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

"Improvement Targets and Initiatives"

Southbridge Cornwall 800 Nick Kaneb Drive, Cornwall , ON, KSH0G4

	_	Measure	_	Usit /	_		Current		Target		Change Planned improvement			Target for process	
ssue		Measure/Indicator		Population	Source / Period	Organization Id	performance	Target		External Collaborators Scator) C = Custorn (add any o	Planned improvement Initiatives (Change Ideas)	Methods ar col	Process measures	measure	Comments
ccess and Flow	Timely	P * Phoney (complete	UNLY the comm	ents ces il you are	not working on the	s indicator) 0+ 0p	conal (do not selec	t ir you are not	working on this inc	scator) C = Custom (add any o	ner indicators you are working	(col)			
	Efficient	Rate of ED visits for modified list of	0	Rate per 100 residents / LTC	CIHI CCRS, CIHI NACRS / Oct 1	96690*	19.9	18.00	The home has steadily been		1)1)Reduce avoidable hospital transfers with the	Education will be provided to all registered staff on the continued use of the SBAR tool to support standardized	This process will be measured based on the gradual and consistent quarterly decrease in the % of avoidable	An overall decrease of 2 %	As part of the monthly ED
		ambulatory care-sensitive		home residents	NACRS / Oct 1, 2023, to Sep 30, 2024 (03 to the				improving over the past year. We have a		support of the on-site Nurse practitioners. Staff	communication between clinicians.	ER visits.	from the current avoidable ED visits	transfer revier the SBAR
		conditions* per 100 long-term care			end of the following Q2)				We have a process that has		education. Use of SBAR. 2)2)Build capacity and	Conduct an education needs assessment with the	The Number of educational sessions completed. The	% of 20 % by 100 % of the	application w
		residents.			contracting city)				certainly helped us achieve our		improve the overall clinical	Registered Staff to identify clinical skills and	home's educator, Nursing management team, and Nurse Practitioner will work in collaboration to set up	Registered Staff will be educated	stakeholders
									us achieve our goal gradually and plan to		assessment of the Registered Staff through	assessments to enhance their daily practice. Review of the ED tracker to identify the most common reasons	Nurse Practitioner will work in collaboration to set up the educational venue and content.	on the clinical	involved: Carv Rx, Pain and
									and plan to continue reducing to 18%		education on the most 3)3)Establish	for ED transfers. Access to health services 24-7, through in-home and	The number of monthly referrals completed to the	topics identified 100 % of eligible	whotom
									reducing to 18%		partnership/collaboration with the Paramedic LTC + program - provide, in home support, to avoid ED	remote methods, such as online support; Non- emergency home visits and in-home testing procedures; Ongoing monitoring of vital signs to prevent exclusion of chronic medical conditions; and	The number of monthly referrals completed to the Paramedic LTC + program and the number of averted unnecessary ED visits as a result of the program.	100 % of eligible residents will be referred to the Paramedic LTC +	
											program - provide, in home	procedures; Ongoing monitoring of vital signs to result as calation of chronic medical conditions and		Paramedic LTC + program team by	
											4)4)Review the ED tracker	Review of internal hospital tracking tool to analyze each	Number of avoidable ER visits/month. Consistent	The home's	
											4)4)Review the ED tracker by the Director of Care and the interdisciplinary team,	Review of internal hospital tracking tool to analyze each transfer status. ED transfer audit will be completed and reviewed monthly by nursing leadership and the interdisciplinary team. ED transfer reports will be reviewed at quarterly PAC meetings and rursing	Number of avoidable ER visits/month. Consistent decrease in avoidable ER visits by the home as per the Ministry potentially avoidable ED visit quarterly report.	The home's current rate is 20 %. The home projects to	
											to determine common reasons for transfer to the	Interdisciplinary team. ED transfer reports will be reviewed at quarterly PAC meetines and runsing		projects to decrease	
quity	Equitable														
		Percentage of staff	0	%/Staff	Local data	96690*	100	100.00	Our taneet is		1)1)Complete equity.	Roll out by annual live events on equity, diversity.	The number of staff that will be trained in relevant	100% of existing	
		(executive-level,			collection / Most recent				expected to be 100% as this is a		1)1)Complete equity, diversity, inclusion, and ant racism training for staff	Roll out by annual live events on equity, diversity, i inclusion, and anti-racism. Continue with the annual Surge education.	equity, diversity, inclusion, and anti-racism education through surge learning and live events.	and new staff will be educated on	
