

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

"Improvement Targets and Initiatives"

Source: [Sunshine Open Source](#)

Item	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 measures	Comments
<p>N = 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)</p>															
Access and flow	Efficient	Rate of ED visits for residential/ambulatory care-sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CHI CCES, CHI NACRS /	53238*	35.2	35	1) Reduce unnecessary hospital transfers, through the use of on-site nurse practitioner/ NP and program of available education to families, education to staff, and education to residents. 2) Through implementation of our change ideas, the Home expects an improvement over the next year.	NP, BSC, FNCC, RNAD NP Consultant, MD Paramedic, LTC +	1) To reduce unnecessary hospital transfers, through the use of on-site nurse practitioner/ NP and program of available education to families, education to staff, and education to residents. 2) Through implementation of our change ideas, the Home expects an improvement over the next year. 3) During care conferences, discuss with resident and families, regarding education care planning (resident and family focused content card). 4) DOC to review ED tracker, for the common reasons for transfer to ED - review in nursing practice meeting, to develop strategies to prevent future ED visits 5) Development of 7 program in the home	1) Educate residents and families about the benefits of and approaches to preventing ED visits. The home's attending NP/MD will review and collaborate with the registered staff on residents who are at high risk for transfer to ED, based on clinical and psychosocial needs. 2) Nurse Practitioner on site will provide education therapeutically and at risk. 3) Utilization internal hospital tracking tool and analyze each transfer status. ED transfer audit will be completed and reviewed monthly by nursing leadership (DOC, NDOC). Reports will be reviewed at quarterly PAC meetings and standing agenda in nursing practice meeting 4) Education on therapy including 10/19 ambience.	1) The number of residents whose transfers were a result of family or resident request. Number of staff who demonstrated education application via documentation quarterly. The number of staff transfers received monthly. Number of transfers to ED who returned within 24 hours. 2) Improved coordination and decision-making from Registered staff related to clinical assessment. 3) If education sessions with Registered staff 4) Number of therapy treatments completed within the home.	1)2) 15% reduction of ED visits by December 31st, 2025. 3) Goal to have weekly education sessions completed by nurse practitioner 4) 80% of therapy treatments completed in the home.	Utilize Nurse Practitioner, other stake holders such as Madigan, Carlini Pharmacy with NDCs to provide education to registered staff on topics
Equity		Percentage of staff (residential 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	53238*	100%	80%	Through education, the Home expects to have an increase in understanding of this criteria over the next 6 months	Surge Education, BSC, Cultural based organization in the community	1) To increase overall dialogue of diversity, inclusion, equity and anti-racism in the workplace. 2) To increase diversity training through surge education or live events. 3) To facilitate ongoing feedback or open door policy with the management team. 4) To include Cultural Diversity as part of CO meetings	1) Training and/or education through surge education or live events 2) Introduce diversity and inclusion as part of the new employee onboarding process. 3) Collaborate culture and diversity events, educational opportunities.	1) Number of staff education on Culture and Diversity 2) Number of new employee trained of Culture and Diversity	80-100% of staff educated on topics of Culture and Diversity 1) 80-100% staff education on Culture and Diversity; 2) number of new employee trained of Culture and Diversity	
Experience	Patient-centred	Percentage of residents who responded positively to the admission. *You can express your opinion without fear of consequences*	O	% LTC home residents	In-house data, resident survey / Most recent consecutive 12-month period	53238*	Resident Satisfaction Survey 2024 91.0%	96.00%	Target is based on corporate average. We aim to meet or exceed corporate goals, benchmarks.		1) To increase our goal from 91.0% to 96.0%. Engaging residents in meaningful conversations, and care conferences, that allow them to express their opinions. Review "Resident's Bill of Rights" more frequently, at residents' Council meetings monthly. With a focus on Resident Rights #29. They resident has the right to state concerns or recommend changes in policies and services on behalf of themselves or others in the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else". 2) Review the Concern process in the home on admission and during annual care conference 3) Social worker, completing wellness checks with residents	1) Add resident right #29 to standing agenda for discussion on monthly basis by Program Manager during Resident Council meeting. 2) The education and review to all staff on Resident Bill of Rights. Specifically #29 at department meetings monthly by department manager. 3) Review of policy with resident and family with admission and care conferences	1) 100% of all department standing agenda will have Resident: Bill of Rights #29 added, for review by April 2025. 2) 100% of all staff will have education via department meetings on Resident Bill of Rights #29 by December 31, 2025. 3) 100% of resident Council meeting will have Resident: Bill of Rights #29, added at each monthly review by May 1, 2025	100% of all staff will have completed the education on resident Bill of Rights #29	
