

2026/27 Quality Improvement Plan for Ontario Long Term Care Homes
 "Improvement Targets and Initiatives"



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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.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1, 2024, to September 30, 2025 (Q3 to the end of the following Q2)	51211*	21.82	21.00	1)At or below the Provincial Average taking into account the older population and health status of the residents currently residing within the home. 2) Taking into account any unforeseen urgent situations requiring ED	Ontario Health at Home, Seniors Mental Health	1)#1) Continue to implement regular health screening through IPAC assessments and preventive care measures to help	Registered staff to ensure vaccinations are up to date, educate staff on recognizing early warning signs of health issues and provide them with resources in the home to manage both acute and chronic issues.	Number of focused health assessments reviewed per month by the IPAC and Quality lead	100% compliance with health screening through IPAC assessments completed by	
											2)Implementation of the Nursing PLEDGE Initiative program to build capacity and improve overall clinical assessment skills of	Senior Registered Staff will provide mentorship, education to enhance the clinical knowledge of Registered Staff regarding physical assessment skills, documentation (PCC and SBAR), communication with physicians and families and the management of	Number of Registered staff who initiated an avoidable transfer to ED over the Number of Registered staff who participated in the initiative.	80% of ED visits were assessed appropriately based on resident outcome and	
											3)Nursing Leadership to review and analyze the monthly ED trackers for root cause of transfers and determine appropriateness	Review data at Monthly Mandatory meetings, monthly Registered Staff meetings and Quarterly PAC/CQI meetings	The number of focus SBAR documented progress notes related to ED transfers over the number of ED transfers monthly	10% reduction in avoidable ED visits by December 31,2026	Nursing PLEDGE initiative and other stakeholders such as Oxygen
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	51211*	100	100.00	Through annual online education, the Home expects to have an increased understanding of this criteria by June 30 2026		1)To continue to facilitate ongoing open door policy amongst the management team	At Risk Management meetings, reminders of open door policy 2) Direct staff to specific team member to address concerns	Number of reminders documented over the number of Risk Management meetings	100% of reminders to staff re: open door policy	
											2)To improve overall dialogue of diversity, inclusion, equity and anti-racism in the workplace;	Cultural events with food, activities in the home, Monthly Universal "YUMS" box to celebrate a specific country, Arm chair travel and coincides with the "YUMS" box	Number of events celebrated over the number of events in a calendar year	100% of cultural events to be celebrated monthly	
											3)To increase diversity training through Surge education or live events;	1) Training and/or education through Surge education or live events; 2) Introduce diversity and inclusion as part of the new employee onboarding process;	1) Number of active staff educated on Culture and Diversity; 2) Number of new employee trained of Culture and Diversity;	100% of active staff educated on topics of Culture and Diversity	
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	51211*	79.41	95.00	Target is based on Corporate percentages. The home aims to meet or exceed corporate goals and benchmarks through continued practices of the Open door policy and Daily management walk abouts		1)To exceed our current goal of 79% by engaging residents in meaningful conversations that allow them to express their	Add Resident's Bill of Rights #29 to standing agenda during Admission and Care Conferences, maintain practice of the open door policy and daily management walk abouts	Number of care conferences that review resident Bill of Rights #29 over Number of Care Conferences	100% of all Care Conferences will review Resident Bill of Rights #29 by December 31 2026	
											2)Continue reviewing Resident's Bill of Rights # 29 at Monthly Resident council meetings	Bill of Rights #29 will be a standing agenda item at monthly meetings	Number of Resident council meetings that have the Bill of Rights #29 reviewed over the number of Resident council meetings	100% of Resident council meetings minutes will have the Bill of Rights #29 reviewed by	
											3)Continue to review Resident Bill of Rights #29 at Family council quarterly meetings	Continue to review Resident Bill of Rights as a Standing agenda item at quarterly meetings	Number of meetings that have Resident Bill of Rights #29 reviewed over the number of meetings	100% of all Family Council meeting minutes include Resident Bill of Rights #29 by	
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 September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	51211*	10.29	9.00	1) Target is based on Corporate Benchmark. Aim to continue to exceed Corporate goal	Pharmacy, MD,, Physio/OT	1)To establish and facilitate an interdisciplinary approach to Weekly Fall Huddles	Weekly interdisciplinary team huddles on resident home areas to review the resident's plan of care, determine potential or actual root cause and mitigate the risk of falls or injury related to falls and completion of environmental audits	The number of interdisciplinary staff members participating in weekly huddles 2) Number of environmental audits completed	100% interdisciplinary participation at Weekly Fall Huddles by June 20	
											2)Injury prevention - review of FRS, ensure appropriate medication prescribed for prevention of bone density loss	1) Resident list of FRS of 3 or greater, offer fracture prevention medication 2) Monthly collaboration with the Fall committee, (during Quality meeting), to review the resident's plan of care (identification of the triggers, related to the fall) referrals to MD and Pharmacist for	1) Number of residents with a FRS of 3 or greater prescribed fracture prevention medications over the Number of residents with a FRS of 3 or greater 2) Number of medication review referrals to MD/Pharmacist over number of residents who	100% of residents who experienced a fall in the month will have completed a	
		Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter	51211*	0	10.00	To maintain or exceed the Corporate Benchmark	BSO Seniors Mental Health GPA educator, MD, Pharmacist	1)The Nursing Leadership team will identify newly admitted residents prescribed antipsychotic medications for review if	1) Referral to MD, internal and external BSO, Seniors Mental Health, Pharmacist for comprehensive assessment 2) Review/assess the prn use of antipsychotic medication- indication for use	1) The number of residents with appropriate diagnosis and indication for use (exclusion criteria) of antipsychotics over the number of newly admitted residents with prescribed antipsychotics	100% of newly admitted residents will have been reviewed for the appropriateness of	

		days preceding their resident assessment			average						2)During admission conference, review with families and resident, reason for the prescribing of antipsychotic medication,	1) Meeting with family and resident on the use risks related to the use of antipsychotic medication 2) BSO lead and nursing team will ensure that residents who receive antipsychotics for responsive expressions will have their medication, plan of care reviewed at a	The number of residents whose plan of care has been reviewed at a minimum of quarterly over the number of residents prescribed antipsychotic medications	100% of discussions will be documented, on admission, with resident/family for	
											3)Residents who are prescribed antipsychotics for the purpose of management of Responsive expressions, will have a	1) BSO lead and nursing team will ensure that residents who receive antipsychotics for responsive expressions will have their medication, plan of care reviewed, quarterly by the interdisciplinary team (including resident and family) -to develop a person centered	1) Number of residents to which the antipsychotic was decreased/de-prescribed/discontinued over Number of residents prescribed antipsychotics whose plan of care had been reviewed	100% of residents who are prescribed antipsychotic medications will receive a 3 month	