

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



The Palace LTC 92 CENTRE STREET, P.O. BOX 300, Alexandria, ON, K0C1A0

AIM	Measures						Targets								
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization id	Current performance	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) C = Custom (add any other indicators you are working on)															
Access and Flow	Efficient	Rate of ED visits for resident list of population care-sensitive conditions* per 100 long-term care residents.	D	Rate per 100 residents / LTC home residents	CHI CCRS, CHI NACRS / Oct 1, 2023, to Sep 30, 2024 (Q3 to the end of the following Q2)	S1869*	16.38	15.00	The home has steadily been improving over the past year. We have a process that has certainly helped us achieve our goal gradually and plan to remain in 25-26.	BSO, PRCI, RNAD BP Consultant, MD, Paramedic LTC +.	1)1) To reduce unnecessary hospital transfers, through the use of SBAR, Root cause analysis of transfers. Registered in change name.	1) Education and re-education will be provided to registered staff on the continued use of SBAR tool and support standardize communication between clinicians.	1) Number of communication process used in the SBAR format, between clinicians per month	1) 80% of communication between physicians and registered staff will	Utilize Regional consultant, other stake holders such as Medigas, Carelix Pharmacy
											2)2) Development of IV program in the home	2) Education on IV therapy infusion pumps assigned to a Registered staff from each shift.	2) Number of IV therapy/treatments completed with in the home	2) 100% of all the IV regular treatments ordered for the residents, will be completed by registered staff	Utilize Regional consultant, other stake holders such as Medigas, Carelix Pharmacy
Equity	Equitable	Percentage of staff (management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	D	% / Staff	Local data collection / Most recent consecutive 12-month period	S1869*	100	300.00	Our target is 100% as this is a part of our mandatory education process.	Surge Education, BSO, Cultural based organization in the community	1)1) To improve overall cultural awareness and anti-racism in the workplace.	1) Training and/or education through Surge education or live events	1. The number of staff who have completed all of their education on Cultural Competence and Indigenous Cultural Safety.	1) 80-100% of staff educated on topics of Culture and Diversity; 2) 50% of staff's culture	1) 80-100% staff educated on topics of Culture and Diversity; 2) number of staff
											2)2) Deliver diversity training through Surge education or live events;	2) The home will monitor completion of Surge learning on diversity, inclusion, equity and anti-racism. The home will hold 2x annual live events in the home in collaboration with external stake holders	2) Number of live events held in the year	2) 100% of five events, will be completed by March 31/26	
Experience	Patient-centred	Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences"	D	% / LTC home residents	In house data, internal survey / Most recent consecutive 12-month period	S1869*	90	92.00	The home is fully committed to improving this indicator. A robust plan is in place to ensure improvement in this area.		1)1) To increase our goal from 90.91% to 92.73%. Engaging residents in meaningful	1) Add resident right #29 to the standing agenda for monthly discussion by the program Manager during the Resident Council meeting. Re-education and review of all staff on the Resident Bill of Rights, specifically #29, at monthly department meetings by department	1) The number of departmental meetings held in a month that review the resident bill of rights with emphasis on Bill of Right #29 The number of family council and resident council meetings that will review resident bill of rights #29	1) 100% of all resident and family council meetings, will review resident	test
											2)2) Review the complaint process and whistle blower policy in the home on admission and during annual care conference.	2) Ensure that all new admissions are introduced to all managers and explained the complaint process in the home so they are familiar with who to go to with any concerns. Review complaint concern and whistle blower process during admission and annual	2) The number of conferences in a month in which the home reviewed the complaint process and whistle blower policies with residents and SOM's	2) 100% of all care conferences will review the home's complaint process and whistle blower	
Safety	Safe	Percentage of LTC residents who fell in the 30 days leading up to their assessment	D	% / LTC home residents	CHI CCRS / July 1 (Q2), as target quarter of rolling 4-quarter average	S1869*	26.67	17.50	Target is based on corporate averages. We aim to meet or exceed corporate goal.	RNAD BP Coordinator, PT	1)1) To facilitate a Weekly Fall Huddles on each unit, with the interdisciplinary team	1) Falls champion will facilitate and take attendance for weekly meeting with unit staff regarding ideas to help prevent risk of falls or injury related to falls. Monthly quality meeting case by case review of resident who experienced a fall in the past month - review of plan of	1) Number of staff participating in weekly falls huddles	1) 100% Nursing department staff participation on Falls Weekly huddle in each	