		management, or all) who have completed relevant equity,			consecutive 12- month period				part of our mandatory		through Surge education and live events.			the topics of equity, diversity,	
		diversity, inclusion, and anti-racism			inclus period				education		2)2)All employees to be	Include equity, diversity, inclusion, and anti-racism as part of the home's departmental committees' standing	The number of monthly committee agendas that	100 % of the	Departments
		education							process.		trained in relevant equity, diversity, inclusion, and ant racism in the year.	agendas. The goal is to maintain a consistent forum to	include one of the following topics equity, diversity, inclusion, and anti-racism.	home's committees will	leads to ensu these topics a covered at ea
									_			review applicable topics, thus increasing the		discuss the following topics:	covered at ea meeting
											3)3)The home will partner with external stakeholders	The home will develop partnerships with community- based focusing on equity, diversity, inclusion, and anti- raciam. The objective is to increase the resources available and the inclusion of subject matter experts to strengthen the home's education program on these	The number of events led by external organizations/stakeholders	100 % completion of the bi-annual	
									_		with external stakeholders to assist the staff education on equity, diversity,	racism. The objective is to increase the resources		education	
	Bullant at 1										inclusion, and anti-racism	strengthen the home's education program on these		conducted by	
re-lence	+ accent-centred														
		Percentage of residents who	0	% / LTC home	In house data, InterRAI survey /	96690*	83.56	90.00	The home is		1)1)Increase the home's easi from #3.53% in 2024	include the review of the resident's bill of rights in the	The number of departmental agendas that include the	100% of staff will	
		residents who responded positively		residents	interRAI survey / Most recent				fully committed		goal from 83.53% in 2024 to 90%. Engaging residents	monthly home committee agendas for discussion . The Program Manager to review the Resident's Bill of Diabas	The number of departmental agendas that include the Residents' Residents' Bill of Rights for review and education by March 31/26. The resident Council will review the Residents' Bill of Rights (2-3 per meeting)	the resident Bill of	
		residents who responded positively to the statement: "I can express my			Most recent consecutive 12- month period				to improving this indicator. A robust plan is in		to 90%. Engaging residents in meaningful conversations during care	Include the review of the resident's bill of rights in the monthly home committee agendas for discussion. The Program Manager to review the Resident's Bill of Rights during Resident Council meetings. ED to review the Resident Bill of Biehts during family townhall meetings.	review the Residents' Bill of Rights (2-3 per meeting) The resident bill of rights will be reviewed at the family	Rights education, including Right	
		can express my opinion without fear of consequences".							place to ensure improvement in		2)2)Review of the Whistleblower policy with	Education for staff to be rolled out via Surge learning. The program manager will review the whistleblowing	The number of staff educated on the Whistleblower policy in the fiscal year. The number of meetings with	100% of the staff will be educated	
		un consequences".							improvement in this area.		all staff, at resident council	policy annually with the resident council. The Executive	the resident council and family townhalls that include	will be educated on the	
											and family town halls.	Director will review the whistleblowing policy annually during family townhall meetings.	the review of the Whistleblower policy.	Whistleblower policy. 100%	
											3)3)Review the home's complaint process with	during family townhall meetings. During admission and annual care conferences, the complaint process will be reviewed with the residents and/or SDMs and documented in the "CDNFERENCE - Intendisciplinary Team Care Conference (IDTC)"	Number of care conferences in which the complaint process was reviewed per month.	100% of the admission and	
											complaint process with residents and SDM's on admission and during the	and/or SDMs and documented in the "CONFERENCE -		admission and annual care conferences, will include the review	
											annual care conferences.	assessment.		include the review	
dety															
	Sate	Percentage of LTC	0	% / LTC home	CIHI CCRS / July	96690*	22.7	15.00	The home has		1)1)Complete Weekly Fall	Complete a weekly meeting with unit staff regarding ideas to help prevent risks of falls or injury related to	Number of weekly falls meetings in each unit per	100% of staff	
		home residents who fell in the 30 days		residents	CHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter				experienced an improvement		1)1)Complete Weekly Fall Huddles for each unit with the interdisciplinary team.	ideas to help prevent risks of falls or injury related to falls.	month	participation on Falls Weekly huddle in each	
