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



West Park Health Centre 103 PELHAM ROAD, St. Catharines , ON, L2S159

Part	AJM		Measure		Unit /			Current		Target		Planned improvement			Target for process	
March Marc	sue I = Mandatory (all ce	Quality dimension		Type	Population		Organization Id	performance	Target at if you are not	justification	External Collaborators Icator) C = Custom (add any of	initiatives (Change Ideas)	Methods et on)	Process measures	measure	Comments
Market	ccess and Flow		Rate of ED visits for		Rate per 100	CHI CORS. CHI					NP: BSO: PRCs: RNAO BP	1)1) During admissions and	1) februarie excidents and families about the bounfits of	1) The number of residents whose transfers were a		Utilize Nurse
Marked M			modified list of		residents / LTC	NACRS / Oct 1,				provincial	Consultant; MD, Paramedic,		and approaches to preventing ED visits. The home's	result of family or resident request over the total		Practitioner,
Marked M			ambulatory rare-sensitive		home residents	2023, to Sep 30, 2024 (O3 to the				Average; 2) Through	LTC, ET nurse	discussion with resident and families reparting	attending NP/MD will review and collaborate with the registered staff on residents who are at high risk for	number of ED transfers. The number of ED transfers awarted monthly over the total number of ED Transfers	December 2025.	other stake holders such a
Market M			conditions* per 100			end of the				implementation		and tamilles, regarding advance care planning	transfer to ED, based on clinical and psychological	awarted monthly over the total number of ED Transiers.		Medigas, Care
March Marc			long-term care			following Q2)				of our change		2)DOC to review ED tracker,	2)Utilization of the internal ED hospital tracking tool	2) Review of ED tracker monthly and identify trends and		
March Marc			residents.							ideas, the home		for the common reasons for	with an analysis of each ED transfer. ED transfer audit	develop action plans to further mitigate ED transfer	ED visits by	
March Marc										improvement		Nursing practice meetings.	leadership (DOC, ADOC, NP, CC & interdisciplinary team		2025.	
Part										over the next 12		to develop strategies to	members). Reports will be reviewed at quarterly PAC			
Market M										months -		3)Development of IV	3)Education on IV therapy (initiating IV), IV antibiotic.	3) Number of IV therapy/treatments completed with in	4.4% reduction of	
March Marc										December 2025.		program in the nome		the norm over the total number of IV therapy/treatments that required a ED visit.	December 2025.	
March Marc																
March Marc												eta esti contro o d'eta o desti				
March Marc												Palliative Performance	theoretically and at haddide to identify changes in	over the total number of registered staff in the home.	ED visits by	
March Marc												Score to determine disease	condition to complete a PPS score.		December 2025	
March Marc												progression - revision of			and 100% of	
Marchandor Mar	ouity	Feuitable	Dementace of staff	0	% / Staff	Local data	51554*	100	100.00	Through	Surge Education: BSD:	1)To increase diversity	1) Training and/or education through Surge advication	1) Number of staff education on Culture and Disersity	100% of staff	100% of new
Market M	,,	-,	(executive-level,	-	,	collection / Most				education, the	Cultural based organization	training through Surge	or live events.	compared total number of staff.	educated on topics	& existing
March Sander Marc			management, or all)			recent				Home expects to	in the community,	education or live events.			of Culture and	employees w
Market M			relevant equity.							understanding	staff					Culture and
Market M			diversity, inclusion,							of this criteria		2)To facilitate ongoing	2) During huddles and departmental staff meetings the	2) Total number of discussion held over the total	100% of staff	
March Marc			and anti-racism							over the next 12		feedback and open door	open door policy will be a standing agenda and be	number of meetings completed	educated on topics	
Marie Mari			education									policy with the	discussed at every meeting.		of Culture and	
March Marc															December 2025.	
