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

Warkworth Place

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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 long-term care residents.	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 following Q2)	53718*	41.77	37.00	This target is reasonable due to the location of the home in a rural area, and local transportation for regular non-emergent appointments is challenging.	CNPS - Nurse Practitioner, Medical Director, Psycho-geriatrician Resource Consultant, Pain Consultant, Palliative Consultant	1)To reduce unnecessary hospital transfers, education to staff of SBAR communication and documentation process	Education and re-education will be provided to registered staff on the continued use of SBAR tool and support standardize communication between clinicians.	Number of training and communication process used in the SBAR format, between clinicians per month;	100% of Registered Staff will be trained and assessed for use of SBAR	
											2)Support early recognition of residents at risk for ED visits by providing preventive care and early treatment for common	Nurse Practitioner on site will provide monthly education theoretically and/or at bedside	Based on needs assessment.	Avoidable transfers will be decreased by 10 % by meeting the needs of the	
											3)Registered in charge nurse to communicate to physician and NP, a comprehensive resident assessment, to obtain	Arranged for physician and/or NP to provide education to Registered Staff as to how and when they need to have communication prior to sending resident for assessment in hospital to ensure transfer is appropriate	Number of transfers to hospital with prior physician or NP direction	80% of Registered staff properly communicated a comprehensive assessment 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	53718*	98.18	100.00	The Home aim to have above the current performance	Centres for Learning, Research & Innovation in LTC, Surge Learning Education	1)To improve the 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	80-100% of staff educated on topics of Culture and Diversity	
											2)To include Cultural Diversity as part of the CQI meetings	Monthly quality meetings standing agenda-review the number of programs, education completed	Number of staff education on Culture and Diversity	80-100% of staff educated on topics of Culture and Diversity	
											3)Creation of a culture board, of the cultures of resident and team members in the home	Celebrate culture and diversity events; educational opportunities	Number of cultural celebrations that occur in the home	Successful completion of the cultural board, with monthly turnover of	
Experience	Patient-centred	Percentage of residents responding positively to: "What number would you use to rate how well	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	53718*					1)				We are prioritizing other areas of focus
		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	53718*	81.63	90.00	The Home is aiming to have higher than the overall Southbridge LTC average of 87.94%		1)1) Review the Complaint and Concern process in the home on admission and during annual care conference	Review of policy with resident and family with admission and care conferences	Percentage of staff, resident and families will have reviewed the policies and will added to the admission process, care conferences and staff meetings	80% of all staff, resident and families will have completed the review of the	
											2)To increase wellness check of residents by Social Worker or Social Service Worker	Check in schedule will be established for resident wellness check and will regularly update visit timeline by Social Worker/Social Service worker.	Number of visits completed by Social Worker/Social Service Worker that perform a wellness check on residents per month	100% of resident will have the opportunity to have the Social Worker added to	
											3)Review "Resident's Bill of Rights" more frequently, at residents' Council meetings monthly. With a focus on Resident Rights #29. "Every	Add 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	Percentage of department meetings where Residents' Bill of Rights #29 was discussed in departmental meetings	100% of all department standing agendas will have Residents' Bill of	
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 average	53718*	19.81	17.80	A 10% decrease in falls that occur in the 30 days prior to assessment is an attainable goal	RNAO Best Practice Coordinator, Body In Motion Physiotherapist and Physiotherapy Assistant, In-house Nurse Practitioner	1)To facilitate weekly falls huddles with the committee to review all residents with the care team to ensure	The Falls lead will discuss with the PSW team assigned to the section where resident is located in order to ensure that all items in the care plan are in place, and in working order, and effective	Number of weekly huddles that have occurred	100% of weekly huddles will be documented in the monthly falls report	
											2)3) Monthly collaboration with Falls committee, and external resources for the development of the resident's plan of care,	Each month the Falls lead will focus on high risk residents to determine if there is external resources or additional resources that are needed to establish and continue to adapt an individualized care plan to reduce risk for high risk residents	Documentation of each resident that was discussed, with care plan updated.	100% of all high risk fall residents will have a monthly, multidisciplinary	
											3)Comprehensive post fall analysis, in the development of the resident care plan	Education and reeducation for Registered staff on the completion of the post fall analysis	Number of weekly meetings held, with number of participants involved in meetings	Weekly meetings will be held on all weeks that the Falls Committee lead is in the home	
		Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	53718*	X	5.18	Target is based on corporate averages. We aim to maintain below corporate average.	GMHOT, GABU, Psychogeriatrician Resource Consultant (PRC), Alzheimer Society of Ontario	1)The MD,NP,BSO internal and external, will meet monthly with nursing staff to review newly admitted residents for antipsychotic	BSO Lead will organize a monthly agenda to prioritize new admissions and high risk residents to review strategies and interventions to decrease the use of antipsychotics	Number of monthly meetings held to discuss the residents in the BSO program	100% of meetings held when the BSO Lead is in the facility	
											2)Development of plans of care, with non pharmacological approach-identification of triggers and interventions	BSO Lead and nursing team will review the plan of care for non-pharmalogical approaches, in the plan of care, and explore other options for interventions	Number of care plans that have been reviewed	10% reduction is a reasonable, attainable goal	
											3)GPA Training program to be explored to have in house trainers for ongoing education	We will determine if there are any current GPA trainers in house, and prepare them to facilitate training, or provide external training opportunities for appropriate staff	We will require 2 staff trainers	2 Trainers trained in GPA approaches to care by end of the year	