

HOME NAME : Reachview Village

People who participated in the evaluation of this report

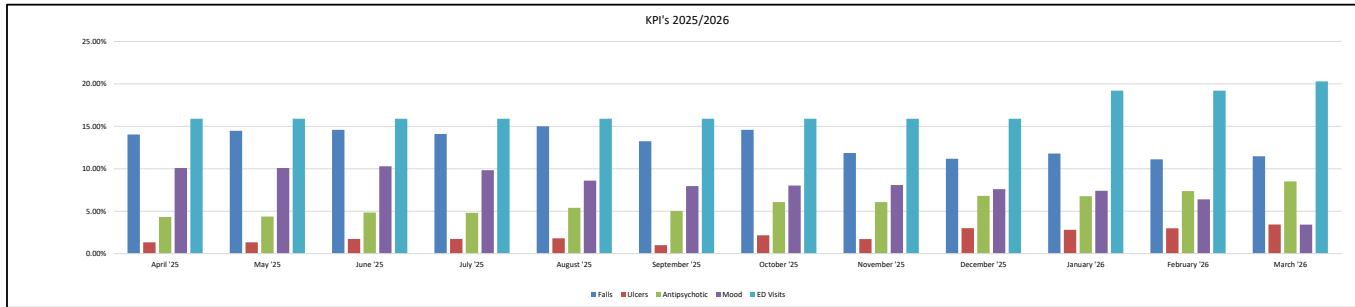
	Name and Designation	Date
CQI Lead	Carol MacNeil	June 2nd 2026
Director of Care	Theresa Merilles	June 2nd 2026
Executive Directive	Carol MacNeil	June 2nd 2026
Nutrition Manager	Kris	June 2nd 2026
Programs Manager	Carlisle	June 2nd 2026
ADOC/IPAC	Amanda Ford-Akiyama	June 2nd 2026
Environmental Service Manager	Wayne	June 2nd 2026
Clinical Consultant	Sarah Annesley	June 2nd 2026
Medical Director	Dr Patricia Wong	June 2nd 2026
Resident Council Member	Janice Rae President	June 2nd 2026
Family Forum Member	Maurice Webster	June 2nd 2026

Summary of the Home's priority areas for quality improvement, objectives, policies, procedures and protocols from previous year (2025/2026): What actions were completed? Include dates and outcomes of actions.