											2)2) Monthly collaboration with Falls committee, and external resources for the development of the resident's plan of care.	2) To increase training and/or education of Falls program.	2) The number of staff educated on the falls management program	2) 100% of registered staff have completed education. Target: March 31/26	
											3)3) Injury prevention - Pharmacy Consultant review of FRS, ensure appropriate medication prescribed for prevention of	3) Resident list of FRS of 3 or greater, offer fracture prevention medication	3) Number of recommendations made by the Pharmacy consultant accepted by the MD for appropriate medications prescribed for bone density loss.	3) 100% of the residents with a FRS of 3 or greater will be assessed for the prescription of	
Safety	Safe	Percentage of LTC residents without psychosis who were given antipsychotic medication on the 7 days preceding their resident assessment	D	% / LTC home residents	CHI CCRS / July 1 (Q2), as target quarter of rolling 4-quarter average	S1869*	13.89	13.00	Based on internal data rolling four quarters from the month of February we are at 23.46%, therefore our absolute target of 21.46 is justified that our home is aiming for a lower target	BSO, ROH Gen psych, MD, Carelix Pharmacy consultant	1)1) The MD, BSO internal and external (including Psychogeriatrics Team), with nursing staff will meet monthly to review residents	1) Number of meetings held monthly by interdisciplinary team. The number of antipsychotics reduced as a result monthly. The number of PAC meetings held quarterly, where discussion and reviews on strategies have resulted in a decrease of	1) Number of meetings held monthly by interdisciplinary team. The number of antipsychotics reduced as a result monthly. The number of PAC meetings held quarterly, where discussion and reviews on strategies have resulted in a decrease of	1) 100% of newly admitted residents will have been reviewed for the appropriateness of	
											2)2) Monthly collaboration with Falls committee, and external resources for the development of the resident's plan of care.	2) MD lead and nursing team will ensure that residents who receive antipsychotics for responsive expressions will have their medications, plan of care reviewed, quarterly by the interdisciplinary team (including resident and family)	2) Number of residents prescribed antipsychotics medications over the number of residents who have received a medication review in the last quarter.	2) 100% of residents who are prescribed antipsychotic medications will	
											3)3) During admission conference, review with families, reason for the prescribing of antipsychotic medication, interventions	3) Review of plan of care for non-pharmacological approaches, in the plan of care.	3) Number of resident who plans of care have been reviewed and non pharmacological interventions have been included in the plan of care	3) 100% of residents on antipsychotic medications will be reviewed	
Safety	Safe	Percentage of LTC residents who develop worsening pressure injury stage 2-4	C	% / LTC home residents	Local data collection / Most recent consecutive 12-month period	S1869*	5.59	2.50	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.	NSWOC, MD, Medline consultants	1)1) Provide education and re-education on wound care assessment and management. Education provided by NSWOC during	1) DOC to arrange education for Registered staff and PSW, with NSWOC	1) Number of Registered staff and PSW who have received education.	1) 100% of Residents staff to be educated and 90% of PSWs by March 31/26	
											2)2) Referral to NSWOC for in home and virtual consults	2) Develop a list of resident who PURS is 3 or greater, review plan of care, for the appropriate pressure relieving devices, review of surfaces in place	2) Number of plans of care updated and reflecting preventative pressure injury focuses	2) 100% of residents with PURS 3 or greater, comprehensive assessment	
											3)3) Monthly review in Quality meeting of resident with pressure-related injuries, review of care plan, progression/risk of	3) Utilization of skin and wound tracking tool, to analyze the pressure related injuries in the home and the development of plan of care.	3) Number of pressure related injuries which have resolved.	3) 100% of residents with stage 3 or greater will have a routine assessment	
Safety	Safe	Percentage of LTC residents who develop worsening pressure injury stage 2-4	C	% / LTC home residents	Local data collection / Most recent consecutive 12-month period	S1869*	5.59	2.50	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.	NSWOC, MD, Medline consultants	4)4) Registered staff to ensure to complete head to toe skin assessment with all resident's who return from hospital	4) Head to toe assessment to be completed upon every return from hospital.	4) Number of NSWOC referrals made regarding Pressure related injuries.	4) 100% of all residents who return from hospital admission or transfer to ED	