurse Practitioner was consulted prior to the transfer decision. This structured accountability measure will help us identify opportunities where earlier clinical involvement could have prevented an ED visit, and will inform ongoing staff education on transfer prevention.

Through these focused initiatives, Hillcrest Village Care Centre is committed to reducing avoidable ED visits, improving resident

outcomes, and doing our part to support access and flow across the broader healthcare system.

## **EQUITY AND INDIGENOUS HEALTH**

Hillcrest Village Care Centre acknowledges and respects that our facility stands on the traditional lands of the Chippewa Tri-Council. These territories have sustained the Anishinaabek people for countless generations, who maintain their connection to this land through rich oral traditions and cultural practices.

### **Our Ongoing Commitment**

Equity, diversity, and inclusion training is embedded in our annual required education through Surge Learning, and 99.57% of staff have completed this training. For 2026-2027, we are deepening our organizational commitment through a more structured and comprehensive approach:

- We will complete the Equity, Diversity and Inclusion in Long-Term Care (EDI-LTC) assessment and planning tool, a structured process involving our leadership team across a series of facilitated meetings, with the assessment finalized and informing future change ideas.
- We will finalize and share with all staff an Equity, Diversity and Inclusion policy currently in draft, with completion targeted by April 30, 2026.
- We will review and revise our Mission, Vision and Values statements to explicitly reflect our commitment to diversity, equity, and inclusion, with revisions completed by October 1, 2026.
- We will offer the Resident Bill of Rights to all new admissions in the language of their choice, using translations available through OARC, embedded into our admission checklist.

- We will incorporate Equity, Diversity and Inclusion questions into our annual resident survey, launching with the 2026-2027 survey cycle in October 2026.

We recognize that meaningful progress in equity and Indigenous health requires consistent attention and respectful engagement. We remain committed to creating an inclusive environment for all residents, staff members, and visitors.

## **PATIENT/CLIENT/RESIDENT EXPERIENCE**

We partner with residents to give them a voice and choice through an annual survey and through ongoing feedback opportunities. Hillcrest Village Care Centre involves residents, families, staff, and community partners in our quality improvement process through an active Resident Council and our Quality Committee, which includes resident and family representatives.

Our 2025-2026 resident experience results indicated declines in two key indicators: the percentage of residents who felt staff listen to them dropped from 91.11% to 86.27% against a target of 92%, and the percentage of residents who felt they could express their opinion without fear of consequences fell from 95.83% to 90.91% against a target of 96%. We also identified a methodological concern: family members were answering QIP survey questions on behalf of residents, which may not accurately reflect residents' own experiences.

For 2026-2027, we are implementing meaningful changes to both how we measure resident experience and how we respond to it:

### **Restructured Survey Process**

QIP experience questions will be removed from the general Resident and Family Survey and replaced with a dedicated resident

survey conducted directly by focused care providers. This change will ensure that responses reflect the voices of residents themselves, improving the accuracy and usefulness of our data. The new survey will be initiated by October 1, 2026 and finalized by November 1, 2026.

#### My Personhood Expansion

Building on the success of our “My Personhood” initiative, all new admissions will have a My Personhood assessment completed in PCC within 21 days of admission, effective April 1, 2026. All admissions since December 2025 and all Harbour Suites residents will have their My Personhood information posted by December 1, 2026. These one-page summaries of each resident’s history, preferences, and personality help staff provide more responsive, person-centred care.

#### Call Bell Response

Our resident satisfaction data identified call bell response time as a minor trend, noted on two occasions in resident feedback. While the frequency was low, we believe it warrants proactive attention. Our current resident satisfaction score in this area stands at 76% against a target of 80%. Monthly complaints regarding call bell response will be reviewed at QA meetings and made a standing agenda item at unit meetings. We aim to improve this score to 80% by the end of November 2026.

