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

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)

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
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)	51605*	28.33	22.00	At/below provincial Average and through implementation of change ideas		1)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 to identify clinical skills and assessments to enhance their daily practice. Review of the ED tracker	Once the learning needs and trends from the ED tracker have been identified, the home's educator, Nursing management team, and Nurse Practitioner will work in collaboration to set up the education venue and content	100 % of the Registered Staff will be educated on the clinical topics identified	Other stakeholders involved: Care Rx, Pain and symptom
											2)Establish partnership/collaboration with the Community Paramedicine program - provide. in home support.	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 Community Paramedicine program and number of averted unnecessary ED visits as a result of the program.	100 % of eligible residents will require the involvement of Community	
											3)DOC to review ED tracker, for the common reasons for transfer to ED - review in Nursing practice meetings, to develop	Utilization internal hospital tracking tool and analyze each transfer status. ED transfer audit will be completed and reviewed monthly by nursing leadership (DOC, ADOC). Reports will be reviewed at quarterly PAC meetings; and standing agenda in	Consistent decrease in avoidable ER visits by the home as per the Ministry potentially avoidable ED visit quarterly report.	The current home's rate is 28.33 %. The home projects to decrease	
											4)Advance care planning discussion during interdisciplinary care conferences	1. Educate residents and families about the benefits of and approaches to preventing ED visits. 2. Support early recognition of residents at risk for ED visits by providing preventive care and early treatment for common conditions leading potentially avoidable ED	1. The number of residents whose transfers were a result of family or resident request. 2. The number of ER transfers averted monthly. 3. Number of transfers to ED who returned within 24 hours 4. Number of avoidable ED visits	The current home's rate is 28.33 %. The home projects to decrease	
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	51605*	100	100.00	Through education, the home expects to have an increase understanding of this criteria		1)To increase diversity training for staff through Surge education and live events	Introduce equity, diversity, inclusion, and anti-racism training as part of the new employee onboarding process, and continue with the annual Surge education and live events the home will schedule bi annually in fiscal 25-26.	100% of staff will be trained in relevant equity, diversity, inclusion, and anti-racism education.	100% of existing and new staff will be educated on topics of equity, diversity.	
											2)All employees 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 agenda items. The goal is to maintain a consistent forum to review applicable topics, thus increasing the expertise and knowledge of the staff.	100 % of the home's committee agendas' will include a standing agenda item on one of the following topics - equity, diversity, inclusion, and anti-racism	100 % of the home's committees will discuss at each of their meetings	Departmental leads to ensure these topics are covered at each meeting
											3)The home will partner with external stakeholders to assist with equity, diversity, inclusion, and anti-racism education.	The home will develop partnerships with community-based focusing on equity, diversity, inclusion, and anti-racism. The objective is to increase the resources available and the inclusion of subject matter experts to support the home's education program on these	The number of events led by external organizations/stakeholders	100 % completion of the bi-annual education conducted by external	
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	51605*	92.31	95.00	Target is based on corporate average. We aim to meet and exceed corporate goals and benchmarks.		1)To increase our goal from 92.31% to 95%. Engaging residents in meaningful conversations, and care conferences.	Include the review of the resident's bill of rights to the home's committee standing agendas for discussion monthly. The Program Manager to review the Resident's Bill of Rights during Resident Council meetings.	100% of all department standing agendas will include the Residents' Residents' Bill of Rights for review by March 31/26. 100% of all staff will have education via department meetings on Resident Bill and Surge Learning by March 31/26. The resident Council will	100% of staff will have completed education the resident Bill of Rights education, including Right	
											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 whistleblower policy annually with the resident council. The Executive Director will review the whistleblowing policy annually during family townhall 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 of the home on admission and during the annual care conference with residents and SDM's	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	51605*	10.67	10.00	We currently are below corporate average and aim to continue meet and exceed corporate goals and benchmarks.		1)Complete Weekly Fall Huddles after each fall for each unit with the interdisciplinary team	Complete a weekly meeting with unit 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 Falls Weekly huddle in each unit by March	
											2)In collaboration with the Falls committee, the Falls lead, and the interdisciplinary team will meet monthly to review	Monthly clinical falls review meetings	The number of residents reviewed monthly who are at medium and high risk for falls	100 % completion of all monthly clinical falls review meetings	
											3)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 any 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 3 or greater, offer fracture and injury prevention medication	Education provided to registered staff on fracture and injury prevention. Involve restorative care lead .	Number of medication changes (addition of fracture prevention medication) and non-pharmacological interventions	100 % of the Reg staff to be educated on fracture and injury prevention	
		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	51605*	X	5.00	We currently are below corporate average and aim to continue meet and exceed corporate goals and benchmarks.		1)The MD, NP, BSO internal and external (including the Psychogeriatric Team), 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 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;	100% of newly admitted residents will have been reviewed for the	
											2)Residents who are prescribed antipsychotics for the purpose of management of Responsive expressions	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 (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)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	
		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	51605*	8.1	7.50	Target is based on corporate average. We aim to meet and exceed corporate goals and benchmarks.		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 and ensuring 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 analyzed 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, pain history and involvement of other members of the interdisciplinary team as required	Number of newly admitted 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 newly admitted residents will have a comprehensive pain assessment,	
											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	100 % of staff will receive education in palliative care and early identification of	