

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 responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	CB	85.00	Residents will continue to be supported with expressing themselves to staff and be heard especially around likes and dislikes.	

Change Ideas

Change Idea #1 All residents who are capable to participate in the annual survey will have staff complete it with them.

Methods	Process measures	Target for process measure	Comments
Work on improved communication with staff about being active listeners. Communicating with interdisciplinary team members residents likes and dislikes.	Staff members to audit resident level of cognition to ensure all residents that are able to participate in resident surveys are completed.	Annual surveys completed with all residents are able to participate.	We have included a custom indicator related to this theme

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care-sensitive conditions per 100 long term care residents	C	Rate per 100 / LTC home residents	CCRS,NACRS, MOHLTC / January 1 to Dec 31 2025	42.00	32.00	Residents will continue to be supported to make decisions on their needs, Goal is to lower the number of ER transfers and provide required treatment for residents in home.	NLOHT team St Josephs HealthCare London, Dr.Tracey Hughes CMO PeopleCare Communities, Mobile X ray, Lifelabs, pro resp, Arvan, Medline, Family physicians

Change Ideas

Change Idea #1 NLOHT team to support and provide in house training to staff on nursing skills to enhance the delivery of care within house to avoid ER transfers

Methods	Process measures	Target for process measure	Comments
Increase Nursing knowledge of assessment skills, assessment of change in status of residents. Using SBAR to enhance knowledge gathering.	Numbers of ER transfers reduced	100% of residents will have documentation of advanced directives, SBAR assessments completed on all residents with a change in status to ensure communication to residents and families is accurate to let them know what services can be provided in house to avoid transfers to hospital Chart audits to be completed for review of assessments completed	

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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	23.26	21.00	Review Strategies and interventions of frequent residents with frequent falls and monthly meetings	

Change Ideas

Change Idea #1 To reduce the number of falls within the home and work towards meeting provincial average

Methods	Process measures	Target for process measure	Comments
Implementation of strategies within admission process, reviewing of residents with frequent falls. ensuring specific interventions to reduce falls and improve communication. Interdisciplinary approach to care	Identify high risk residents (4Ps) Interdisciplinary team discussion post falls to review triggers. Review of strategies in place and adjust ones that are ineffective.	Monitor number of falls at monthly meetings, interdisciplinary team to discuss strategies. Review care plans post falls to ensure measures in place are effective.	

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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	26.92	23.00	Reduce our antipsychotic usage without an appropriate diagnosis	Care X pharmacy

Change Ideas

Change Idea #1 Director of Resident Quality to review admission orders and follow up with physician teams to ensure diagnosis is in place. Quarterly med reviews also to be audited for no missed diagnosis.

Methods	Process measures	Target for process measure	Comments
Regular review of those residents that are on antipsychotics medication's to ensure that they have a medical diagnosis and reason for its use, ensuring its documented by auditing physicians that all orders upon admission and at quarterly medication reviews.	Monitoring usage of antipsychotic drug usage with the support of the pharmacy team and our DRQO team	95% of all residents receiving antipsychotic medications will be reviewed to have appropriate diagnosis to validate usage	