#### Mealtime Choice and Dignity

Offering residents seconds and presenting show plates at mealtimes is already part of our practice at Hillcrest Village. Resident feedback identified this as a minor trend, noted on two occasions, and while the frequency was low we are taking the

opportunity to ensure the practice is applied consistently across all home areas and all shifts. We will reinforce the expectation through staff education at department and home area meetings, emphasizing the connection to resident choice, dignity, and nutrition. Orientation checklists for dietary, nursing, and PSW staff will be updated to formally include this expectation by April 30, 2026.

### PROVIDER EXPERIENCE

#### Communication and Support Initiatives

At Hillcrest Village, we continuously enhance staff support through comprehensive education on current directives and protocols. Our regular communication system keeps team members informed of emerging concerns alongside appropriate action plans. Providing team members with well-defined guidance regarding their roles and responsibilities creates multiple benefits:

- Enhanced living environment for residents
- Improved overall resident experience
- Greater job satisfaction among our staff

#### Evolution of Our Communication Approach

We continue with our Weekly Update memo system, which evolved from the daily COVID-19 updates previously implemented. This established approach is supplemented by additional memos as needed, ensuring timely communication of important information. This system continues to serve as our primary tool for consistent communication among staff, residents, and family members. Through these established practices, Hillcrest Village maintains its commitment to transparent communication and staff empowerment, recognizing that well-supported providers deliver superior care experiences.

## SAFETY

### Comprehensive Safety Strategy

At Hillcrest Village, we prioritize resident safety through a multi-faceted approach. Our falls rate improved from 13.93% to 13.61% in 2025-2026, meeting our target of 13.8% — a meaningful result driven in part by 100% staff education on the 4 P's Protocol and the No Pass Rule delivered through unit and department meetings. We are working toward the benchmark of 9% and are adding new targeted change ideas to continue this progress.

### Falls Prevention: Constipation-Related Falls

A review of our fall data identified constipation as a contributing factor in a subset of resident falls. In response, we will add prunes as a fruit option at breakfast beginning May 1, 2026, and will individualize care plans for residents whose falls have been linked to suppository administration, with a goal that 60% of those residents do not experience a repeat fall related to the same cause.

### Pressure Injury Prevention

Our pressure injury rate of 1.87% remains below the provincial average of 2.2%, and we are working toward our target of 1.50%. To continue improving in this area, we will deliver at least two in-person education sessions on skin and wound care for both registered staff and PSWs, in partnership with our clinical support specialist at Medline and through Surge Learning. We aim for 60% of registered staff and PSWs to complete at least two sessions by June 30, 2026, and 70-80% by December 31, 2026.

Through these initiatives, Hillcrest Village demonstrates our ongoing commitment to a safe, dignified care environment for all residents.

## CONTACT INFORMATION/DESIGNATED LEAD

Jennifer Simpson, RN  
Director, Resident Care

Jonathan Ens  
Administrator

## OTHER

Hillcrest Village Care Centre collaborates strategically with numerous community partners to develop and implement quality improvements that enhance resident care. Our key partnerships include Ontario Health at Home – Central region, Care Rx (our pharmacy provider), our Medical Director, Nurse Practitioner, the Palliative Care Network, the Centre for Learning, Research and Innovation in Long-Term Care (CLRI), and the Specialized Geriatric Services – Geriatric Mental Health team.

We maintain strong working relationships with our vendors, with particular emphasis on Medline (our medical supply provider) and Achieva (our physiotherapy service provider), who contribute significantly to our education and quality improvement initiatives through resources, information, and training support.

Additionally, Hillcrest Village Care Centre continues to foster connections with local service groups and community organizations that support resident activities and programs, enriching the daily life of those who call Hillcrest Village home.

## CONTINUOUS QUALITY IMPROVEMENT REPORT

In accordance with O. Reg. 246/22, s.168 under the Fixing Long-Term Care Act, 2021, the following information constitutes Hillcrest Village Care Centre's Continuous Quality Improvement (CQI) report for the 2026-2027 fiscal year.

