

2025/26 Quality Improvement Plan for Ontario Long Term Care Homes

"Improvement Targets and Initiatives"

Billings Court Manor 3700 BILLINGS COURT, Burlington , ON, L7N3N6

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	Comments	Target for process measure
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)	54488*	4.35	4.00	Continue to decrease the number of residents went to the ED department		1)To provide the families with a clear understanding of the goals of care best suited for their loved one.	Billings Court Manor will redeveloped the Advance Care Directives to simplify the level of care goals.	This process will reduce the number of ED visits and will be tracked quarterly.	New Advanced Care Directive will be reviewed Annually at the Residents Care	
											2)To reduce ED visits will be partnering with new imagining company to support residents.	Educate staff on new company and services that are provided.	Review the number of residents imagining done in house quarterly.	75% of images taken will prevent transfers to ED related to x ray and ultrasounds.	
											3)Early identification and treatment of acute and chronic issues that may lead to ED visits.	Nursing department/ Physicians to be more vigilant for sending referrals to x rays or other specialist to avoid ED visit.	Number of residents identified and discussed by Nursing Management Team.	1-2 inhouse x-ray or arranged appointments per month.	
											4)To reduce ED visits by appointing 2 new Clinical RPN's focus on Skin and Wound and Behaviors Management.	Staff will closely follow and assess residents on a weekly basis to mitigate issues that could lead to ED visits.	Quarterly programs meetings will review worsening/ infected wounds and unmanageable behaviors that may lead to ED visits.	Number of ED visits related to infection and behaviors will reduce by 25%	
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	54488*	CB	CB	All staff are required to completed Surge Learning by Nov 30, 2025		1)Education to all staff members to complete	Surge Learning education and education during orientation process	Completion of the course will be monitored monthly once implemented to ensure completion by all staff.	All Staff will have the education completed by Nov 30, 2025	
											2)Staff to gain a greater understanding of different cultures, religions that are practiced within Billings Court Manor by both staff	Cultural and diversity days will be celebrated within the home throughout the year, with input and suggestions from the residents and staff. Cultures of current staff and residents will be the primary focus.	Recreation Department/Management will organized cultural days with different menu choices, entertainment and staff appreciation events.	Events will be held 1x per quarter over the next year.	
											3)To have an interactive learning environment where staff can be involved and provide feedback.	Display information board with rotating information, to educate staff on diversity and equity throughout the year.	Boards will have opportunities for staff involvement and feedback and staff will provide input regarding the topics.	Bi-monthly at least 15 staff will participate and provide feed back.	
Experience	Patient-centred	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	54488*	CB	CB	To increase our percentage to 85% or higher.		1)Social Service Worker will conduct wellness checks with residents	Social Service worker check in with each residents at least quarterly.	Progress notes will be written after each visit.	To increase the out of our Residents Satisfaction Survey 2026 to 85%.	
											2)Team will look for oppounity for communcioati with residents and families and look for their feedback.	To provide residents and families with update at Residents and Family Council about what is happening in the home including any ministry updates, education this will ensure Residents are kept up to date and will be able to provide their feedback.	Residents Council - Monthly Family Council 1/4ly.	At least these number of meeting during 2025.	
											3)Residents will be encouraged to share their ideas broadly in all aspects of the home, information regarding updated	Each month 2 resident rights are reviewed and will be reminded that their opinions are important into the quality improvement in the home.	All residents and family member will receive the policy and the Bill of Rights.	To increase the outcome percentage in our 2026 Residents/ Family Satisfaction	
		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	54488*	85.71	88.00	Increase our percentage to over 88%		1)Residents will be encouraged to share their ideas broadly in all aspects of the home, information regarding updated	Each month 2 resident rights are reviewed and will be reminded that their opinions are important into the quality improvement in the home.	Number of residents and family member that receive the policy and the Bill of Rights.	To increase the outcome percentage in our 2026 Residents/ Family Satisfaction	

		opinion without fear of consequences".								2)Education to both Staff, Residents and families regarding Resident Bill of Rights and Whistle Blowing protection. 3)Educate Staff on the Resident Bill of Rights and Whistle Blowing to ensure they understand the importance of listening as	Education provided through Residents Council, Family Council and Newsletters.	Residents and Families will have an understanding that they are protected under the whistle blowing protection policy when bringing forward concerns.	To be provided twice a year to families and Residents.	
										3)Educate Staff on the Resident Bill of Rights and Whistle Blowing to ensure they understand the importance of listening as	Provide education to all new hires	Number of orientation session per year.	100% of the new hires will receive education at orientation.	
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	54488*	16.12	13.00	decrease the number injuries related to falls in 30 days to 13% over the next quarter	1)To reduce the injuries that are related to falls 2)Analysis that occur within the facility 3)Falls Committee will continue to meet at least quarterly to review residents that are high risk to assist with interventions	Implement all universal falls precaution for residents who are at high risk for falls. Eg helmets, hip protectors are used to prevent fractures and head injuries. New admission will be assessed for the risk of falls. Look at trend of falls and frequent falling residents Clinical Lead will review frequent falling, interdisciplinary team will review the current interventions and discuss alternatives that can be trialed in the residents plan of care.	To continue to review falls monthly and review interventions that are in place for the residents. Team to review frequently falling residents and interventions in place to reduce the number of falls. Restraints are also used to prevent falls for frequently falling residents. Number of residents reviewed at committee meeting.	Injuries from falls will decrease by 25% over the next year. The frequently of residents that fall multiple times will decrease by 25% All residents that fell in the last 30 days leading up to their assessment will be reviewed.	
		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	54488*	1.6	0.50	Have all residents without a diagnosis of psychosis not on any antipsychotic medication.	1)Doctors of residents taking antipsychotic medication to review on a minimum of quarterly basis to determine opportunities 2)Review all residents receiving anti psychotics medication to ensure they have an appropriate diagnosis. 3)Increase education and awareness concerning managing of response behaviors.	Pharmacy lead- will share information as psychotropic drug use in the home as compared to the other LTC home at quarterly meetings. Medication management team will audit all residents at quarterly medication reviews to ensure those residents receiving antipsychotics have the appropriate diagnosis. 1) Increase education and awareness concerning managing of responsive behaviours 2) Send staff to U First Training	Trial non- pharmacological interventions prior to administering psychotropic drugs for behaviors. Involvement of BSO for responsive behaviors and SMHO team, At the quarterly medication review the pharmacy lead will flag those residents using anti psychotics without a diagnosis for review by the physician team. The number of staff who have attended training courses for resident with responsive behaviour	100% of residents meeting eligibility criteria are considered for Antipsychotic All residents identified for a quarterly medication review will be audited by To have education quarterly with a minimum 8 staff focused on staff who work on our	