



2025 - 2026

CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT

Post Inn Village Long-Term Care Home

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EXECUTIVE SUMMARY

The 2025–2026 Continuous Quality Improvement (CQI) Report outlines Post Inn Village’s key priorities, progress, and outcomes aimed at enhancing resident care and experience. Grounded in the IHI Model for Improvement and supported by Lean and Kaizen principles, the home focused efforts across four strategic areas: Access and Flow, Equity, Safety, and Experience.

Notable initiatives this year included significant advancements in dementia care strategy, including continued collaboration with an architectural consulting firm to enhance dementia-friendly environments and communal living spaces. Ongoing staff education in Gentle Persuasive Approaches (GPA) and Living the Dementia Journey (LDJ) was sustained through regular training sessions, while Dementia Dialogues were introduced to support and engage family care partners. Improvements to the admission process were also achieved through a comprehensive review and the implementation of a new move-in package in March 2026, helping to ensure a more seamless transition for residents and families. Resident and family feedback directly informed targeted actions across engagement, communication, and environmental enhancements.

Looking ahead, priorities for 2026–2027 include strengthening care transitions through implementation of the Transitions in Care Best Practice Guideline (BPG), beginning July 2026, and participating in ISMP Canada’s Strengthening Medication Safety initiative to enhance medication management and resident safety. Dementia Dialogues will continue as a key engagement strategy with monthly sessions, and environmental improvements—such as the planned Bar Café renovation starting June 2026—will further support social interaction, inclusivity, and overall well-being. These initiatives ensure continued alignment with Halton’s regional Services for Seniors Strategic Plan.

Post Inn Village remains committed to safe, person-centered, and continuously improving care.

ABOUT POST INN VILLAGE LONG-TERM CARE

Post Inn Village is a 228 bed Long-term care home located in the Oakville community. Owned and operated by the Regional Municipality of Halton, the home has a strong history and commitment to continuous quality improvement. Post Inn Village is recognized as a Long-Term Care Best Practice Spotlight Organization® (LTC-BPSO®) by the Registered Nurses’ Association of Ontario (RNAO) and is fully accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) International.

In January 2025, Post Inn Village proudly celebrated 20 years of exemplary service to its residents and the community. At Post Inn Village, the Philosophy of Care is centered on person-centered care, fostering meaningful connections while respecting each resident’s individual needs, values, and preferences. Our Mission is to provide compassionate, person-centered care that upholds dignity, respect, and quality of life for all residents.

MISSION, VISION AND VALUES

Mission

To provide person-centered care that promotes dignity, respect, and quality of life.

Vision

To achieve excellence in the provision of person-centered care and service that ensures the safety, comfort, dignity, and well-being of each person served.

Philosophy of Care

Our philosophy of person-centered care focuses on making meaningful connections while ensuring residents' and clients' individual needs, values, and preferences guide decision making and personalized care.

Core Values



CONTINUOUS QUALITY IMPROVEMENT

Continuous Quality Improvement (CQI) is a structured, ongoing approach that enables teams to regularly assess how they deliver care, identify opportunities for improvement, test new strategies, and measure whether those changes lead to better outcomes.

Post Inn Village's CQI framework is anchored in the Institute for Healthcare Improvement (IHI) Model for Improvement, a globally recognized methodology for achieving meaningful, sustainable change in healthcare.

This model starts with three key questions:

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in improvement?

These questions guide the use of the Plan-Do-Study-Act (PDSA) cycle, a rapid-cycle testing method used to trial changes on a small scale, study the results, and refine approaches before broader implementation.



In addition, Post Inn Village applies other proven CQI tools and methodologies, including:

Lean principles: Focus on eliminating waste and improving value—like reducing time between a call bell and staff response.

Kaizen: A mindset of continuous, incremental improvement from all team members—not just leadership.

Identifying Areas of Priority

Halton Region’s LTC homes are committed to delivering safe, person-centered, and continuously improving care. This commitment is embedded in the strategic and operational plans and guides quality improvement across all programs and services.