Marked M												3)To include a chosen	3) The home will highlight the topic of the month on	3) Total number of topics presented over the total	100% of	
March Marc												Cultural Diversity topic of	the Cultural Diversity board to display various Cultural	number of calendar months.	interdepartmental	
## Part												Monthly Mandatory	This tonis of the mostly will then be ediled to the		tonics of Culture	
Marchan Marc												Department Atlantings	Monthly Mandatory Program Meetings, Bi-weekly		and Diversity by	
Marchan Marc												4)Creation of culture board,	4) Leadership team will develop a cultural board that	4) Total number of celebrations in the home over the	200% of staff	
Manual Part												resident and team members	the topic of the month.	occas number or displayed cultures on the board.	of Culture and	
March Marc												in the home.			Diversity by	
Manusche Lab war without and war with a war	oradama.	Delicat control	Damagetage of	0	W. J. P.C. boom	to become distr	51554*	96	00.00	Yourset is boar 1	Proceeding landarship	1Ve increase our se 12	1) Add corlidant sight 890 to standing year 1: 1:-	1) All interdependence and according will be 1.1.	SOON of All stoll	100% of new
Manusche Lab war without and war with a war	xpenence	Pagent-centred	residents who	U	residents	interRAI survey /	31334-	ab	90.00	on corporate	and front line staff	4.29% (as compared to	discussion on monthly basis by Recreation Manager	standing agenda for the Residents' Bill of Right #29	and residents and	
Manusche Lab war without and war with a war			responded positively			Most recent				averages. We		previous year 85.71%) to	during Resident Council meeting.	added by May 2025.	families will have	be educated
March Company Compan										aim to meet or		90%. Engaging residents in			completed the	the Complain
Marchan Marc			can express my opinion without fear			month period				corporate eoals		meaningful conversations, 2/Beylew of the	2) Review of 100% of all staff on the Whishlehinson	2) 100% of all staff will have a projecy via rienartment	100% of all staff	process and a
Part										and has describe		Whistleblower policy		meetings and on Surge Learning on Whistleblower	OH Brown	
March Marc										by December			managers. All residents during admission, care	policy and 50% of Residents will have reviewed the	completed a	
March Marc										2025.			conferences and at Resident Council.	Whistleblower policy by December 2025.	whistehlower	
Market Production of the control												3)Review the Complaint and	3) Review of the Complaint and Concern process with	3) 100% of new admissions and existing Residents will	1000 of socidoese	
Market Production of the control												Concern process in the	resident and family with admission and Care	have reviewed the Complaints and Concerns process.	will have the	
Market Production of the control												home on admission, during	Conferences	The total number of complaints/Concerns received over	knowledge of the	
Marchane												at the Resident Council		the total number of residents in the nome.	Concerns process	
Married 19 1	afety	Effective	Percentage of Long	c	%/LTChome	Local data	51554*	2.07	2.00	Target is based	NSWOC, NP, MD, Medline	1)Provide education and re-	1) Arrange education for Registered staff and PSWs with	1) Number of frontline nursing staff that have	1) 959/ of fenet	
Married 19 1			Term Care residents		residents	collection / Most				on corporate	consultants	education on wound care	Medline consultant.	completed education compared to total number of	line nursing staff	
Married 19 1						recent consecutive 12				averages. We aim to meet or		assessment and management Education		front line staff.	to be educated by December 2025	
Part			injury stage 2-4							exceed		provided by ET Nurse				
Processing of ICC or any processing of ICC or										corporate goals,			2) Have Wound Care nurse utilize ET Nurse referrals	2) Number of residents seen by ET nurse over number	2) 100% of	
Description of the color of the property of the color o										benchmarks by		home	through PCC	of referrals sent to ET Nurse	resident ET	
Security was an explicit of the security of the Fig. 1 and a security of the s										December 2025.					seen by ET nurse	
Securing of files and the securing of security of position and the securit															by December	
Augustus establishing of Life County and the control of principles of the County of th												3)Monthly review in Quality	3) Utilization of skin and wound tracking tool to analyze	3) Number of care plans developed regarding Pressure	3) 100% of	
Service of an experiment of the control of the cont												meeting of resident with Pressure related injuries	the pressure related injuries in the home - and the development of plan of care	Injury compared to the number of residents on the pressure injury tracking tool	residents with	
And Processing of TCC O VICES / And Telegraph of Comments of the Comment of the C												review of care plan	development or pair or care.	pressure rigary dracking took.	will have care	
Table Percentage of IXT. A 1/1 Till branch A 1/1												progression/lack of healing			plans updated by	
