

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



Southbridge Careway 800 Mackenzie Drive, Cornwall, ON K6H6G4

Area	Quality Dimension	Measure	Unit / Population	Source / Period	Organization ID	Current	Target	Justification	External Collaborators	Strategic Improvement Initiatives (Change Areas)	Methods	Process measures	Target for process measure	Comments	
N= 10. Medically (all units) be completed 2 - Priority (complete OMR) the comments call if you are not working on this indicator (2) Optional (do not select if you are not working on this indicator) C - Custom (ask us when indicators you are working on)															
Access and Flow	Efficient	Rate of ED visits for residential LTC home residents	D	Rate per 100 residents / LTC home residents	CCH CCS, CCH WQSCI (CCL 1, 2023, to Sep 30, 2024) (CCL) in the following (CCL)	6690*	13.9	18.00	The home has been implementing new care plan process that has been implemented to improve the overall care of residents and to ensure that all residents receive the care they need.		11) Reduce avoidable hospital transfers with the support of the on-site home practitioners. Staff will have a process that has been implemented to improve the overall care of residents and to ensure that all residents receive the care they need.	Education will be provided to all registered staff on the continued use of the Care tool to support standard communication between clinicians.	The process will be measured based on the gradual and consistent quarterly decrease in the % of avoidable ED visits.	An average decrease of 2.5% from the current avoidable ED visits of 13.9% by the end of 2025.	As part of the monthly ED transfer review, the staff will be advised of the avoidable ED visits.
											12) Increase capacity and improve the overall care of residents and to ensure that all residents receive the care they need.	Conduct an education needs assessment with the Registered Staff to identify clinical skills and knowledge to enhance their daily practice. Review of the ED transfer to identify the most common reasons for ED transfers.	The number of educational sessions completed. The home's educator, Nursing management team, and Home Practitioner will be educated on the clinical process identified.	100% of registered staff will be educated on the clinical process identified.	Other stakeholders involved Care Ns, Para and reception.
Equity	Equitable	Percentage of staff (nursing level, direct care, support, management, etc.) who have completed equity training on equity, diversity, inclusion, and anti-racism education	D	% / staff	Local data collection / Most recent consecutive 12-month period	6690*	100	100.00	Our target is to ensure that all staff have completed equity training on equity, diversity, inclusion, and anti-racism education.		11) Complete equity, diversity, inclusion, and anti-racism training for all staff through a combination of mandatory training and self-directed learning.	Education will be provided to all staff through a combination of mandatory training and self-directed learning.	The number of staff that will be trained in equity, diversity, inclusion, and anti-racism education through large learning and live events.	100% of existing and new staff will be educated on the topics of equity, diversity, inclusion, and anti-racism.	Departmental training will be completed and all staff will be educated on these topics as part of their ongoing education.
											12) Increase staff awareness and understanding of equity, diversity, inclusion, and anti-racism education.	Include equity, diversity, inclusion, and anti-racism in all relevant training, conferences, and educational opportunities for staff.	The number of monthly committee agendas that include one of the following topics: equity, diversity, inclusion, and anti-racism.	100% of the staff's training and educational opportunities will include equity, diversity, inclusion, and anti-racism.	Departmental training will be completed and all staff will be educated on these topics as part of their ongoing education.
Experience	Patient-centred	Percentage of residents who reported satisfaction with the statement: "I feel my opinion without fear of consequence."	D	% / LTC home residents	In-house data, annual survey / Most recent consecutive 12-month period	6690*	81.56	90.00	The home is fully committed to ensuring that all residents have the opportunity to share their views and concerns with staff and to ensure that all staff at resident council and family focus group.		11) Increase the home's resident council participation from 83.33% in 2024 to 90% in 2025. The resident council will be held monthly. The resident council will include the Resident's Bill of Rights (2.3 per meeting).	The number of departmental agendas that include the Resident's Bill of Rights for review and education to all staff. The resident council will include the Resident's Bill of Rights (2.3 per meeting).	100% of staff will have completed the Resident's Bill of Rights education.	100% of staff will have completed the Resident's Bill of Rights education.	
											12) Increase the home's resident council participation from 81.56% in 2024 to 90% in 2025. The resident council will be held monthly. The resident council will include the Resident's Bill of Rights (2.3 per meeting).	Include the Resident's Bill of Rights in all relevant training, conferences, and educational opportunities for staff.	The number of meetings with the resident council and family focus groups that include the Resident's Bill of Rights.	100% of staff will have completed the Resident's Bill of Rights education.	Departmental training will be completed and all staff will be educated on these topics as part of their ongoing education.