Quality Improvement Objective	Policies, procedures and protocols used to achieve quality improvement	Outcomes of Actions, including dates
<p>Initiative #1 - I have input into the recreation programs available. Target: 80%</p>	<p><b>Change Idea - Use real-time feedback tools such as evaluations of programs, seeking resident feedback on enjoyment and satisfaction of program in real time</b> The home selected 2 programs per month to audit using evaluation templates, review and action after each documentation. 2 audits were completed monthly directly after programs to evaluate the level of satisfaction. These surveys were initiated in March 2025. A standing agenda was added for resident council meetings to seek input on the programs being offered.</p>	<p>The actions completed at the home resulted in an increase of satisfaction rate. Satisfaction from 2025 survey is 90% compared to 55.6% from 2024, exceeding the target set by the home.</p>
<p>Initiative #2 - I enjoy eating meals in the dining room Target: 76%</p>	<p><b>Change Idea - Enhance dining environment at mealtime</b> Dining room was refreshed in January 2025 - ceilings and walls were painted. Re-education of staff regarding noise levels during meal service occurred in January 2025, with ongoing reminders at staff meetings throughout the year. Installation of new speakers to add background music was completed in March 2025. The home reinstated the use of table cloths in February 2025 for dinner service providing a more formal visual in the dining room.</p>	<p>As a direct result of these initiatives, satisfaction increased from 50% in 2024 to 76.3% in 2025, meeting our target.</p>
<p>Initiative #3 - I am satisfied with the quality of maintenance of physical building and outdoors Target: 75%</p>	<p><b>Change Idea - Provide capitol updates to keep residents and families informed of physical building updates throughout the residence. Roofing replacement project. Cleanup of outdoor courtyard area.</b> The home increased the implementation of capital improvement projects such as painting, flooring, lighting throughout the residence and completed outdoor cleanup of courtyard spaces. The dining room received a refreshing new paint job in January 2025. Hallway lighting was enhanced throughout the building in January 2025. In May 2025, the outdoor courtyard was cleaned up and refreshed, replacing old planters and making a welcoming environment for residents and families to enjoy. These initiatives were shared during family forums, resident council meetings and at Quality/PAC quarterly meetings by the Executive Director, informing stakeholders of capital improvement/maintenance projects happening in the home.</p>	<p>The home had a significant increase in resident satisfaction from 66.7% in 2024 to 85% in 2025, far exceeding the target.</p>
<p>Initiative #4 - Percentage of LTC home residents who fell in the 30 days leading up to their assessment Target: 15%</p>	<p><b>Change Idea - Ongoing surveillance of environment in resident areas for fall risk</b> Falls prevention continues to be a priority at Reachview. In 2025, we improved response time to bed and chair alarms by increasing the number of PSW workstations throughout the home. Being in the home areas vs nursing station also provided the opportunity for PSWs to monitor residents walking in the hallways while they were completing documentation. <b>Additional Initiatives:</b> We successfully streamlined the role of the Falls Prevention lead, allowing for improved documentation and increased monitoring of falls protocols. This also had a positive impact on tracking and trending.</p>	<p>These initiatives have helped to reduce the falls rate from 16.14% in the 2025/2026 QIP to 14.59% in the 2026/2027 QIP. The home continues to focus on falls prevention with new change ideas added for the 2026/2027 QIP. In March 2026, the "has fallen" key priority indicator is at 11.47%, far exceeding our target, the provincial average and the corporate benchmarks.</p>
<p>Initiative #5 - Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment Target: 4%</p>	<p><b>Change Idea - Education for registered staff on antipsychotics</b> To continue to decrease the use of antipsychotic medication the home initiated several strategies. We increased partnership and collaboration with our pharmacy provider to educate staff on antipsychotic medications. <b>Additional Initiatives:</b> Our pharmacy representative plays an active role in our continuous quality improvement and professional advisory committees, sharing analytics and stats with other key stakeholders. We also improved our partnerships with external BSO services such as Ontario Shores, and the Virtual Mobile Response Teams. These services not only provide a valuable referral option and recommendations for our residents, they also increase the capacity of our team through educational in-services. Internal referrals to the homes BSO lead for non pharmacological intervention strategies as well as a regular collaboration with our partners has allowed us to maintain our low rate of antipsychotic use, in the absence of psychosis</p>	<p>In the 2025-2026 QIP, Reachview had a rate of 4.9%. Over the course of the year, this increased to 7.94% as a result of a resident change in acuity and increased new admissions arriving on antipsychotic medications. While we did not meet our target of 4%, we are proud to be well below the corporate benchmarks and provincial averages. The home will continue with interventions implemented.</p>
<p>Initiative #6 - Pressure ulcers: Percentage of residents who had a pressure ulcer that recently got worse Target: 2%</p>	<p><b>Change Idea - Turning and Repositioning Re-education</b> - The home completed re-education with PSWs and registered staff regarding appropriate repositioning of residents who require assistance, including review of the care plan and point-of-care task documentation. <b>Additional Initiatives:</b> The home initiated several strategies to reduce worsening pressure ulcers for our residents. A greater focus on the wound care lead role at the home with designated hours weekly to review residents with wounds and assess their treatments. The lead role provides coaching and wound treatment suggestions to other members of the care team to build skills. The home added a Nurse Practitioner with NSWOCC certification to our team 3 days per week, which has provided an additional hands on resource for the care team to collaborate with. The home partnered with our skin and wound supply vendor, Medline, to provide education and streamline the skin care program, aimed at preventing skin breakdown.</p>	<p>On the 2025-2026 QIP, Reachview had a rate was 1.78%. Over the course of the year, a change in resident acuity has increased the pressure ulcer key performance indicator to 3.93%. The home remains committed to reducing the worsened stage 2-4 pressure ulcers in 2027, adding additional change ideas as part of the 2026-2027 HQO-QIP. As of March 2027, we have already sees a reduction to 3.43%.</p>

