

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 24, 2026



OVERVIEW

Lanark Lodge is a municipally owned not-for-profit long-term care home with 163 beds, managed by Lanark County, located in Perth, Ontario.

Lanark Lodge remains committed to the priorities outlined in the 2023–2028 Strategic Plan:

1. Centre of Excellence: Providing exemplary care in a safe, quality focused environment.
2. Inclusion and Belonging: Ensuring individuality is respected and all voices are heard and valued.
3. Working Better Together: Collaborating and partnering for the wellbeing of residents, employees and the long-term care sector.

The 2026/27 Quality Improvement Plan (QIP) aligns with Ontario Health priorities, the Fixing Long-Term Care Act and its regulations. This year, Lanark Lodge will advance initiatives to improve access and flow, enhance resident experience, strengthen resident and staff safety, and support a respectful, healthy workplace. Our key areas of focus include:

1. Reduce potentially avoidable emergency department visits
2. Increase residents' confidence to share feedback without fear of reprisal
3. Reduce falls
4. Reduce the use of daily physical restraints
5. Ensure appropriate use of antipsychotic medications
6. Reduce workplace violence incidents

The QIP supports Lanark Lodge's mission to provide safe, resident-driven, quality-based care in a home-like environment.

ACCESS AND FLOW

Lanark Lodge is committed to ensuring residents receive timely and appropriate care while reducing unnecessary hospital transfers whenever possible. As a priority of the QIP, the home will enhance its ability to assess and manage changes in resident conditions within the long-term care environment.

To advance this goal, Lanark Lodge has introduced several initiatives aimed at improving early identification, decision-making, and care planning. The home will maintain a consistent review and audit process for hospital transfers to identify trends, opportunities for improvement, and instances where transfers may have been preventable. This ongoing assessment informs quality improvement efforts and aids in the development of effective strategies.

Lanark Lodge is also working to expand internal capacity by implementing clinical tools and technologies designed to support prompt evaluation and management of resident health concerns within the home. The interdisciplinary team will continue to facilitate meaningful conversations with residents and families regarding goals of care and the palliative care program. Our commitment extends to supporting residents throughout their life journey and assisting families during periods of transition.

Through ongoing collaboration with physicians, nurse practitioners, staff, and community partners, Lanark Lodge will further strengthen processes that ensure residents receive the right care in the right setting.

EQUITY AND INDIGENOUS HEALTH

Lanark Lodge recognizes the importance of advancing equity, diversity, and inclusion, along with providing culturally safe care within the home. Our Strategic Plan makes inclusion and belonging a priority, emphasizing respect for individual uniqueness and ensuring everyone's voice is heard.

Last year, internationally educated nurses joined Lanark Lodge and quickly became important members of our care team. Their successful integration has not only strengthened our workforce but also enriched our home by bringing in new cultures, perspectives, and experiences. Our staff remain committed to creating an environment where cultural safety and inclusion are central, making sure that all individuals feel respected and supported.

Residents, families, and staff are invited to participate in and appreciate the diverse cultures represented within the home. Recreation and social programs feature cultural activities that enable team members to present their heritage, including cuisine, music, dance, and beliefs. These initiatives offer meaningful learning experiences and strengthen interpersonal connections.

Lanark Lodge will continue to build on these efforts by promoting inclusive practices and encouraging continued education about equity, diversity, and culturally responsive care.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Delivering exemplary care and services to residents at Lanark Lodge remains a key priority. Facilitating opportunities for residents and their families to share perspectives and experiences is vital to continuous quality improvement and compliance with the Fixing Long-Term Care Act. Such feedback informs ongoing improvement initiatives and guides planning for the coming year.

Lanark Lodge actively engages residents and families through established forums including Residents Council, Council of Family and Friends, satisfaction surveys, care conferences, Food Committee, and interdisciplinary subcommittee discussions. These platforms enable individuals to express their views, offer suggestions, and participate in dialogue regarding the care and services provided within the home.

For 2026/27, Lanark Lodge aims to broaden feedback channels by introducing accessible digital options throughout the facility. QR codes are now available in multiple areas, allowing for real-time feedback from residents and families. Additionally, the electronic health record system has been optimized to facilitate mass messaging, enhancing responsiveness and timeliness in resident and family communications. New tools have also been implemented to capture feedback on environmental services, further aligning care delivery with resident needs and preferences.