Safety	Safe	Percentage of LTC home residents who fall in the 12-month period ending on the target quarter of 08/04 & quarter average	D	% / LTC home residents	CCH CCS / July 1 to Sep 30, 2024 (CCL) in target quarter of 08/04 & quarter average	6690*	22.7	15.00	The home has implemented a fall prevention program for all residents and staff.		11) Complete monthly fall risk assessments for all residents and staff.	Complete a weekly meeting with staff regarding the fall risk assessment for all residents and staff.	Number of weekly fall meetings in each unit per month.	100% of staff participation in fall risk assessment for all residents and staff.	Departmental training will be completed and all staff will be educated on these topics as part of their ongoing education.
											12) Increase the home's fall prevention program for all residents and staff.	Include fall prevention in all relevant training, conferences, and educational opportunities for staff.	The number of residents involved monthly who have fall risk assessments.	100% of fall risk assessments will be completed and all staff will be educated on these topics as part of their ongoing education.	Departmental training will be completed and all staff will be educated on these topics as part of their ongoing education.
Safety	Safe	Percentage of LTC home residents who were admitted to hospital in the 7 days preceding their resident assessment	D	% / LTC home residents	CCH CCS / July 1 to Sep 30, 2024 (CCL) in target quarter of 08/04 & quarter average	6690*	9.12	10.00	The home has a process in place to ensure that all residents receive the care they need.		11) The Home, NSC and other relevant departments will ensure that all residents receive the care they need.	Identify meetings with the interdisciplinary team with a focus on anticipatory care and interventions for the reduction of hospitalization of residents with chronic conditions. Review data during QIC and POC meetings.	The number of meetings held monthly by the interdisciplinary team and the number of anticipatory care interventions for residents as a result of these meetings.	100% of residents who are hospitalized will have had a quarterly fall risk assessment.	Departmental training will be completed and all staff will be educated on these topics as part of their ongoing education.
											12) Increase the home's fall prevention program for all residents and staff.	Include fall prevention in all relevant training, conferences, and educational opportunities for staff.	The number of residents who have been reviewed at a quarterly fall risk assessment.	100% of residents who are hospitalized will have had a quarterly fall risk assessment.	Departmental training will be completed and all staff will be educated on these topics as part of their ongoing education.
Safety	Safe	Percentage of LTC home residents who were admitted to hospital in the 7 days preceding their resident assessment	D	% / LTC home residents	Local data collection / Most recent consecutive 12-month period	6690*	4.15	2.50	The home has a process in place to ensure that all residents receive the care they need.		11) Increase education on resident care management and assessment and skin care. Education to be provided by NSQIC.	Arrange education for registered staff and PWW with NSQIC/educator.	Number of registered staff and PWW educated on resident care management, assessment and skin care.	100% of the resident care management, assessment and skin care education.	Departmental training will be completed and all staff will be educated on these topics as part of their ongoing education.
											12) Increase the home's resident care management and assessment and skin care. Education to be provided by NSQIC.	Include resident care management and assessment and skin care in all relevant training, conferences, and educational opportunities for staff.	The number of residents who have been reviewed at a quarterly fall risk assessment.	100% of residents who are hospitalized will have had a quarterly fall risk assessment.	Departmental training will be completed and all staff will be educated on these topics as part of their ongoing education.
Safety	Safe	Percentage of LTC home residents who were admitted to hospital in the 7 days preceding their resident assessment	D	% / LTC home residents	Local data collection / Most recent consecutive 12-month period	6690*	8.83	4.00	The home has a process in place to ensure that all residents receive the care they need.		11) Increase the home's resident care management and assessment and skin care. Education to be provided by NSQIC.	Refer to the NSQIC for the residents who fall into the following categories: Weekly that is to have had a fall risk assessment if a resident doesn't show signs of healing after 4-6 weeks of appropriate basic care (ulceration, ulcers, wounds, and cellulitis).	The number of residents who fall into the following categories: Weekly that is to have had a fall risk assessment if a resident doesn't show signs of healing after 4-6 weeks of appropriate basic care (ulceration, ulcers, wounds, and cellulitis).	100% of the residents who fall into the following pressure injury risk categories will have had a fall risk assessment.	Departmental training will be completed and all staff will be educated on these topics as part of their ongoing education.
											12) Increase the home's resident care management and assessment and skin care. Education to be provided by NSQIC.	Include resident care management and assessment and skin care in all relevant training, conferences, and educational opportunities for staff.	The number of residents who have been reviewed at a quarterly fall risk assessment.	100% of residents who are hospitalized will have had a quarterly fall risk assessment.	Departmental training will be completed and all staff will be educated on these topics as part of their ongoing education.