To identify priorities for 2025–2026, Post Inn Village applied a multi-source approach that aligns regulatory expectations with performance data and feedback from residents, families, staff, and partners.



This approach includes:

- **Legislation and regulatory compliance:** All improvement initiatives are aligned with the *Fixing Long-Term Care Act, 2021* and Ontario Regulation 246/22, supporting both compliance and strategic advancement.
- **Accreditation standards and best practices:** Operations follow CARF International accreditation standards and RNAO Best Practice Guidelines (BPGs). These frameworks promote evidence-informed practices.
- **Data-informed decision-making:** Performance data from multiple sources—CIHI indicators, PointClickCare (PCC), Health Quality Ontario (HQO) benchmarks, and internal program evaluations—are analyzed to identify trends, monitor outcomes, and target areas for improvement.
- **Internal performance reviews:** Regular audits, incident reviews, and quality assessments help us proactively address risks or inefficiencies.

- **Stakeholder engagement:** Feedback from Resident Council, Family Council, staff, and external partners—plays a vital role in shaping quality priorities.

Quality Improvement Plans (QIP's)

Our annual Quality Improvement Plan (QIP) reflects the outcome of this priority-setting process and is developed in alignment with Health Quality Ontario's provincial priorities. The 2025–2026 QIPs focuses on four core areas: Access and Flow, Equity, Safety, and Experience. These areas are critical to advancing the quality of care and services delivered to the home and support multi-year efforts to build capacity, responsiveness, and resident satisfaction.

Priority Area	Priority Indicator(s)
Access and Flow	Reduce the number of potentially avoidable visits to the Emergency Department.
Equity	Improve on percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education.
Safety	Reduce the percentage of residents on antipsychotic medication without a diagnosis of psychosis. Reduce the percentage of LTC home residents who fell in the 30 days leading up to their assessment.
Experience	Improve rating on how well staff listen to residents. Improve rating on “I can express my opinion without fear of consequences.”

Performance Monitoring and Management

At Post Inn Village, performance monitoring is a cornerstone of the quality improvement strategy. A robust system of measurement and accountability ensures that care is not only delivered but continuously assessed and improved based on outcomes, trends, and stakeholder input. Quality is monitored and evaluated across several domains using multiple data sources, enabling identification of strengths, early response to emerging risks, and evidence-informed decision-making.

Key Monitoring Mechanisms Include:

- Home- and program-level performance indicators (clinical and non-clinical)
- Annual Quality Improvement Plan (QIP) indicators
- Incident and risk data
- Satisfaction and experience surveys

Progress toward priority quality improvement initiatives is monitored on an ongoing basis through monthly and quarterly reviews of performance indicators, audit results, and feedback from residents, families, and staff. Where measurable outcomes were available, improvements were evaluated using key indicators such as reduced incident rates, improved satisfaction scores, and enhanced clinical outcomes. Ongoing monitoring continues to assess the effectiveness of implemented actions, and further refinements will be made as needed to achieve desired results.

Where performance targets are not being met, the home implements timely adjustments using the Plan-Do-Study-Act (PDSA) methodology. This includes modifying interventions, introducing additional staff education, or revising workflows to improve outcomes. Outcomes and progress updates are regularly communicated through Resident Council meetings, Family Council meetings, staff meetings, and internal communications to ensure transparency and accountability.

PUBLIC REPORTING AND TRANSPARENCY

Post Inn Village is committed to transparency and contributes to public reporting of resident outcomes through the Canadian Institute for Health Information (CIHI). These performance indicators help benchmark the home's progress against provincial averages and drive sector-wide learning.

During the 2024-2025 reporting period, Post Inn Village outperformed most provincial benchmarks across several key quality indicators. These results reflect the home's ongoing investment in staff training, process improvements, and adherence to best practice guidelines.

