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

"Improvement Targets and Initiatives"

Southbridge Care Home 100 JAMES STREET, Seaforth , ON, NOK1W0

		measure									Change				
Issue	Quality dimension	Measure/Indicator	Туре	Unit / Population	Source / Period	Organization Id	Current	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
M = Mandatory (all cel	ils must be completed)			nts cell if you are no	ot working on this in			ou are not work	ing on this indicate	r) C = Custom (add any other in	dicators you are working on)				
Access and Flow	Efficient	Rate of ED visits for	0	Rate per 100	CIHI CORS. CIHI	51215*	29.69	25 M	Increased		1)Utilization of in home	Education will be provided to registered staff on	Number of comprehensive assessments communicated	100% of	
	Efficient	modified list of	U	residents / LTC	NACRS / Oct 1,	21212	29.69	25.00	collaboration		nurse practitioner to provide	completing comprehensive assessments and	to clinicians by registered staff per month.	comprehensive	
		ambulatory	mbulatory	home residents	2023, to Sep 30,				with the NP and		education to nursing staff,	standardizing communication between clinicians.		assessments will be	
		care-sensitive			2024 (Q3 to the				education to		families and residents.			communicated to	
		conditions* per 100 long-term care			end of the following Q2)				staff on what we can treat in		Registered charge nurse to 21Registered staff and	Education for residents and families on what advanced	Number of residents and families that discuss advanced	clinicians by 100% of care	
		residents.			tollowing QZ)				house and		medical director to discuss	care planning is and what an ED visit entails.	care planning during care conferences.	conferences will	
									services that are		advanced care planning with			discuss advanced	
1									provided.		residents and families during	3		care planning with	
											care conferences. 3)DOC to review ED tracker,	Utilize internal hospital tracking tool and analyze each	Completion of ED transfer log and number of monthly	residents and The ED transfer log	
											for the common reasons for	transfer status. FD transfer reports will be reviewed	and quarterly PAC meetings that discuss ED reports and	with he undated	
											transfer to ED - review in	monthly by DOC and Quality Manager. Reports will be	trends.	with each transfer	
				1							Nursing practice meetings,	reviewed at quarterly PAC meetings; and standing		and 100% of	
								100.00			to develop strategies to	agenda in nursing practice meeting.		monthly quality	
Equity	Equitable	Percentage of staff O (executive-level.	О	% / Staff	Local data collection / Most	51215*	100	100.00	Mandatory annual training		1)To improve overall knowledge an dialogue of	Training and/or education through Surge education or live events.	Number of staff education on Culture and Diversity.	80-100% of staff educated on topics	
		management, or all)			recent				through Surge		diversity, inclusion, equity	and drain.		of Culture and	
		who have completed			consecutive 12-				Learning for all		and anti-racism in the			Diversity.	
		relevant equity,			month period				staff.		workplace. 2)To include cultural			100% of CQI	
		diversity, inclusion, and anti-racism									diversity education as part	Cultural diversity education will be implemented on CQI quarterly meeting agenda.	Number of CQI meetings with Cultural Diversity on the meeting agenda and minutes.	meeting minutes	
		education									of quarterly CQI meeting.	4		will include cultural	
														diversity.	