<p><b>2024 Resident Satisfaction Survey</b>  Top 5 Opportunities:  #1 "I enjoy eating meals in the dining room." 2024 Actual - 50.0%  2025 Target - 76%  #2 "I have input into the recreation programs available."  2024 Actual - 55.6%  2025 Target - 80%  #3 "In my care conference, we discuss what's going well, what could be better and how we can improve things."  2024 Actual - 60.0%  #4 "I am satisfied with the quality of laundry services for my clothing and linens"  2024 Actual - 63.9%  #5 "Communication from home leadership (Administrator, Executive Director, and Managers) is clear and timely"  2024 Actual - 62.5%</p>	<p>#1 "I enjoy eating meals in the dining room."  - This opportunity was included as a 2025-2026 QIP indicator and discussed above in initiative #2  #2 "I have input into the recreation programs available."  - This opportunity was included as a 2025-2026 QIP indicator and discussed above in initiative #1  #3 "In my care conference, we discuss what's going well, what could be better and how we can improve things."  - In 2025, Reachview increased consistency in leadership participation during interdisciplinary care conferences. Residents were invited to attend their care conferences. Additionally, the team incorporated a structured approach which improved the flow of the care conference.  #4 "I am satisfied with the quality of laundry services for my clothing and linens"  - In 2025, Reachview identified a gap in the labelling of new clothing, where supplies were not stocked for family to complete. Job descriptions were adapted to close the gap.  #5 "Communication from home leadership (Administrator, Executive Director, and Managers) is clear and timely"  - In 2025, Reachview improved communication with residents through managed by walk about protocols, increasing visibility in the home and allowing to develop therapeutic relationships. Resident newsletter frequency was increased and restructured.</p>	<p>2025 Resident Satisfaction Survey Results  #1 - 76.30%  #2 - 90%  #3 - 86.67%  #4 - 86%  #5 - 79.87%</p>
<p><b>2024 Family Satisfaction Survey</b>  Top 5 Opportunities:  #1 - The resident has input into the recreation programs available.  2024 Actual - 36.4%  #2 - I am satisfied with the quality of care from social worker(s)  2024 Actual - 44.4%  #3 - I am satisfied with the quality of care from occupational therapist.  2024 Actual - 50.0%  #4 - I am satisfied with the quality of maintenance of the physical building and outdoor spaces.  2024 Actual - 52.9%  #5 - The resident enjoys eating meals in the dining room.  2024 Actual - 56.3%</p>	<p>#1 The resident has input into the recreation programs available.  - This opportunity was included as a 2025-2026 QIP indicator and discussed above in initiative #1  #2 - I am satisfied with the quality of care from social worker(s)  - In 2024, Reachview received a low score for quality of care from a social worker because the home did not have a social worker as part of the staffing compliment. In 2025, the home budgeted for social work services and began recruitment initiatives.  #3 - I am satisfied with the quality of care from occupational therapist.  - In 2024, Reachview received a low score for quality of care from an occupational therapist because the home did not have an occupational therapist as part of the staffing compliment. In 2025, the home partnered with BIM services and now has access to an Occupational Therapist.  #4 - I am satisfied with the quality of maintenance of the physical building and outdoor spaces  - This opportunity was included as a 2025-2026 QIP indicator and discussed above in initiative #3  #5 - The resident enjoys eating meals in the dining room.  - This opportunity was included as a 2025-2026 QIP indicator and discussed above in initiative #2</p>	<p>2025 Family Satisfaction Survey Results  #1 - 88.33%  #2 - This question was omitted from the survey in 2025  #3 - This question was omitted from the survey in 2025  #4 - 79.54%  #5 - 79.21%</p>

KPI	Key Performance Indicators											
	April '25	May '25	June '25	July '25	August '25	September '25	October '25	November '25	December '25	January '26	February '26	March '26
Falls	14.04%	14.47%	14.59%	14.10%	15.00%	13.24%	14.59%	11.86%	11.18%	11.79%	11.11%	11.47%
Ulcers	1.33%	1.33%	1.73%	1.73%	1.81%	1.00%	2.17%	1.72%	3.00%	2.80%	2.99%	3.43%
Antipsychotic	4.32%	4.37%	4.84%	4.81%	5.40%	5.03%	6.08%	6.08%	6.77%	7.37%	8.51%	
Mood	10.09%	10.09%	10.30%	9.83%	8.60%	7.96%	8.03%	8.09%	7.60%	7.41%	6.40%	3.42%
Pain	6.17%	6.17%	6.47%	6.01%	6.76%	5.94%	2.16%	8.97%	8.50%	9.30%	8.91%	6.87%
ED Visits	15.90%	15.90%	15.90%	15.90%	15.90%	15.90%	15.90%	15.90%	15.90%	19.20%	19.20%	20.30%



