Equity | Equitable | Custom Indicator

Indicator #4

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 (Peoplecare AR Goudie)

Last Year		This Year		
CB	**CB**	**100.00**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

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

Process measure

- Assessment completed

Target for process measure

- Calendar year 2024

Lessons Learned

EDI team has been formed, Equity, Diversity and Inclusion in LTC assessment and planning tool has been completed. This completed tool will guide us to identify areas we are performing well, areas for improvement and action plan aim to support culturally appropriate care while helping to foster an inclusive workplace.

Comment

Equity, Diversity and Inclusion in LTC assessment and planning tool has been completed as planned.

Experience | Patient-centred | Optional Indicator

Indicator #3

Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Peoplecare AR Goudie)

Last Year		This Year		
93.75	**95**	**75.00**	**-20.00%**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ **Implemented** ☐ **Not Implemented**

Increase in residents responding positively to this question - I can express my opinion without fear of consequences.

Process measure

- DOP and/or designate to complete surveys for all eligible residents, respecting those who decline to fill out a survey

Target for process measure

- All residents who qualify will be given the opportunity to complete or refuse as is their right.

Lessons Learned

Lats year we were able to collect only 19 surveys. With the support of the new team member added this year in the role of the Resident and Family Coordinator we are aiming to increase the number of the resoponses.

Change Idea #2 ☐ **Implemented** ☑ **Not Implemented**

Improving education with staff, focusing on new hires, regarding PeopleCare's Mission, Vision and Values.

Process measure

- Will review at leadership meetings schedule, will hold meetings with new employees quarterly.

Target for process measure

- Leadership will meet with all new hires over the next year.

Lessons Learned

Only a small part of the new team members were able to participate at the meetings. More meetings must be scheduled on all shifts.

Comment

With the support of the new team member added this year in the role of the Resident and Family Coordinator we are aiming to increase the number of the resoponses.

MVV meetings to be scheduled on a regular basis with a complement of leadership team participation to capture all new teambers and refresh education for existing staff.

Safety | Safe | Optional Indicator

Indicator #1

Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Peoplecare AR Goudie)

Last Year		This Year		
22.26	**21**	**16.12**	**27.58%**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Increased completion of post fall huddle assessments.

Process measure

- Falls numbers reviewed monthly at falls meetings - involving nurses, PSWS, falls lead, Physio. Review trends, discuss interventions, and share actual numbers at quarterly PAC meetings.

Target for process measure

- We will strive to have nurses complete accurate post fall huddle assessments as required 100% of the time.

Lessons Learned

Information regarding falls shared at quarterly PAC meetings, including breakdown by home area, identifying those residents that had a fall in the 30 days prior to MDS assessment. Discuss number of those resident that are identified as High risk for falls, repeat fallers, as well as interventions in place. We continue to have minimal injuries from falls.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Early identification of residents that are at risk for falls r/t infection.

Process measure

- Will see improvement number of falls monthly r/t to residents experiencing infection. Will review trends at monthly meeting and share at PAC and CQIC meeting.

Target for process measure

- Will see 100% improvement in early identification of those residents at risk.

Lessons Learned

Information discussed at quarterly PAC meetings, and bi-annually CQI meetings.

Residents displaying signs/symptoms of infection identified early, and reviewed at daily huddle meetings. Encourage nurses to follow UTI decision tree, and involve physician in early treatment for infections.

Change Idea #3 ☑ Implemented ☐ Not Implemented

Early identification of residents on secure home area that are at increased risk for falls r/t cognitive impairment.

Process measure

- Review falls notes/assessments weekly at minimum.

Target for process measure

- Reduction of the number of falls with/or without injury on the secure home area.

Lessons Learned

Residents that are new admissions to secure home area reviewed by admission nurse, BSO nurse if applicable and risk score is determined. Residents reviewed through daily progress reports - identifying potential risk for falls due to change in sleep pattern, physical ability and or medication changes.

Comment

We will continue to review residents monthly at falls meetings, including Physiotherapy, nurses, PSWS. Post fall huddle assessments will be completed when a resident has multiple falls in a short time frame - this will assist with identifying possible triggers and potential interventions.

	Last Year		This Year		
Indicator #2	**20.37**	**18**	**12.50**	**38.64%**	**NA**
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Peoplecare AR Goudie)	**Performance (2024/25)**	**Target (2024/25)**	**Performance (2025/26)**	**Percentage Improvement (2025/26)**	**Target (2025/26)**

Change Idea #1 ☑ Implemented ☐ Not Implemented

Early identification of those residents that do not have diagnoses upon admission.

Process measure

- Review medications with resident and family on admission day, when completing the NADV. admission assessment. Complete referrals on admission day.

Target for process measure

- Every resident admitted receiving antipsychotic medication will have necessary referrals completed and additional information collected.

Lessons Learned

We were successful in improving identification of residents without psychosis diagnosis + receiving antipsychotic medication, during admission process. Admission nurse reviews medication, and completes a BSO referral progress note. We communicate effectively with physician to add applicable diagnosis, or to determine whether decrease or discontinuation of antipsychotic medication is possible.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Discuss the percentage of resident receiving antipsychotic medication without psychosis at the PAC meeting.

Process measure

- PAC meeting minutes

Target for process measure

- 100% of resident receiving antipsychotic medication without psychosis will be reviewed at the PAC and BSO meeting.

Lessons Learned

Information reviewed at quarterly PAC meetings. We discuss those residents that are not removed from percentage r/t not having applicable diagnosis. Review our continued success with decreasing our overall percentage of residents without diagnosis receiving antipsychotic medication.

Comment

We were very successful in continuing to decrease our number of residents without diagnosis, receiving antipsychotic medication. Collaboration between front line nurse, BSO team, physician and pharmacy very effective. BSO team completing routine antipsychotic medication reviews.