

Equity

Measure - Dimension: Equitable

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	CB	100.00	Prioritizing Diversity, Equity and Inclusion practice aims to support culturally appropriate care and meaningful growth in long-term care while helping to foster an Inclusive workplace. Encouraging diversity can lead to increased innovation and Collaborative work environment.	

Change Ideas

Change Idea #1 To gain deeper understanding, DEI Leads will complete education program " Creating a Culture of Belonging: From Awareness to Action" which will provide tools and knowledge needed to foster a more inclusive and affirming environment for residents, care partners/care givers, and fellow team members.

Methods	Process measures	Target for process measure	Comments
Virtual education to be attended by all the DEI Leads.	The number of DEI Leads completed training on Creating Culture of Belonging: From Awareness to Action training.	100% of DEI leads will complete the training by the end of 2025, with ultimate goal to create and share the education with staff.	

Change Idea #2 Share information on equity, diversity, inclusion and anti-racism topics with residents by scheduling information sessions.

Methods	Process measures	Target for process measure	Comments
DEI Ambassador to attend resident council meetings by invitation to discuss equity, diversity, inclusion and anti-racism topics. Information will be also shared in monthly newsletters.	The number of information sessions offered/completed at the resident and family council meetings. Number of time the information was shared via monthly newsletters.	All members of resident and family council will at least attend one session in 2025. Quarterly newsletters will contain information about equity, diversity, inclusion and anti-racism topics.	

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Residents who responded positively to the following statement " This place feels like home"	C	% / Adult long stay home care clients	In house data, interRAI survey / Dec/23- Nov/24	73.75	80.00	The higher the better outcome for this Quality of Life Survey response.	

Change Ideas

Change Idea #1 Enhancing experience of existing residents and new admissions expected in new development home by adding Enhanced Artwork/Sensory Scapes throughout the home.

Methods	Process measures	Target for process measure	Comments
Sensory Scapes will be installed in the secure unit and throughout the home for visual enhancement. Sensory capes will be utilized to create a sense of home and community for residents to feel comfortable in their surroundings. This will be supported by Leadership Support Office and Delhi Management team installment.	Review the resident surveys quarterly and at year end, focusing on "Does this place feel like home". Review with the management team and at the Biannual Continuous Quality Improvement Committee Meeting to review success and future opportunities.	By November 2025 80% of Residents will respond positively to " This place feels like home"	

Change Idea #2 Improving admission process for residents and family members admitting a loved one into long term care as Delhi LTC home is growing and will be expecting to admit 82 new residents with opening of new and vibrant community in 2025.

Methods	Process measures	Target for process measure	Comments
Social Service Worker will meet with all new admission's families on day of admission and support them by providing information on Delhi Long Term Care, on family council, on Deborah Bakti's "The relational approach" and answer any questions new residents and their families may have about moving in the new home.	No. of admissions completed and No. of admissions supported by Social Service worker.	By November 2025 80% of residents will respond positively to "This place feels like home".	

Change Idea #3 All resident in new home will have a word cloud outside of their room sharing some of their interest, skills and accomplishment. Following the philosophy of "Meaningful care Matters".

Methods	Process measures	Target for process measure	Comments
The word cloud will be created by recreation and put out of each resident door. The word cloud allows staff to know a residents story and promotes residents to get to know one another. It encourages staff to initiate conversation and resident's to share their personal stories based on their interest, hobbies, accomplishments, etc.	Number of word cloud completed and placed outside of resident's room.	By November 2025 80% of residents will respond positively to "This place feels like home".	

Safety

Measure - Dimension: Safe

Indicator #3	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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	15.98	15.00	We are performing well on this indicator, Goal is to meet and keep it below the Provincial average.	

Change Ideas

Change Idea #1 Education will be provided to Registered staff on Falls Risk Prevention strategies, and tools that would most benefit a Resident based on the outcome of the Post Fall Assessment.

Methods	Process measures	Target for process measure	Comments
Falls lead to develop education based on best practice guidelines from RNAO around the post falls assessment, prevention strategies and care plan. Falls lead to review monthly falls and analyze data during monthly falls meeting in collaboration with physio team, can be tracked through monthly minutes. At this monthly review we will ensure the falls algorithm is being followed. Track % of resident fell with no care plan update and compare monthly. Annual falls prevention education done through surge and % of staff completed the education. Initiating falls strategy education provided by nursing led outreach team, staff attendance collected.	Monthly audits of Falls QI in the home and entry into PCC PAC Meeting review of Falls trends Quality meetings with review of Falls programs and 6 month QI presentation.	By Sept 2025 Percentage of Residents who Fell in the last 30 days will meet Provincial Average of 15.40%	

Measure - Dimension: Safe

Indicator #4	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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	23.57	21.60	Target goal is to improve by 8.36%, and meet provincial average.	

Change Ideas

Change Idea #1 Medical Director/Nurse Practitioner and BSO team will review all residents receiving antipsychotics and make changes accordingly.

Methods	Process measures	Target for process measure	Comments
Step 1: to ensure antipsychotic medication usage is validated, the admission nurse in consult with the medical director/Nurse Practitioner and or the BSO lead will conduct an in-depth review of medications upon First (admission) and routine (Quarterly) with interRAI LTCF assessments.	The BSO team will review and keep information on # of BSO referrals received, # of residents assessed for appropriate diagnoses, # of residents eligible to discontinue medications and the # of residents that are receiving antipsychotic medication.	All new admissions that are admitted with antipsychotic medications will be assessed by medical director, BSO and pharmacy to ensure diagnosis is accurate and if the medication is used appropriately.	The goal is to reduce usage of psychotropic medication usage by 8.36%

Change Idea #2 Review routine interRAI LTCF assessments for all residents triggering the quality indicator for accuracy prior to submission to IRRS.

Methods	Process measures	Target for process measure	Comments
RAI Coordinator will review all residents individually based on the triggered QIs under PCC insights, to ensure accuracy of the coding prior to submitting data.	RAI coordinator will Audit each interRAI LTCF assessment triggered psychotropic usage on a weekly basis.	100% of all residents on an antipsychotic medication will be reviewed.	Our Goal is to reduce usage of psychotropic medication by 8.36%.