Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 27, 2025

CENTRE DE SOINS PROLONGÉS
ST. JOSEPH'S
CONTINUING CARE CENTRE

Ontario Health

OVERVIEW

St. Joseph's Continuing Care Centre (SJCCC) is a not-for-profit, accredited organization located in Cornwall, Ontario, along the St. Lawrence River. Established by the Religious Hospitallers of St. Joseph (RHSJ), SJCCC operates two key programs, St. Joseph's Villa, a 150-bed long-term care facility, and Hotel Dieu Hospital, a 58-bed rehabilitation hospital.

With a 126-year history, SJCCC continues the RHSJ Sisters' tradition of compassionate and holistic care for the sick, elderly, and vulnerable. This mission remains at the core of our values, driving our commitment to improving the well-being of seniors facing health challenges.

SJCCC acknowledges that it operates on the traditional territory of the Haudenosaunee and Algonquin peoples and remains dedicated to fostering respectful relationships with Indigenous communities.

SJCCC is proud to present our 2025-26 Quality Improvement Plan (QIP), focusing on key priorities:

1. Access and Flow

Percentage of Emergency Department (ED) transfers for a modified list of ambulatory care-sensitive conditions.

Percentage of discharge summaries sent to primary care providers (PCP) within seven days of discharge.

2. Safety

Percentage of patients who developed a new or worsened pressure ulcer during their hospital stay.

Essential Caregiver Pilot Project

SJCCC participated in the Essential Caregiver Pilot Project, a Great River Ontario Health Team initiative. This initiative is included in the Senior-Friendly Alternate Level of Care (ALC) Leading Practices report, submitted quarterly.

Under this program, caregivers receive specialized training at Cornwall Community Hospital and are provided with a lanyard and badge to identify them at participating agencies and facilities. An essential caregiver plays a critical role in ensuring the safety and well-being of patients and residents by providing emotional, cognitive, and physical support. They assist with daily activities, support decision-making, and serve as key members of the care team, actively contributing to care planning and discharge transitions.

Benefits of the Essential Caregiver Program:
Enhanced patient safety, quality of care, and people-centered care, leading to lower readmission rates, improved medication adherence, and better patient experiences.

Early identification of cognitive changes, enabling timely detection and treatment.

Improved accuracy in diagnosing conditions.

Reduced incidences of falls, sepsis, and psychological distress.

Strengthened discharge transition process.

Evidence-based research shows improved patient outcomes when caregivers are integrated into the care team.

Through these initiatives, SJCCC continues to uphold its mission of providing high-quality, compassionate care while fostering a supportive and engaged community for both patients and caregivers. To date there have been32 referrals sent and 21 family members have undergone training.

ACCESS AND FLOW

In the past year, St. Joseph's Continuing Care Centre (SJCCC) introduced a new rehabilitation gym, significantly enhancing the efficiency and effectiveness of our rehabilitation delivery model. This investment has led to remarkable improvements in patient outcomes, including a reduced length of stay and increased therapy participation.

Key performance metrics demonstrate the impact:

Discharge pace: Increased from 405 in June 2023 to 502 annually.
Average length of stay: Reduced from 49.13 days in 2023 to 39.8 days currently.
Physiotherapy sessions: Increased from an average of 148 minutes per patient per week in 2023 to over 200 minutes weekly.
Daily therapy visits: Averaging 85 physiotherapy (PT) and 45 occupational therapy (OT) sessions per day.The combination of individual and group therapy sessions has allowed for increased therapy minutes per patient while simultaneously reducing overall length of stay. These improvements were solely achieved through strategic scheduling adjustments and the expansion of our physical therapy space. No revisons or increases to staffing levels were required.

Remote Care Monitoring (RCM) Program: Our HDH RCM program is now in its fifth year of operation and continues to service our aging population in both French and English. The referrals are typically received after a patient's hospital discharge or after an episode involving paramedics, whereby monitoring is deemed necessary such as after a fall in the home. The RCM program served over 360 patients in the past fiscal year, a number that has seen tremendous growth during these past years.

