2025/26 Quality Improvement Plan for Ontario Long Term Care Homes
"Improvement Targets and Initiatives"

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AIM		Measure										Change				
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators		Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) O= Optional (do not select if you are not working on this indicator) C = Custom (add any other indicators you are working on)																
Access and Flow																
	Efficient	Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 1, 2023, to Sep 30, 2024 (Q3 to the end of the following Q2)	51638*	18.42	15.00	The home has steadily been improving over the past year. We have a process that has certainly helped us achieve our goal gradually and plan to emulate in 25-26 .	Canadian Nurse Practitioner Services	1)Reduce avoidable hospital transfers with the support of the on-site Nurse practitioners. Staff education: Use of SBAR.	Education will be provided to all registered staff on the continued use of the SBAR tool to support standardized communication between clinicians	This process will be measured based on the gradual and consistent quarterly decrease in the % of avoidable ER visits on a quarterly basis.	A decrease of 3.5% % from the current avoidable ED visits % of 18.5%. by March	As part of the monthly ED transfer review, the SBAR application will
												2)Build capacity and improve the overall clinical assessment of the Registered Staff; through education on the most	Conduct an education needs assessment with the Registered Staff and review the ED tracker to identify the clinical and other common reasons for transfers to the ER by the home .	Number of educational sessions held in the year	100 % of the Registered Staff will be educated on the clinical topics identified	Other stakeholders involved: Care Rx, Pain and symptom
												3)Establish partnership/collaboration with the Paramedic LTC + program - provide, in-home support. to avoid ED	Access to health services 24-7, through in-home and remote methods, such as online support; Non-emergency home visits and in-home testing procedures; Ongoing monitoring of vital signs to prevent escalation of chronic medical conditions: and	Number of monthly referrals completed to the Paramedic LTC + program and number of averted unnecessary ED visits as a result of the program.	100 % of eligible residents will require the involvement of the Paramedic LTC	
Equity	**Equitable**															
		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	51638*	100	100.00	Our target is expected to be 100% as this is a part of our mandatory education process .		1)Complete equity, diversity, inclusion, and anti-racism training for staff through Surge education and live events.	Roll out by-annual live events on equity, diversity, inclusion, and anti-racism. Continue with the annual Surge education.	The number of staff that will be trained in equity, diversity, inclusion, and anti-racism education through surge learning and live events.	100% of existing and new staff will be educated on the topics of equity, diversity,	
											2)All employees are to be trained in relevant equity, diversity, inclusion, and anti-racism in the year.	Include equity, diversity, inclusion, and anti-racism as part of the home's departmental committees' standing agendas. The goal is to maintain a consistent forum to review the applicable topics, thus increasing the expertise and knowledge of the staff.	The number of committee meetings that include a standing agenda item on one of the following topics equity, diversity, inclusion, and anti-racism per month.	100 % of the home's committees will discuss one of the following topics	Departmental leads to ensure these topics are covered at each meeting
											3)All employees are to be trained in relevant equity, diversity, inclusion, and anti-racism in the year.	Include equity, diversity, inclusion, and anti-racism as part of the home's departmental committees' standing agendas. The goal is to maintain a consistent forum to review applicable topics, thus increasing the understanding and knowledge of the staff.	The number of meetings held in the home that discuss the following topics; equity, diversity, inclusion, and anti-racism at each of their meetings by March 31/26.	100 % of the home's committees will discuss the following topics.	Departmental leads to ensure these topics are covered at each meeting
Experience	**Patient-centred**															
		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	51638*	86	90.00	The home is fully committed to improving this indicator. A robust plan is in place to ensure improvement in this area.		1)1)To increase our goal from 86% (as compared to the previous year's 80%) to 90%. Engaging residents in meaningful conversations,	Include the review of the resident's bill of rights to the home's committee standing agendas for discussion on a monthly. The Program Manager to review the Resident's Bill of Rights during Resident Council meetings and the ED will review the resident bill of	The number of the departmental agendas that include the Residents Residents' Bill of Rights for review by March 31/26 The number of staff who receive education via department meetings on Resident Bill and Surge Learning by March 31/26. The number of	100% of staff will have completed the resident Bill of Rights education, with emphasis on	
											2)Review of the Whistleblower policy with all staff , at resident council and family townhalls	Education for staff to be rolled out via Surge learning. The program manager will review the whistleblowing policy annually with the resident council. The Executive Director will review the whistleblowing policy annually during family town hall meetings.	The number of staff educated on the Whistleblower policy in the fiscal year. The number of meetings with the resident council and family townhalls that include the review of the Whistleblower policy	100% of the staff will be educated on the Whistleblower policy. 100%	
											3)Review the complaint process with all new admissions and during annual care conferences and the annual care	During admission and annual care conferences, the complaint process will be reviewed with the residents and/or SDMs and documented in the "CONFERENCE - Interdisciplinary Team Care Conference (IDTC)" assessment.	Number of care conferences in which the complaint process was reviewed per month.	100% of the admission and annual care conferences, will include the review	
Safety																
	Safe	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 Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	51638*	11.27	11.00	The home has experienced an improvement over the past year. The home is below the provincial and corporate targets. In 25-25, the home will continue with current action plan		1)Complete Weekly Fall Huddles on each unit with the interdisciplinary team.	Complete a weekly meeting with unit's staff regarding ideas to help prevent risks of falls or injury related to falls.	Number of weekly meetings in each unit per month	100% of staff participation on the Weekly falls huddle in each unit by March	