Table 2: Post Inn Village CIHI Performance Indicators 2024-2025		
Quality Indicators	Ontario	Post Inn Village
Falls in the Last 30 Days	16.2%	19.3%
Worsened Pressure Ulcer	2.2%	0.1%
Potentially Inappropriate Use of Antipsychotics	19.7%	14.%
Restraint Use	1.4%	0.0%
Worsened Depressive Mood	19.8%	12.5%
Experiencing Pain	4.6%	3.5%
Experiencing Worsened Pain	8.8%	5.3%
Improved Physical Functioning	27.8%	6.1%
Worsened Physical Functioning	34.4%	24.2%

Data Source: CIHI Public Reporting Site, Your Health System. Data for the 2025-2026 cycle will be updated in July 2026

Services for Seniors Strategic Plan (2025-2027)

Post Inn Village’s quality improvement priorities are aligned with the Halton Region Services for Seniors Strategic Plan (2025–2027), which sets the direction for delivering person-centered, innovative, and sustainable care for older adults across the Region. This strategic plan is built on Halton Region’s broader vision for growth, well-being, equity, and responsible service delivery.

The Services for Seniors Strategic Plan was developed through extensive engagement with residents, families, staff, and community partners. This collaborative process helped define clear priorities based on what matters most to those who live and work in our homes. The plan is structured around four key themes that reflect both organizational and community values:

COMMUNITY WELLBEING:

focuses on collaborating with partners to deliver the programs, services and supports that the community needs to be safe and healthy.

INFRASTRUCTURE AND GROWTH:

focuses on ensuring that the necessary infrastructure and services are in place to maintain the high quality of life as the Region continues to grow.

**CLIMATE CHANGE AND THE ENVIRONMENT:**

focuses on reducing our collective carbon footprint to mitigate the impacts of climate change.

EXCELLENCE IN GOVERNMENT:

focuses on our commitment to strong financial management, Truth and Reconciliation and being an employer of choice as well as transforming service delivery.

Post Inn Village's CQI efforts—including the development of Quality Improvement Plans (QIPs), dementia care initiatives, and resident engagement strategies—are aligned with these strategic pillars. This alignment ensures that the home's local quality priorities are not only responsive to resident needs but also integrated into Halton Region's long-term goals for population health, innovation, and system resilience.

COMMUNICATION STRATEGY

Post Inn Village follows Services for Seniors Communication Plan that is reviewed annually to ensure timely, accessible, and transparent communication with residents, family care partners, and staff. The communications plan outlines the strategies used to distribute communications to various stakeholders, including residents, family care partners, and team members. Services for Seniors utilizes both print and digital communications to maximize accessibility for stakeholders.

Resident & Family Communication

Monthly newsletters, town halls, memos, posters, and email alerts (via iceAlert) to share updates. Information is regularly presented at Resident and Family Council meetings, which also serve as key forums for gathering feedback and discussing quality improvement initiatives.

Team Communication

Team members receive updates through newsletters, departmental meetings, huddles, memos, CCTV, and urgent postings via the workforce management app. These platforms ensure staff are aware of clinical updates, safety issues, and CQI priorities.

Feedback & Survey Engagement

Feedback is collected through:

- Annual Resident and Family Experience Surveys
- Resident and Family Councils
- Program-specific surveys and direct consultations

The Resident and Family Experience Surveys are analyzed and compared year-over-year to quantify which areas Post Inn Village has been able to improve during the previous years, as well as provide a benchmark to determine priority targets for improvement in the coming year. The home creates Action Plans for priorities identified cross-divisionally, as well as priorities specific to the local home setting. Resident and Family Care Partners are consulted regarding the proposed Action Plans to ensure alignment with their experiences and expectations.

RESIDENT AND FAMILY ENGAGEMENT

Resident Family/Caregiver Experience Survey

At Post Inn Village, annual resident and family satisfaction surveys are conducted as part of a commitment to providing high-quality care. These surveys are a cornerstone of engagement with residents, their families, and caregivers. The feedback gathered is invaluable in identifying strengths and potential areas for improvement, while reinforcing a commitment to enhancing the quality of life within the home.