All feedback collected through these mechanisms is reviewed by the Leadership Team and integrated into quality improvement initiatives ensuring that resident voices remain at the forefront of care and service enhancements at Lanark Lodge.

PROVIDER EXPERIENCE

Lanark Lodge is committed to fostering a positive and supportive work environment that emphasizes staff well-being, engagement, and retention. Establishing a workplace where team members feel respected and supported is fundamental to providing high-quality care to residents.

To enhance staff wellness, Lanark Lodge recently established a staff gym to support both mental and physical health. The home also has an active Spirit Committee that plays a significant role in bolstering staff morale through initiatives that promote positivity and peer recognition across all departments.

In addition, Lanark Lodge has been accepted into the JoinLTC program, designed to attract nursing professionals to careers in long-term care by offering targeted incentives in return for their commitment. The Lodge has also received approval for participation in the PLEDGE program, which introduces an experienced nurse mentor to guide and support both new and existing team members.

Through these strategic initiatives, Lanark Lodge seeks to strengthen recruitment and retention efforts while continuously fostering a culture of positivity and support within the home.

SAFETY

The safety and well-being of residents and staff are paramount at Lanark Lodge. The home fosters a culture of safety through consistent education, system enhancements, and proactive risk management strategies. As part of this commitment, the Leadership Team conducts monthly reviews of Employee Incidents to monitor and address potential knowledge gaps.

For 2026/27, Lanark Lodge will implement comprehensive educational initiatives building-wide to equip staff with the necessary tools for managing evolving resident behaviours. Training programs such as Gentle Persuasive Approach (GPA), Teepa Snow, and Dementiability are provided to ensure employees have the best opportunities to maintain personal and collective safety. Staff also have continual access to Employee Assistance Program resources to support their well-being.

Through these efforts, Lanark Lodge seeks to reinforce its culture of safety and sustain a secure environment for residents, staff, and visitors. Aligned with the Plan, Lanark Lodge has identified three primary resident safety concerns: falls, restraints, and antipsychotic medication usage. The home will enhance auditing practices for these areas and improve communication channels among all stakeholders involved in resident care. Additionally, various interventions—including targeted education, adjustments to staffing levels, and collaboration with external partners such as the Centre for Brain Health and Innovation—will be considered to advance safety outcomes for all residents.

PALLIATIVE CARE

Lanark Lodge maintains a palliative care approach centered on comfort, dignity, and informed decision-making. The home is dedicated to delivering high-quality, compassionate palliative care that supports residents and their families throughout the care continuum, including end-of-life.

In 2025, Lanark Lodge established a partnership with a palliative care coach from Bruyere to provide education for staff, volunteers, and families. This initiative aims to enhance knowledge, build confidence in providing palliative and end-of-life care, and foster understanding of home-based care practices.

For 2026/27, the objective is to introduce goals-of-care conversations during the six-week care conference, upon changes in resident status, and annually. These discussions ensure timely engagement with residents and families regarding their preferences and goals.

The Palliative Care Committee actively promotes education and awareness within the home. An end-of-life pamphlet has been developed to assist residents, families, and staff in understanding changes in condition, symptom management, and available support services.

Additionally, Lanark Lodge has implemented palliative care carts to offer comfort items and supplementary support to families during end-of-life care.

POPULATION HEALTH MANAGEMENT

Lanark Lodge understands that addressing the complex needs of residents necessitates robust collaboration with healthcare and community partners. The home actively partners with a range of organizations in the healthcare system to support residents and to ensure that services remain responsive to their changing needs.

With an increase in challenging behaviours and complex medical issues, Lanark Lodge remains focused on adapting care practices and reinforcing partnerships aimed at providing well-rounded, resident-centered care. The home works closely with local hospitals, Public Health, Ontario Health, the Ministry of Long-Term Care, Behavioural Supports Ontario (BSO), and other specialized providers.

Through these collaborations, Lanark Lodge remains committed to fostering integrated care approaches that boost health outcomes and improve resident quality of life.