How Annual Quality Initiatives Are Selected	
<p>The continuous quality improvement initiative is aligned with our mission to provide quality care and services through innovation and excellence. The home has a Continuous Quality Improvement Committee comprised of interdisciplinary representatives that are the home's quality and safety culture champions. An analysis of quality indicator performance with provincial benchmarks for quality indicators is completed. Quality indicators below benchmarks and that hold high value on resident quality of life and safety are selected as a part of the annual quality initiative. Emergent issues internally are reviewed for trends and incorporated into initiative planning. The quality initiative is developed with the voice of our residents/families/POA's/SDM's through participation in our annual resident and family satisfaction survey and as members of our continuous quality improvement committee. The program on continuous quality improvement follows our policies based on evidence based best practice.</p>	
Summary of Resident and Family Satisfaction Survey for Previous Fiscal Year	
Date Resident/Family Survey Completed for 2024/25 year:	October 1st 2025 - October 31st 2025
Results of the Survey (provide description of the results):	Resident overall satisfaction rate is 83.52%, Family overall satisfaction rate is 83.48%. We remain slightly below the corporate averages of 86.08% for residents and 86% for families.
How and when the results of the survey were communicated to the Residents and their Families (including Resident's Council, Family Council, and Staff)	Survey results were shared with resident council in person on April 7th, 2026 and family forum on April 21st, 2026 during a regular call. Survey action plans and quality improvement plans are posted in the home on the quality board and available for residents, families and staff to review the results and plans. Results were also shared at the PAC/Quality mtg in April 2026

Resident Survey	Family Survey
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Client & Family Satisfaction		2026 Target	2025 (Actual)	2024 (Actual)	2023 (Actual)	2026 Target	2025 (Actual)	2024 (Actual)	2023 (Actual)	Improvement Initiatives for 2026
Survey Participation		100.00%	100.00%	95.50%	100.00%	100.00%	79.98%	85.00%	100.00%	The Home will continue to promote participation in the Resident and Family Satisfaction Survey through multiple communication channels, including the Newsletter, Care Conferences, email communications, notice boards, and Resident/Family Council Meetings, to ensure broad engagement and awareness.
Would you recommend		85.00%	79.98%	66.70%	57.10%	85.00%	77.96%	75.00%	88.50%	To support improvement in the likelihood of residents and families recommending Reachview Village as a place to live, the Home will continue to focus on enhancing the quality of resident programs and services. Staff will be expected to consistently uphold the Home's Mission, Vision, and Values in daily practice and interactions with residents and families. Positive engagement and communication will be actively encouraged to strengthen relationships and overall satisfaction.  The Home will also continue to highlight ongoing quality improvement initiatives and care outcomes through newsletters and Resident Council meetings, including updates and success on quality indicators, staffing levels, and care improvements. In addition, "Would you recommend this Home?" will remain a standing discussion item at Resident Council meetings, with follow-up completed on feedback and recommendations provided.
If I have a concern, I feel comfortable raising it with the staff and leadership		90.00%	83.54%	84.20%	66.70%	90.00%	82.56%	88.20%	86.90%	The Home remains committed to fostering an environment where residents and families feel safe and comfortable raising concerns. In alignment with the Home's HQ-QIP improvement initiatives, the following strategies will continue:  1. Ongoing review and reinforcement of the Complaints and Concerns process upon admission, during annual care conferences, and through staff education and training sessions. 2. Continued engagement of residents in meaningful discussions during care conferences to encourage open expression of opinions, concerns, and suggestions. 3. Regular review of the Residents' Bill of Rights at Resident Council meetings, with emphasis on Resident Rights #29, which supports the right to raise concerns or recommend changes without fear of discrimination or reprisal. 4. Timely follow-up, discussion, and resolution of resident concerns raised through Resident Council Meetings.  These ongoing initiatives aim to strengthen resident voice, improve communication, and support continuous quality improvement within the Home.

