

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



Lady Dunn Health Centre 17 Government Road, Wawa, ON, P0S1K0

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	Timely	90th percentile ambulance offload time	P	Minutes / Patients	CIHI NACRS / For ERNI hospitals: Dec 1, 2023, to Nov 30, 2024 (Q1 and Q2)	686*	CB								
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	686*	CB	50.00	This is a reasonable target as our first step will be to complete an EDI education needs assessment and consequently develop the education and training plan.		1)All levels of staff to participate in relevant equity, diversity, inclusion, and anti-racism education.	Engage outside facilitators to provide relevant education.	Number of staff that complete education.	Work towards having all staff complete the relevant education.	
Experience	Patient-centred	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	54381*	71.43	75.00	As the resident population has changed in the past 6 months will work to maintain and increase the results by a step - 5%.		1)Mid-year check in with a short version survey.	Facilitate a short-survey regarding employee care and service.	Percentage of residents rating staff listening at a "9" or "10".	Works towards 75% for July.	
		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	54381*	85.71	85.71	target to maintain results and continue improving. Did not increase target as there has been a change in the resident population.		1)Resident Satisfaction Survey.	Annual Review.	Number of residents who respond to the top 2 positive responses.	Continue to improve rate to the target of 100% setting step targets to achieve along	Continue to engage with the both the Resident and Family Council
		Percentage of respondents who responded "completely" to the following question: Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?	O	% / Survey respondents	Local data collection / Most recent consecutive 12-month period	686*	75.86	80.00	Did not achieve previous target set out on last QIP - aim for same target with step increases of 5%.		1)Discharge follow up process.	Continue with Discharge follow up process and review trending of results.	Number of respondents who respond "completely" to "Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?"	Continue to work towards 100% setting step targets to achieve along the way	This question is also covered in our Inpatient Client Experience Survey
		Percentage of respondents who responded "completely" to the following question: Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?	O	% / Survey respondents	Local data collection / Most recent consecutive 12-month period	686*	75.86	80.00	Did not achieve previous target set out on last QIP - aim for same target with step increases of 5%.		2)Inpatient Client Experience Survey.	Continue with annual survey review.	Percentage of patients who respond "completely" to the following question: Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?	Continue to work towards 100% setting step targets to achieve along the way.	Given the small sample size our Discharge Follow up process is also included in the
Safety	Safe	Medication reconciliation at discharge: Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients	O	% / Discharged patients	Local data collection / Most recent consecutive 12-month period	686*	CB		Reporting not currently available in the EMR.		1)				We have added a custom indicator - Medication Reconciliation on Admission
		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	54381*	14.81	12.50	Our goal is to remain below the Ontario Average which is 17%.		1)Continue to educate staff, residents and families on fall prevention.	Annual Fall Prevention education for staff. Brochures for families and residents.	Number of falls per month and trends of multiple falls per resident.	Reduce number of falls overall and per resident.	With a small population, one resident represents 6.25%
		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	54381*	22.22	19.00	Our goal is to remain below the Ontario average performance.		2)Continue to complete postfall assessments to identify contributing factors and prevent reoccurrence.	Internal incident reporting and trending.	Decrease in the number of falls per month and trends of multiple falls per patient.	Reduce the number of falls overall and per resident.	One resident represents 6.25%
		Medication reconciliation at admission. Total number of completed medication reconciliations for all patients admitted to inpatient unit according to Accreditation Canada guidelines.	C	% / All inpatients	EMR/Chart Review / Apr 2025 - March 2026	686*	84	90.00	While our target is 100% we are using step goals to lead us to the target.		1)Medication Review Process.	Quarterly medication reviews and summaries of resident behaviors and identify residents who may benefit from an adjusted dose or discontinuation of antipsychotic medication.	Decrease in residents on antipsychotic medication.	Remain below the provincial standard.	One resident equates to 6.25%.
										1)Monthly review of results.	Review results and share with team identifying needs for process improvement.	Number of medication reconciliations on admission that meet the completion definition.	Work towards the 100% target with step goals in place.	EMR was implemented in June 2024.	