

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



Craiglee Nursing Home 102 CRAIGLEE DRIVE, Scarborough, ON, M1N2M7

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)	51348*	20.86	20.00	Target is based on corporate averages. We aim to do better than or in line with the corporate average	NLOT, GMHOT, Care Rx, Ontario Shores, NP, ET Nurse, MD, Baycrest	1)Daily hospital visits tracker with rationale for transfer	The home will continue to track number of residents transferred to ED daily .	The home will evaluate reason for transfer to ED by tracking the number of residents that did not meet criteria for ED visit over the number of residents that transferred to the Hospital.	Facility will reduce avoidable ED transfers by 1% by December 31st, 2025.	
											2)Implement IV therapy starting April 2025.	Continue to utilize Nurse Practitioner for advanced physical assessment and staff education on identifying health conditions that warrant ED transfer ; NP to provide further guidance and training on IV therapy . Staff to review resident's condition prior to any ED	Number of the IV initiated in the home over the number of ED visits.	50 % of the residents requiring IV therapy will be managed within the home by	9 registered staff received IV education in February 2025.
											3)The introduction of Daily Hydration tracker.	Registered staff will track fluid intake daily of all residents and create a list of residents that have not met their goal for 3 consecutive days .Will follow with RD referral and hydration assessment.	Number of residents that triggered for hydration assessment over the total number of residents in the home.	100 % of the residents will be tracked and 100 % of residents that triggered will be	
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	51348*	100	100.00	Through education, the Home will have 100% of staff educated with a	RNAO Best Practice Guidelines, SURGE learning, LGBTQIA2S+, Rainbow Health	1)To offer training on neurodiversity and disability awareness in order to promote understanding and inclusion	Promote understanding and inclusion of individuals with diverse abilities through Surge learning modules and Corporate initiatives. Creating a culture where everyone feels valued ,respected and empowered to contribute by implementing cultural programs within	1) Number of staff who received education over total number of staff 2) Number of education sessions provided over the number of education sessions planned.3)Number of staff completing Surge learning modules.	100% of staff will attend Culture and Diversity education by December 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	51348*	93	95.00	The aim is to exceed the current facility performance. The home has exceeded the Corporate average of 89.65% with a current		1)Residents will be given an opportunity to be part of various meetings within the home .The home will continue to foster the open	1) Reeducate all departmental staff to enhance customer service skills ,emphasizing empathy, active listening and effective communication. 2)Discussions at monthly Nursing meetings, resident safety meetings, departmental meetings and town halls re resident bill	100% of staff will have education via departmental meetings on Resident Bill of rights #29 by December 31st,2025. 100% of CQI meetings will have invited a Resident and Family representative.	100% of staff will have completed the education on the resident Bill of rights #29 "Every	
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	51348*	10.28	9.00	The Home will aim to decrease current performance of 1% by December 2025.	BSO, Pain Consultants, Pharmacy, NP, RNAO, OT, PT	1)Increase staff engagement during post fall huddles.	Increase staff awareness of the importance of post fall huddles through regular education at the interdisciplinary residents safety meetings.	Number of participants at each post fall huddle over the number of post fall huddles.	50 % of post fall huddles will have interdisciplinary team participation.	
											2)Review care plans to ensure current falls interventions are effective .	Conduct care planning audits ,POC audits, reviewing care plan during the post fall huddles to ensure that current interventions are in place at the time of the fall, change in resident status and at a minimum of quarterly	Number of post fall assessments and audits completed. 2.Number of residents identified as high risk with appropriate interventions in place. 3. Number of care plans reviewed. 4. 5 % of audits will be completed monthly..	100% of residents will have Morse fall AX completed with identified risk as well as	
		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	51348*	17.72	16.00	The home will have a realistic goal of decreasing by 2% by December	BSO, Ontario Shores, GMHOT, Care Rx, PRC, NP, MD,	1)Improve the collaborative approach to reducing antipsychotic medication usage.	BSO team to meet monthly to review the scheduled 3 month medication review 2) BSO team will identify residents to be reviewed by the physician, including BSO team recommendations 3) Present BSO team recommendations to the physician and review	Percentage of residents assessed using the collaborative resources where their recommendations have been implemented to either reduce or discontinue antipsychotic medications	100% of residents using antipsychotic medications without the supporting	Progress on the reduction or discontinuation of antipsychotic medications will