In July 2024, we embarked on the a pilot project with Ontario Health to deliver RCM care to Francophones across Ontario. This project required a FLS partner in the primary care sector and through our involvement with the Great River Ontario Health Team (GROHT), we were able to identify and engage with the perfect partner the Centre de Santé de L'Estrie. We began our journey committing to 8 patients from our local area for the year. We have4 patients to date and we continue to have a great collaboration with L'Estrie to meet our targets. This partnership has opened the lines of communication, allowed for a smooth referral process, developed an ease in discussion, while advocating for our patients including an element of a warm handoff upon completion of the program.

This initiative allowed us to recruit for a Francophone nurse and this alone has seen a dramatic increase in the number of patients accepting care in french. Previously, we offered french services through a translator and had 5-10 patient's per year requesting french language services. Now that we can support our francophone patients in their preferred language, we have had 24 french patients since December 2024. In partnership with L'Estrie, we have been able to find more resources for our francophone patients, and we now are advocating for french language services.

Since November 2024, we have matched 17 patients to Primary Care Physicians in the community and 12 were patients who attended the rehab program at SJCCC and 5 were patients from the community. SJCCC has had 95 patients go through our centre since January 1st, 2025 with 6 of those being unattached for 16% of our population in that time frame. The average age of this group was 76 years old.

Ontario Health continues to support local initiatives that ensure patients receive the right care in the right place at the right time. Our expanded rehabilitation space and RCM Program both exemplify this model by assisting patients to regain their independence allowing them to safely remain in their homes longer and ultimately delaying the need for long-term care admissions.

EQUITY AND INDIGENOUS HEALTH

St. Joseph's Continuing Care Centre (SJCCC) recognizes the importance of fostering a culturally inclusive environment that supports the diverse backgrounds of our patients. As Ontario's aging population continues to grow, we acknowledge the evolving expectations of care and the increasing diversity within our community.

Cornwall is located near Kawehno:ke (Cornwall Island), part of the Akwesasne First Nation Territory, SJCCC values the opportunity to learn from and integrate Indigenous approaches to health and well-being. The Eastern Champlain region, in which Cornwall is situated, includes one of Canada's largest First Nation communities, further underscoring the need for culturally safe and responsive care.

SJCCC is committed to implementing equity-focused quality improvement initiatives that include the following:

Cultural Safety and Awareness Initiatives- All Board and Board Committee meetings commence with a land acknowledgment to honor Indigenous heritage and culture. Additionally, CLRI Diversity and Inclusion Calendars are displayed throughout the facility, highlighting cultural and spiritual observances.

SJCCC has established a People and Culture Committee that is open to all staff. This committee encourages discussions on cultural awareness and sharing of insights that promote inclusivity.

Policy Development and Indigenous Practices: A smudging policy has been developed and is set to be piloted. Further enhancements are being explored, including incorporating sacred practices such as the presence of the Eagle Feather at the bedside, dietary offerings, and staff training recommendations by Indigenous community members.

Trauma-Informed and Culturally Sensitive Care: In alignment with recommendations from the Patient Ombudsman's Resolution Pathways for Indigenous Patients and Families report, SJCCC is working towards embedding trauma-informed, anti-discriminatory policies. We are also collaborating with Indigenous patient navigators and the Mohawk Council Home Support Team to enhance discharge planning.

Indigenous Culture Safety training from an external provider has been implemented and is ongoing.

Working with cultural and faith based community organizations to connect patients to their services and including cultural activities into programming.

Our commitment to Cultural Competency and Diversity Plan is in our resident/patient handbook.

Emphasis by therapeutic recreational staff/Spiritual Care Specialist/Resident and Patient Relations Advisors to those at risk of isolation due to their cultural background.

Employee and Patient Support Initiatives: A Multi-Faith Reflection Room has been established for employees seeking a quiet space for reflection, meditation, or prayer.

