

# 2025/26 Quality Improvement Plan for Ontario Long Term Care Homes

## "Improvement Targets and Initiatives"



Southbridge Lakehead 135 SOUTH VICKERS STREET, Thunder Bay , ON, P7E1J2

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	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	52181*	14.93	14.00	1) At/Below the provincial Average; 2) Through Implementation	NP, BSO; PRCs: RNAO BP Consultant; MD	1)To reduce unnecessary hospital transfers, through the use of on-site Nurse practitioner; education to families; education to staff;	1) Education and re-education will be provided to registered staff on the continued use of SBAR tool and support standardize communication between clinicians. 2) Educate residents and families about the benefits of and approaches to preventing ED visits. 3)The home's	1) Number of communication process used in the SBAR format, between clinicians per month; 2) The number of residents whose transfers were a result of family or resident request. 3) Number of transfers to ED who returned within 24 hours; 4) based on needs	1) 80% of communication between physicians, NP and registered staff will	Utilize Nurse Practitioner, other stake holders such as Medigas, CareRx
		Percentage of staff (executive-level, management, or all) who have completed relevant equity,	O	% / Staff	Local data collection / Most recent consecutive 12-month period	52181*	70.83	100.00	Through education, the Home expects to have an increase understanding of	Surge Education; BSO; Cultural based organization in the community	1)To improve overall dialogue of diversity, inclusion, equity and anti-racism in the workplace; 2) To increase diversity	1) Training and education through Surge education or live events; 2) Introduce diversity and inclusion as part of the new employee onboarding process; 3) Celebrate culture and diversity events. 4) Monthly quality meeting standing agenda- review the number of programs,	1) Number of staff education on Culture and Diversity; 2) Number of new employee trained of Culture and Diversity;	90% of staff educated on topics of Culture and Diversity	1) 90-100% staff education on Culture and Diversity; 2) number of new
Experience	Patient-centred	Percentage of residents who responded positively to the statement: "I can express my	O	% / LTC home residents	In house data, InterRAI survey / Most recent consecutive 12-month period	52181*	83	85.00	Target is based on corporate averages. We aim to meet corporate goals,		1)To increase our goal from 84 to 85%. Engaging residents in meaningful conversations, and care conferences, that allow	Add resident right #29 to standing agenda for discussion on monthly basis by program Manager during Resident Council meeting. Re-education and review with all staff on Resident Bill of Rights specifically #29 at department meetings monthly by	100% of all department standing agendas will have Residents' Bill of Right #29 added, for review by December 2025. 100% of all staff will have education via department meetings on Resident Bill of Rights #29 by December 2025. 100% of resident Council and family	100% of all staff, and 80% of residents and/or families will have completed the	
Safety	Effective	Percentage of long-term care home residents who developed worsening pressure ulcer or had	C	% / Residents	CIHI CCRS, CIHI NACRS / Quarterly	52181*	1.61	1.50	Target is based on corporate averages. We aim to meet or exceed corporate	NSWOC, NP, MD, Medline consultants	1)Provide education and re-education on wound care assessment and management. Education provided by NSWOC (during	1) Arrange education for Registered staff and PSW, with NSWOC 2) Develop a list of resident who PURS is 3 or greater, review plan of care, for the appropriate pressure relieving devices 3) Utilization of skin and wound tracking tool, to analysis the pressure related	1) Number of Registered staff and PSW educated. 2) Number of changes to surface, Number of plans of care updated 3) Number of pressure related injuries which have resolved or improved	100 % of Registered staff to be educated 90% of PSW 100% of resident with PURs	
		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	52181*	17.01	15.00	Target is based on corporate averages. We aim to meet or exceed,	RNAO BP Coordinator; PT; NP	1)1) To facilitate a Weekly Fall Huddles on each unit; with the interdisciplinary team 2) Monthly collaboration with Falls	1) Complete a weekly meeting with unit staff regarding ideas to help prevent risk of falls or injury related to falls; 2) To increase participation with RNAO Best Practice Coordinators navigate falls processes; completion of GAP analysis 3) To increase training and	1) Number of weekly meeting in each unit; 2) number of staff participants on the weekly falls meeting; 3) number of GAP analysis completed related to falls, 4) Number of medication changes (addition of fracture prevention medication)	100% of staff participation on Falls Weekly huddle in each unit	
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter	52181*	11.59	9.00	Target is based on corporate averages. We aim to do better than corporate		1)1) The MD, NP, BSO internal and external (including Psychogeriatric Team), with nursing staff will meet monthly to review	1) Number of meetings held monthly by interdisciplinary team. 2)Number of antipsychotics reduced as a result monthly. Number of PAC meetings held quarterly, where discussion and reviews on strategies have resulted in a decrease of antipsychotics;	1) Number of meetings held monthly by interdisciplinary team. Number of antipsychotics reduced as a result monthly. Number of PAC meetings held quarterly, where discussion and reviews on strategies have resulted in a decrease of antipsychotics;	1) 100% of newly admitted residents will have been reviewed for the appropriateness of		
	Safe	Percentage of long-term care home residents who experienced worsening pain	C	% / Residents	CIHI CCRS, CIHI NACRS / quarterly	52181*	3.17	3.00	Target is based on corporate averages. We aim to meet or exceed corporate		1)1) Enhancement of the end of life, palliative care program 2) Utilization of pain tracker, to monitor the use of prn analgesic 3) RAI	1. Conduct through assessment of the resident, palliative care, end of care. Completion of PPS score, current medication regimen, involve the interdisciplinary team, family and resident with care planning decisions. 2. Establish palliative care order set	1) Number of staff provided education, Pain management 2) Number of care plans revised to pain management 3) Number of referrals completed	100 % of Registered staff to be educated 90% of PSW 100% of resident will have a	