Summary of quality initiatives for 2026/27: Provide a summary of the initiatives for this year including current performance, target and change ideas.		
Initiative	Target/Change Idea	Current Performance
<b>Initiative #1</b> - To decrease the # of ED visits per 100	Through education, the home expects to have an increase understanding of the criteria over the next 6 months - decreasing from 19.18% to 17%. <b>Change Ideas</b> #1 - To reduce unnecessary hospital transfers, through the use of on-site Nurse practitioner #2 - Support early recognition of residents at risk for ED visits, by providing preventive care, building capacity and overall skills of registered staff with NP support and early treatment for common conditions leading potentially avoidable ED visits. #3 - CDC to review ED tracker, for the common reasons for transfer to ED - review in Nursing practice meetings, to develop strategies to prevent future ED visits #4 - Increase the consistent and appropriate use of in-home diagnostic imaging (X-ray, laboratory, ultrasound) to manage residents in place and prevent avoidable ED transfers.	January 2026 - 19.18%
<b>Initiative #2</b> - To increase the % of staff who have completed relevant equity, diversity, inclusion and anti-racism education.	To increase completion from 98.92% to 100% by supporting training/education through surge and live/group education sessions. <b>Change Ideas</b> #1 - To improve dialogue of diversity, inclusion, equity and anti-racism in the workplace. #2 - To facilitate ongoing feedback and/or open door policy with the management team. #3 - Creation of culture board, of the cultures of the resident and team members in the home #4 - Spiritual assessment to be completed on admission in consultation with the resident and family member on their language, faith, traditions, language preference and family roles.	December 2025 - 98.92%
<b>Initiative #3</b> - To increase the # of residents that answer "I can express my opinion without fear of consequences" in a positive way.	To increase from 89% to 90% positive response. <b>Change Ideas</b> #1 - Reviewing resident bill of rights at departmental staff meetings, resident council meetings and family forum calls with a focus on #29. #2 - Review of whistleblower policy at resident care conferences and on admission as well as concern/investigation processes. #3 - Implement social worker visits with new and existing residents.	October 2025 - 89%
<b>Initiative #4</b> - To decrease the number of falls that occur in the home	<b>Target</b> - Decrease the fall % from 15.79% to 14.75%. <b>Change Ideas:</b> #1 - Re-establish the restorative care program in the home. #2 - Injury prevention-review for FRS, ensure appropriate medication prescribed for prevention of bone density loss. #3 - Home will develop a program that supports purposeful rounding for all residents identified at high risk of falls.	2025-2026 Q3 - 15.79%
<b>Initiative #5</b> - To decrease the % of residents with stage 2-4 pressure ulcers that worsen	<b>Target</b> to decrease from 1.67% to 1.5% <b>Change Ideas:</b> #1 - Home to increase collaboration with Nurse Practitioner to enhance knowledge on wound care management. #2 - During admission process, complete comprehensive review of resident status, and risk level for alteration in skin, and develop plan of care. #3 - To reduce the % of residents who develop or experience worsening pressure injury through identification of residents at risk for alteration in skin. #4 - Prompt identification and documentation of worsening pressure injuries.	2025-2026 Q3 - 1.67%