Through these initiatives, SJCCC is actively fostering a more equitable and inclusive healthcare environment that respects and integrates Indigenous perspectives while addressing the broader needs of our diverse community.

PATIENT/CLIENT/RESIDENT EXPERIENCE

SJCCC considers patient satisfaction surveys an essential tool for assessing care quality, evaluating performance, and enhancing rehabilitation services. The feedback gathered is highly valuable and plays a key role in driving positive improvements.

Surveys are conducted monthly and reviewed quarterly and focus on key areas such as personal care, menu, staff responsiveness, rehabilitation, cleanliness, safety, and overall patient satisfaction. To promote candid feedback, all responses are kept confidential. When patients are unable to participate, family members are encouraged to provide feedback on their behalf. Once collected, the Leadership team analyzes the results to identify trends, track progress, and implement improvement strategies. Survey findings are also reviewed quarterly by the Board and QI committees.

Strategic Improvement Planning:
Key findings are shared with department heads to develop targeted, measurable strategies. A collaborative approach ensures all departments contribute to quality enhancements.

Family Engagement:
Family Councils members review survey results and offer insights and suggestions for improvement initiatives. Regular feedback sessions with patients and families promote transparency and continuous improvement.

PROVIDER EXPERIENCE

As part of SJCCC's strategic plan to become a magnet employer, employee recruitment and retention remain key priorities. Through strategic initiatives, SJCCC has successfully maintained its nursing workforce without the need for outside agency support, demonstrating a commitment to workforce stability and quality patient care.

Strengthening Onboarding, Orientation, and Education:

To improve workforce readiness and satisfaction, several enhancements have been made to the onboarding and education processes:

A part-time RN Clinical Scholar position was established through funding from the Communities of Practice (CoPs) initiative. This education-focused role provides mentorship and support for newly hired registered staff while also promoting knowledge-sharing and experience exchange among all registered staff. The initiative has been highly beneficial and well received.Employee surveys are conducted following new hire onboarding and completion of orientation sessions. Feedback has been overwhelmingly positive, indicating increased satisfaction and effectiveness of the process. The onboarding and orientation phase has been extended, with additional training days implemented for
Personal Support Workers (PSWs) and Registered staff. These training days focus on critical job functions
and hands-on equipment training to ensure competency and confidence in their roles.

Retention Initiatives and Incentive Programs:
SJCCC has leveraged grant funding through the Community Commitment Program for Nurses, which provides financial incentives for nurses who commit to a two-year employment term. Additionally, the PSW Initiative offers incentives for PSWs who commit to a 12-month term. These initiatives have been benefical in ensuring stability within our workforce.

Recognition and Engagement Initiatives:
To foster a positive work culture and recognize employee contributions, SJCCC has implemented the following initiatives:

Warm Welcome For New Staff: Photos of new employees are shared via email and displayed on
electronic boards throughout the facility to introduce and welcome all new hires to the organization.

Golden Heart Awards: A staff recognition program launched in the past year has been well received. Employees
and managers can nominate colleagues each month for demonstrating outstanding compassion, dedication, and leadership within their departments. Each month, three recipients are recognized and rewarded with
incentives such as free parking for a month or five free meals, and their name is entered into a draw at the
end of the year for a paid day off. Recognition write-ups are shared with all staff via email to celebrate
the achievements of nominees.

These strategic quality improvement initiatives have significantly enhanced recruitment, retention, and overall employee satisfaction at SJCCC. By investing in workforce development, expanding support programs, and fostering a culture of recognition, SJCCC continues to improve the quality of care provided to residents and patients while strengthening its position as an employer of choice in the healthcare sector.

SAFETY

At SJCCC, we are dedicated to continuously improving patient care through key upgrades that enhance safety, efficiency, and clinical outcomes.

Upgraded Mattress System-AtmosAir Velaris:
To enhance patient comfort and pressure management, SJCCC is transitioning to the AtmosAir Velaris therapy mattress as our new standard mattress. This mattress features reactive pressure redistribution, automatically adjusting to reduce pressure points and improve wound prevention and healing. Supporting a ‘One Surface Strategy’, it is suitable for a wide range of patient risk levels and care settings. Additionally, its firm perimeter enhances safety and helps reduce fall risks.

