

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



Orchard Villa LTC 1955 VALLEY FARM ROAD, Pickering, ON, L1V3R6

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)	53235*	36.36	30.00	As an organization, we believe that a target of 30.00 is both a measurable and an attainable goal. Through implementation of our change ideas, the home expects an improvement over the next 12 months	CNPS (Canadian NP Services) Community Paramedicine LTC+, MDs, CareRx Pharmacy, Lakeridge Hospital - Psychogeriatric Resource Consultant, Ontario Shores Centre For Mental Health Sciences	1)1) To reduce unnecessary hospital transfers, through the use of on-site Nurse practitioner and NP stat program (if available) and	1) Education and re-education will be provided to registered staff on head to toe physical assessment and the continued use of SBAR tool including proper documentation and support standardize communication between clinicians.	1) Number of education session of Registered staff that completed the comprehensive head to toe physical assessment and SBAR tool; 2) Number of SBAR format with proper assessment completed as communication process between clinicians per month	1) 95% of Registered staff will be educated on comprehensive head to toe	1)The Home is aiming for 95% Registered staff education due to Casual staff not
											2)2) Identification of any trends from the hospital tracker such as day of day, diagnosis, process for potential in house	2) Continue to use the hospital transfer tracking tool and review by the quality team during monthly quality meetings to identify trends, analysis and plan of correction to be implemented.	2) Percentage of avoidable ED visit decreased due to trend identification and corrective action implementation	2) Orchard Villa is aiming to have a 6% decrease in avoidable ED visits due to trend.	
											3)3) Discussion with resident and families during admission, 6 weeks post admission and annual care conferences on advance	3) Educate residents and families about the benefits of advance care planning and approaches to early sign and symptom detection, early treatment and preventing avoidable ED visits.	3) Number of resident and families educated on advance care planning and avoidable ED visits	3) 90% of resident and families will be educated on the importance of advance care	
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	53235*	96.23	100.00	Through education, the Home expects to have an increase understanding of this criteria by the end of December 31, 2025	RNAO Best Practice Guidelines, Surge Learning, CLRI - Centres for Learning, Research and Innovation in LTC, LGBTQIA2S+	1)1) To improve overall dialogue of diversity, inclusion, equity and anti-racism in the workplace	1) Introduce diversity, inclusion, equity and anti-racism as part of the new employee onboarding process through surge education. Cultural Diversity to be added as standing agenda at townhall and departmental meetings.	1) % of new and current staff educated on Culture and Diversity and current staff educated on Culture and Diversity by	1) 100% of new and current staff educated on Culture and Diversity by	
											2)2) To facilitate ongoing feedback/communication or open door policy with the management team regarding diversity and	Engaging in a diverse workforce and open to dialogue of variety of viewpoints and experiences, leading to more creative problem-solving and innovative ideas.	Number of inclusive and diverse communication discussion with management through departmental and townhall meetings as evident with an increase employee satisfaction survey result	90% of employee satisfaction survey results with increased satisfaction on	
											3)3) Re-creation of culture and diversity board representing and promoting relevant equity, diversity, inclusion and anti-	Identify prominent culture, ethnic background, religion and gender identities within the Home through surveys and re-creation of Culture and Diversity board	% of Participants of survey	90% of staff and resident participants by October 2025.	
Experience	Patient-centred	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	53235*	90.48	95.00	We aim to exceed current facility performance as we have exceeded the corporate average of 89.66% with a current performance of 90.20%.	RNPS (Registered Nurse Practitioner), Behaviour Support Ontario, Community Paramedicine LTC+, Pain Consultant	1)1) Review of Complaints and Concerns process in the home on admission, during annual care conference with resident and family as	1) Discuss with resident and family the Complaint and Concerns process including yearly re-training of staff	% of residents and families discussion during admission and care conferences by December 31, 2025; % of staff training in Surge Learning and live events	90% of resident, families and staff attended the discussion/ re-training by	
											2)2) To continue to engage residents in meaningful conversations during care conferences and allow them to express their	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	Number of all department meetings will have Residents' Bill of Right part of their monthly departmental meeting and emphasis on # 29, will be reviewed in a 3 months incremental starting April 2025 to ensure it is implemented as a standing agenda item.	100% of all staff and residents and families to have been re-educated on resident Bill of	
											3)3) Timely discussion and response completion of resident concerns through Resident Council Meetings regarding the operations of	Review of meeting minutes and acknowledgement of concerns with plan within the proper timeline of completion	Percentage of meeting with concerns acknowledge by the Executive Director or designate with plan of action response	100% of concerns acknowledge and responded in a timely manner	
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	53235*	19.75	16.50	We aim to attain a decrease of 3% from the current performance by December 31, 2025	RNAO Best Practice Guidelines, CareRx Pharmacy, CNPS Nurse Practitioners, Behaviour Support Ontario, Community Paramedicine LTC+, Pain Consultant	1)1) Re-education of falls program, specifically required assessment, intervention and documentation for post-fall	1) Education and re-education provided to registered staff on the completion of post fall assessment, intervention and documentation process	% of registered staff who have been educated/re-educated on Post Fall assessment, intervention and completion of post fall documentation.	95% of all registered staff to be educated/re-educated on the completion of post	
											2)2) Collaboration with Program department to implement meaningful activities and engage residents who are	Increase participation and activities for high risk residents with multiple falls and impact on number of falls	Number of programs residents participates and engagement during this implementation and the number of decrease falls during this timeframe	80% of resident engagement with decreased # of falls	
											3)3) Comprehensive post fall analysis in the development of resident plan of care and preventative measures to decrease injury related to	Engage in participation with RNAO Best Practice Coordinators to navigate falls processes and completion of GAP analysis	Number of meetings with RNAO Best Practice Coordinator	90% of staff participation during the Gap analysis and process	
Safety	Safe	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	53235*	31.15	25.00	We aim to have a realistic goal of 25% which is 6% less than our current performance by December 31, 2025.	Behaviour Support Ontario, PRC - Psycho-geriatrician Resource Consultant, Community Paramedicine LTC+, CNPS Nurse Practitioner, Medical Directors, Lakeridge Health, Ontario Shores Centre For Mental Health Sciences	1)1) Residents who are prescribed antipsychotics for the purpose of management of Responsive expressions, will have a	1) Timely Care plan and medication review on a quarterly basis for residents who receive antipsychotic medication for responsive expressions; 2) Timely referrals of resident to BSO, PRC, NP/MD for medication review and potential reduction	1) Number of medication review with changes to antipsychotic medications to either taper or discontinue; 2) Number of referrals to BSO, PRC, NP/MD for Antipsychotic without diagnosis of psychosis	80% of resident with antipsychotic medications without diagnosis of psychosis and	
											2)2) Conduct 6 weeks post-admission and annual care conferences meeting with resident and families the use of	During 6 weeks post-admission and annual care conference, the team will review with resident and families, reason for the de-prescribing of antipsychotic medication and interventions effectiveness in management of responsive expressions	Number of care conferences discussion on the importance of de-prescribing antipsychotic medications	90% of care conferences resulted in potential decrease or discontinuation	
											3)3) Ensure appropriate diagnosis of psychosis for residents with psychotic symptoms	Quality Manager in collaboration with the RAI Coordinator and Nursing Team to consult with MD/NP regarding residents who are being coded with psychotic symptoms who do not have a diagnosis to determine if diagnosis of psychosis is appropriate	% of residents with psychotic symptoms who receive a antipsychotic medication for a diagnosis of psychosis or other psychotic class diagnosis	60% of residents with psychotic symptoms and receiving antipsychotic	