Provincing of LC Notice of the 2 Part of the common comm												4)Conducting audit of	4) Develop a list of residents whose PURS is 3 or	Total amount of residents who has a PURS score of 3 Assessment and acceptance of the second	4) 100% of	
Notestage of ECC (201) as the base of the												for the appropriate surface	pressure relieving devices and review of surfaces in	compared to total amount of residents with a PURS	PURS of 3 or above	
Mark New York Processes and purpose Processes Not purpose Not purpose Processes Not purpose Not purpose Processes Not purpose	l												place.	score of 3 or greater.	will have a	
Sign to the 30 day. In the 190 day of the second of the s		Esfa	Damagetage of LTC	0	W / LTC home	CHI COST (Indu	E1554*	16.67	12.00	The home is	BNAC BR Conningson RT.	using the pressure relief	1) Courts individual and hier for high sich follow haved	1) Number of his secreted and distributed over the	pressure relief	
Sign to the 30 day. In the 190 day of the second of the s		3310	home residents who		residents	1 to Sep 30,	31334	20.07	13.00	exceeding the	NP; Front line staff;	residents to assist with	on their needs and interests - Try and include families	number of resident falls.	available for	
water of the company			fell in the 30 days			2024 (Q2), as				Corporate	Leadership team; MD;	engagement.	with the individual bin development.		identified	
Processing of ICS D Synthesis who were given training for automated for						target quarter of				Benchmark. The	Pharmacist				Residents at high	
Internal Part 1.4 Co.			assessment			average				performance for		2/Quenosaful rounding for	2) The Nurse Practitioner and or Pharmacist will	2) The total number of medication reviews over the		
Internal Part 1.4 Co.										the rolling 4		resident at high risk for falls	complete a medication review on every resident who	total number of falls.	medication	
Places for a service and future of the common and society and and a first of the common and an expension of the common and a										quarters for			has had a fall.		reviews completed	
The second of the control of the con										14.74%.					hard a fall hy	
Freezing of ISC Discovering processing from the Company of ISC Discovering of ISC Discove												3)During the admission	3) Face sheet for new admissions are developed and	3) Number of referrals sent over the number admissions	3) 100% of	
Freezing of ISC Discovering processing from the Company of ISC Discovering of ISC Discove												process, review with	high risk fallers are identified and appropriate referrals	with a history of falls.	referrals sent for	
Ancestage of LCC												resident and history of falls, and interventions	are sent to the falls lead, Nurse Practitioner and or Pharmacist		high risk of falls	
Processing of LIC D Section 1 (1) 15															admissions by	
Processing of LIC D Section 1 (1) 15												4)Collaboration with	4) A referral will be sent to the Recreation team to have	4) Number of Recreation referrals sent over the total	4) Have a increase	
Processing of ICC 0 N 5/10C tomes of the proposed of the process o													a review of the residents Welbi report to identify	number of falls.		
Recording of 15th D working of the production procedure of the production of the pro												has sustained a fall.			with general	
modern without problem were mental to the proble					er tower	days days		22.55			Maria de la compania				programs by	
specific plant and proposed plan				U	residents	1 to Sep 30	51554*	a4.55	29.00	performance for	Nurse Practitioner, 850, LHIN, Alzheimer Soriety of	and external.		2) rocal number of residents prescribed antipsychotics over the total number of residents assessed	residents will be-	
specific plant and proposed plan			psychosis who were			2024 (Q2), as				rolling 4	Ontario, Psychogeniatric	Psychogeriatric Team, with			been reviewed for	
Moderate assumement of the control o			given antipsychotic			target quarter of				quarters for	Resource Nurse	nursing staff will meet			the	
worked anterpretape of an experiment with the agency and exper			days preceding their							24.70%.		monthly to review residents 2/Residents who are	2) Every quarterly MDS assessment - if registers is	2) Number of Medication reviews completed over the	2) 100% of	
Presenting of large Convenience granulum and support a			resident assessment									mascribed antinourhotics	ransiving Antinourhetics the Nurse Prantitioner will	number of residents who triggered antipsychotic usage.	residents who are	
Presenting of large Convenience granulum and support a												for the purpose of	receive a referral to conduct a medication review		prescribed	
Processing of Long Committee Processing Section												management of Responsive			antipsychotic medications will	
Presenting of long C N / US home selected as the control of the selection of the control of the												3)To establish two Gentle	3) To research educational opportunities in the	3) The home will have establish two GPA Coaches in the	3)The home will	
Processing of large C and C are required. And the second of the control of the c												Persuasive approaches	community for the training.	home.	have establish two	
Personage of large of security and security of the security of												(GPA) coaches in home.				