		fell in the 30 days leading up to their			target quarter of colling 4-quarter				improvement over the past year, in					huddle in each unit by March	
					average				particular with the fall's clinical		2)2)in collaboration with the Falls committee, the	Completion of the Monthly clinical fails review meetings.	The number of residents reviewed monthly who have recently sustained a fall and are at medium and high	100 % completion of all monthly	
									day rollout. The home is		Falls lead, and the	meetings.	risk for falls	clinical falls review	
									confident, this		interdisciplinary team residents who are			meetings. Target date : March	
									program will continue to		3)3)Re-launch of Purposeful rounding (4	Education to the nursing staff on Purposeful rounding (4 Ps). The home will ensure that residents who are	The number of staff educated on Purposeful rounding (4 Ps) and the number of residents whose care plans	100 % of all pursing staff are	
									assist the home meet corporate		Ps), for residents at medium and high risk for	determined to be at medium and high risk for falls, their plan of care will include purposeful rounding (4	include purposeful rounding.	to be educated on purposeful	
									meet corporate target.		falls 4)4)Resident list of FRS of 3	P ₂) Education provided to registered staff on fracture and	-	rounding by May 200 % of the Reg	
											or greater, offer fracture	injury prevention. Involve restorative care lead.	The number of care plans updated with pharmacological and/or non-pharmacological interventions to reduce the risk of potential injuries.	staff to be	
											or greater, offer fracture and injury prevention alternatives, both		interventions to reduce the risk of potential injuries.	educated on fracture and falls	
		Percentage of LTC	0	% / LTC home	CHI CCRS / July	96690*	9.32	8.00	The home has a		pharmacological and non- 1)1)The MD, NP, 850	Monthly meetings with the interdisciplinary team with	The number of meetings held monthly by the	related injury 500% of residents on antipsychotic medications	
		residents without psychosis who were		residents	CHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average				process that has been able to		pharmacological and non- 1)1)The MD, NP, 85O internal and external (including the Psychogeriatric Team), and	Monthly meetings with the interdisciplinary team with a focus on Antiprycholic use and interventions for the reduction/tapming of antipsycholic medication usage. Review data during CQI and PAC meetings.	The number of meetings held monthly by the interdisciplinary team and the number of antipsychotic reductions as the result of these meetings.	on antipsychotic medications	
		given antipsychotic medication in the 7			target quarter of rolling 4-pupter				process that has been able to reduce Antipsychotic use for		Psychogeriatric Team), and other members of the	Review data during CQI and PAC meetings.		without psychosis will be assessed	
		days preceding their			average				use for		Psychogeriatric Team), and other members of the 2)2)Residents who are prescribed antipsychotics for the purpose of management of Responsive	The BSO lead and the nursing team will ensure that residents who receive antipsycholics for responsive expressions with have their medication, and plan of care reviewed, quarterly by the interdisciplinary team	Number of residents on antipsychotic medications whose care plans have been reviewed on a quarterly	will be assessed 100 % of the residents on antipsychotic medications, will	
		www.entassesment							residents without a		for the purpose of	expressions with have their medication, and plan of	whose care plans have been reviewed on a quarterly basis	antipsychotic	
									diagnosis of Psychosis.		management of Responsive expressions will have a	care reviewed, quarterly by the interdisciplinary team (including resident and family)		have their	
									Current the home is below		expressions will have a 3(3)Development of plans of care, with non-	care reviewed, quarterly by the interdisciplinary team lincludine resident and family' Review of the plan of care for non-pharmacological approaches, and triggers leading to Personal	The number of residents whose plans of care have been reviewed for both non-pharmacological and	100 % of the residents on	
									the provincial and corporate		pharmalogical approach - identification of triggers	expressions.	trigger interventions.	Antipsychotics, will have their care	
			_						averages.		and interventions			plans reviewed for	
		Percentage of LTC	c	% / LTC home	Local data	96690*	4.15	2.50	The home has a		1)1)Roll out education on	Arrange education for Registered staff and PSW, with	Number of Registered staff and PSWs educated on	100 % of the	
