

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



Southbridge Ramphill 121 George Street West, Ramphill, ON, M5G 1G2

Area	Measure	Quality Dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators	Strategic Importance	Initiative / Change Model	Methods	Process measures	Target for process	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 = Comment (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	CIR CCES, CIR NACRS / On 1, 2023, to Sep 30, 2024 (Q3 to the end of the following Q3)	9662*	36.55	25.00	The home has steadily been improving over the past year. We have a process that has consistently helped on care gradually and plan to monitor in 25-26	NP NLCOT Ottawa Hospital	2)Reduce avoidable hospital transfers with the support of the on-site Nurse practitioners and NCO NP through the 2)NACRS opportunity and improve the overall clinical assessment of the Registered Staff through education in the month 2)NACRS 2)NACRS opportunity and improve the overall clinical assessment of the Registered Staff through education in the month 2)NACRS 2)NACRS opportunity and improve the overall clinical assessment of the Registered Staff through education in the month	2)Reduce avoidable hospital transfers with the support of the on-site Nurse practitioners and NCO NP through the 2)NACRS opportunity and improve the overall clinical assessment of the Registered Staff through education in the month	2)NACRS opportunity and improve the overall clinical assessment of the Registered Staff through education in the month	2)NACRS opportunity and improve the overall clinical assessment of the Registered Staff through education in the month	2)NACRS opportunity and improve the overall clinical assessment of the Registered Staff through education in the month	2)NACRS opportunity and improve the overall clinical assessment of the Registered Staff through education in the month	2)NACRS opportunity and improve the overall clinical assessment of the Registered Staff through education in the month
Equity	Equitable	Percentage of staff (executive level, 2025 or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / staff	Local data collection / Most recent consecutive 12-month period	9662*	100	100.00	Our target is expected to be 100% as this is a part of our mandatory education process	Community Based agencies in the area	2)Complete equity, diversity, inclusion, and anti-racism in the year	2)Complete equity, diversity, inclusion, and anti-racism in the year	2)Complete equity, diversity, inclusion, and anti-racism in the year	2)Complete equity, diversity, inclusion, and anti-racism in the year	2)Complete equity, diversity, inclusion, and anti-racism in the year	2)Complete equity, diversity, inclusion, and anti-racism in the year	2)Complete equity, diversity, inclusion, and anti-racism in the year
Experience	Patient-centred	Percentage of residents who responded positively to the statement "I can express my opinion without fear of consequence".	O	% / LTC home residents	In-house data, survey(s) survey / Most recent consecutive 12-month period	9662*	83.02	85.00	The home is fully committed to improving the resident's experience in all areas of care to ensure that the resident's voice is heard in this area.	2)Increase the home's patient-centred process with residents and staff and document in the resident's care plan	2)Increase the home's patient-centred process with residents and staff and document in the resident's care plan	2)Increase the home's patient-centred process with residents and staff and document in the resident's care plan	2)Increase the home's patient-centred process with residents and staff and document in the resident's care plan	2)Increase the home's patient-centred process with residents and staff and document in the resident's care plan	2)Increase the home's patient-centred process with residents and staff and document in the resident's care plan	2)Increase the home's patient-centred process with residents and staff and document in the resident's care plan	2)Increase the home's patient-centred process with residents and staff and document in the resident's care plan
Safety	Safe	Percentage of LTC home residents who fell in the 3Q days leading up to their assessment	O	% / LTC home residents	CIR CCES / July 1 to Sep 30, 2024 (Q3, in target quarter of rolling 4-quarter average	9662*	24.65	15.00	The home has experienced an increase in falls leading up to their assessment	NP NLCOT Ottawa Hospital	2)Complete Weekly Fall Huddles for each unit with the interdisciplinary team	2)Complete Weekly Fall Huddles for each unit with the interdisciplinary team	2)Complete Weekly Fall Huddles for each unit with the interdisciplinary team	2)Complete Weekly Fall Huddles for each unit with the interdisciplinary team	2)Complete Weekly Fall Huddles for each unit with the interdisciplinary team	2)Complete Weekly Fall Huddles for each unit with the interdisciplinary team	2)Complete Weekly Fall Huddles for each unit with the interdisciplinary team