Processing of large C and section of the contraction of the contractio																
Processing of time of controlling confirm an uniform of residents can be supported to deprecable and processing confirmation of the controlling controlling confirmation of the controlling contro												4)The home will utilize the	4) Home will utilize internal tracker monthly to identify	4) The number of Residents who qualify for	4) 100% of	
Posterage of large C security of the control of the												antipsychotic useage	Residents who have the potential to deprescribe.	deprescribing over the number of residents on	residents on	
Processing of large Control and Controllarion Section 19 and data and section 19 and 1												tracker to identify		antipsychotics.	antipsychotics will be reviewed for	
sour Cor residents which denting which w												deprescribe.			the potential of	
sour Cor residents which denting which w			Percentage of Lona	c	%/LTChome	Local data	51554*	9.21	8.50	Target is based	ET nurse, NP, Pain	1)Enhancement of the end	1) Arry residents receiving Palliative Care will have a	1) Number of comprehensive pain assessments	1) 100% of	
workering pain connection 9.2 don't pared profit contribution of pain tracker, 23.4 Manining Risk Management disease the pain subjective pain, subject			term Care residents		residents	collection / Most				on corporate		of life and Palliative Care	comprehensive pain assessment review completed.	completed over the number of residents receiving	residents on	
second proted experience and paint treated. 23 AM Manning that Management diseases the paint and 12 The number of Residence Island on the PRS analysis of all paints of the Committee of the Committee of Residence Island on the PRS analysis of the Number of Residenc			who develop			recent				averages. We		program.		Palliative Care.	Palliative Care will	
2 (2) Substance of part are strated. 2 (2) As Manning Reh Management disease the part and 2) The survivine of Related Inside on the 19th analysis (2) 2005 of the strategies. In the contribute of any of part and part of the same of PAR analysis (2) 2005 of the strategies. In the contribute of the same of PAR analysis (2) 2005 of the strategies of the same of the sa			www.caersing pain			month period				exceed					comprehensive	
benchmarks. Is monther the use of jun and general and						period				corporate goals.		2)Utilization of pain transer	2) At Morning Risk Management discuss the pain	2) The number of Residents listed on the PRN analysis	2) 100% of	1
en anglesio. In reference in contract and c										benchmarks.		to monitor the use of pm	tracker and the use of PRN analgesics daily	tracker for three or more consecutive days over the	residents receiving	
Stronde algorer and no. If Awars resident who are opportuning pain and glummaching call and process of the state of the st												analgesic		number of residents who received PRN analgesics	prn analgesics will	
pharmacological equipment of moderate pharmacological interventions. Update the pharmacological interventions in the plant pharmacological interventions in the plant pharmacological interventions in the plant pharmacological interventions. In significant pharmacological interventions of inside the pharmacological interventions over the total number of inside the pharmacological interventions of inside the pharmacological interventions of inside the pharmacological interventions over the total number of inside the pharmacological interventions of inside the pharmacological interventions over the total number of inside the pharmacological interventions over the total number of inside the pharmacological interventions over the total number of inside the pharmacological interventions over the total number of inside the pharmacological interventions o																
pharmacological equipment of moderate pharmacological interventions. Update the pharmacological interventions in the plant pharmacological interventions in the plant pharmacological interventions in the plant pharmacological interventions. In significant pharmacological interventions of inside the pharmacological interventions over the total number of inside the pharmacological interventions of inside the pharmacological interventions of inside the pharmacological interventions over the total number of inside the pharmacological interventions of inside the pharmacological interventions over the total number of inside the pharmacological interventions over the total number of inside the pharmacological interventions over the total number of inside the pharmacological interventions over the total number of inside the pharmacological interventions o												3)Provide adjuvent and non	3) Assess residents who are experiencing pain and	3) The total number of Residents with non	3) 100% of	
Interventions in the plan of larer plan accordingly and assess for effectiveness. Interventions in the plan of larer plan accordingly and assess for effectiveness. Interventions in the plan of larer plan accordingly and assess for effectiveness. Interventions in the plan of larer plan accordingly and assess for effectiveness.												pharmacological	explore non pharmacological interventions. Update the	pharmacological interventions over the total number of	residents	
Oure Will have a care													care plan accordingly and assess for effectiveness.	residents with only pharmacological interventions.	triggering pain QI	
					1				1	1		Lave			www. proposite to create	