

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



Oakwood Park Lodge 6747 OAKWOOD DRIVE, Niagara Falls , ON, L2E6S5

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)	51545*	29.91	25.00	We understand hospital transfers can cause immense stress and anxiety for our residents and their families. Our ultimate goal is to ensure our residents receive the best care and support while minimizing any	Long Term Care Advisory Table	1)Liaise with Long-Term Care Advisory Table to discuss strategies to reduce ED visits.	Nursing leadership from Oakwood Park Lodge to participate in this working group to help determine strategies to reduce ED visits.	Nursing Leadership to attend the Long-Term Care Advisory Table meetings throughout 2025	Nursing Leadership to participate in 4 or more meetings throughout 2025.	
											2)Educate residents and families on services that can be provided in house versus being transferred to hospital.	Provide education at residents council and family council meetings and provide hard copy of education to residents and families unable to attend meetings.	Review number of residents and family that have been provided the education.	100% of families will recieve education on services provided in house. This	
											3)Prior to sending to ED, Registered staff will ensure that they consult with the NP or MD to determine if resident could be treated in any	Track all transfers to ED and who initiated the transfer (i.e. family, resident , NP/MD, facility staff) and if the MD/NP was consulted.	RAI Coordinator to track all transfers to the ED, who initiated the transfer, the reason for the transfer, and did the transfer result in admission to hospital.	The NP or MD will be consulted on 75% of the transfers to ED.	
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	51545*	90	100.00	9 of the current leadership team have completed equity, diversity, inclusion, and anti-racism education. 1 new hire on the leadership team requires training, we are looking into further training in this area for leadership that		1)Continue to have Cultural theme days for the residents and staff.	Review the resident and workforce cultural backgrounds and organize Cultural days through out the year to increase knowledge of the various cultural backgrouds we have at Oakwood Park Lodge.	Number of Cultrual days facilitaed in the facility in 2025.	Host 5 Cultural themed days in 2025	
											2)Continue providing relevant equity, diversity, inclusion, and anti-racism education for Leadership staff within the facility.	Review the number of leadership staff that still require equity, diversity, inclusion, and anti-racism education.	Number of leadership positions that have received equity, diversity, inclusion, and anti-racism education.	Number of the leadership team to be trained in relevant equity, diversity, inclusion,	
											3)Liaise with local Indigenous communities to provide residents, staff and visitors education and opportunities to	Acquiring local Indigenous artwork to display in the facility. Provide knowledge of local Indigenous communitites to staff and residents. Organize and implement Indigenous cultural week in 2025.	Track the number of Indigenous culrtual activities in the facility throughout the year.	Facility will purchase 5 Indigenous art pieces from local Indigenous artists.	
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	51545*	84.16	90.00	To provide evidence of an effective trust and working relationship		1)Sperate the current satisfaction survey into 2 seperate surveys. One to measure resident satisfaction and one to	Continue to ensure that residents and families have a contact person they are comfortable coming to if they have suggestions, input or feedback. Present survey and survey results at family and resident council. Promote new survey when launched.	There will be increased participation with surveys and the positive response to above survey question.	The Home will strive for 90% positive responses to this question by the end of the	
		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	51545*	86.14	90.00	To provide evidence of the ability of caregivers, support staff and managers to build trust with residents and family members.		1)Educate residents/families from point of admission about the importance of expressing their opinion and	Timely follow up and response to resident/family member queries will be instrumental in encouraging residents/family members to communicate an opinion to the care giving team when needed.	Track responses to this question on electronic survey tool annually.	The Home will strive for 90% positive responses to this question by the end of the	
											2)Continue to provide annual education to staff on Whistle Blowing Protection, Resident Abuse and Resident Rights	Ensure education is completed through the use of Surge Learning as well as inservices as appropriate.	All staff will complete education on Whistle Blowing Protection, Resident Abuse and Resident Rights.	100% completion of staff education on Resident Rights and Whistleblowing.	
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	51545*	14.07	12.00	We continue to be under the provincial average in this area. We will continue to work on decreasing our falls to remain below the provincial		1)Continue increased focus on fracture prevention. Work with the interdisciplinary team to ensure that all residents at	Tracking will be done through review of Critical Incidents.	Decrease the number of falls result in in fractures.	At least 75% of all residents with risk factors for falls and fractures will be receiving bone	
											2)Strengthen our current falls prevention committee (including registered staff, PSW, physio department and recreation) to discuss	Fall huddles to be conducted as soon as possible after every fall (with present staff) to determine causitive factors. Continue to meet monthly with the interdisciplinary team. Fall lead will provide information on monthly tracking to identify trends, high risk fallers,	The number of residents with multiple falls will decrease.	By decreasing the number of residents with multiple falls, our goal is to have an	

		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	51545*	22.75	19.50	The use of antipsychotic medications is associated with an elevated risk of stroke, pneumonia, heart disease, kidney damage, diabetes, and falls. Our long-term care home is committed to reducing the use of antipsychotic		1)Exploring entering ito a partnership with a community psychiatrist to provide more timley access to assessment & treatment. 2)Prioritize non-pharmacological interventions as a first-line approach to managing responsive behaviours in 3)Social Service Worker to have residents under age of 65 to access community programs either through in house visits or attending in	Residents under the age of 65 currently have very limited access to resources for their psychiatric well-being. We will prioritize those under the age of 65 to have access to this services. Residents over the age of 65 will also have access to this service as the currrent Provide Gentle Persuasive Approaches training for front line staff to enhance their approach to the responsive behaviours they encounter. Social Service worker to review all residents under 65 and arrange community programming for all that are able to and interested in attending.	The percentage of residents receiving anti-psychotics without a diagnosis will be reduced to below the provincial average. Track the number of GPA training sessions conducted throughout the year. Track the number of residents that attend community programs throughout the year.	By decreasing the number of residents receiving anti-psychotics without a Facility will provide 5 full day GPA training session throughout the year. To have 4 residents (under the age of 65) involved in community outreach	
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