Advanced Diagnostic Capabilities- Onsite EKG Machine:
SJCCC is exploring purchasing an EKG machine to improve early detection of cardiac issues and reduce preventable emergency department visits. This diagnostic tool will assist clinicians in quickly ruling out cardiac concerns, enabling faster and more informed decision-making.

Improved Medication Management-Dispensing Cabinets:
To enhance medication safety and accessibility, SJCCC has purchased two medication dispensing cabinets, with plans to expand to one cabinet per floor. These cabinets will improve medication security and tracking, reduce medication incidents and increase workflow efficiency for staff.

Wound Care Huddles:
HDH has implemented wound care huddles on the hospital side. Wounds are reviewed during these meetings and interventions are discussed with key members of the team to improve pressure wound outcomes. A Wound Care Champion has been appointed to assist in supporting staff with wound care management and questions.

LifeLab Integration with PointClickCare (PCC):
The integration of LifeLab with PCC is scheduled to launch this year, providing seamless electronic access to lab and imaging results in a timely manner. This will enable quicker medical interventions, as test results will be automatically uploaded to residents' charts. By eliminating the need for manual tracking and follow-up calls for pending lab results, this streamlined process will enhance efficiency and support improved patient outcomes through earlier interventions.

Mealsuite Dietary Management Software- Our facilty implemented MealSuite in the fall to enhance the efficiency and quality of food service operations. This system streamlines menu planning and ensures that each patient's dietary needs are met, including texture modifications, allergies, cultural preferences, and individual food choices. Additionally, the "Always-Available Menu" provides expanded meal options, increasing patient satisfaction. By optimizing meal planning and food selection, MealSuite improves patient safety by reducing the risk of serving incorrect textures or allergen-containing foods.

These initiatives reflect SJCCC’s ongoing commitment to delivering high-quality, patient-centered care while improving safety, efficiency, and clinical decision-making.

PALLIATIVE CARE

Our organization is committed to enhancing the quality of care for patients who are faced with a life-limiting illnesses and transition into palliative care during their time at HDH. SJCCC will implement a comprehensive, structured approach to address their spiritual, physical, emotional, and social needs, ensuring a holistic care experience. Key actions will include:

Ensuring a clear, person-centered approach to pain management, symptom control, and other medical needs through thorough assessments at admission and periodically thereafter. The interdisciplinary team will collaborate during weekly huddles to review and address individual patient needs.

Continuing to provide dedicated space for spiritual care, including access to chaplain services and meditation, to align with patients' spiritual preferences.

Convening the Palliative Advisory Committee every two months to review individual cases and identify areas for ongoing improvement.

Identifying frail patient's early using the Rockwell frailty assessment, completed on admission or whenever there is a change in status.

Implementing continuous staff training to equip them with the necessary skills to meet the complex needs of patients and families, with a focus on empathy, communication, and cultural competence.

Strengthening communication with families during the palliative phase to ensure they are well-supported.

Developing a palliative progress note template to streamline assessments and standardize nursing documentation, improving consistency and quality.

Implementing shift-to-shift communication progress reports between RN staff to ensure continuity of care.

Revising the post-palliative family experience survey to capture more meaningful feedback, ensuring we continuously improve the quality of care provided.

POPULATION HEALTH MANAGEMENT

Our organization is deeply committed to partnering with a variety

of health service organizations to address the unique needs of people in the community. By working alongside other healthcare providers, community organizations, and non-traditional partners, we can create a comprehensive approach to population health management that focuses on both healthcare and the broader social determinants of health.

As part of our involvement with the Great River Ontario Health Team (GROHT), we are working collaboratively with local health providers, public health agencies, social service organizations, and community stakeholders to build a more integrated, person-centred approach to care. One key aspect of our work is the identification of populations with specific health and social needs. We utilize data and insights gathered from multiple sources to better understand the diverse needs of our community, ensuring that no one is left behind.