CONTACT INFORMATION/DESIGNATED LEAD

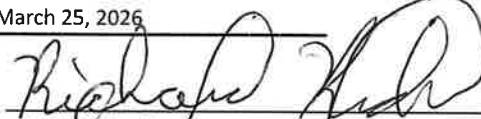
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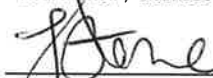
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SIGN-OFF


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 25, 2026


Board Chair / Licensee or delegate Richard Kidd


Administrator / Executive Director Shawna Stone


Quality Committee Chair or delegate Jenn Scott


Other leadership as appropriate Kurt Greaves

Access and Flow

Measure - Dimension: Efficient

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1, 2024, to September 30, 2025 (Q3 to the end of the following Q2)	4.96	4.50	Lanark Lodge is already well below the performance for this measure and as such would like to incrementally improve through more robust auditing.	

Change Ideas

Change Idea #1 Maintain current performance based on continued and improved auditing structure

Methods	Process measures	Target for process measure	Comments
Lanark Lodge will review and audit transfers as a Nursing Management Team and discuss preventative measures that could have been trialed prior to transfer. Work with physician group to determine transferring threshold.	Number of emergency transfers reviewed by nursing management.	100% of emergency transfers will be reviewed monthly by nursing management and 100% of transfers will be reviewed quarterly at Professional Advisory Committee.	Lanark Lodge will maintain our rate of emergency transfers through The Point Click Care tracking and ADT tracking organizationally to ensure comprehensive review.

Change Idea #2 Lanark Lodge will utilize in house technological resources to prevent unnecessary Emergency transfers.

Methods	Process measures	Target for process measure	Comments
Infection Control team will review urinary tract infection (UTI) and urine testing through Health Connex platform to determine trends and provide necessary education.	100% of Registered Nurses will be educated on Clintek Urinalysis machine to ensure optimization	30% of UTIs will be detected earlier and treated with in house antibiotic intervention.	Lanark Lodge has updated our electronic health record to include assessments that prompt staff to conduct in house urine collection and testing using Clinitek prior to considering Emergency transfer.

Change Idea #3 Lanark Lodge will have educated discussions with families around goals of care earlier in resident admission process. In addition increased education materials and training provided to all front line staff to have informed palliative care discussions.

Methods	Process measures	Target for process measure	Comments
All registered staff will complete goals of care discussions at 6 week care conferences and document in electronic health record. This will be reviewed while residents are under coding by the interRAI team to ensure completion.	All residents electronic health records will be reviewed quarterly while under coding.	90% of residents will have a discussion around goals of care at care conferences.	Lanark Lodge will continue to work with our Palliative Clinical Coach through Bruyere this year to advance palliative care and end of life planning. This coaching will support registered staff in having goals of care conversations and moving away from acute care planning and supporting families as required.

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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	65.00	85.00	Lanark Lodge in 2025/26 met this target at 80% and would like to reach a target more aligned provincially. Through more engagement with residents and modified ways to engage we hope to achieve this target hence the increased justification.	

Change Ideas

Change Idea #1 Residents will be encouraged to participate in Resident Council to work with coresidents and have structured forum to express themselves.

Methods	Process measures	Target for process measure	Comments
Lanark Lodge will have streamlined location for advertising of Resident Council Meetings. The goal will be that the information will be easy to locate and all staff will be able to reference if there is consistency throughout the Home.	Attendance records from Resident Council meetings.	5% increase of residents attending Council meetings monthly.	Total Surveys Initiated: 100 Lanark Lodge has worked to streamline the Home and in doing so now has neighbourhood communication boards in all four areas of the Home. We will seek to utilize these as a display to remind all residents about the meetings. Having these consistently displayed will help residents, staff and families all be able to easily locate which will hopefully encourage resident participation.

Change Idea #2 Utilizing QR codes for residents to share their opinions related to dietary and nursing feedback.

Methods	Process measures	Target for process measure	Comments
QR codes will be deployed throughout the home for residents to access independently or with the assistance of staff or families.	Number of surveys completed	10% of residents will utilize the QR program to express themselves by Q4 2026.	The QR program has already been successfully implemented for the dietary portion and we will look to build on that success and move into a nursing branch. This will allow residents to remain anonymous if they so chose hoping to build on the the resident experience.

