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

VALLEY PARK LODGE
A DIVISION OF CONNED HEALTH CARE GROUP

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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)	53338*	27.54	21.00	to meet provincial standard		1)To decrease the visits to the ED to meet provincial average	track number of ED visits by the nursing department and causes	Monthly tracking of ED visits and reported to QIP and PAC	To review in September 2025 and February 2026	Not to include number of ED visits that result in admissions to hospital
											2)Educate families, residents, and POA's to the services the LTC can offer instead of going to the ED	Care conferences and meetings with families will be documented by the nursing department when going to the ED is discussed	To be monitored and reviewed all ED visits every 6 months (September and February) and discussed at QIP and PAC	To see trending toward goal by December 2025	
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	53338*	100	100.00	All employees and managers will complete this online education		1)All staff and managers will receive this training annually	Through the Surge education portal the data will be tracked as each person logins to complete the education. The manager assigned to track the education will provide quarterly updates of completion	monitor whether successful or not by the number of complaints from residents, families, and employees	We will review the complains or lack of at the PAC and QIP meeting in January 2026	
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	53338*	76.67	95.00	Aim is for a increase of over 20% in performance this year.		1)To improve the number of residents and/or families "to rate how well they feel we listen to them"	Each care conference the resident and family will be provided a survey which includes this question	At the initial and or annual care conference the family and/ resident will be provided a survey which includes this question. Surveys are done by either computer, survey monkey or paper for those who don't have access to the computer.	Goal to improve by 20% and receive 95% of the surveys completed	
											2)a better survey for both the families and the residents was created this year	The nursing staff will provide the new survey to the family and the resident annually at care conference	Survey will be completed more accurately at 95% return	To have 95% returned by December 2025	
		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	53338*	90	100.00	to improve 11.11% more from last year		1)To continue improving to 100%	Using the care conference to distribute the surveys and provide information to the resident and family	Quarterly we will review results of the surveys received via paper/email/survey monkey	95% of the surveys will be received with an outcome of 11.11% better performance by	
											2)To improve to 100% this year	The recreation staff will ask this question at the resident council each quarter and document response. 10 residents will be responding which indicates 1/4 of our residents.	10 residents attend the resident council which provides almost a quarter representation of the residents. This will be reviewed and compared to the number as entered in the survey monkey totals quarterly. This will provide a progress barometer if we are improving or	To improve by 11.11% over last year	
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	53338*	17.79	15.00	Would like to improve by 15%. This is significant due to one resident who had 320 falls last year.		1)To decrease our falls	Tracking through Risk management and the Fall Prevention assessment quarterly the number of falls per quarter.	The tracking will be done quarterly and presented at QIP and PAC meetings. The weekly follow ups will be done by the Falls Prevention team which includes physiotherapist to review the incidents, causes, and interventions	To decrease our falls 15% by December 2025	
											2)To improve the process of tracking, and analyzing falls	The use of the RNAO Falls Prevention assessment tool which includes a Falls Huddle for post falls assessment. The information collected can be analyzed quarterly to ascertain correct interventions	100% of the assessments will be part of the analysis to determine cause, and interventions quarterly. This will be reported to QIP committee and PAC	To improve by 15% this year in the falls by December 2025	We have a resident who by definition of a fall has had 320 falls in 2024. Due to
		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	53338*	15.45	10.00	To improve from current target		1)To improve by 35% from the previous year	Through the pharmacy data we will track the number of residents who don't have a diagnosis who are prescribed antipsychotic medication. This will be done quarterly and reported at QIP and PAC. The registered staff and physician will review this quarterly.	We will track the numbers from pharmacy quarterly. There should be quarterly adjustments based on the review by the registered staff and physician. Goal to decrease by 35%.	To have a steady decrease each quarter and achieve the goal be December 2025.	