

Equity

Measure - Dimension: Equitable

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
We commit as an organization to complete the EDI in LTC assessment and planning tool developed by CLRI as an interdisciplinary team with the input and collaboration of our residents, families, staff and partners in 2024.	C	Number / Other	Other / 2024	CB	CB	Completing this assessment will help us in identifying what our organization and homes are doing well and how we can improve our equity, diversity and inclusion practices.	CLRI

Change Ideas

Change Idea #1 Completing this assessment will help us in identifying what our organization and homes are doing well and how we can improve our equity, diversity and inclusion practices. in the following 7 areas: 1. Planning and policy 2. Organizational Culture 3. Education and Training 4. Human Resources 5. Community Capacity Building 6. Resident and Family Engagement 7. Service Provision

Methods	Process measures	Target for process measure	Comments
Assessment Completion and Review with an interdisciplinary team using the feedback and collaboration of our residents, families, staff, and partners.	Assessment completed	calendar year 2024	Determine baseline to support action plan development.

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of resident who responded positively to the question: 'Did we meet your expectations?'	C	% / LTC home residents	In house data, interRAI survey / January 2024-December 2024	78.60	90.00	To gauge Resident's overall satisfaction	

Change Ideas

Change Idea #1 Increase Resident satisfaction, 'I can have a bath/shower as often as I want.'

Methods	Process measures	Target for process measure	Comments
Increase times of day offered to residents for bath. Reconfiguring bathing procedure. New bathing facilities in New Build providing separate bath a shower facilities.	Monitor quarterly Satisfaction Survey responses.	Increased positive responses to, 'I can have a bath/shower as often as I want.'	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Families who responded positively to "I would recommend this site/organization to others."	C	% / Family	In house data, interRAI survey / January 2024 - December 2024	96.50	95.00	To gauge client's and families overall satisfaction.	

Change Ideas

Change Idea #1 Increase Family Satisfaction; My family member can have a bath/shower as often as he/she wants

Methods	Process measures	Target for process measure	Comments
Increase times of day offered to residents for bath. Reconfiguring bathing procedure. New bathing facilities in New Build providing separate bath and shower facilities.	Monitor quarterly Satisfaction Survey responses.	Increased positive responses to 'My family member can have a bath/shower as often as he/she wants'.	

Safety

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 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	18.38	15.54	Recue Falls to meet Provincial Average.	

Change Ideas

Change Idea #1 Educate Falls Champions in the Home

Methods	Process measures	Target for process measure	Comments
Use RNAO Best Practice Guidelines. Surge education for Falls Champions. Monthly Falls Committee Meetings to develop strategies and interventions to reduce falls.	Monitor number of falls monthly, number of Falls Champions completed education, Falls Committee Minutes	Decrease number of resident falls in the home and meet provincial average.	

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 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	22.99	20.55	Meet provincial average	

Change Ideas**Change Idea #1** To receive appropriate diagnosis for residents using antipsychotics

Methods	Process measures	Target for process measure	Comments
Communicating with attending physician to review if residents qualify for diagnosis	Number of residents utilizing antipsychotics with appropriate diagnosis	Reduce current performance to meet Provincial Average.	

Change Idea #2 Monitor Usage of antipsychotics in the Home

Methods	Process measures	Target for process measure	Comments
BSO Team to review antipsychotic usage at bi-monthly meeting for identifying potential residents who could have reduction in antipsychotics	QIA data entry, number of antipsychotic review completed monthly	Reduce current performance to meet Provincial Average.	