#### 1. Designated Lead

The designated lead for the Continuous Quality Improvement initiative at Hillcrest Village Care Centre is Jennifer Simpson, RN, Director of Resident Care.

#### 2. Priority Areas, Objectives, Policies, Procedures and Protocols

Hillcrest Village Care Centre's priority areas for quality improvement for 2026-2027 are described in detail in the sections above and are summarized as follows:

? Access and Flow: Reducing potentially avoidable ED visits through staff education on early detection of change in status, use of the SBAR communication tool, and a structured escalation process requiring RCF, physician, or NP involvement prior to any hospital transfer.

? Equity, Diversity and Inclusion: Completing the EDI-LTC assessment and planning tool, finalizing an EDI policy, incorporating EDI into our Mission, Vision and Values statements, offering the Resident Bill of Rights in residents' preferred language on admission, and updating the annual resident satisfaction survey to include EDI questions.

? Resident Experience: Restructuring the resident satisfaction survey so QIP questions are administered directly to residents by care providers, completing and posting My Personhood summaries for all residents, improving call bell response time satisfaction from 76% to 80%, and standardizing the practice of offering residents seconds at each main meal.

? Safety: Reducing constipation-related falls through dietary and

care planning interventions, and continuing to improve pressure injury outcomes (currently 1.87%, working toward 1.50%) through ongoing staff education in partnership with Medline.

#### 3. Process to Identify Priority Areas

Priority areas for quality improvement at Hillcrest Village Care Centre are identified through a multi-source consultation process that includes:

? Outcomes of the annual resident and family satisfaction survey, reviewed with Resident Council and the Quality Committee;

? CIHI performance data, including indicator results reported through the QIP workplan; and

? Priority areas and recommendations identified by the Ministry of Long-Term Care and Ontario Health for the applicable QIP program year.

These inputs are reviewed and synthesized by the Quality Committee, which includes resident and family representatives, and recommendations are brought forward to the leadership team for inclusion in the QIP and CQI plan.

#### 4. Process to Monitor and Measure Progress

Progress against quality improvement priorities is monitored through the QIP workplan submitted to Ontario Health, which includes defined indicators, targets, process measures, and change ideas for each priority area. Ongoing monitoring occurs through the following mechanisms:

? Monthly and quarterly electronic audits reviewed by the leadership team, with trends tracked and reported at Quality Assurance meetings;

? Regular review of QIP progress by the Quality Committee, with adjustments to change ideas implemented as needed based on

outcomes and emerging data;

? QIP updates communicated regularly to Resident Council and staff through council meetings and department and home area meetings; and

? Annual review of the QIP by the Leadership team and Professional Advisory Committee (PAC), with the completed narrative and workplan submitted to Ontario Health and published on the home's website.

#### 5. Survey Record

The following is a record of the annual resident and family satisfaction survey conducted during the 2025-2026 fiscal year pursuant to s.43 of the Fixing Long-Term Care Act, 2021:

? Survey reviewed with Resident Council: September 18, 2025

? Survey distributed to residents and families: October 1, 2025

? Survey closed: November 15, 2025

? Results compiled: December 17, 2025

? Results reviewed at Quality Assurance meeting: January 12, 2026

? Results communicated to families and staff: January 12, 2026

? Results presented to Resident Council: January 15, 2026

#### 6. Actions Taken to Improve the Home

The following is a record of actions taken during the 2025-2026 fiscal year to improve accommodation, care, services, programs, and goods provided to residents, based on survey results and quality improvement priority areas.

##### i. Actions Based on Survey Results

The 2025 resident and family satisfaction survey identified two areas requiring improvement: the percentage of residents rating how well staff listen to them, and the percentage of residents who

feel they can express their opinion without fear of consequences. Both indicators declined compared to the prior year. In response, the following actions were taken:

? Survey results were reviewed at the Quality Assurance meeting on January 12, 2026, and presented to Resident Council on January 15, 2026. Findings were shared with staff through department and home area meetings.

