Access and Flow in Long-Term Care: Analysis of the 2026/27 QIP Submissions

This summary shares insights from the Access and Flow section of the 603 Quality Improvement Plans (QIPs) submitted by long-term care homes for 2026/27.

Progress Report

Most common successes or enablers:

- Nurse practitioners and nurse-led outreach teams
- Staff education on early recognition and in-home treatment
- Structured communication processes, huddles, and audits

Most common challenges or barriers:

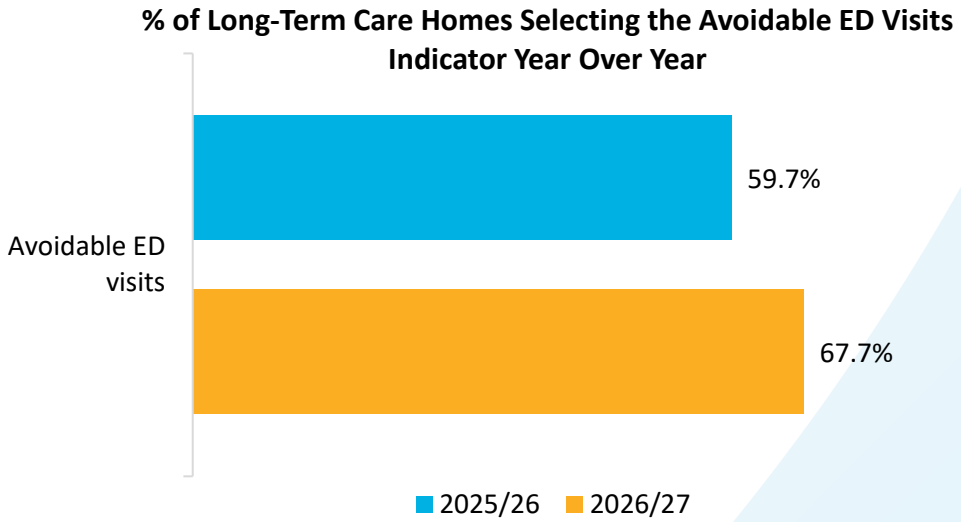
- Family/resident preference for hospital transfer
- Resident acuity and complex care needs
- Staffing shortages, turnover, and agency reliance

Workplan Performance

Progress on Priority Indicators

22.3 avoidable ED visits per 100 long-term care residents (↑ 0.6%)

Indicator Uptake for 2026/27



Common Change Ideas: Avoidable ED Visits

- Staff education on managing conditions in home
- Early recognition and proactive monitoring of condition changes
- Structured communication and escalation (e.g., SBAR)

Narrative Report Themes

- Partnerships with hospitals, Ontario Health Teams, Ontario Health atHome, IPAC hubs, and community providers to coordinate care
- Use of nurse practitioners, nurse-led outreach teams, physicians, and on-site diagnostics/IV therapy to deliver care in the home
- Initiatives to prevent unnecessary ED visits and hospital transfers by treating residents in the home
- Coordinated admission processes, care planning, and smooth transitions between home, hospital, and community
- Proactive screening, assessment, and monitoring tools to detect changes in resident condition before escalation

To review the data and learn more about the QIPs submitted across the province, visit Query QIPs.

Abbreviations: ED, emergency department; IV, intravenous; SBAR, situation, background, assessment, and recommendation.

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@OntarioHealth.ca. Document disponible en français en contactant info@OntarioHealth.ca

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