



## 2026/27 Quality Improvement Plan "Improvement Targets and Initiatives"

AIM	Measure					Change					
Issue	Quality dimension	Measure/Indicator	Performance at onset	Target	Target justification	Planned improvement initiatives (Change Ideas)		Methods	Process measures	Target for process measure	Comments
Equity	Equitable	Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	CB	50.00	Working towards 100% but, need to work in steps as working to facilitate in person sessions for the entire facility is challenging based on our access to resources.	1)All levels of staff to participate in relevant equity, diversity, inclusion and anti-racism education.		Engage outside facilitators and partners to assist in providing relevant education.	Number of staff that complete education.	Work towards all staff participating and completing relevant education.	Quality and Patient Safety Committee leading the initiative.
Experience	Patient-centred	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	85.71	90.00	Next step	1)Continue with the in-house Resident/Family Satisfaction Survey to encourage resident engagement.		Voluntary in-House Satisfaction Surveys distributed annually to both Residents/Family.	Track the number of positive responses proportionate to the number of responses received.	Increase our positive responses to 90% over fiscal 2026/27.	
						2)Share the results of the annual Survey with Staff so they know how the Residents/Family perceive how they are listening to them.		Provide the annual results to staff in order to assist them in improving their communications with the Residents/Family. Review the results with the Resident/Family Council.	Track the number of positive responses proportionate to the total number of responses and share with staff.	Increase our current performance to 90% over fiscal 2026/27.	
		Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	100	100.00	maintain performance	1)Continue with the Annual Resident/Family Satisfaction Survey in order to encourage engagement.		Annual survey distributed to Residents/Families. Have provided online option for Families.	Track the number of positive responses proportionate to the total number of responses received.	Maintain the number of positive responses received to the question.	
						2)Share results of survey with staff so they know how residents/family perceive their responses to them.		Share the annual results with staff in order to assist them in improving communications with the Residents/Families. Review the results with the Resident/Family Council.	Track the number of positive responses proportionate to the total number of responses; share with staff.	Maintain the number of positive responses received to the question.	
		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?	76.32	80.00	A step in working towards a greater target.	1)Continue Patient Satisfaction Surveys (Inpatient, Emergency Department, Nursing Centre)		Distribute the Patient Satisfaction Surveys to discharged patients immediately throughout each quarter.	Track the number of positive responses to the question proportional to the total number of responses received.	Improve our performance to 80% of patients discharged indicating they	
						2)Ensure handouts are available related to specific conditions; to be provided at discharge.		Review and update Discharge document ensuring information is adequate and correct, with references to the handouts that are available to be provided at discharge.	Track the number of positive responses proportionate to the total number of responses received.	Improve our performance to 80% of patients discharged indicating they	
					3)Improve Patient Satisfaction Survey response rate		Implement "short survey" with hard copy and online options to help improve response rate.	Track the number of responses received versus the number of surveys distributed.	Response rate at 30% or higher.		
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 discharged.	79.22	90.00	Working towards 100% but need to stabilize and have consistent process performance to get to the next step.	1)Review monthly/quarterly data at MAC meetings to identify areas of opportunity.		Tracking of Medication Reconciliation on discharge completion rate.	Improve overall Medication Reconciliation on discharge completion rate by 10% each quarter.	Increase in the number of completed Medication Reconciliations on	
						2)Workflow clarification - complete process requires "submit" and "finalize"		Tip sheets and reminders at the PC's	Improve individual physician completion rate monthly to ensure 10% overall improvement each quarter.	Increased number of completed Medication Reconciliations on discharge.	
						3)Provide individual physician feedback on completion rate.		Completion rate to be provided via email.	Improved individual physician completion rate monthly.	Increased number of completed Medication Reconciliations on Discharge.	
		Percentage of LTC home residents who fell in the 30 days leading up to their assessment	6.06	17.00	remain below provincial average	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.	Reduced number of falls overall and per resident.	With a small population, one resident represents 6.25%.
						2)Continue to complete postfall assessments to identify contributing factors and prevent recurrence.		Internal incident reporting and trending. Share quarterly reports with team to allow for discussion.	Decreased number of falls per month and trends of multiple falls per resident.	Reduced number of falls overall and per resident.	One resident represents 6.25%
		Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	27.27	19.00	work to be below provincial average. It should be noted that 6.25 equals one resident.	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%.