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

SOUTHBRIDGE CARE HOMES

West Park Health Centre 103 PELHAM ROAD, St. Catharines , ON, L2S1S9

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)

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
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)	51554*	26.25	22.25	At/Below the provincial Average, Through implementation of our change ideas, the home expects an improvement over the next quarter.	Nurse Practitoner, Behavioral Services ontario, PRCs, Medical Director ,ET nurse, Psychogeriatrician's, external pain specialist.	1)To reduce unnecessary hospital transfers, through the use of on-site Nurse practitioner	1) Educate residents and families about the benefits of and approaches to preventing ED visits at care conferences.	1) The number of residents whose transfers were a result of family or resident request / # of residents transferred	1) Decrease by 1% until goal is achieved by reviewing all process measures	Utilize Nurse Practitioner, other stake holders such as Medigas, CareRx
											2)Build capacity and improve overall clinical assessment skills of Registered Staff; through education supported by	2) Nurse Practitioner on site will provide education theoretically and at bedside.	2) % of nursing staff who complete needs assessments. Completion records for education as a result of needs assessment. / # of nursing staff	2) 100% Staff education completed for staff on-site	Utilize Nurse Practitioner, other stake holders such as Medigas, CareRx
											3)Utilization of the PPS Palliative Performance Score assessment to determine disease progression	3) Sustain quarterly PPS assessment, implementation of use and education for staff on palliative approach and end of life.	3) number of residents / # of PPS assessments completed quarterly	3) 100% Staff education completed for staff on-site.	Utilize Nurse Practitioner, other stake holders such as Medigas, CareRx
											4)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	
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	51554*	100	100.00	Through education, the Home expects to have an increase understanding of this criteria over the next 6 months	Surge Education; BSO; Cultural based organization in the community, Rec Manager, Nursing leadership	1)To improve overall dialogue of diversity, inclusion, equity and anti-racism in the workplace	1) Celebrate culture and diversity events	1) 8 Celebrations to be completed in the home for 2026	1) # of celebrations completed in 2026/# of target celebrations for 2026	
											2)Sustaining a culture board, of the cultures of the resident and team members in the home	2) Introduce diversity and inclusion as part of the new employee onboarding process;	2) 100% of new employee trained of Culture and Diversity;	2) 100% of new employee trained of Culture and Diversity; # of new staff completed/#	number of new employee trained on 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	51554*	86.67	90.00	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.	Surge Education; nursing leadership, Rec Manager, frontline staff, residents, external volenteers	1)To increase our goal by 2% from 90% in 2025 to 92% in 2026. In 2025 our percentage was 97.92% which surpassed our goal of	1) Adding resident right #29 to standing agenda for discussion on monthly basis by program Manager during Resident Council meeting. Re-education and review to all staff on Resident Bill of Rights specifically #29 at department meetings monthly by department	1) 100% of all department standing agendas will have Residents' Bill of Right #29 added, for review by March 31 2026.	1) 100% of all staff and all residents attending resident council meetings will have	
											2)Bill of rights included in admission package.	2) 100% of admissions packages will include the resident bill of rights	2) 100% of admissions will receive an admission packages	2) # of admissions / # of admission packages provided	
											3)Engaging residents & families in meaningful conversations during care conferences	3) Review of reporting policies with resident and family during care conferences	3) 100% of care conferences will review the reporting polices.	3) # of care conferences / # of care conferences with reporting polices reviewed.	
Safety	Safe	Percentage of long-term care residents whose stage 2 to 4 pressure ulcer worsened	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as reporting quarter for the rolling 4-quarter average	51554*	2.21	2.00	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.	NP, MD, Medline, ET nurse, Wound Care champion; PT/OT	1)Conducting audit of resident surface (bed/w/c), for the appropriate surface for pressure relieving	1) 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	1) Number of changes to surface/ # of air surfaces	1) 100% of resident with PURs 3 or greater, comprehensive assessment	
											2)Skin and Wound lead attending accredited wound care lead education	2) Utilization of skin and wound tracking tool, to analysis the pressure related injuries in the home - and the development of plan of care	2) Number of pressure related injuries which have resolved/# number of pressure injuries	2) 100% of resident with stage 1 or greater will have routine assessment	
											3)Quarterly education on identification and documentation of skin integrity	3) Arrange education for Registered staff and PSW, with Medline wound care consultant, wound care lead and nurse practitioner	3) Number of Registered staff and PSW who have completed education/ # of registered and PSW staff	3) 100 % of Registered staff to be educated100% of PSW	
		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	51554*	16.39	15.00	Target is based on corporate averages. We aim to meet or exceed, corporate goal.	PT; NP; Physician, Pharmacist consultant; Family member	1)To reduce the number of falls in the home	1) During shift report review resident high risk for falls, frequent falls, Head injury routines and has fallen.	1) # of shift reports documented with falls / # of shift reports	1) 100% of shift reports will have a falls documented with discussion.	
											2)To facilitate a monthly Huddles on each unit; with the interdisciplinary team	2) Monthly interdisciplinary team huddles on resident home area to review resident plan of care, to mitigate the risk of falls or injury related to falls;	2) Number of monthly meeting in each unit/ # of months in the year	2) 100% of on-site staff participation on Falls each Month huddle in each unit	
											3)Purposeful rounding, for resident at high risk for falls	3) Identify through falls tracker when the most frequent falls are month to month to heighten purposeful rounding during identified high right time frames.	# of residents who have fallen / # of residents	Falls lead adjusts interventions to time frames identified to be high risk as per	
		Percentage of LTC residents who develop worsening pain	C	% / LTC home residents	CIHI CCRS / july 1 to sept 30, 2025 (Q2)	51554*	9.29	7.1	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.	NP, Physician, Pharmacist consultant; Family member	1)Utilization of pain tracker, to monitor the use of prn analgesic	1) Utilization of trackers, for prn use, compressive pain assessment completed	1) of residents on pain tracker / # of residents	1) 100% of resident experiencing pain will have comprehensive	
											2)Admission, comprehensive assessment of pain, and how this has been managed previously, and the goal for pain	2) Resident who trigger for worsening pain will have a comprehensive pain review completed with MD/NP	2) Number of medication reviews with analgesic change / # of medication reviews	2) 100% of resident experiencing pain will have comprehensive	
											3)Provide non pharma-logical interventions in the plan	3) Conduct a care conference to discuss non pharma-logical interventions	3) # of residents having worsening pain / # of non pharma-logical interventions implemented based on care conferences	3) 100% of residents experiencing worsening pain will have a care	