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

Country Lane

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 /	S3238*	39.3		1) At/Below the provincial Average; 2) Through implementation of our change ideas, the home expects an improvement over the next _____.	NP; BSO; PRCs: RNAO BP Consultant; MD Paramedic LTC +,	1) Reduce fall related ED visits by providing preventive care and early interventions leading potentially avoidable ED visits. 2) Build capacity and improve overall clinical assessment to Registered Staff; through education of the most common transfers to ED 3) Development of IV program in the home 4) Involvement BSO/psychogeriatric team- with resident's with responsive expression to avoid transfer to ED	1) The home's attending NP/MD will review and collaborate with the registered staff on residents who are at high risk for injuries related to falls 2) Provide back to basics education for Registered Staff to improve clinical skills and assessments. Provide Surge learning education to all staff related to identifying worsening conditions. 3) Education on IV therapy (initiating IV), IV antibiotic 4) Care plan for resident with responsive expression - indication of triggers and interventions	1) Decreased number of residents who were transferred to ED due to injury related to fall 2) Number of staff that completed education 3) Eligible staff that completed IV education 4) Number of residents who were referred to BSO will have updated care plans	1) Decrease by 55% reduction of fall related ED visits 2) 100% of registered staff completed back to basics and 100% of care staff will complete Surge learning education 3) 100% of eligible staff have completed education 4) 100% of residents who were referred to BSO have updated care plans	Utilize Nurse Practitioner, other stake holders such as Medigas, CareRx Pharmacy and MDs to provide education to registered staff on topics
Equity		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	S3238*	100%	80%	Through education, the Home expects to have an increase understanding of this criteria over the next 6 months	Surge Education; BSO; Cultural based organization in the community	1) To increase diversity training through Surge education or live events; 2) To facilitate ongoing feedback or open door policy with the management team 3) To include culture based programs for residents and families 4) To implement culture and diversity information on Wellness board for residents, families and staff.	1) Training and/or education through Surge education or live events; 2) Provide open communication between staff and management related to cultural diversity and inclusion 3) Celebrate culture and diversity events; educational opportunities 4) Post culture and diversity topic monthly	1) Number of staff who have completed to surge training 2) Number of staff who will participate in Satisfaction survey 3)Number of culture and diverse programs offered at the home 4) How often board is updated	1)100% of staff educated on topics of Culture and Diversity 2) 55% of staff will participate 3) The home will offer a minum of 4 programs to include culture and diversity by December 2025 4) Board will updated monthly	
Experience	**Patient-centered**	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	S3238*	Resident Satisfaction Survey 2024 - communication- **87.5%**		Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.		1) To maintain or surpass the home previous rate result. Engaging residents in meaningful conversations, and care conferences. 2) Review "Resident's Bill of Rights" monthly, at residents' Council meetings 3) Review the Concern process in the home on admission and during annual care conference	1) Utilize resident satisfaction survey results to compare results 2)Add resident rights to standing agenda for discussion on monthly basis by program Manager during Resident Council meeting. 3) During admission and care conferences this will be discussed	1)Number of residents participating in satisfaction survey 2)Number of resident Council meetings that will include Residents' Bill of Rights 3) Number of admissions and care conferences that review the concern process	1)51% of residents with participate in survey 2) 100% of resident council meetings will include residents bill of rights 3) 100 % of admissions and care conferences will include the concern process	
Safety	**Safe**	Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS with rolling 4-quarter average	S3238*	PCC Insight - CIHI - 4 Qtr Average: **11.7%**	15% - Corporate Average	Target is based on corporate averages. We aim to meet or exceed, corporate goal.	RNAO BP Coordinator; PT; NP	1) Establish the restorative care program in the home 2) Injury prevention - review of FRS, ensure appropriate medication prescribed for prevention of bone density loss 3) Comprehensive post fall analysis, in the development of resident plan of care 4) During admission process, review with resident and history of falls, and interventions implemented	1) To provide education on how residents quality for the program 2) Offer fracture prevention medication to all residents 3) Education and re-education provided to registered staff on the completion of post fall analysis 4) On admission all residents identified as high risk will be provided with fall interventions	1) Number of staff educated on restorative care program 2) Number of eligible residents on fracture prevention medications weekly meeting in each unit 3)Number of registered staff educated 4) Number of residents with fall interventions	1) 80% of registered staff and PSW staff will receive education 2) 100% of eligible residents will received fracture prevention medications 3) 100% of registered staff will be educated on post fall analysis 4) 100% of eligible residents will receive fall interventions	
Safety		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 , with rolling 4-quarter average	S3238*	PCC Insight - CIHI - 4 Qtr Average- **0%**	17.30%	Target is based on corporate averages. We aim to do better than or in line with corporate average.	NP STAT, BSO LHIN, Lakeridge Mental Health Services, Ontario Shores Centre For Mental Health Sciences, Alzheimer Society of Ontario, GMAH, Royal	1) Residents who are prescribed antipsychotics for the purpose of management of Responsive expressions, will have a quarterly review, for the potential of reduction or the discontinuation of medication. 2) Development of plans of care, with non pharmalogical approach - identification of triggers and interventions 3) Gentle Persuasive approaches (GPA) training/education -establish GPA trainers, educators in the home 4) BSO admission process, responsive expressions, the initiating of the DOS to establish baseline, (review the Behavioral assessment, completed team huddle prior to admission) BSO team to co-ordinate related antipsychotic medication	1) BSO lead and nursing team will ensure that residents who receive antipsychotics for responsive expressions with have their medication, plan of care reviewed, quarterly by the interdisciplinary team (including resident and family) 2) Review of plan of care for non-pharmalogical approaches, in the plan of care 3) GPA training to be held in the home 4) DOS mapping to be initiated on residents admitted with history of responsive behaviours	1) Number of residents prescribed antipsychotics medications over the number of residents who have received a medication review in the last quarter by BSO team. 2) Number of resident who plan of care has been updated with non-pharmalogical approaches 3) Number of care staff to receive education GPA 4) Number of residents with history of responsive behaviours that had DOS mapping completed on admission	1) 100% of residents who are prescribed antipsychotic medications will receive a 3 month review to determine potential for reduction in dosage or discontinuing antipsychotics. 2) 100% of residents with responsive behaviours have non-pharmalogical approaches in their care plans 3) 60% of care staff will receive GPA training 4) 100% of residents with history of responsive behaviours will have a DOS completed on admission	
		Percentage of LTC residents who develop worsening pain	O	% / Staff	Local data collection / Most recent consecutive 12-month period	S3238*	PCC Insight - CIHI - 4 Qtr Average: **8.89%**		Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.		1) Enhancement of the end of life, palliative care program 2) Utilization of pain tracker, to monitor the use of prn analgesic 3) Admission, comprehensive assessment of pain, and how this has been managed previously, and the goal for pain management 4) Consultation with MD/ NP/BSO RPN/PT for new and worsening pain	1. Educate staff on end of life care and palliation 2. Utilization of trackers, for prn use, comprehensive pain assessment completed and review of routine analgesic 3. All new admissions to receive a comprehensive pain assessment and history 4. Utilize interdisciplinary team for new and worsening pain	1) Number of staff education on end of life care and palliation 2) Percentage of prn medication use added to tracker 3) Number of residents who received a comprehensive pain assessment on admission 4) Number of residents who received consultation by interdisciplinary team when identified with new or worsening pain	1) 80% of staff will received education on end of life care 2) 100% of prn medication use added to tracker 3) 100% of residents receive comprehensive pain assessment on admission 4) 100% of residents received consultation when identified with new or worsening pain	