											2)The Falls lead and the interdisciplinary team will meet monthly to review residents determined to be at medium to high risk for	Completion of the Monthly clinical falls review meetings	The number of residents reviewed monthly who are at medium risk and high risk for falls	100% of staff participation on the Weekly falls huddle in each unit by March	
											3)Re -introduce Purposeful rounding (4 Ps), for residents at medium and high risk for falls	Education to the nursing staff on Purposeful rounding (4 Ps). The home will ensure that residents who are determined to be at medium and high risk for falls, their plan of care will include purposeful rounding (4 Ps)	The number of staff educated on Purposeful rounding (4 Ps) and the number of residents whose care plans include purposeful rounding.	100 % of all nursing staff are to be educated on purposeful rounding by May	
											4)Resident list of FRS of 1 or greater, offer fracture prevention medication	Education provided to registered staff on fracture and injury prevention. Involve restorative care lead .	Number of care plans updated that include pharmacological and non-pharmacological interventions to prevent/reduce injuries as a result of a fall	100 % of the Reg staff to be educated on fracture and injury prevention by	
		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 Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	51638*	17.44	15.00	The home has a process that will assist with the decrease in Antipsychotic use for residents without a diagnosis of Psychosis. Partial improvement noted over the past year		1)The MD, NP, BSO internal and external (including the Psychogeriatric Teams), and other members of the interdisciplinary team, will	Monthly meetings with the interdisciplinary team with a focus on Antipsychotic use and interventions for the reduction/tapering of antipsychotic medication usage. Review data during CQI and PAC meetings	Number of meetings held monthly by the interdisciplinary team. The number of antipsychotics reduced as a result of the initiative.	100% of residents on antipsychotics without psychosis will be reviewed for the	
											2)Residents who are prescribed antipsychotics for the purpose of management of Responsive expressions will have a	The BSO lead and the nursing team will ensure that residents who receive antipsychotics for responsive expressions with have their medication, and plan of care reviewed, quarterly by the interdisciplinary team or as necessary (including resident and family).	Number of residents on antipsychotic medications whose care plans have been reviewed on a quarterly basis	100 % of the residents on antipsychotic medications will have their	
											3)3)Development of plans of care, with non pharmalogical approach - identification of triggers and interventions	Review of the plan of care for non-pharmacological approaches, and triggers leading to Personal expressions.	The number of residents whose plans of care have been reviewed for both non-pharmacological and trigger interventions.	100 % of the residents on Antipsychotics will have their care plans reviewed for	
		Percentage of LTC residents who develop worsening pressure injury stage 2-4	C	Rate per 100 / LTC home residents	POC/PCC Audits / January 31/2025 to March 31/2025	51638*	2.47	2.20	The home has seen the gradual improvement of this indicator over the past year. The same action plan will be carried forward in the 25-26 fiscal year to achieve compliance and meet the corporate target		1)Provide education to the nursing staff on wound care management, assessment, and skin care Education provided by	Arrange education for Registered staff and PSW, with NSWOC/Medline	Number of Registered staff and PSW educated on wound care management, assessment, and skin care	100 % of the nursing staff to be educated on wound care management,	
											2)Monthly review in the Quality meeting of residents with Pressure related wounds	Utilization of skin and wound tracking tools, to analyze pressure-related injuries in the home, the development of the plan of care and appropriate prescribed wound care products	Number of pressure-related injuries that have resolved as a result of interventions	100 % of residents who have developed worsening pressure injury	
											3)Referral to NSWOC for in home and virtual consults	Referrals to the NSWOC for the residents who fall into the following categories: Wounds That Fail to Heal: Non-healing wounds: if a wound doesn't show signs of healing after 4-6 weeks of appropriate basic care (cleansing, protection, edema control, and antibiotics).	Number of referrals submitted to the NSWOC per month. Number of care plans of care updated as the result of the assessment conducted by the NSWOC	100 % of the residents who fall into the worsening pressure injury	
		Percentage of LTC residents who develop worsening pain	C	% / LTC home residents	Local data collection / Most recent consecutive 12-month period / CIHI CCRS , with rolling 4-quarter average / Most recent consecutive 12-month period / CIHI CCRS , with rolling 4-quarter average	51638*	14.73	8.50	The home has developed an action plan that will help identify regular PRN pain medication use and scheduled pain meds and the effect of these meds on managing pain. With a more comprehensive assessment and	Local Pain and symptom Management consultant, Canadian Nurse Practitioner Services	1)Utilization of the pain tracker, to monitor the use of prn analgesic	The home's Pain management lead to monitor the utilization of PRN medications to ensure residents are assessed for pain as per the home's policy.	The number of residents on PRN medications whose pain management regime has been adjusted to manage their pain. This data will be collected and analysed monthly	100 % of residents who trigger a new pain assessment based on PRN usage will have	
											2)For all new admissions, the home's pain lead will monitor the completion of a comprehensive pain assessment as per policy.	During the admission process, the pain lead in collaboration with the Reg staff will monitor the outcome of the pain assessment and pain history, will engage other members of the interdisciplinary team to address any pain concerns	The number of new residents who had a comprehensive pain assessment completed and had their pharmacological and non-pharmacological interventions adjusted as the result of the comprehensive pain assessment and pain	100 % of all new residents will have a comprehensive pain assessment, including a	
											3)Enhancement of the end-of-life, palliative care program	Deliver education to the staff on Palliative Care. Focus on Communication Skills for staff to have open and honest conversations about end-of-life care with residents and families. Re-introduce Comfort Care Rounds: Implement "Comfort Care Rounds" where	The number of staff provided education on palliative care. The number of residents on comfort care rounds. The number of families involved in palliative care end-of-life care conferences The number of staff educated on assessments required for early identification of	100 % of staff will receive education in palliative care and early identification of	