Safety

Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of workplace violence incidents (Overall)	C	% / Staff	In-home audit / Q3	63.00	50.00	Lanark Lodge has seen a large change in our resident population in 2025/26 and as such there has been residents admitted with increased complexities. The home is taking a multilevel approach to managing the increased patient action episodes including leveraging Human Resources, the Health and Safety Committee, home wide training and modifications to the resident electronic health record for better communications to staff.	

Change Ideas

Change Idea #1 Review all Employee Incidents Reports to ensure proper reporting and completion of the forms, ensure there is appropriate follow up by assigned manager and determine employer/employee trends that need to be taken into consideration to prevent further occurrence.

Methods	Process measures	Target for process measure	Comments
Human Resources does intake of the Employee Incident Reporting will plot and draft monthly reports to be reviewed at Leadership Team meetings. Here the team will ensure that interventions have been put into place and appropriate response.	Number of Employee Incident Reports reviewed	100% of all Employee Incidents will be reviewed.	This process and continued follow up to WSIB (when required) has been ongoing but not reviewed in a more comparative way. This tracking will assist Lanark Lodge in highlighting concerns, any violence incidents and preventative actions the employer can implement.

Change Idea #2 Education to staff to prevent violent incidents and provide tools to utilize if they encounter a violent resident.

Methods	Process measures	Target for process measure	Comments
Lanark Lodge will track the staff who have participated in the education provided while simultaneously continuing to track the Employee Incident Reports to review if the number of violent incidents has decreased.	Number of staff who have participated in training	100% of staff will participate in behavioural support training.	Lanark Lodge has seen a high turnover of residents in the last fiscal year and in turn an increase in violent staff to resident interactions. There has been many different forms of optional training provided in 2025/26; however, at this time training will become mandatory.

Change Idea #3 All residents have a Violence Assessment Tool (VAT) completed upon move in to Lanark Lodge however this tool is not reviewed afterwards. The Home will change the frequency in which the VAT is completed and how it will trigger progressive alerts within the residents electronic health record. This change will help ensure all staff are aware of changes in resident condition and ensure staff and coresident safety.

Methods	Process measures	Target for process measure	Comments
VAT assessment will be completed annually Q1 as part of the nursing assessments completed by the Registered Nurse and as required based on any changes in resident status, involvement in critical incident and/or employee incident.	Number of VAT assessments	100% of residents will have an updated VAT annually.	The goal for this change idea is that it will help alert staff of changes in resident conditions and again be in a streamlined manner. Having these updates in the electronic health record ensure the messaging is communicated to nursing, PSW and recreation staff instead of manually passing along the information.

Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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 September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	19.61	17.00	Lanark Lodge believes this target is achievable through building on our restorative care program, modifying our PSW rotations to cover off high falls risk timing, and implementing a new visual cue for all residents and families.	

Change Ideas

Change Idea #1 Lanark Lodge has completed a review of falls; time of day comparative to number of PSW staff on the floor. In doing so the determination was made to adjust all PSW rotations to reflect better coverage of the neighborhoods which will result in less falls.

Methods	Process measures	Target for process measure	Comments
PSW rotations will change in Q2 and falls data will be reviewed in a comparative study from Q1 to Q3 after staffing change has commenced to determine effectiveness.	Number of falls that occur between 6:00 -8:00am and 1300-1500pm.	Falls between 6:00-8:00am and 1300-1500pm will decrease by 5% with new PSW rotations.	Lanark Lodge has reviewed other homes staffing models who had success with streamlined staffing and believe this will assist with resident safety and falls prevention.

Change Idea #2 Lanark Lodge Falls Committee will look to complete increased touchpoint with registered staff regarding high risk residents

Methods	Process measures	Target for process measure	Comments
The Falls Committee ADOC and Restorative Care Aid will highlight via email residents with 3 or more falls in the month/ time of day falling if trends.	Number of Risk Management Falls reviewed monthly	20% of falls will be prevented through monitoring and early detection	Lanark Lodge has seen great success with other programming when using email updates as another mode of dialogue amongst the nursing team. This email is a quick but efficient way to reach all nursing staff and highlight key residents of concern while being time sensitive.

Change Idea #3 Lanark Lodge will implement "falling leaf program" and educate staff of same. The program will consist of high falls risk residents having a visual cue above their bed to ensure new staff, visitors co residents have awareness and can escalate any safety concerns to nursing staff.

