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



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M		Measure									Change				
sue	Quality dimension		Type	Unit / Population		Organization Id		Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure C	omments
Mandatory (all co	ells must be completed	l) P = Priority (complet	e ONLY the com	iments cell if you a	re not working on	this indicator) O= 0	Optional (do not si	elect if you are	not working on th	is indicator) C = Custom (add a	iny other indicators you are	working on)			
ess and Flow															
	Efficient	Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care	0	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 1, 2023, to Sep 30, 2024 (Q3 to the end of the following Q2)	54378*	20	18.00	The home has steadily been improving over the past year. We have a process that has	"NP, BSO; PRCs: RNAO BP Consultant; MD Paramedic LTC +, "	1)Use of SBAR, Root cause analysis of transfers. Registered in charge nurse to communicate to physician and NP, a 2(Support early recognition	Education and re-education will be provided to registered staff on the continued use of SBAR tool and support standardize communication between clinicians. Educate residents and families about the benefits of	Number of communication process used in the SBAR format, between clinicians per month; The number of residents whose transfers were a	80% of communication between physicians and registered staff The home expects	
		long-term care residents.			following QZ)				certainly helped us achieve our goal gradually and plan to		of residents at risk for ED visits by providing preventive care and early treatment for common	and approaches to preventing ED visits. The home's attending MID will review and collaborate with the registered staff on residents who are at high risk for transfer to ED, based on clinical and psychological.	result of family or resident request. Number of staff who demonstrated education application via documentation quarterly. The number of ER transfers averted monthly. Number of transfers to ED who	to achieve an overall decrease of 2 % compared to the current	
									mirror in 25-26.		3)During care conferences, discussion with resident and families, regarding advance care planning (Resident and Family	Educate residents and families on advanced care planning during care conferences to prevent unnecessary ED visits	The number of Care conferences held per month in which advanced directives have been revised with the resident/SDM	In 100 % of all care conferences, advanced directives will be reviewed with	
											tracker, for the common reasons for transfer to ED review in Nursing practice meetings, to develop	Utilization internal hospital tracking tool and analyze each transfer status	Number of monthly ER tracker review meetings held in the year	100 % of the ER tracker review meeting will be held by March 31/26 .	
ty	Equitable														
		Percentage of staff (executive-level, management, or all) who have completed relevant equity,	0	% / Staff	Local data collection / Most recent consecutive 12- month period	54378*	100	100.00	Our target is expected to be 100% as this is a part of our mandatory	Cultural based organizations in the community	1)To improve overall dialogue of diversity, inclusion, equity and anti- racism in the workplace;	Training and/or education through Surge education or live events;	Number of staff education on Culture and Diversity	100% of staff educated on topics of Culture and Diversity	
		diversity, indusion, and anti-racism education							education process.		2)External organizations to assist with education on equity, diversity, inclusion, and anti-racism.	Celebrate culture and diversity events; educational opportunities. The home will establish partnerships with local agencies with a focus on educational opportunities in the following areas: equity, diversity, inclusion, and anti-racism.	The number of live events held in the home on equity, diversity, in classion, and anti-racism throughout the year. The objective is to have 2 live events in the year.	100 % of the live events sessions will be completed by March 31/26	
											3)To include Cultural Diversity as part of CQI meetings	mounton, and amoracosm. Monthly qualify meeting standing agenda-review the number of programs, education completed	The number of meetings in the year that include cultural diversity in the year as part of the agenda	100 % of the homes' committee meetings will include one of the	
Experience	Patient-centred	Percentage of residents responding positively to: "What number would you	0	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12- month period	54378*	85.96	88.00	The home is fully committed to improving this indicator. A robust plan is in place to ensure	RNAO BPG	1)Educate staff on Person- and Family-Centred Care	The home will roll out education for all staff on the principles Person- and Family-Centred Care	The number of staff educated on Person- and Family- Centred Care in the year	80 % of staff will be educated on Person- and Family-Centred Care in the year	
		use to rate how well the staff listen to you?"							improvement in this area.		2)Include Person- and Family-Centred Care approach as a standing agenda item for all departmental meetings.	Clinical consultant to educate all managers on the principles of Person- and Family-Centred Care approach Departmental leads to ensure the principles of Person- and Family-Centred Care approach are included in their department meetings.	Number of departmental meetings that include Person- and Family-Centred Care approach discussions in their agendas/month	100 % of the departmental meetings will include a discussion on the	
		Percentage of residents who responded positively to the statement: "I can express my opinion without fear	0	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12- month period	54378*	84.38	88.00	The home is fully committed to improving this indicator. A robust plan is in place to ensure		1)1)Increase the home's goal from 84.38% in 20024 to 88%. Engaging residents in meaningful conversations during care 222/Review of the	Include the review of the resident's bil of rights in the monthly home committee agendas for discussion. The Program Manager to review the Resident's Bill of Rights during Resident Council meetings. ED to review the Resident Bill of Rights during family townhall Education for staff to be rolled out via Suran elemine.	The number of departmental agendas that include the Residents' Residents' Bill of Rights for review and education by March 31/26. The resident Council will review the Residents' Bill of Rights (2-3 per meeting). The resident bill of rights will be reviewed at the The number of staff educated on the Whishiblower.	100% of staff will have completed the resident Bill of Rights education, including Right 100% of the staff	
