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

Southbridge Pinewood 2625 WALSH STREET EAST, Thunder Bay , ON, P7E2E5

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
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)															
Access and Flow	Efficient	Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 1, 2023, to Sep 30, 2024 (Q3 to the end of the	54632*	14.86	14.00	1) Maintain below the provincial Average; 2) Through	LOT NP; BSO; PRCs: MD	1)1) To reduce unnecessary hospital transfers, through the use of NLOT Nurse practitioner and physician communication. Education	1) Education and re-education will be provided to registered staff on the continued use of SBAR tool and support standardize communication between clinicians. 2) Educate residents and families about the benefits of and approaches to preventing ED visits. The home's	1) Number of communication process used in the SBAR format, between clinicians per month; 2) The number of residents whose transfers were a result of family or resident request. Number of staff who demonstrated education application via documentation quarterly. The	1) 100% of communication between physicians, NP and registered staff will	Utilize Nurse Practitioner, other stake holders such as Medigas, CareRx
Equity	Equitable	Percentage of staff (executive-level, management, or all) who have completed relevant equity,	O	% / Staff	Local data collection / Most recent consecutive 12-month period	54632*	55.65	100.00	Through education, the Home expects to have an increase understanding of		1)1) To improve overall dialogue of diversity, inclusion, equity and anti-racism in the workplace; 2) To increase diversity	1) Training and/or education through Surge education or live events; 2) Introduce diversity and inclusion as part of the new employee onboarding process; 3) Celebrate culture and diversity events; educational opportunities 4) Monthly quality meeting standing	1) Number of staff education on Culture and Diversity; 2) Number of new employee trained of Culture and Diversity;	100% of staff educated on topics of Culture and Diversity by Dec 2025	1) number of new employee trained of Culture and Diversity 2) Goal is 100% of all
Experience	Patient-centred	Percentage of residents who responded positively to the statement: "I can express my	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	54632*	86	90.00	Target is based on corporate averages. We aim to exceed corporate goals,		1)1) To increase our goal from 86% to 90%. Engaging residents in meaningful conversations, and care conferences, that allow	1)Add resident right #29 to standing agenda for discussion on monthly basis by program Manager during Resident Council meeting. 2)Re-education and review to all staff on Resident Bill of Rights specifically #29 at department meetings monthly by department	1)90% of all department standing agendas will have Residents' Bill of Right #29 added, for review by December 2025. 2)100% of all staff will have education via department meetings, SURGE online education, or group huddles on Resident Bill of Rights #29 by	100% of all staff and residents and families will have completed the education on	Training will be provided via meeting, SURGE learning, staff huddles, family
Safety	Safe	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 Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter	54632*	17.27	15.00	Target is based on corporate averages. We aim to meet or exceed,	NLOT NP, MD, PT, PTA	1)1) To facilitate a Weekly Fall Huddles on each unit; with the interdisciplinary team 2) Monthly collaboration with Falls	1) Complete a weekly meeting with unit staff regarding ideas to help prevent risk of falls or injury related to falls; 2) to increase training and/or education of Falls program; 3) Resident list of FRS of 3 or greater, offer fracture prevention medication 4) Education and re-	1) Number of weekly meeting in each unit; 2) number of staff participants on the weekly falls meeting; 3) Number of medication changes (addition of fracture prevention medication) 4) Number of environmental and pharmacist referrals 5) Number of residents on	100% of staff participation on Falls Weekly huddle in each unit	
		Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter	54632*	9.68	9.00	Target is based on corporate averages. We aim to exceed corporate	MD, NP, BSO, BSO PSW, BSL	1)1) The MD, NLOT NP, BSO internal and external (including Psychogeriatric Team), with nursing staff will meet monthly to review	1) Number of meetings held monthly by interdisciplinary team. Number of antipsychotics reduced as a result monthly. Number of PAC meetings held quarterly, where discussion and reviews on strategies have resulted in a decrease of antipsychotics;	1) Number of meetings held monthly by interdisciplinary team. Number of antipsychotics reduced as a result monthly. Number of PAC meetings held quarterly, where discussion and reviews on strategies have resulted in a decrease of antipsychotics;	1) 100% of newly admitted residents will have been reviewed for the appropriateness of	
		Percentage of long-term care home residents who experienced worsening pain	C	% / Residents	CIHI CCRS, CIHI NACRS / Quarterly	54632*	4.76	4.00	Target is based on corporate averages. We aim to exceed corporate goals,		1)1) Enhancement of the end of life, palliative care program 2) Utilization of pain tracker, to monitor the use of prn analgesic 3) RAI	1) Conduct through assessment of the resident, palliative care, end of care. Completion of PPS score, current medication regiment, involve the interdisciplinary team, family and resident with care planning decisions. 2) Establish palliative care order set	1) Number of staff provided education, Pain management 2) Number of care plans revised to pain management	1)100 % of Registered staff to be educated, 90% of PSW. 2)100% of resident will have a	
		Percentage of long-term care home residents who had a pressure ulcer that worsened to a stage 3	C	% / Residents	CIHI CCRS, CIHI NACRS / Quarterly	54632*	2.7	2.50	Target is based on corporate averages. We aim to met corporate goals,	NSWOC, NP, MD, Medline consultants	1)1) Provide education and re-education on wound care assessment and management. Education provided by Medline	1) Arrange education for Registered staff and PSW, with Medline consultant and NSWOC 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 3) Utilization of skin and wound	1) Number of Registered staff and PSW educated. 2) Number of pressure related injuries which have resolved or improved.	100 % of Registered staff to be educated 90% of PSW 100% of resident with PURs	