Bethammi Nursing Home

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

Quality Lead: Randy Middleton, Administrator
Bethammi Nursing Home
807-768-4418

St. Joseph's Care Group 35 Algoma Street North Box 3251, Thunder Bay , ON, P7B5G7

AIM		Measure								Change			
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) O= Optional (do not select if you are not working on this indicator) C = Custom (add any other indicators you are working on)													
Equity	**Equitable**	Percentage of staff who have completed relevant equity, diversity, inclusion, anti-racism education - Repairing the Sacred Circle 1 (All Staff) *EC	Custom	% / Bethammi Nursing Home Staff	in house data collection / April 2026 to March 2027	Bethammi Nursing Home	Apr to Sep 44.44% To date 56.52%	30% annually 60% cummulative	To meet organizational strategic goal of achieving 30%, 60% & 90% in 2025-26, 2026-27, & 2027-28 respectively	1. Offer additional RSC session at the Heritage site in the Georgian Room to support PR Cook, Bethammi, Diabetes, Manor House staff attendance.	1 Schedule dates/times of sessions, room location (Georgain Room) and communicate with all Bethammi staff. 2 Directors to encourage staff to attend RSC. 3 Regular updates with directors on quarterly performance	1. % of staff enrolled in RSC training 2. Monthly tracking of attendance at RSC sessions	Improve performance from 56.52% to 60% by March 31, 2027.
Experience	**Patient-centred**	What do you think about the overall dining experience in the Home? Response: Great	Custom	% / LTC home residents	In house survey (Touch The Table) / April 2026 to March 2027	Bethammi Nursing Home	27.40%	30%	10% improvement on the baseline	Improve the overall dining experience for residents of Bethammi Nursing Home	1. Increased live cooking sessions including looking at lunch and dinner. 2. Resident highlighted menu items. 3. Improved chair availability for family members, ordering additional chairs. 4. Food Council tastings for new menu items. 5. Working with Life Enrichment for live music over dinners. 6. Census program	1. Conduct a minimum of 23 Touch the Table surveys on each floor per month.	Improve dining experience from 27.4% to 30% by March 31, 2027.
Experience	**Patient-centred**	Do you feel that you can raise a concern about staff without it negatively affecting your (or your family members') care? Response: Yes Definitely	Custom	% / LTC home residents	In-house survey / April 2026 to March 2027	Bethammi Nursing Home	N/A	Baseline	New data collection method	1. Create an open communication pathway for families and residents to communicate complaints which they feel will not impact care.	1. Director of Care attending initial resident care conference to report on how to make a compliant and the complaint process. 2. Communication during family and resident council regarding the complaints process including whistle blower protection. 3. Highlight the whistle blower and complaints process in all newsletters. 4. Following each Resident Care Conference, residents and families are provided the opportunity to complete an anonymous survey question provided in a sealed envelope for them to respond if they feel comfortable raising concerns about staff. 5.Closing the loop on complaints (as able) by Administrator/Director of Care/Assistant Clinical Manager.	1. % of resident/family members provided survey question in a sealed envelope during a care conference.	Collect baseline data based on new process.

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Safety	**Safe**	Number of incidents of racism & discrimination reported by SJCG staff	Custom	Number / Bethammi Nursing Home Staff	In-house data collection / April 2026 to March 2027	Bethammi Nursing Home	2	Baseline	New Process initiated in 2025-26. Will use 2026-27 as the base year to strengthen establishment of the baseline.	1. Strengthen a structured quarterly ILS review process with HR, Occupational Health, and Indigenous Health	1. Quarterly meetings will be scheduled with HR, Occupational Health, and Indigenous Health to review ILS reports related to racism and discrimination. 2. Data will be reviewed for consistency, frequency, and emerging patterns over time. 3. Where recurring or notable issues are identified, preliminary action plans or monitoring strategies will be documented. 4. Outcomes, learnings, and any actions taken will be recorded and shared	1. % reviews conducted as scheduled per quarter.	Complete 100% of planned quarterly ILS review meetings to strengthen baseline data collection and inform future improvement initiatives.