A significant focus of our efforts is on co-designing solutions with individuals who have lived experience of health and social challenges. These individuals offer invaluable perspectives, helping to shape care pathways that are not only relevant but also compassionate and effective. By incorporating their voices early in the design process, we ensure that our interventions are tailored to the real-world needs of the people they aim to serve.

For example, we are enhancing support for those with chronic conditions by creating programs that address not just their medical needs but also their social circumstances, such as access to food, housing, and social supports. Additionally, we are exploring innovative models for reaching marginalized groups, such as Indigenous populations and newcomers, to ensure that they receive the care and attention they deserve. The information gathered through our involvement with the GROHT has informed our programs and helps our organization implement programs in line with these findings.

In line with the RISE framework, we are focusing on proactive, integrated care that emphasizes prevention and early intervention. Our partnerships are grounded in equity, ensuring that all individuals have access to high-quality care regardless of their background or circumstances.

Overall, by collaborating with other organizations and involving people with a lived experience in the co-design process, we aim to create a more holistic, sustainable, and equitable health system that meets the diverse needs of our community.

Great RIVER ONTARIO HEALTH TEAM

ÉQUIPE SANTÉ ONTARIO DU Grand FLEUVE

EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

SJCCC is a small hospital specializing in slow-paced rehabilitation and does not have an on-site emergency department.

EXECUTIVE COMPENSATION

The hospital has only one executive position, namely the Executive Director (ED).
Executive compensation is no longer attached to performance indicators.

CONTACT INFORMATION/DESIGNATED LEAD

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SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan on **March 27, 2025**

Paul Desnoyers, Board Chair

Matthew Despatie, Board Quality Committee Chair

Lynn Theriault, Chief Executive Officer

Teodora Gal, EDRVQP lead, if applicable

Access and Flow | Timely | Custom Indicator

Indicator #1

Number of ED visits for a modified list of ambulatory care-sensitive conditions* per 100 patients in the slow-paced rehabilitation program. (Hotel Dieu Hospital - Cornwall)

Last Year		This Year		
22.20	**20**	**12.13**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Continue with the current process of reviewing all ED transfers and identifying trends based on HQO case sensitive conditions for patient's 65+ years.

Process measure

- Percentage of ED transfers that were considered avoidable and identifiable trends.

Target for process measure

- 100% of ED transfers for the targeted population will be tracked and analyzed.

Lessons Learned

ED transfers are systematically reviewed to ensure quality and improvement. Reviews take place weekly during HDH Committee meetings, monthly in PAC Committee meetings, and quarterly in QI meetings. This process will continue through the 2025/26 year as it has proven to enhance team awareness in situations of rising avoidable ED transfers and to support efforts to reduce them.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Risk assessment to be completed in PCC following each fall along with the MORSE Fall Scale.

Process measure

- The number of falls that occurred resulting in injury requiring an ED transfer.

Target for process measure

- 100% of falls will be reviewed by the Quality Lead to ensure appropriate follow up was initiated.

Lessons Learned

There were a total of 11 ED transfers as a result of a fall incident over the past 4 quarters.

Change Idea #3 ☐ Implemented ☑ Not Implemented

Early recognition of symptoms for patients with conditions that are listed on the HQO care-sensitive conditions list for ED transfers to improve outcomes.

Process measure

- Percentage of patients at a high risk for ED transfers experiencing significant changes to conditions that will be assessed in a timely manner allowing for timely access to care and symptom management.

Target for process measure

- Patients with care sensitive conditions to be assessed to further reduce avoidable ED transfers.

Lessons Learned

This idea proved to be a challenge to achieve. An increase in CHF transfers were noted which could have been prevented had a protocol been implemented.

Comment

Surpassed our target of 20.0%- current performance of 12.13%. Despite our success,we will continue to review this metric for 2025/26 QIP to further reduce ED transfers. Will explore a CHF protocol for staff to follow.