		residents who		residents	collection / Most						wound care management and assessment and skin care . Education to be provided by NSWOC	NSWOC/Medine	wound care management, assessment and skin care	nursing staff to be educated on wound care	
		develop worsening pressure injury stage 2.4			consecutive 12- month period				plan to meet target by March 31, 2026.		care . Education to be			wound care	
									A4, 2020.		2)2)Monthly review in the	Utilization of skin and wound tracking tools to analyze	Number of pressure-related injuries that have resolved as a result of interventions	management 200 % of pressure- related injuries that have resolved as a result of	
											2)2)Monthly review in the Quality meeting of residents with Pressure related wounds	Utilization of skin and wound tracking tools to analyze pressure-related injuries in the home, the development of the plan of care, and appropriate prescribed wound and skin care products	as a result or interventions	reated injuries that have resolved	
														as a result of interventions align	
											3)3)Referral to NSWOC for in home and virtual	Referrals to the NSWOC for the residents who fall into following categories: Wounds That Fall to Heal: Non-	Number of referrals submitted to the NSWOC per month Number of care plans of care updated as the	100 % of the residents who fall	
						1					consults	healing wounds: If a wound doesn't show signs of	result of the assessment conducted by the NSWOC	into the worsening pressure injury	
								1	1		111/Utilization of the pain	hearing arter 4-5 weeks or appropriate basic care (clearning, protection, edema control, and antibiotics). The home's Pain management lead to monitor the utilization of PRN medications to ensure residents are	The number of residents on PRN medications whose	stage 2-4 category 200 % of residents	
											1)1)Utilization of the pain tracker, to monitor the use	ine nome's Pain management lead to monitor the			
		Percentage of LTC residents who	c	% / LTC home residents	Local data collection / Most	96690*	4.83	4.00	The home has developed an		tracker, to monitor the use	utilization of PRN medications to ensure residents are	The number of residents on PRN medications whose pain management regime has been adjusted to manage	who trieser a new	
		Percentage of LTC residents who develop worsening pain	c	% /LTC home residents	collection / Most recent convecutive 12-	95690*	4.83	4.00	developed an action plan that will help identify		tracker, to monitor the use of pm analgesic	utilization of PRN medications to ensure 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.	who trigger a new pain assessment based on PRN	
		Percentage of LTC residents who develop worsening pain	c	% /LTC home residents	collection / Most	96690*	4.83	4.00	developed an action plan that will help identify regular PRN pair medication use		of pm analgesic	assessed for pain as per the home's policy.	pain management regime has been adjusted to manage their pain. This data will be collected and analyzed monthly The number of new residents who had a	who trigger a new pain assessment based on PRN usage, will have	
		Percentage of LTC residents who develop worsening pain	c	% /LTC home residents	collection / Most recent convecutive 12-	96690*	4.83	4.00	developed an action plan that will help identify regular PRN pair medication use and scheduled		of pm analgesic	assessed for pain as per the home's policy. During the admission process, the pain lead in collaboration with the Ree staff will monitor the	pain management regime has been adjusted to manage their pain. This data will be collected and analyzed monthly. The number of new residents who had a comprehensive pain assessment completed and had	who trigger a new pain assessment based on PRN usage, will have 200 % of all new residents will have	-
		Percentage of LTC readents who develop worsening pain	c	% /LTC home residents	collection / Most recent convecutive 12-	95690*	4.83	4.00	developed an action plan that will help identify regular PRN pair medication use and scheduled pain meds and the offerst of	- -	of prn analgesic 2)2)For all new admissions, the home's pain lead will monitor the completion of a comprehensive pain	assessed for pain as per the home's policy. During the admission process, the pain lead in collaboration with the ileg staff will monitor the outcome of the pain assessment and pain history, will engage other members of the interdisciplinary team to	pain management regime has been adjusted to manage their pain. This data will be collected and analyzed morbhy The number of new residents who had a comprehensive pain assessment completed and had their pharmacological and non-pharmacological interventions adjusted as the result of the	who trigger a new pain assessment based on PRN usare, will have 100 % of all new residents will have a comprehensive pain assessment,	