? A methodological concern was identified: family members had been answering QIP survey questions on behalf of residents, which may not accurately reflect residents' own experiences. As a result, a decision was made to restructure the survey process for 2026-2027, with QIP questions to be removed from the general Resident and Family Survey and replaced by a dedicated resident survey administered directly by care providers.

? Call bell response time and the practice of offering residents seconds at mealtimes were identified as emerging trends from resident feedback. Both were incorporated as new change ideas in the 2026-2027 QIP workplan, with process changes to be implemented beginning April 2026.

##### ii. Other Actions Taken in Priority Areas

The following quality improvement actions were taken during 2025-2026 across all priority areas:

? Access and Flow: Referrals to Pro-Resp (our respiratory therapy vendor) were initiated for all residents with a confirmed COPD diagnosis. Of existing residents, 25 of 27 with a COPD diagnosis received a Registered Respiratory Therapist assessment. Of new admissions through November 2025, 10 of 11 with a COPD diagnosis received an assessment. A standardized COPD checklist was developed and implemented in July 2025 to guide registered staff through appropriate responses to changes in respiratory

condition. Two COPD in-services were held on site; 27 of 47 registered staff attended. An additional COPD online module was added in November 2025. Outcome: zero COPD-related ED visits were recorded during 2025-2026.

? Safety – Falls Prevention: Education on the 4 P’s Protocol (Pain, Possessions, Position, and Personal Needs) and the No Pass Rule was delivered to 100% of staff through unit and department meetings throughout 2025-2026. Education delivered through unit and department meetings was found to be more effective than formal sessions and will continue as the preferred model. Outcome: the 30-day falls rate improved from 13.93% to 13.61%, meeting the 2025-2026 target of 13.8%.

? Resident Experience – My Personhood: Implementation of “My Personhood” summary boards was initiated across selected home areas, building on the secured unit pilot. Approximately 95% of data was collected, with consent processes and transfer to final format underway at year end. Staff reported improved ability to provide person-centred care as a result of having accessible, concise resident information at point of care.

? Resident Experience – Resident Council Engagement: Monthly Resident Council meetings were held throughout 2025-2026. Advertising of meetings helped attract new residents to attend. Attendance was tracked by the Programs Coordinator. Challenges included outbreaks, declining health status, and the passing of active members.

### iii. Role of Residents’ Council

Hillcrest Village Care Centre does not currently have a Family Council. Residents’ Council met monthly throughout 2025-2026. QIP progress updates were shared at council meetings on a regular basis. Survey results were presented to Resident Council on January

15, 2026. Council members were engaged in discussion of satisfaction survey findings and were involved in identifying areas of concern, including resident voice and the responsiveness of staff to resident requests. Council feedback informed the decision to restructure the resident experience survey process for 2026-2027. Family perspective was represented through family member participation on the Quality Committee throughout the year.

iv. Role of the Continuous Quality Improvement Committee  
The Quality Committee, which includes resident and family representatives, met regularly throughout 2025-2026 to review QIP progress, audit outcomes, and quality indicator data. The Committee reviewed monthly and quarterly audit results, identified trends, and recommended adjustments to change ideas and care practices as needed. The Committee reviewed satisfaction survey results in January 2026 and endorsed the priority areas and change ideas incorporated into the 2026-2027 QIP workplan. The Leadership team and Professional Advisory Committee (PAC) also reviewed QIP progress throughout the year.

v. Communication of Actions to Residents, Families, and Staff  
Quality improvement actions and outcomes were communicated to stakeholders through the following channels and dates: survey results and related actions were shared with families at the Quality Assurance meeting on January 12, 2026, and presented to Resident Council on January 15, 2026. Ongoing QIP updates were communicated to staff throughout the year through department and home area meetings. Progress on change ideas including falls prevention education and My Personhood implementation was reported at Resident Council meetings on a regular basis throughout 2025-2026.