											3)To include cultural and	Inclusion of statement of cultural and diversity equitable	Percentage of resident move-in packages that include	100% of resident	
											diversity in residents move-	home included in resident move in package.	Percentage of resident move-in packages that include education on cultural diversity.	move in packages	
											in packages.			will include	
														information on	
Experience	Patient-centred	Percentage of	0	% / LTC home	In house data,	51215*	76	80.00	Education to		1)Resident Council meetings	Structured check-ins with residents will be added to the	Number of Resident Council meetings that conduct	cultural diversity. 100% of Resident	
Experience		Percentage of residents responding	~	% / LTC home residents	In house data, NHCAHPS survey	21512.	,3	60.00	Education to staff on		1)Resident Council meetings will conduct structured	Structured check-ins with residents will be added to the Residents Council agenda to review monthly.	Number of Resident Council meetings that conduct structured check-ins.	100% of Resident Council meetings	
		positively to: "What		(Carolina)	/ Most recent consecutive 12- month period				providing feedback and		check-ins with residents to			will conduct	
		number would you	imber would you								actively listen to concerns.			structured check-	
		use to rate how well the staff listen to							follow up to resident		21Education and re-	Andread and a series	Number of staff educated on active listening and how to	ins to actively listen 100% of staff will	
		the staff listen to you?"							resident questions and/or		2)Education and re- education to staff on	Assign education to staff through on-line platform, Surge Learning and review completion quarterly.	Number of staff educated on active listening and how to utilize these skills to form therapeutic relationships.	100% of staff will complete	
									concerns		creating therangutic		and the second control of the second control	education on	
											relationships through active			creating	
											listening. 31Social worker will	Social worker will assess residents wellbeing quarterly.	Number of residents with a wellness check in each	therapeutic 100% of residents	
											 Social worker will complete quarterly wellness 	Social worker will assess residents wellbeing quarterly.	Number of residents with a wellness check in each quarter.	100% of residents will have a wellness	
											checks with residents.			check done by the	
														social worker, in all	
		Percentage of		% / LTC home	In house data.	51215*	85.11	88.00	Having increased		1)Whistleblower policy will	Review of policy with residents upon admission and care	Review of policies added to admission process, care	4 quarters. 100% of all staff	
		residents who	0	residents	interRAI survey /	21212	85.11	88.00	communication		be reviewed with staff,	conferences. Staff to review with annual education.	conferences and annual education.	will review the	
		responded positively			Most recent				with residents.		residents and families.			whistleblower	
		to the statement: "I			consecutive 12-				Following up					policy in annual	
		can express my	one statement: 1 an express my pinion without fear consequences".		month period	iod			with residents regarding there		2)Review the concern	Review of policy with resident and family with admission	Number of admission packages and care conferences	education and 100% of	
		of consequences".							concerns.		2) Heview the concern process in the home on admission and during annua	neview of policy with resident and family with admission and care conferences	Number of admission packages and care conterences noticy is added to	arterissions and	
											admission and during annua	4	postly is about to.	care conferences	
											care conference with			will review the	
											residents, and families.			concerns policy.	
											3)Residents council meetings will review	Residents Bill of Rights will be added to the Residents Council agenda to review monthly.	Number of resident council meetings that review the Residents Bill of Rights.	100% of Resident Council meetings	
											Residents Bill of Rights	Council agental to review monthly.	nessents and or rights.	will review the	
1											monthly.			Residents Bill of	
Color.	r-t-					51215*					1)Re-establish the			Rights.	
							12.35	10.00	Education through himselfy						
safety	Safe	Percentage of LTC home residents who	О	% / LTC home residents	CIHI CCRS / July 1 to Sen 30 2024	51215*	12.35	10.00	through hiweekly			Registered staff to consult with physio to implement the restorable care nongram for appropriate residents	Number of residents on restorative care program.	100% of residents	
safety	Safe	home residents who fell in the 30 days	0	residents	to Sep 30, 2024 (Q2), as target	51215*	12.35	10.00	through biweekly quality meetings		restorative care program in the home (provide	Registered staff to consult with physio to implement the restorative care program for appropriate residents.	Number of residents on restorative care program.	admitted to the home will be	
safety	Safe	home residents who fell in the 30 days leading up to their	0	residents	to Sep 30, 2024 (Q2), as target quarter of rolling	51215*	12.35	10.00	quality meetings and review of		restorative care program in the home (provide education on how residents	Registered staff to consult with physio to implement the restorative care program for appropriate residents.	Number of residents on restorative care program.	admitted to the home will be screened upon	
Safety	Safe	home residents who	0	residents	to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter	51215*	12.35	10.00	quality meetings and review of policies during		restorative care program in the home (provide education on how residents qualify for the program).	restorative care program for appropriate residents.		admitted to the home will be screened upon admission to see if	
