Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

May 16, 2026

Ontario Health

OVERVIEW

Three generations have operated Sandfield place for over 32 years. Sandfield Place takes pride in maintaining a culture of quality and continuous quality improvement. The quality improvement plan for the 2026-2027 year demonstrates alignment with both internal planning processes including strategic planning as well as objectives to ensure high quality of care to be provided to our residents.

We continuously work towards key strategic directives identified in our organization's strategic plan. The ongoing cultivation of a culture of quality service excellence is a key component in our mission and vision statement. We believe that quality can only be achieved through an interdisciplinary approach and focus. This year's QIP will focus on the ED avoidable emergency department visits, Restraints, Falls, the use of antipsychotic medications without a diagnosis and as well as Resident experience and engagement, and the whose stage 2 to 4 pressure ulcer worsened.

The objective of this QIP for 2026/2027 is to achieve and maintain optimum quality of care for Residents with respect to:
* Access and Flow - Avoidable ED visits in long term care and staff hand hygiene.

* Safety - Usage of antipsychotics with no diagnosis of psychosis, Falls, the use of physical restraints, and residents whose stage 2-4 pressure ulcers worsened.

Our administrator strives to ensure our residents receive the best care possible. We pride ourselves in the high standard we provide to our residents. We act promptly to identify and resolve issues pertaining to our residents, families, and staff. We provide a home

for residents and families to feel safe and understood. Management are receptive and approachable; further, fostering therapeutic relationships with our residents and families. Our facility continuously seeks out educational opportunities to impart knowledge and best-practices in the care we provide. We seek input and opinions from family members and residents to develop and review our policies while tailoring care-plans to the resident's needs. Comfort and care are values which we prioritize at Sandfield Place.

ACCESS AND FLOW

We want to keep our residents comfortable at home rather than sending them to the emergency department. We plan to attain this goal by providing registered staff education pertaining to goals-of-care to ensure staff understand to resident and family's wishes. We have also hired a nurse practitioner which compliments our medical director by assessing, diagnosing, prescribing, and evaluating plans for care. She is on-site 3 to 4 days weekly and acts as a valuable resource for our registered staff, families, and residents. She provides guidance and addresses health concerns promptly. We also plan to reduce emergency department visits by implementing the RNAO clinical pathway for falls, which encompasses falls risk screening and a comprehensive assessment upon admission, post-fall huddles, care plan modification, and falls interventions. This comprehensive assessment is to be completed within 24 hours of admission, quarterly, and upon significant change in status. We also want to ensure advanced care planning is current for all residents. This will be accomplished by reviewing code status upon admission, 6-week post admission care conference, upon significant change of status, and quarterly. Staff will review the desired code status with the resident, family, and care providers to implement shared-decision making.

Hand hygiene is another component of resident safety. Hand hygiene is pivotal to break the chain of infection. Our IPAC lead will provide multiple education sessions pertaining to hand hygiene, cleaning, vaccination, and PPE throughout the year with the goal of having all staff attend one sessions. IPAC education will also be provided upon hire at the staff orientation session. The IPAC lead and registered staff will also conduct hand hygiene audits to ensure staff compliance. These results will be tabulated monthly and reported quarterly by the IPAC lead at the professional advisory committee meets.

SAFETY

Resident safety is our priority and will be the main focus of this year's QIP. We plan to improve safety by reducing the use of unnecessary restraints. This will be accomplished through adherence to our least-restraints policy which stipulates alternatives must be attempted prior to considering a resident restraint. An assessment must be completed when considering the appropriateness of a restrain. The risk benefit analysis must be started within 24 hours of admission and completed by 72 hours. This assessments tabulate the professional opinions of the multidisciplinary care team to ascertain the viability of a physical restraint. Restraints use must be reviewed with the family, resident, and care team at care conferences 6-week post admission, quarterly, and yearly. The resident and family will collaborate with the staff to devise a care plan which promotes dignity and safety.

We also want to reduce the amount of stage 2-4 pressure injuries that worsen this year. This will be accomplished through ensuring a Braden scale is completed within 24 hours of admission to assess

for the risk of pressure injuries. Residents deemed as high-risk for pressure injuries will be provided a pressure redistribution mattress to relieve sustain pressure to bony prominences. Staff will refer to our registered dietitian when new or worsening pressure injury manifest. The dietitian can improve wound healing by recommending proper nutritional requirements and supplementation for optimal healing. A physiotherapist referral will also be created by registered staff upon admission and when new wounds develop. The PT will develop and appropriate mobility program to support optimal blood flow and reduce sedentary related pressure.

We plan to improve resident safety by reducing our total falls. Our falls and assessments are monitored on a monthly basis by the assistant director of care. We have recently implemented the RNAO clinical falls prevention pathway which screens for fall risk and comprehensively assess falls history. Registered staff completed this assessment upon admission to establish initial universal falls precautions and care plan. A post-fall assessment is completed after every fall to assess for injury and to revise the care plan for the initiation of a new falls prevention interventions. Recent falls will be reviewed at weekly "staff huddles" with management, registered staff, and nursing staff to review falls interventions and decide revisions to care plans. Falls prevention education will be provided to all newly hired staff and provided by the falls prevention committee yearly.

We plan to reduce the inappropriate use of antipsychotic medications. Our medical director and nurse practitioner review all medications upon admission, quarterly and yearly. This helps identify residents receiving antipsychotics without a diagnosis of psychosis. All staff will be provided the opportunity to attended behaviour mitigation and approach training e.g. GPA, PIECES etc. Our director of care will announce registration via our staff messaging system. The use of antipsychotics will be reviewed with family, residents, staff at admission, quarterly, yearly, and upon significant change of status at care conferences. We have incorporated a new RNAO clinical pathway for the screening and assessment of delirium. Registered staff will be prompted to completed this assessment as screening upon admission and as needed when symptoms of delirium manifest. This will help us identify delirium and intervene appropriately potentially reducing the inaprorpiate use of antipsychotics.

CONTACT INFORMATION/DESIGNATED LEAD

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Stephanie Kinnear, Administrator, Sandfield Place
613-933-6972 ext 23
Samantha Below, Director of Care, Sandfield Place
613-933-6972 ext 26
Sebastien Perrier, Director of IPAC and QI, Sandfield Place
613-933-6972 ext 30
Darren Stinson, Associate Director of Care, Sandfield Place
613-933-6972 ext 25

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 31, 2026**

Casey Saddlemire, Board Chair / Licensee or delegate

Stephanie Kinnear, Administrator /Executive Director

Sebastien Perrier, Quality Committee Chair or delegate

Darren Stinson, Other leadership as appropriate