Methods	Process measures	Target for process measure	Comments
Education on program will be provided to all staff via our weekly huddle and families via the newsletter. Monthly audits of high risk falling residents will be completed by restorative care aid to ensure any changes to the residents at risk of falls.	Number of audits with no deficiencies.	100% of high risk fallers will have a leaf in place by end of Q1 2026.	Lanark Lodge will complete auditing using QRM through Surge Learning to assist with ensuring the program is capturing all residents. This program will assist the home with decrease in falls by earlier identification of high risk fallers using the visual aid.

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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 September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	27.54	20.00	The home has consistently elevated performance in this indicator and it is reviewed quarterly at PAC and pharmacy indicated that much of this is the physical location of the home in conjunction with the resident population. The target is based on provincially comparative homes and we hope throughout BSO program, deprescribing committee and collaboration with the Centre for Brain Health and Innovation we will be able to decreased our antipsychotic usage.	

Change Ideas

Change Idea #1 Utilize the Centre for Brain Health and Innovation (CABHI) funding and develop a program to intercept resident who may be inappropriately receiving antipsychotic medications for responsive behaviours.

Methods

Develop working group under the BSO program to highlight residents who would benefit from the CABHI project and develop workflow for early intervention prior to antipsychotic administration.

Process measures

Number of residents who were able to manage responsive behaviors without antipsychotic medications.

Target for process measure

5% decrease in residents participating in CABHI program need for PRN antipsychotic medications

Comments

Utilizing CABHI funding Lanark Lodge has purchased a CRDL music therapy tool that the working group is trialing on residents highlighted. We are very optimistic this will assist with residents experiencing social isolation and challenges communicating therefore decreasing the need for medication as intervention.

Change Idea #2 Working as an interdisciplinary team with PAC, BSO, Nursing Management and Registered Staff to create a robust deprescribing committee with quarterly reviews

Methods	Process measures	Target for process measure	Comments
Completing chart audits and rostering of residents on "antipsychotics tracking" to ensure review	Number of residents reviewed quarterly	100% of residents receiving antipsychotic medications will be reviewed quarterly	With the implementation of interRAI the lack of accessible reports has made deprescribing challenging however using the deprescribing committee will assist in either a. ensuring there is an appropriate diagnosis based on residents behaviors or b. the medication is deprescribed if it was inappropriately prescribed or no longer required.

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care residents in daily physical restraints	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	5.33	4.00	This is a realistic target that is manageable with physical rounding, education, as well as chart audits to ensure compliance. Lanark Lodge will strive to continually decrease restraints by 25% annually.	

Change Ideas

Change Idea #1 Complete home wide comprehensive education to all staff around use of restraints, PASD vs. restraints and proper documentation procedure.

Methods	Process measures	Target for process measure	Comments
Create small micro-sessions for education with Quality Improvement Team	Physical auditing of residents to ensure no inappropriate restraint usage and simultaneously utilizing restraint/PASD tracking tool.	80% of all staff will complete micro sessions by Q4.	Lanark Lodge will work as an interdisciplinary team towards a progressive decrease in restraint/PASD usage throughout the home by collaborating with Restorative Care Aid and Quality Improvement Committee. Lanark Lodge works with Behavioural Supports Ontario and has restraints as a standing item to review at monthly meetings.

Change Idea #2 Lanark Lodge will train registered nursing staff about PASD/restraints and deprescribing them on admission. Though this training nursing will have the capacity to remove seatbelts of residents who are inappropriately restrained coming from community prior to them ever having the visual cue in the home. Many residents are coming from hospital where the restraint usage is higher than long-term care and there are less regulations around restraint usage so it sets up the resident and care team in a negative direction.

Methods	Process measures	Target for process measure	Comments
ADP and Restorative Team will complete training with Registered Nursing how to remove seatbelts safely.	Number of seatbelts removed from residents wheelchair while in admission process.	5% of inappropriate restraints will be removed on admission	Lanark Lodge staff are more apt to utilize a restraint or PASD after they have already visualized it on a residents wheelchair. When we historically have tried to remove a restraint, staff can be apprehensive, more fear based than education. The goal of this change idea is that without visualizing a restraint it will shift mindset from reliance and seek out other behavior modalities more suitable for long-term care.