safety	Safe	home residents who fell in the 30 days leading up to their	0	%/LIC nome residents	to Sep 30, 2024 (Q2), as target quarter of rolling	51215*	12.35	10.00	quality meetings and review of policies during staff meetings on		restorative care program in the home (provide education on how residents qualify for the program).	Registered staff to consult with physic to implement the restorative care program for appropriate residents. Number of post-fall analysis completed by registered	Education of registered staff on post fall assessments,	admitted to the home will be screened upon admission to see if 100% of residents	
zafety	Safe	home residents who fell in the 30 days leading up to their	o	%/ LTC name residents	to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter	51215*	12.35	10.00	quality meetings and review of policies during		restorative care program in the home (provide education on how residents	restorative care program for appropriate residents.		admitted to the home will be screened upon admission to see if 100% of residents falls will be assessed	
safety	Safe	home residents who fell in the 30 days leading up to their	0	% / LTC nome residents	to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter	51215*	1235	10.00	quality meetings and review of policies during staff meetings on		restorative care program in the home (provide education on how residents quality for the program). 2)Education and re- education provided to registered staff on the completion of post fall	restorative care program for appropriate residents.	Education of registered staff on post fall assessments,	admitted to the home will be screened upon admission to see if 100% of residents falls will be assessed appropriately by	
safety	Safe	home residents who fell in the 30 days leading up to their	0	96 / LTC. nome residents	to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter	51215*	1235	10.00	quality meetings and review of policies during staff meetings on		restorative care program in the home (provide education on how residents qualify for the program). 2)Education and re- education provided to registered staff on the completion of post fall analysis.	restorative care program for appropriate residents. Number of post-fall analysis completed by registered staff.	Education of registered staff on post fall assessments, and post fall checklist.	admitted to the home will be screened upon admission to see if 100% of residents falls will be assessed appropriately by registered staff.	
owlety	Safe	home residents who fell in the 30 days leading up to their	0	96 / LTC. nome residents	to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter	51215*	1235	10.00	quality meetings and review of policies during staff meetings on		restorative care program in the home (provide education on how residents qualify for the program). 2]Education and re- education provided to registered staff on the completion of post fall analysis.	restorative care program for appropriate residents. Number of post-fall analysis completed by registered staff.	Education of registered staff on post fall assessments,	admitted to the home will be screened upon admission to see if 100% of residents falls will be assessed appropriately by registered staff. 100% of staff	
owlety	Safe	home residents who fell in the 30 days leading up to their	0	residents	to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter	51215*	12.35	10.00	quality meetings and review of policies during staff meetings on		restorative care program in the home (provide education on how residents qualify for the program). 2) Education and re- education provided to registered staff on the completion of post fall analysis. 3) Facilitate weekly falls huddles with the	restorative care program for appropriate residents. Number of post-fall analysis completed by registered staff.	Education of registered staff on post fall assessments, and post fall checklist.	admitted to the home will be screened upon admission to see if 100% of residents falls will be assessed appropriately by registered staff. 100% of staff participation in	
parlety	Safe	home residents who fell in the 30 days leading up to their	0	%/LIC.nome residents	to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter	51215*	12.35	10.00	quality meetings and review of policies during staff meetings on		restorative care program in the home (provide education on how residents qualify for the program). 2]Education and re- education provided to registered staff on the completion of post fall analysis.	restorative care program for appropriate residents. Number of post-fall analysis completed by registered staff.	Education of registered staff on post fall assessments, and post fall checklist.	admitted to the home will be screened upon admission to see if 100% of residents falls will be assessed appropriately by registered staff. 100% of staff	
parlety	Safe	home residents who fell in the 30 days leading up to their assessment	0	residents	to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average				quality meetings and review of policies during staff meetings on fall prevention		restorative care program in the home [provide education on how residents qualify for the program). 2] Edication and re- education provided to registered staff on the completion of post fall analysis. 3] Facilitate weekly falls huddles with the interdisciplinary team.	reactorative care program for appropriate residents. Number of post-fall analysis corrupted by registered staff. Implement a weekly meeting with unit staff regarding does to help prevent risk of falls on injury related to falls.	Education of registered staff on poot fall assessments, and poot fall checklet. Number of weekly fall huddles held.	admitted to the home will be screened upon admission to see if 100% of residents falls will be assessed appropriately by registered staff. 100% of staff participation in weekly falls huddle.	