Survey Administration and Participation

The annual Resident and Family Experience Survey was conducted between August 30 and September 20, 2025. To accommodate all participants, the survey was offered in both digital and print formats. A high participation rate was encouraged through active promotion across multiple channels, including monthly newsletters, town hall meetings, and Resident and Family Council meetings.

Results Dissemination and Discussion

Survey results were analyzed and compared year-over-year.

Residents and Families:

- Survey findings were posted throughout the home on **November 28, 2025**.
- Results and corresponding action plans were presented to the **Resident Council** on **December 23, 2025**.
- Results and associated workplans were shared via posters and display boards at the home as Family Council Meetings were paused at this time.

Staff:

- Survey results and workplans were communicated starting on **November 20, 2025**, through departmental meetings, internal newsletters, and digital bulletins.

These discussions help ensure that everyone involved has a clear understanding of areas of excellence and opportunities for improvement. Changes are implemented proactively to reflect the needs and preferences of residents and their caregivers. This responsive approach is fundamental to the ethos of providing exemplary care and support.

2025 Survey Results



92% Residents are satisfied with overall care and services received in the home.



97% Families are satisfied with care and services their loved one receives.



98% Residents are satisfied with the Long-term care as a place to live.



97% Families are satisfied with the Long-term care as a place to live.



94% Residents would recommend the home to others.



92% Families would recommend the home to others.

Some other highlights collected from the survey include:

- Resident and family responses indicate high levels of satisfaction with the home's safety, cleanliness, general repair, and accessibility.
- Residents and families expressed strong satisfaction with the variety and quality of programs offered.

Priority Areas

Survey results were analyzed to identify priority areas to focus the quality improvement work for the coming year. The criteria for identifying priority areas were responses that were below 80% or a Year over Year decrease of 9% or more.

Divisional Priorities

- Improve satisfaction with externally provided services, including eye care, foot care, and dental services
- Increase satisfaction with the timeliness of responses to resident concerns.
- Improve satisfaction with variety and quality of food services.

Post Inn Village Priority Areas

- Increase resident satisfaction with the care and services provided by Maintenance Staff.
- Increase family satisfaction of care and services provided by Housekeeping Staff.
- Increase how well staff listen to residents

The following table showcases key outcomes from the satisfaction surveys and their associated action items aimed at achieving the set objectives:

Area of Focus	Key Actions	Completion Timeline
Satisfaction of care and services provided by Maintenance Staff	<ul style="list-style-type: none"> • Supervisor of Building Operations and BMO 3 will attend quarterly Resident Council meetings to share updates. • Monthly walkabouts will identify deficiencies, all of which will be resolved within two weeks. • Communication processes between PSWs and registered staff will be reviewed regularly to ensure timely follow-up. 	To be completed by December 31, 2026
Satisfaction with care and services provided by Housekeeping Staff	<ul style="list-style-type: none"> • Improve resident and family satisfaction with housekeeping by strengthening staff courtesy, communication, and visible identification. • This will be supported through customer service training, observational audits of staff behaviours (such as announcing entry and wearing name tags), annual staff evaluations, and ongoing feedback from surveys. 	Customer Service Training completed on April 16, 2026. Evaluations/Surveys – ongoing to be completed by December 31, 2026
Increase overall satisfaction with how well staff	<ul style="list-style-type: none"> • All staff will complete active listening training through SuccessFactors, and the topic will be included as a standing agenda item at departmental and town hall meetings. 	Success Factors training to be completed by

