

SUBMIT QIP

PROGRESS REPORT

NARRATIVE

WORKPLAN

2026/27 Quality Improvement Plan for Ontario Long Term Care Homes

Chippawa Creek at Bella Care Residence

Status: **SUBMITTED**

 EXPORT PROGRESS REPORT

To enter progress for a Measure/Indicator, click on the "EDIT" button under the ACTIONS column.

ID	ORG ID	INDICATOR (UNIT; POPULATION; PERIOD; DATA SOURCE)	DIRECTION TO IMPROVE	TYPE OF INDICATOR	PERFORMANCE STATED IN PREVIOUS QIP	PERFORMANCE TARGET AS STATED IN PREVIOUS QIP	CURRENT PERFORMANCE	PERCENTAGE IMPROVEMENT	ADDITIONAL COMMENTS AND PLANS FOR FUTURE IMPROVEMENT	RESULTS	ACTION
1	54403	Percent of resident who are satisfied with the temperature of the food and beverages (%; LTC home residents; Nov 2023-2024; In-house survey)	--	Custom	69.60	80.00	63.00		Current performance is 63% satisfied, however 29.6% reported neutral responses. We will continue to focus on food temperatures. We only received 27 responses, therefore 17 were satisfied and 8 were neutral with only 2 being dissatisfied.		

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2	54403	Percent of residents who are satisfied that the communication from the home leadership is clear and timely (%; LTC home residents; Nov 2023-Nov 2024; In-house survey)	--	Custom	66.00	80.00	70.30		Out of 27 responses, 19 are satisfied, 2 are neutral and only 3 disagree. There were some families that assisted the residents in filling it in and therefore stated it was not applicable to them.		
3	54403	Percent of residents who are satisfied with the quality of laundry services in the home (%; LTC home residents; Nov 2023-Nov 2024; In-house survey)	--	Custom	42.50	75.00	81.50		The home will continue to audit laundry processes and labelling practices to improve resident satisfaction. We had 22 out of 27 residents that were satisfied, 1 is neutral, 1 is dissatisfied, and 3 were not applicable.		
4	54403	Percent of residents who are satisfied with the the personal support staff (%; LTC home residents; Nov 2023-Nov 2024; In-house survey)	--	Custom	93.60	100.00	92.60		Out of 27 responses, 25 are satisfied, 2 are neutral and none are dissatisfied.		
5	54403	Percent of residents who feel their concerns are addressed in a timely manner (%; LTC home residents; Nov 2023-Nov 2024; In-house survey)	--	Custom	73.90	90.00	66.60		We had 18 residents who were satisfied that their concerns were addressed in a timely manner, 4 were neutral, 4 were not applicable and only 1 resident was dissatisfied out of 27 responses		
6	54403	Percentage of LTC home residents who fell in the 30 days leading up to their assessment (%; LTC home residents; July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average; CIHI CCRS)	↓	Optional	18.88	15.00	20.47	-8.42	We will continue to attempt to decrease falls using the current change ideas.		

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7	54403	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (%; LTC home residents; July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average; CIHI CCRS)	↓	Optional	33.33	20.00	53.57	-60.73	Along with the listed change ideas, we are hoping to implement the Gradual Dose Reduction Program with residents who fit the criteria		
8	54403	Pressure Injuries-Percent of residents who had a pressure injury that recently got worse-Q2FY 2025/2026, CCRS eReports-unadjusted (%; LTC home residents; CIHI Quarter 2; CIHI CCRS)	--	Custom	2.50	2.00	3.20		We now have a full time skin and wound nurse who is trained as a SWAN nurse who will be overseeing pressure injuries and working with skin and wound lead and the NP.		
9	54403	Restraints-Percent of residents who were physically restrained (Daily)-Q2 FY2025/26CCRS eReports-unadjusted (%; LTC home residents; CIHI quarter 2; CIHI CCRS, CIHI NACRS)	--	Custom	3.00	2.00	1.00		We will continue to strive to achieve a no restraint home. Currently we have one resident who has bedrails at family's insistence		

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