<p><b>Initiative #6</b> -to decrease percentage of LTC residents who develop worsening pain</p>	<p><b>Target</b> - To reduce from 8.51% to 7.5%</p> <p><b>Change Ideas:</b></p> <p>#1 - Enhancement of the end of life, palliative care program  #2 - Comprehensive assessment of pain on admission  #3 - Consultation with the Pain consultant/ NP/Pharmacist consultant/BSO RPN/PSW/PT/PTA  #4 - Provide adjacent and nonpharmacological interventions in the plan and provide education on the nonpharmacological interventions/approaches</p>	<p>2025-2026 Q3 - 8.51%</p>
<p>Resident Satisfaction Survey:  Top 5 Opportunities  #1 "I am satisfied with the quality of care from Nursing staff"  #2 "I am satisfied with the quality of care from PSW"  #3 "If I need help I get it right away"  #4 "I am satisfied with the quality of care from the Dietician "  #5 "I am satisfied with the quality of the Cleaning within my room"</p>	<p><b>Action Plan:</b></p> <p>#1 "I am satisfied with the quality of care from Nursing staff"  - Increase inclusion of residents in the updating and preparation of their personal care plan.  - Education for registered staff with a focus on establishing therapeutic relationship, RNAD BPG.  - Standing item on staff meeting agendas – communication with residents.  #2 "I am satisfied with the quality of care from PSW "  - Standing item on staff meeting agendas – communication with residents.  - Education for PSWs on therapeutic communication, empathy and customer service.  - Monitor staffing levels to ensure full complement, increase recruitment efforts, utilize agency staffing when necessary.  #3 "If I need help I get it right away"  - Re-education to staff regarding call bell response times.  - Standing item at PSW and registered staff meetings as a reminder.  - Standing item at resident council meetings to determine if concerns continue and open communication regarding how staff prioritize for urgent calls such as falls.  - Continue to audit call bell response times in Manage by walkabout audits.  #4 "I am satisfied with the quality of care from the Dietician "  - Invite the dietician to attend resident council meetings to discuss the role of the dietician in the home.  - Ensure the dietician can participate in care conferences with residents when possible so they become more familiar with the dieticians role.  - Have the dietician provide an education session for residents on nutrition at resident council meeting.  #5 "I am satisfied with the quality of the Cleaning within my room"  - Request/reminder in monthly newsletter and family forum calls for families to participate in decluttering residents living spaces regularly.  - Standing item at housekeeping staff mtgs for staff to ensure cleaning check lists are completed for residents rooms.  - Review of cleaning checklists with housekeeping staff monthly.</p>	<p>2025 Resident Satisfaction Survey Results:</p> <p>#1 - 76%  #2 - 75%  #3 - 74%  #4 - 64.06%  #5 - 78%</p>
<p>Family Satisfaction Plan  Top 5 Opportunities  #1 "The resident receives courteous service in the dining room"  #2 "I am updated regularly about any changes in the home"  #3 "I am satisfied with the variety of spiritual services"  #4 "Resident has access to hairdresser when needed"  #5 - "Communication from home leadership is clear and timely;</p>	<p><b>Action Plan:</b></p> <p>#1 "The resident receives courteous service in the dining room"  - Standing item at PSW and registered staff meetings for reminders about voice volume during dining services, slowing down when asking preferences, focus on residents not only the tasks.  - Customer service training including focus on treating residents as guests during the dining experience pleasurable dining training.  - Communicate to resident council and in the monthly newsletter when the training has been completed.  #2 "I am updated regularly about any changes in the home"  - Continue to send out the monthly newsletter with updates and ensure that all residents/families are receiving it.  - Add a request for updated email addresses at care conferences.  - Add a home update section into the monthly newsletter.  - Add a standing item to family forum calls of home updates.  #3 - "I am satisfied with the variety of spiritual services"  - New Chaplain to complete religious and spiritual assessments for all residents.  - Chaplain to work with Programs Manager to add additional services, programs based on and audit of the resident assessments.  - Highlight on the monthly activity calendar the spiritual services, activities being offered  #4 - "Resident has access to hairdresser when needed"  - Create a schedule for hairdressing services that occurs monthly.  - Communicate when hairdressing services are available through Resident Council, monthly newsletter and posters in the home.  #5 - "Communication from home leadership is clear and timely"  - Increase management participation in family forum calls.  - Increase communication regarding day to day items such as fire drills, significant changes to processes that impact residents/families outside of the regular newsletter schedule.</p>	<p>2025 Family Satisfaction Survey Results:</p> <p>#1 - 79.69%  #2 - 79.05%  #3 - 78.95%  #4 - 79.75%  #5 - 79%</p>

**Process for ensuring quality initiatives are met**

Our quality improvement plan (QIP) is developed as a part of our annual planning cycle, with submission to Health Quality Ontario. The continuous quality team implements small change ideas using a Plan Do Study Act cycle to analyze for effectiveness. Quality indicator performance and progress towards initiatives are reviewed monthly and reported to the continuous quality committee quarterly.

Participants of Evaluation Name and Signatures:	Print out a completed copy - obtain signatures and file.	Date Signed:
CQI Lead	Carol MacNeil	5-Jun-26
Executive Director	Carol MacNeil	5-Jun-26
Director of Care	Theresa Merlles	5-Jun-26
Nutrition Manager	Eris	2-Jun-26
Programs Manager	Carlisle	2-Jun-26
ADOC/IPAC	Amanda Ford-Akiyama	2-Jun-26
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Resident Council Member	Janice Rae President	11-Jun-26
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