

2025/26 Quality Improvement Plan
"Improvement Targets and Initiatives"

Niagara Health System 1200 Fourth Ave, St. Catharines, ON, L2S0A9

Long Term Care



AIM	Measure	Type	Unit / Population	Data Source / Period	Organization Id	Current performance	Target Performance	Target Justification	External Collaborators	Change	Planned improvement initiatives (Change Ideas)	Indicator	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) A= Additional (do not select if you are not working on this indicator) C = Custom (add any other indicators you are working on) O = Optional																
Quality dimension	Measure/Indicator	Mandatory Priority Additional Custom Optional										- We will not be working on this indicator! - We are performing well on this indicator (i.e. above provincial average) - We have included a custom indicator related to this theme! - We are prioritizing other areas of focus! - Other				
Equity - Equitable	Percentage of LTC NH Staff Members who have completed relevant equity, diversity, inclusion and anti-racism education.	O = Optional	NH LTC Staff	Local data collection	51585	34%	85%	NH priority to ensure a high percentage of NH Team Members have received this training. 85% is the goal to compensate for those who may not complete the training due to leaves, part-time, etc. who may still be captured in the staff data totals.	Collaborators include patient partners on DEI Committee and community agencies providing the training modules.	Change	Monthly audits of data and the sharing of the completion rates.		Audit data will be provided to unit managers to support their individualized plans to support staff in completing the training. Other strategies that will be used to support completion include: YouTube video option for group viewing, DEI video series link to the module which provides a certificate upon completion and highlighting the importance of completing this training during Celebrate Diversity Month.	Completion rates updated monthly	85% completion rate	
Experience	Do residents feel they can speak up without fear of consequences?	O = Optional	LTC residents	Patient Survey	51585	N=42 97.62%	98%	Patient experience is a priority for NH. 98% is the target as it will ensure that we maintain a high average for this item.		Change	Targeted staff education related to resident rights.		Develop and implement a staff education process (i.e., huddles, modules, lunch and learn, workshops) focus on ensuring staff understand resident rights and appropriate, respectful and collaborative methods for communicating with residents. Sessions to be developed with adult learning principles with interactive activities.	# of staff completing training # of trainings held	100% of front line staff and volunteers to complete training. 75% of EVC and other support staff to receive training.	
	Percentage of residents who responded positively to the following statement: "I can express my opinion without fear of consequences." (0-8 response)									Change	Leadership engagement at Resident Council Meetings		LTC Leadership will request a session with the resident council to obtain feedback from residents in relation to this survey item. This will then be integrated in to staff training to ensure current concerns and ideas are integrated in to the training.	# of meetings attended by leadership # of items incorporated into training	Bi-annual meeting attendance by Leadership - 100% of feedback incorporated in the training.	
	Do residents feel they have a voice and are listened to by staff?	O = Optional	LTC residents	Patient Survey	51585	N=42 100%	95%	Patient experience is a priority for NH. 95% is the target as it will ensure that we maintain a high average for this item.		Change	Review and updating of the Resident Handbook		Leadership, together with the resident council will review and update the resident handbook to ensure that information is included for residents regarding how to express their ideas and have a voice in their care. This will be reviewed and finalized in collaboration then distributed to current and future residents.	# of updated handbooks distributed	100% of residents both current and new admissions will receive the updated handbook	
Safety Effective	Worsened Pressure Injury.	O = Optional	LTC residents	CHI reported data	51585	10.69%	6%	The target was chosen as a step wise process to work towards the Ontario benchmark.		Change	Collaborate with the NH Pressure Injury Steering Committee to support key learnings for the ECU Skin and Wound Committee		An LTC Rep will be part of the PISC with the goal of taking learnings from this committee back to the LTC Skin and Wound Committee to support local unit action plans.	# of learnings shared, types of learnings shared and implemented	100% of learnings shared with PISC 100% of appropriate and feasible actions from the PISC implemented in the LTC	
	This percentage of long-term care residents whose stage 2 to 4 pressure ulcer worsened.									Change	Implementation of Staff Education to improve skin and wound care		Increase the educational offerings internally for staff and from outside external partners (e.g. external partner providing restorative care program with intent to maintain or restore resident abilities with ADL)	# of staff who completed annual training # of FSNs that completed Ministry-funded training # of Just-In-Time Huddles focused on skin and wound # of staff trained on restorative programming	100% staff are trained per program	