Safety	Safe	Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% LTC home residents	CHI CCES, with rating 4-quarter average	53238*	PCC Weight: CHI 4-Qt/ Average 23.38%	15%Corporate Average	Target is based on corporate average. We aim to do better than or in line with corporate goal.	RNAD NP Coordinator, PT, NP	1) Establish/in-establish the restorative care program in the home (provide education on how residents qualify for the program). 2) Comprehensive post fall analysis, in the development of resident plan of care 3) Personal rounding, for resident at high risk for falls 4) During admission process, review with resident and history of falls, and interventions implemented	1) Complete a weekly meeting with unit staff regarding ideas to help prevent risk of falls or injury related to falls. 2) To increase training and/or education of falls program. 3) QMIA to provide analysis of falls timing, date, time of the week, etc to the monthly staff meetings as a standing agenda item 4) Education and re-education provided to registered staff on the completion of post fall analysis.	1) Number of weekly meeting in each unit 2) Number of staff participants on the weekly falls meeting. 3) Number of residents on restorative care program	3) 8.5 huddle to be held per week, 1 per home area. 2) 100% of staff participation on Falls Weekly huddle in each unit	
Safety		Percentage of LTC residents who were prescribed antipsychotic medication in the 7 days preceding their resident assessment	O	% LTC home residents	CHI CCES, with rating 4-quarter average	53238*	PCC Weight: CHI 4-Qt/ Average 22.12%	13.30%	Target is based on corporate average. We aim to do better than or in line with corporate goal.	NP STATE, BSC CHN, Learning Mental health Services, Ontario Shores Centre for Mental Health Sciences, Alzheimer Society of Ontario, CMOB, Royal	1) Development of plans of care, with non-pharmaceutical approach - identification of signs and interventions. 2) During admission conference, review with families, reason for the prescribing of antipsychotic medication, interventions effective in management of aggressive behaviours. 3) Admission from another LTC home, inquire if care plan can be used for review. review of behavioural assessment provided by Ontario Home at Health 4) Geriatric Perceptive approaches (GPA) training/education establish GPA trainees, educators in the home 5) BSC admission process, responsive expressions, the initiating of DCS to establish baseline, (review the Behavioural assessment, completed team huddle prior to admission) BSC team to co-ordinate related antipsychotic medication	1) Number of meetings held monthly by interdisciplinary team. Number of antipsychotics reduced as a result monthly. Number of PAC meeting held quarterly, where discussion and review on strategies have resulted in a decrease of antipsychotics. 2) Review of plan of care for non-pharmaceutical approaches, in the plan of care. 3) GPA training to be held in the home	1) Number of residents prescribed antipsychotics medications over the number of residents who have received a medication review in the last quarter. 2) Number of resident who plan of care has been reviewed 3) 100% of full time staff, receive education GPA	1) 100% of newly admitted residents and current residents will have been reviewed for the appropriateness of antipsychotics use. 2) 100% of residents who have antipsychotics prescribed to have their care plan reviewed 3) 100% of full time care staff receive GPA training	
		Percentage of LTC residents who develop a pressure injury stage 2-4	O	% Staff	Local data collection / most recent consecutive 12-month period	53238*	PCC Weight: CHI 4-Qt/ Average 3.82%	4.0%	Target is based on corporate average. We aim to meet or exceed corporate goals, benchmarks.	NHACC, NP, MD, Shellina consultants	1) Provide education and re-education on wound care assessment and management. Education provided by NHACC (during wound care rounds), Medline consultant regarding Remedy skin products. 2) Monthly review in Quality meeting of resident with Pressure related injuries, review of care plan, progression/lack of healing of pressure injury 3) RD review of nutritional status of residents. 4) RDHO education, implement RDHO champion	1) Arrange education for Registered staff and FNAC with NHACC 2) Develop a list of resident who PURS is 3 or greater, review plan of care, for the appropriate pressure relieving device, review of surfaces in place 3) Utilization of skin and wound tracking tool, to analyze the pressure related injuries in the home - and the development of plan of care	1) Number of Registered staff and FNAC educated 2) Number of pressure related injuries which have resolved	1) 100% of Registered staff to be educated on prevention and care of pressure injuries. 2) 100% of resident with stage 3 or greater will have routine assessment completed by NHACC.	