listen to residents	<ul style="list-style-type: none"> • Success will be measured by 100% staff training completion and regular discussion of active listening at meetings. 	<p>September 31, 2026.</p> <p>Discussed at all staff meetings – Ongoing since April 29, 2026,</p> <p>To be completed December 31, 2026</p>
Improve resident satisfaction with variety and quality of food services	<ul style="list-style-type: none"> • Improve resident satisfaction with food services by increasing communication about menu variety, gathering resident feedback through surveys and committee meetings, and hosting menu tasting events. • Enhance food quality by optimizing seasonal menu planning, providing staff training, and standardizing retherm processes, while monitoring participation, staff compliance, and resident satisfaction. 	<p>Monthly Menu Communication in March 2026.</p> <p>Menu Tasting Event completed on April 20, 2026.</p> <p>Staff Training competed on January 28, 2026.</p> <p>Launch, ongoing to completion by December 31, 2026</p>
Improve satisfaction with externally provided services	<ul style="list-style-type: none"> • Increase awareness of contracted services by hosting semi-annual provider sessions for residents and families • Ensuring admission packages contain up-to-date information, and regularly emailing service details. • Collect and monitor feedback through “Just in Time” surveys and quarterly reporting to evaluate engagement and satisfaction. 	<p>Admission package updated in January 2026.</p> <p>Provider information sessions will be completed by December 31, 2026</p>
Increase satisfaction with the timeliness of responses of resident concerns	<ul style="list-style-type: none"> • Strengthen customer service and responsiveness by posting standardized guidelines • Incorporating resident concern, tracking shift handovers, reviewing complaints policies with staff • Embedding resident/family concerns as a standing agenda item in meetings • Audits to ensure consistency and compliance. 	<p>Complaints policy updated in September 2026.</p> <p>Audits to be completed by December 31,2026.</p> <p>Resident/family concern review in staff meetings completed April 29, 2026</p>

QUALITY IMPROVEMENT INITIATIVE

In 2025-2026 Post Inn Village achieved success in the following areas:

- Dementia Care Strategy Advancements: In alignment with The Dementia Care Strategy, Post Inn Village continued their partnership with an architectural consulting firm specializing in dementia-friendly environments. Collaborating with staff, family members, and other key partners, the firm continued their work in 2025 to enhance the secure home area's communal living spaces.
- Ongoing Dementia Care Education: The home continues to provide staff training on Gentle Persuasive Approaches (GPA) and Living the Dementia Journey (LDJ), ensuring team members are equipped with best practices in dementia care. Training sessions were held on a monthly basis in 2025 for new and existing staff. This is and will be continued in 2026 with monthly sessions schedule for GPA and bi-monthly sessions for LDJ.
- Dementia dialogues were held for family care partners to provide education, support and open discussions and an opportunity to engage with the Dementia Care Lead.
- A comprehensive review of the admission and discharge procedures was initiated in 2025, and a new move-in package was developed for residents and families. This new package was introduced in March 2026 and has helped ensure a seamless move-in experience for new residents.

Looking Ahead: Priorities for 2026-2027

In 2026, Post Inn Village has several planned initiatives to improve the resident experience:

- The Transitions in Care Best Practice Guideline (BPG) will be implemented to support the continuous improvement of the move-in process and coordinated discharge plan. Staff will gather feedback from residents and families after move-in and hospital transfers to help improve and further support resident transitions. This work is scheduled to begin in July 2026.
- Participating in the Strengthening Medication Safety in Long term care project through ISMP Canada to improve medication management practices and enhance resident safety.
- Continuation of the Dementia Dialogues for family care partners to continue to provide opportunities to engage with the Dementia Care Lead and connect with other families navigating similar experiences. These sessions will be held monthly.

- Renovation of the Bar Café: to maintain and enhance a welcoming, inclusive, and collaborative space within the home where residents, families, and staff can gather and connect. The renovation will feature custom millwork and thoughtful design upgrades, including new flooring, a redesigned bar counter, updated cabinetry, and comfortable, modern furnishings. These improvements will support a more functional and aesthetically inviting environment that promotes social engagement, meaningful interactions, and overall well-being. This work is planned to begin in June 2026.

Where measurable outcomes were available, improvements were evaluated using key indicators such as reduced incident rates, improved satisfaction scores, and enhanced clinical outcomes. Ongoing monitoring continues to assess the effectiveness of implemented actions, and further refinements will be made as needed to achieve desired results.

In accordance with legislative requirements, a copy of this Continuous Quality Improvement Initiative Report has been provided to the Residents' Council and Family Council. The report is also published on the home's website to ensure accessibility and transparency.

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