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

Southbridge Care Home 100 JAMES STREET. Seaforth . ON. N0K1W0

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 / Oct 1, 2023, to Sep 30, 2024 (Q3 to the end of the following Q2)	S1215*	29.69	25.00	Increased collaboration with the NP and education to staff on what we can treat in house and services that are provided.		1)Utilization of in home nurse practitioner to provide education to nursing staff, families and residents. Registered charge nurse to	Education will be provided to registered staff on completing comprehensive assessments and standardizing communication between clinicians.	Number of comprehensive assessments communicated to clinicians by registered staff per month.	100% of comprehensive assessments will be communicated to clinicians by	
											2)Registered staff and medical director to discuss advanced care planning with residents and families during care conferences.	Education for residents and families on what advanced care planning is and what an ED visit entails.	Number of residents and families that discuss advanced care planning during care conferences.	100% of care conferences will discuss advanced care planning with residents and	
											3)DOC to review ED tracker, for the common reasons for transfer to ED - review in Nursing practice meetings, to develop strategies to	Utilize internal hospital tracking tool and analyze each transfer status. ED transfer reports will be reviewed monthly by DOC and Quality Manager. Reports will be reviewed at quarterly PAC meetings; and standing agenda in nursing practice meeting.	Completion of ED transfer log and number of monthly and quarterly PAC meetings that discuss ED reports and trends.	The ED transfer log with be updated with each transfer and 100% of monthly quality	
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	S1215*	100	100.00	Mandatory annual training through Surge Learning for all staff.		1)To improve overall knowledge an dialogue of diversity, inclusion, equity and anti-racism in the workplace.	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 of Culture and Diversity.	
											2)To include cultural diversity education as part of quarterly CQI meeting.	Cultural diversity education will be implemented on CQI quarterly meeting agenda.	Number of CQI meetings with Cultural Diversity on the meeting agenda and minutes.	100% of CQI meeting minutes will include cultural diversity.	
											3)To include cultural and diversity in residents move-in packages.	Inclusion of statement of cultural and diversity equitable home included in resident move in package.	Percentage of resident move-in packages that include education on cultural diversity.	100% of resident move in packages will include information on cultural diversity.	
Experience	**Patient-centred**	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	S1215*	75	80.00	Education to staff on providing feedback and follow up to resident questions and/or concerns		1)Resident Council meetings will conduct structured check-ins with residents to actively listen to concerns.	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 will conduct structured check-ins to actively listen	
											2)Education and re-education to staff on creating therapeutic relationships through active listening.	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 education on creating therapeutic	
											3)Social worker will complete quarterly wellness checks with residents.	Social worker will assess residents wellbeing quarterly.	Number of residents with a wellness check in each quarter.	100% of residents will have a wellness check done by the social worker, in all 4 quarters.	
		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	S1215*	85.11	88.00	Having increased communication with residents. Following up with residents regarding there concerns.		1)Whistleblower policy will be reviewed with staff, residents and families.	Review of policy with residents upon admission and care conferences. Staff to review with annual education.	Review of policies added to admission process, care conferences and annual education.	100% of all staff will review the whistleblower policy in annual education and	
											2)Review the concern process in the home on admission and during annual care conference with residents, and families.	Review of policy with resident and family with admission and care conferences.	Number of admission packages and care conferences policy is added to.	100% of admissions and care conferences will review the concerns policy.	
											3)Residents council meetings will review Residents Bill of Rights monthly.	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 will review the Residents Bill of Rights.	
Safety	**Safe**	Percentage of LTC home residents who fall 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	S1215*	12.35	10.00	Education through biweekly quality meetings and review of policies during staff meetings on fall prevention		1)Re-establish the restorative care program in the home (provide education on how residents qualify for the program).	Registered staff to consult with physio to implement the restorative care program for appropriate residents.	Number of residents on restorative care program.	100% of residents admitted to the home will be screened upon admission to see if	
											2)Education and re-education provided to registered staff on the completion of post fall analysis.	Number of post-fall analysis completed by registered staff.	Education of registered staff on post fall assessments, and post fall checklist.	100% of residents falls will be assessed appropriately by registered staff.	