		of consequences".							improvement in this area.		2)2)Review of the Whistleblower policy with all staff, at resident council and family town halls. 3)3)Review the home's	Education for staff to be rolled out via Surge learning. The program manager will review the whistleblowing policy annually with the resident council. The Executive Director will review the whistleblowing policy annually during tarnly town half meeting. Ouring admission and annual care conferences, the	The number of staff educated on the Whistleblower policy in the fiscal year. The number of meetings with the resident council and family townhalls that include the review of the Whistleblower policy. Number of care conferences in which the complaint	100% of the staff will be educated on the Whistleblower policy. 100% 100% of the	
No.											complaint process with residents and SDM's on admission and during the annual care conferences.	complaint process will be reviewed with the residents and/or SDMs and documented in the "CONFERENCE - Interdisciplinary Team Care Conference (IDTC)" assessment.	process was reviewed per month.	admission and annual care conferences will include the review	
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	Safe	Percentage of LTC home residents who fell in the 30 days leading up to their assessment	0	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter	54378*	13.64	12.00	The home has experienced an improvement over the past year, in		1)Monthly collaboration with Falls committee, and external resources for the development of the resident's plan of care,	Case-by-case review of residents who have fallen in the monthly during the monthly quality meeting, review of plan of care,	The number of residents reviewed in a month who have experienced a fall and are determined to be medium and high risk for falls.	100% of resident who have experienced a fall and are determined to be	
					average				particular with the fall's clinical day rollout. The home is confident, this		2)Injury prevention - review of FRS, ensure appropriate medication prescribed for prevention of bone density loss	Gather list of list of FRS of 3 or greater, collaborate with physician and pharmacist for medication to prevent bone density loss medication - review recommendation with family	Number of environmental and pharmacist referrals	100 % of residents with FRS 3 or greater will have a medication review for the addition	
									venue will continue to assist the home meet corporate target.		3)Comprehensive post fall analysis, in the development of resident plan of care	Education and re-education provided to registered staff on the completion of post-fall analysis	Number of staff re-educated on the completion of the post-fall analysis	100 % of the Registered Staff will be educated on the completion of post fall	
		Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7	0	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter	54378*	25.29	17.50	The home has a process in collaboration with other stakeholders to	GMAH, Royal , PRC	The MD, NP, BSO internal and external (including Psychogeriatric Team), with nursing staff will meet monthly to review newly	Monthly interdisciplinary meetings to be held with a focus on responsive behaviors and antipsychotic medications.	Number of meetings held monthly by the interdisciplinary team. The number of antipsychotics reduced as a result monthly. The number of PAC meetings were held quarterly, where discussions and reviews on strategies have resulted in a decrease of The number of full time stiff who receive education	100% of residents who are prescribed antipsychotic medications will	
		days preceding their resident assessment			average				address this indicator, looking into consideration all aspects, nharmannoiral		2)Gentle Persuasive approaches (GPA) training/education - establish GPA trainers, educators in the home	GPA training to be held in the home	GPA	100% of full-time, nursing staff will receive GPA training by March 31/26	
									and non pharmacological interventions.		3)Monthly review in the Quality meeting of residents who are prescribed antipsychotic medication- to include non	A review of the plan of care for residents who are prescribed antipsychotic medication will be assessed for non-pharmacological interventions.	The number of residents on antipsychotic medications whose plans of care have been reviewed for non- pharmacological interventions	100 % of residents on Antipsychotic medications will have their care plans reviewed	
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		Percentage of LTC residents who develop worsening pressure injury stage 2-4		% / LTC home residents	Local data collection / Most recent consecutive 12- month period /	34378°	3.39	2.50	The home has seen the gradual improvement of this indicator	NSWOC, NP, MD, Medline consultants	1)Provide education and re education on wound care assessment and management. Education to be provided by NSWOC	Director of Care to arrange education for Registered staff and PSW, with NSWOC, Medline consultant,	Number of Registered staff and PSW educated in the year.	100 % of Registered staff and 90 % of PSWs to be educated by March 31/26	
					PCC Insight - CIHI - 4 Qtr Average-3.39%				over the past year. The same action plan will be carried forward in the		2)Monthly review in Quality meeting of resident with Pressure related injuries, review of care plan, progression/lack of	Develop a list of resident who PURS is 3 or greater, t review plan of care, for the appropriate pressure relieving devices, review of surfaces in place	Number of changes to surface, Number of plans of care updated	100% of residents with PURs 3 or greater, comprehensive assessment	
									25-26 fiscal year to achieve compliance and meet the corporate target		3)ROHO education, implement ROHO champions' team	DOC to arrange ROHO education	Number of staff who have received ROHO education	100 % of the Reg staff and 90 % of the PSW's will be educated on the ROHO use and	

