	LONG-TERM CARE DIVISION
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INFORMATION ITEM:	2026 Quality Improvement Initiative Report
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CORPORATE DESIGNATED QUALITY LEAD:	Quality Assurance Manager	Lacy Wicks

PRIORITY SETTING PROCESS

North Lambton Lodge (the Lodge) has an Internal Quality Team which is comprised of members of the leadership team as well as the leads from a variety of programs (i.e., Falls Prevention and Management, Skin and Wound Care, Continence Care, Pain Management etc.) The team meets quarterly to discuss goal for programs, Quality Indicators, and offer suggestions for improvement based on the data presented. The working committee will provide suggested priorities based on:

- Analysis of performance data available from the Canadian Institute for Health Information (CIHI); with negatively performing areas and/or where benchmarking against the provincial average suggests improvement is required
- Elder, family and staff experience survey results
- Mandated provincial improvement priorities (e.g. Health Quality Ontario {HQO})
- opportunities for participation in projects through organizations (e.g. Ontario Centre for Learning, Research and Innovation in Long-Term Care {CLRI})
- Emergent issues identified internally (trends in critical incidents) and/or externally
- Input from Elders, families, staff, leaders and external partners, including the Ministry of Long-Term Care (MOLTC)

The Internal Quality Team's suggested priorities will be subsequently presented and discussed with the broader Quality Improvement Committee. This Committee has representatives from Residents' Council, Family Council, the Home's leadership team and mandatory programs, physiotherapy, pharmacy as well as the medical director. The committee will determine which indicators are most important for the Home and suggestions for appropriate actions are discussed. These initiatives form part of the

Home’s Continuous Quality Improvement Program in accordance with the Fixing Long-Term Care Act, 2021.

The Lodge will align the Quality Improvement Plan (QIP) that will be submitted to Health Quality Ontario (HQO) with the Quality Initiative indicators chosen through this process.

2026/27 PRIORITY AREAS

North Lambton Lodge’s (the Lodge) Quality Improvement Plan (QIP) focuses on high level priorities for the Home. The Home’s Internal Quality Improvement Team met to review a variety of indicators including the previous year’s Elder Feedback Survey, nursing indicators and internal data. Areas of opportunity were identified and presented to the Home’s Quality Improvement Council. In review of the data and planned action items, the Quality Improvement Council chose to highlight the following three indicators prioritized for 2026:

1) Elder and family experience
    a. Improve positive response to Elders’ involvement in decisions about their care and daily living
2) Safety
    a. Reduce the percentage of long-term care residents who fell in the last 30 days
    b. Reduce the percentage of long-term care residents whose stage 2 to 4 pressure ulcer worsened

All priority indicators and associated action plans will be monitored on an ongoing basis through monthly leadership meetings, quarterly Internal Quality Team meetings, and biannual Quality Improvement Committee meetings.

Performance data for clinical quality indicators, including falls and pressure ulcers, will be obtained quarterly through PointClickCare’s *Insights* reporting portal. This system provides access to Home-level data and provincial benchmarks, including CIHI comparators.

Indicator data will be analyzed and reviewed quarterly at Internal Quality Team meetings and biannually at Quality Improvement Committee meetings. Results, trends, and opportunities for improvement will be discussed, and action plans will be adjusted as required.

The Quality Assurance Manager and/or the Quality Improvement Coordinator are responsible for extracting, validating, and presenting the data to support ongoing monitoring and evaluation of quality improvement initiatives.

INITIATIVE #1: Improve positive response to Elders' involvement in decisions about their care and daily living
On the 2025 Elder Annual Feedback survey, the positive response to Elders' involvement in decisions about their care and daily living was 71%. For 2026 the goal is to increase the positive response rate to 80%.

The Lodge continues its commitment to enhancing Elders' involvement in decisions about their care and daily living, with a focus on improving positive satisfaction outcomes. Building on the 2025/26 Quality Improvement Plan, the Lodge will conduct targeted satisfaction surveys throughout 2026 to gather focused feedback and inform actionable improvement initiatives. As part of this work, Elders' bathing preferences will be reviewed and schedules updated to reflect current wishes, reinforcing choice and autonomy. Results from the annual Elder Feedback survey will be analyzed to identify emerging priorities and guide future areas of focus.

Additionally, a focus on the annual Care Conference will be prioritized. This includes standardizing the Care Conference structure to focus on the Elder's goals, preferences and quality of life as well as ensuring consistent interdisciplinary participation in the Care Conference meetings

Lastly, the Lodge remains committed to strengthening communication by exploring dedicated platforms that support more efficient and consistent information sharing.

To support achievement of this objective, the following process measures will be monitored throughout 2026/27:

- Completion of at least four (4) supplemental Elder satisfaction surveys throughout 2026
- Achievement of 90% interdisciplinary attendance at Care Conferences by the end of 2026
- Review and evaluation of at least one (1) communication platform or technology by March 31, 2027

Progress will be tracked through survey results, project documentation, and committee reporting, and will be reviewed by the Internal Quality Team and Quality Improvement Committee.