											3)Facilitate weekly falls huddles with the interdisciplinary team.	Implement a weekly meeting with unit staff regarding ideas to help prevent risk of falls or injury related to falls.	Number of weekly fall huddles held.	100% of staff participation in weekly falls huddle	
		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	S1215*	16.85	14.00	Using the reports from CareRx to cross reference residents on antipsychotics without a diagnosis and collaboration with the NP/MD to ensure there is a diagnosis to support the use or if alternatives are available.		1)During admission conference, review with families, reason for the prescribing of antipsychotic medication, interventions	Registered staff and medical director to review reason for prescribing of antipsychotic medications with families upon admission.	Number of residents admitted that have had their antipsychotic medications reviewed with the medical director and families.	100% of residents admitted will have their antipsychotic medications reviewed with	
											2)Staff to be educated on behaviour management alternatives to antipsychotic use without a diagnosis.	Collaboration of the medical director, director of care, and BSO to educate registered staff on alternatives to behaviour management.	Number of staff educated on alternatives for behaviour management.	100% of staff will be educated on alternatives of behaviour management for	
											3)Implement collaboration between pharmacist, registered staff, and medical director to determine the appropriate use of	Utilization by registered staff and medical director of appropriate use of antipsychotics referrals to pharmacist.	Number of referrals to pharmacist for appropriate use of antipsychotics.	100% of residents utilizing antipsychotics without diagnosis to be referred to	
		Percentage of LTC residents who develop worsening pain	C	% / LTC home residents	CIHI NACRS / July 1, 2024 - Sept 30 2024 (Q2) as target quarter rolling 4 quarter average	S1215*	13.91	7.00	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.		1)The enhancement of the end of life, palliative care program within the home.	Conduct thorough assessments of the resident, palliative care, end of life care. Completion of PPS, medication regiment, and consultation with interdisciplinary team.	Number of palliative residents that receive enhanced care through assessments, PPS completion and consultation with the interdisciplinary team.	100% of palliative residents will receive enhanced care through assessments, PPS	
											2)Utilization of pain tracker to monitor the use of PRN analgesics.	Utilization of trackers for PRN analgesic use, comprehensive pain assessment completion and the review of routine analgesics.	Number of residents that use PRN analgesics that will be monitored, pain assessments completed and routine analgesics reviewed.	100% of residents that use PRN analgesics will be monitored, pain assessments	
											3)RAI consultant to provide education to RAI coordinators on coding requirements for end of life residents.	Arrange education for RAI coordinators regarding coding requirements for end of life residents with the RAI consultant.	Number of RAI coordinators that receive training on coding requirements for end of life residents.	100% of RAI coordinators will receive training on coding requirements for	
		Percentage of LTC residents who develop worsening pressure injury stage 2-4	C	% / LTC home residents	CIHI CCRS, CIHI NACRS / July 1, 2024- Sept 30 2024 (Q2) as target rolling 4 quarter average	S1215*	2.6	2.00	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.		1)Provide education and re-education on wound care assessment and management.	Arrange education for registered staff on wound care assessments and management with Medline consultant.	Number of Registered staff educated.	100% of registered staff will be educated on wound care assessments and	
											2)Monthly review in Quality meeting of resident with Pressure related injuries, review of care plan, progression/lack of healing	Utilization of skin and wound tracking tool to analyze the pressure related injuries in the home that will be added to the Quality review agenda.	Implement review of residents with pressure related injuries in the monthly quality meeting.	100% of monthly quality meetings will implement the review of residents with pressure	
											3)During the admission process, review the treatment plan of resident's pressure related injury.	Registered staff will review the resident pressure injury treatment plan and consult with ET nurse if indicated.	Number of admissions with pressure injuries that have their treatment plans reviewed by registered staff.	100% of admissions with pressure injuries will have their treatment plans	