padety	Safe	home residents who fell in the 30 days leading up to their assessment	0	%/LTC home residents	to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	51215*	16.35	14.00	quality meetings and review of policies during staff meetings on fall prevention		restorative care program in the home [provide aducation on how residents.] 2] Education on the residents. 2] Education and re- education provided to registered staff on the completion of post fall analysis. 3] Facilitate weekly falls hoddles with the interdisciplinary team. 1] During admission	reactorative care program for appropriate residents. Number of post-fall analysis completed by registered staff. Implement a weekly meeting with unit staff regarding ideas to help prevent risk of falls or injury violated to falls. Registered staff and medical director to review was	Education of registered staff on pool fail assessments, and pool fail checklist. Number of weekly fall huddles held. Number of weekly fail huddles held.	admitted to the home will be screened upon admission to see if 100% of residents falls will be assessed appropriately by registered staff. 100% of staff participation in weekly falls huddle. 100% of residents	
and the second s	Safe	home residents who fell in the 30 days leading up to their assessment Percentage of LTC residents without psycholis without were residents without psycholis who were	0	residents	to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target				quality meetings and review of policies during staff meetings on fall prevention Using the reports from Carefix to cross reference		restorative care program in the home [provide education on how residents about 50 pt. 21 pt.	reactorative care program for appropriate residents. Number of post-fall analysis corrupted by registered staff. Implement a weekly meeting with unit staff regarding does to help prevent risk of falls on injury related to falls.	Education of registered staff on poot fall assessments, and poot fall checklet. Number of weekly fall huddles held.	admitted to the home will be screened upon admission to see if 100% of residents falls will be assessed appropriately by registered staff. 100% of staff participation in weekly falls huddle. 100% of residents admitted will have their antipyother.	
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authory (Safe	home residents who fell in the 30 days leading up to their assessment Percentage of LTC residents without prophosis with our given antisychotic medication in the 7 medication in the 7	0	residents	to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average CIHI CCRS / AUy 1 LIN CCRS / AUy 2 LIN CCRS / AUy 4 LIN CCRS / AU				quality meetings and review of policies during staff meetings on fall prevention. Using the reports from Carefix to cross reference residents on antipsychotics.		restorative care program in the home (provide deducation on how residents qualify for the program). 2) Education and re-education provided to registered staff on the completion of post fall analysis. 3) Tarcitizate weekly falls huddles with the alternational provided to remove the provided to remove the provided to	reactivative care program for appropriate residents. Number of good fall analysis completed by registered staff. Implement a weakly meeting with use 0.01 Fings-tring class to the governor read of falls or injury related to falls. Registered staff and medical distance to review reasons for proscribing of any procedure of the control	Education of registered staff on pool fall assessments, and poor fall checkets. Number of weekly fall huddlips held. Number of weekly fall huddlips held. Number of reedless admitted that have held they apply their designations reviewed with the medical director and families.	admitted to the home will be screened upon admission to see if 100% of residents falls will be assessed appropriately by registered staff. 100% of staff participation in weekly falls huddle. 100% of residents admitted will have their antipsychotic medications reviewed with	
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authory .	Safe	home residents who fall in the 30 days leading up to their assessment Percentage of LTC residents without psychologist who were given antisyschetic medication in the 7 days proceeding their	0	residents	to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average CIHI CCRS / AUy 1 LIN CCRS / AUy 2 LIN CCRS / AUy 4 LIN CCRS / AU				quality meetings and review of policies during staff meetings on fall prevention. Using the reports from Carefix to cross reference residents on antipsychotics without a diagnosis and collaboration.		restorative care program in the home (provide with the home (provide deducation on how resident). 21 (deducation on how resident). 21 (deducation and re-education provide the representation and re-education and re-	reactivative care program for appropriate residents. Number of good fall analysis completed by registered staff. Implement a weakly meeting with use 0.01 Fings-tring class to the governor read of falls or injury related to falls. Registered staff and medical distance to review reasons for proscribing of any procedure of the control	Education of registered staff on pool fall assessments, and pool fall checkles. Number of weekly fall huddles held. Number of weekly fall huddles held. Number of residents admitted that have held their antipophotic medications reviewed with the medical director and families. Number of staff educated on alternatives for behaviour	admitted to the home will be screened upon admission to see if 1,00% of residents falls will be assessed appropriately by registered staff. 1,00% of staff participation in weekly falls huddle. 1,00% of residents admitted will have their antipopychotic medications reviewed with 1,00% of staff will be educated on alternatives of	