Indicator #2

Percentage of discharge summaries sent to primary care providers within 7 days of discharge from slow paced rehab program. (Hotel Dieu Hospital - Cornwall)

Last Year		This Year		
49.50	**60**	**60.29**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☐ Implemented ☑ Not Implemented

Provide weekly performance data and share with physicians/NPs regarding discharge summary completion.

Process measure

- Number of physicians who receive reminders when d/c summaries are due to improve performance.

Target for process measure

- 100% of MRP/NP will receive reminder emails when required.

Lessons Learned

The Discharge RN proactively notifies medical providers of due and overdue discharge summaries, contributing to improved completion rates. However, challenges arise during the summer months due to provider vacations, which impact completion statistics.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Continue with current process for auditing and monitoring discharge summary completion times and communicate the results with the MRP/NP and other key stakeholders.

Process measure

- Sharing of relevant information with the medical providers to improve performance.

Target for process measure

- 100% of medical providers will receive updates and information each month concerning d/c updates and status.

Lessons Learned

The Director of Quality Improvement provides updates and statistics at the monthly PAC meetings, ensuring ongoing evaluation and improvement. This intervention has proven successful, and we will continue this practice to maintain high-quality outcomes.

Comment

We will be contining with this indicator for the 2025/26 year QIP.

Experience | Patient-centred | Custom Indicator

Indicator #3

The percentage of patients who felt they received adequate information about their health and their care upon discharge. (Hotel Dieu Hospital - Cornwall)

Last Year		This Year		
CB	**75**	**93.30**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Update patient survey to include the question if they felt they received adequate information on their health and care at discharge.

Process measure

- Number of surveys collected

Target for process measure

- 75% of discharged patients will respond to the survey question.

Lessons Learned

Responses from discharged patients in the random sample population indicated high satisfaction and quality outcomes for receiving adequate informartion on d/c.

Comment

Surpassed our target of 75%. Current process for providing adequate information at discharge for their health and care provisions were determined to be exceptional. Will not be continuing with this indicator for 2025/26.

Access and Flow

Measure - Dimension: Timely

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of discharge summaries sent from hospital to community care providers 7 days of discharge. (%; Discharged patients ; Quarter 3; In house data collection)	C	% / Discharged patients	In-home audit / Quarter 1, 2 and 3	60.29	65.00	To continue to improve on this performance.	

Change Ideas

Change Idea #1 Provide weekly performance data and share with physicians/NPs regarding discharge summary completion

Methods	Process measures	Target for process measure	Comments
Maintain/update lists of discharged patient names in Google documents for MRP/NP to access and complete d/c summaries within the appropriate time-frame. Forward reminders via email to medical providers to alert when the 7 day date for completion is nearing.	Number of physicians who receive reminders when d/c summaries are due to improve performance.	100% of MRP/NP will receive reminder emails when required.	7 day window for discharge summary completion is more appropriate in this setting compared to 48 hour duration. Will continue to maintain a 7 day schedule.

Change Idea #2 Enhance the efficiency and accuracy of discharge summaries by implementing a dictation app, ensuring timely documentation and improved continuity of care.

Methods	Process measures	Target for process measure	Comments
IT to provide coaching and training to medical providers on the automated tool available for voice dictating on the PCC app.	A more streamlined and timely approach in completing d/c summaries.	100% of medical providers will be providing with training on the voice dictation app.	

Safety

Measure - Dimension: Safe

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of internally acquired pressure wounds (stages 2-4).	C	Count / All inpatients	In-home audit / Quarters 1, 2 and 3	CB	CB	This is a new indicator we are measuring to prevent pressure related skin issues.	

Change Ideas

Change Idea #1 Sustain ongoing improvements in risk assessment, prevention, and management of pressure injuries.

Methods	Process measures	Target for process measure	Comments
Conduct a review of pressure wounds during the weekly wounds huddles with the multidisciplinary team.	Number of pressure related wounds that are acquired in house.	100% of patients with pressure ulcers will be reviewed at the weekly wound huddles.	