INITIATIVE #2: Reduction of the percentage of Elders who fell in the last 30 days
At the time of setting, the provincial rate for falls in the last 30 days was 15.9%. The Lodge's rate was 11.5%. The Lodge's goal is to reduce this rate to 10% by March 31, 2027.

To further reduce the risk of falls, the Lodge will implement a multifaceted prevention strategy. The Lodge will review falls-related technology, including alarming devices, and provide frontline staff education on falls prevention strategies and purposeful rounding.

Internal data related to falls will be reviewed and analyzed regularly identify trends and inform targeted interventions to reduce the number of falls that have occurred.

To support achievement of this objective, the following process measures will be monitored throughout 2026/27:

- Review and evaluation of at least one (1) falls prevention technology by March 31, 2027
- Completion of Purposeful Rounds training for 100% of direct care staff

Progress will be tracked through audits, education records, and documentation reviews and reported to the Internal Quality Team and Quality Improvement Committee.

<u>INITIATIVE #3</u>: Reduction of the percentage of Elders whose stage 2 to 4 pressure ulcer worsened

At the time of goal setting, the provincial rate for worsened stage 2 to 4 pressure ulcers was 2.2%, while the Lodge's rate was 2.29%. The Lodge's goal is to reduce this rate to 1.8% by March 31, 2027.

In response, the Lodge has identified several opportunities to strengthen skin integrity practices and reduce the progression of pressure injuries.

In 2026/27, the Lodge will implement a new skin and wound management process within the PointClickCare documentation system. This enhanced process will include the use of wound images to more accurately track healing progress and improve communication with care partners, including physicians and wound specialists.

The Lodge's Skin and Wound lead will be working with a Skin and Wound specialist to develop and implement standardized skin assessment and treatment protocols. This process will strengthen clinical resources to support timely and appropriate intervention

In addition, the Lodge will continue implementation of RNAO Best Practice Clinical Pathways. Registered Nurses' Association of Ontario (RNAO) Skin and Wound Assessment Pathway is anticipated to become available in 2026 and will be implemented as soon as possible to further strengthen evidence-based assessment, prevention, and management of pressure injuries.

To support achievement of this objective, the following process measures will be monitored throughout 2026/27:

- Completion of ChartPic training for 100% of nursing staff by March 20, 2026
- Completion of RNAO Skin and Wound Assessment training for 100% of nursing staff
- Completion of education for 100% of nurses on standardized skin impairment protocols

Progress will be tracked through audits, education records, and documentation reviews and reported to the Internal Quality Team and Quality Improvement Committee.

FEEDBACK SURVEY

The 2025 feedback surveys were completed in July 2025. The results were presented to the Residents' and Family Councils on November 18th and 19th, 2025, respectively. Both Councils were encouraged to provide any suggested actions or additions that the Lodge should be working on in response to the survey results.

The Elder Feedback surveys received responses from 65 Elders. Based on the results of the Elder's survey, the areas that received the highest satisfaction scores were cleanliness of the Home, feeling safe, respected and cared for. The areas for improvement include participating in decisions about care and daily living, including bathing, waking and bedtime, and food choices.

The Family and Caregiver survey received 59 responses. All sections received high levels of desired responses from 90% to 98%.

The Lodge prioritized improving person directed care in 2025. Training was provided to all staff related to providing choice to Elders at the Home.

The proposed 2026 surveys will be presented this spring to the Residents' and Family Council meetings to provide opportunities for input into the survey questions as well as how the surveys will be conducted. The planned survey period will remain between May and September 2026.

CONCLUSION

The Lodge's initiatives will be supported by existing and revised policies, procedures, and clinical protocols including Falls Prevention and Management, Skin and Wound Care, Person-Directed Care practices, and staff education standards. Policies and procedures will be reviewed and updated as required to support the 2026/27 quality improvement priorities.

Progress on the initiatives will be monitored through routine indicator review and Internal Quality Team meetings. Where targets are not being met, the Quality Improvement Council will identify and implement adjustments. Outcomes and progress updates will be communicated to Residents' Council, Family Council, and staff through council meetings, leadership meetings, and internal communications.

A formalized Quality Improvement Plan (QIP) has been submitted to HQO to outline the various change ideas/action items. These ideas have been discussed and determined by The Lodge's Internal Quality Team as well as their Quality Improvement Council. The Quality Improvement Council members have all reviewed the above report and have

provided input to assist with its creation. A copy of this report will be provided to the Residents' Council and Family Council. This report will also be posted publicly on the Home's website in accordance with legislative requirements.

The Long-Term Care Division will continue to look for opportunities to improve while providing the best possible care to the people living in the Homes.

For further information related to Quality Initiatives, please see the Quality Improvement Board or the Home's Administrator.