authory	Safe	home residents who fall in the 30 days leading up to their assessment Percentage of LTC residents without psychologist who were given antisyschetic medication in the 7 days proceeding their	0	residents	to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average CIHI CCRS / AUy 1 LIN CCRS / AUy 2 LIN CCRS / AUy 4 LIN CCRS / AU				quality meetings and review of policies during staff meetings on fail prevention fail prevention. Using the reports from Carefex to cross reference residents on antipy-choics without a antipy-choics without a diagnosis and collaboration with the NP/AM.		restonative care program in the home (provide deducation on how residents the home (provide deducation on how residents). If Education and re-education provided to registered staff on the completion of point fall analysis. 3) accurate weekly falls hundring with the interface of the provided to registered staff on the completion of point fall analysis. 1) During admission conference, review with the interface of the prescribing of antispipachical manufaction, traverse with the prescribing of antispipachical manufactions, traverventions. 2) Staff to be educated on behaviour management.	readorative care program for appropriate residents. Number of post fall analysis completed by registered staff. Interior of the completed by registered staff. Interior of the completed by registered staff. Interior of the completed by registered staff, and the completed by registered staff. Registered staff and models director to review states of proscribing of an applyached models affects to review states. California of the predict director, directors with families upon admission. California of the predict director, directors of care and \$650 to exclusive and \$650 to exclusive and \$650 to exclusive and \$650 to exclusive designed and the prospective of the residual control of the residual director, directors of care and \$650 to exclusive designed staff on afternatives to	Education of registered staff on pool fall assessments, and pool fall checkles. Number of weekly fall huddles held. Number of weekly fall huddles held. Number of residents admitted that have held their antipophotic medications reviewed with the medical director and families. Number of staff educated on alternatives for behaviour	admitted to the home will be screened upon admission to see if 100% of residents falls will be assessed appropriately by registered staff. 100% of staff participation in weekly falls huddle. 100% of residents admitted will have their antipyotic medications reviewed with 100% of staff will be educated or 100% of staff will 100% of staff will	
audity	Safe	home residents who fall in the 30 days leading up to their assessment Percentage of LTC residents without psychologist who were given antisyschetic medication in the 7 days proceeding their	0	residents	to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average CIHI CCRS / AUy 1 LIN CCRS / AUy 2 LIN CCRS / AUy 4 LIN CCRS / AU				quality meetings and review of policies during staff meetings on fall prevention fall prevention. Using the reports from Carefux to cross reference residents on antisychotics without a diagnosis and collaboration with the NP/MD to ensure there is ensure the consumer them.		restorative care program in the home (provide with the home (provide deducation on how residents the home). If the control of the registered and the chargest and and the chargest control of the registered and the chargest control of the control o	readorative care pregram for appropriate residents. Number of post full analysis completed by registered staff. Insplication of the many staff analysis completed by registered staff. Insplication of the staff registered staff in specific staff regarding dises to believe the staff regarding with units staff regarding dises to be preventing of the full staff regarding of the staff regarding of the staff regarding staff and maked director to review resource proportion (and staff regarding staff regarding staff registered staff on alternatives to behaviour management.	Education of registered staff on pool fall assessments, and poor fall checkles. Number of weekly fall inaddise held. Number of weekly fall inaddise held. Number of recidents admitted that have had they analogopedoise medications reviewed with the medical director and families. Number of staff educated on atternatives for behaviour management.	admitted to the home will be screened upon admission to see if 1,00% of residents falls will be assessed appropriately by registered staff. 1,00% of staff participation in weekly falls huddle. 1,00% of residents admitted will have their antipsychotic medications reviewed with 1,00% of staff will be deducated on alternatives of behaviour management for management for management for management of management for management of management for management of management for management for managemen	
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