Change Idea #2 Conduct audits on patients with acquired pressure injuries to evaluate contributing factors and assess the effectiveness and timeliness of interventions initiated at the onset of skin integrity impairment. This process will support continuous quality improvement and enhance preventive care strategies.

Methods	Process measures	Target for process measure	Comments
To ensure high-quality care, the RNAO Best Practice Guidelines (BPG) will serve as the standard protocol. Pressure-relieving interventions, including turning, repositioning, and offloading, will be initiated promptly at the earliest signs of pressure-related symptoms to prevent further complications and promote skin integrity.	The percentage of patients who had an assessment and interventions put in place at the onset of skin integrity impairment.	100% of patients with skin integrity concerns will have interventions in place.	

Change Idea #3	Enhance staff knowledge and clinical competency by delivering targeted wound care education during weekly wound huddles. These sessions will strengthen awareness, improve assessment skills, and promote evidence-based interventions for optimal wound management.		
Methods	Process measures	Target for process measure	Comments
NP provides staff at the weekly huddles with education on wound related issues. This information will be also sent to all nursing staff via email for their knowledge.	The number of staff who received education on wound care issues.	100% of registered staff will receive education during wound huddles and those not in attendance will receive education via email.	A key challenge is ensuring staff engagement and accountability, as it is difficult to verify whether staff have read the information shared via email. Implementing alternative strategies, such as interactive training or acknowledgment tracking, may enhance communication effectiveness.

Change Idea #4	The percentage of staff trained on the PCC Mobile Wound App to enhance the quality, accuracy, and effectiveness of pressure wound assessment and treatment.		
Methods	Process measures	Target for process measure	Comments
Nurse Educator to provide hands on training to all registered staff and to newly hired staff on the PCC wound care app.	The percentage of staff who have received training on the wound care app.	100% of registered staff will be trained on the PCC wound care app.	

Measure - Dimension: Safe

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of ED visits for a modified list of ambulatory care-sensitive conditions* per 100 patients in the slow-paced rehabilitation program.	C	Other / All patients	In house data collection / Jan 2025 to Jan 2026	12.13	11.00	Depite exceeding last year's target, we would like to continue to improve on reducing potentially avoidable ED transfers such as in situations with CHF.	

Change Ideas

Change Idea #1	Standardization of reporting process from nurse to nurse and nurse to medical provider.		
Methods	Process measures	Target for process measure	Comments
All registered staff to receive education on the SBAR tool by the Nurse Educator. SBAR tool education will be added to the orientation list.	Number of staff who received education on the SBAR tool.	100% of staff will receive education on tool.	Education to be provided to all current registered staff and new hires.

Change Idea #2	Continue with the process to audit, review and track all ED transfers. Identifying transfers considered avoidable based on the HQO list of conditions.		
Methods	Process measures	Target for process measure	Comments
NP to review all ED transfers weekly at the HDH Huddles; monthly at the Professional Advisory Committee meetings and quarterly at the Quality Improvement Committee meetings.	Tracking and measuring the number of ED transfers considered avoidable as per the list of care sensitive conditions listed.	100% of all ED transfers will be tracked and analyzed for trends in order to improve current processes and decrease the total number of residents needing to be sent to the ED.	

Change Idea #3	Improve care quality and reduce avoidable ED transfers for Congestive Heart Failure (CHF) exacerbations by implementing a standardized CHF protocol. This protocol will equip registered staff with clear guidelines and early intervention strategies to manage symptoms promptly, enhancing patient outcomes and minimizing the need for hospital transfers.		
Methods	Process measures	Target for process measure	Comments
A Nurse Practitioner CHF reference protocol will be developed to support registered staff in recognizing and responding to early signs and symptoms of CHF, ensuring timely interventions and high-quality patient care.	The number of registered staff who received education and training on the CHF protocol via the Nursing Educator.	100% of staff will be provided with training and education on CHF protocol.	