		Percentage of LTC residents who develop worketing pain	c	% / LTC home residents	collection / Most recent convecutive 12-	96590*	4.83	4.00	developed an action plan that will help identify regular PRN pair medication use and scheduled pain meds and the effect of these meds on		of prn analgesic 2(22)For all new admissions, the borne's pain lead will monitor the completion of a comprehensive pain assessment as per policy. 13)Johnancement of the	assessed for pain as per the home's policy. During the admission process, the pain lead in collaboration with the Rag staff will monitor the automore of the pain assessment and pain history, will engage other members of the interaccipitary team to address any pain concerns.	pain management regime has been adjusted to manage their pain. This data will be collected and analyzed monthly. The number of mean residents who had a comprehensive pain assessment consolidated and had their phenomechigical and non-phasemacoligical inducession and a site result of their comprehensive pain assessment and pain management between the management and pain management comprehensive pain assessment and pain management	who trigger a new pain assessment based on PRN usaee, will have 200 % of all new residents will have a comprehensive pain assessment, including a 200 % of staff will	
		Percentage of LTC residents who develop workening pain	c	% /LTC home residents	collection / Most recent convecutive 12-	95590*	4.13	4.00	developed an action plan that will help identify regular PRN pair medication use and scheduled pain meds and the offerst of		of prn analgesic 2/21/For all new admissions, the home's pain lead will monitor the completion of a comprehensive pain assessment as per policy.	assessed for pain as per the home's policy. During the admission process, the pain lead in collaboration with the Rag staff will monitor the automore of the pain assessment and pain history, will engage other members of the interaccipitary team to address any pain concerns.	pain management regime has been adjusted to manage their pain. This data will be collected and analyzed monthly. The number of mean residents who had a comprehensive pain assessment consolidated and had their phenomechigical and non-phasemacoligical inducession and a site result of their comprehensive pain assessment and pain management between the management and pain management comprehensive pain assessment and pain management	who trigger a new pain assessment based on PRN usame, will have 200 % of all new residents will have a comprehensive pain assessment, including a 200 % of staff will receive education	
		Parcentage of LTC residents who develop workening pain	c	% /LTC home residents	collection / Most recent convecutive 12-	96690*	4.83	4.00	developed an action plan that will help identify regular PRN pair medication use and scheduled pain meds and the effect of these meds on		of pm analgesic 2(2)/for all new admissions, the borne's pain lead will monitor the completion of a comprehensive pain assessment as per policy. 2(3)/fohancement of the end of Hip, pailative care	assessed for pain as per the home's policy. During the admission process, the pain lead in collaboration with the Rag staff will monitor the automore of the pain assessment and pain history, will engage other members of the interaccipitary team to address any pain concerns.	pain management regime has been adjusted to manage their pain. This data will be collected and analyzed monthly. The number of mean residents who had a comprehensive pain assessment consolidated and had their phenomechigical and non-phasemacoligical inducession and a site result of their comprehensive pain assessment and pain management between the management and pain management comprehensive pain assessment and pain management	who trigger a new pain assessment based on PRN usaee, will have 200 % of all new residents will have a comprehensive pain assessment, including a 200 % of staff will	
		Percentage of LTC residents who develop workening pain	c	% /LTC home residents	collection / Most recent convecutive 12-	96590*	4.53	4.00	developed an action plan that will help identify regular PRN pair medication use and scheduled pain meds and the effect of these meds on		of pm analgesic 2(2)/for all new admissions, the borne's pain lead will monitor the completion of a comprehensive pain assessment as per policy. 2(3)/fohancement of the end of Hip, pailative care	assessed for pain as per the home's policy. During the admission process, the pain lead in collaboration with the ileg staff will monitor the outcome of the pain assessment and pain history, will engage other members of the interdisciplinary team to	pain management regime has been adjusted to manage their pain. This data will be collected and analyzed monthly. The number of new 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 management	who trigger a new pain assessment based on PRN usame, will have 200 % of all new residents will have a comprehensive pain assessment, including a 200 % of staff will receive education	