

Equity | Equitable | Custom Indicator

Indicator #5	Last Year		This Year		
	CB	CB	100.00	--	NA
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 Tavistock)	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 | Custom Indicator

Indicator #4	Last Year		This Year		
	78.60	90	50.00	--	NA
Percentage of resident who responded positively to the question: 'Did we meet your expectations?' (Peoplecare Tavistock)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

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

Process measure

- Monitor quarterly Satisfaction Survey responses.

Target for process measure

- Increased positive responses to, 'I can have a bath/shower as often as I want.'

Lessons Learned

CPS requisite for residents completing survey changed leading to few surveys being completed.
Conversations regarding baths increased during the year. Q4 was the moved to the new building - many new residents and families unaware of the bathing schedules.

Comment

Monitor resident routines during adjustment period and transition to new Build. Will continue to discuss bathing schedules and procedures at Care Conferences.

Indicator #1	Last Year		This Year		
	96.50	95	89.19	--	NA
Percentage of Families who responded positively to "I would recommend this site/organization to others." (Peoplecare Tavistock)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

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

Process measure

- Monitor quarterly Satisfaction Survey responses.

Target for process measure

- Increased positive responses to 'My family member can have a bath/shower as often as he/she wants'.

Lessons Learned

Q1 - 22.22%
Q2 - 45.45%
Q3 - 71.43%.
Q4 - 57.15

Conversations regarding baths increased during the year. Q4 was the moved to the new building - many new residents and families unaware of the bathing schedules.

Comment

Monitor resident routines during adjustment period and transition to new Build. Will review bathing schedules at Care Conferences.

Safety | Safe | **Optional Indicator**

Indicator #2	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Peoplecare Tavistock)	18.38	15.54	20.75	-12.89%	15.52

Change Idea #1 ☒ Implemented ☐ Not Implemented

Educate Falls Champions in the Home

Process measure

- Monitor number of falls monthly, number of Falls Champions completed education, Falls Committee Minutes

Target for process measure

- Decrease number of resident falls in the home and meet provincial average.

Lessons Learned

As we transitioned into a New Build in Q4 2024, 47+ new residents were admitted and an increase to new PSW staff introduced to the Home - taking time to become accustomed to resident routines and needs. Falls are decreasing as we settle into our new Home.

Comment

Reintroduce Falls Champions in the Home. Will monitor resident adjustment to new surroundings.

Indicator #3	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Peoplecare Tavistock)	22.99	20.55	23.60	-2.65%	19.65

Change Idea #1 ☒ Implemented ☐ Not Implemented

To receive appropriate diagnosis for residents using antipsychotics

Process measure

- Number of residents utilizing antipsychotics with appropriate diagnosis

Target for process measure

- Reduce current performance to meet Provincial Average.

Lessons Learned

47+ new resident admissions to new Home - some being admitted on antipsychotic medications - takes time to adjust medications if required.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Monitor Usage of antipsychotics in the Home

Process measure

- QIA data entry, number of antipsychotic review completed monthly

Target for process measure

- Reduce current performance to meet Provincial Average.

Lessons Learned

BSO Nurse to continue engagement with Physician to monitor usage of antipsychotic use in the Home. Pharmacy review monthly and at PAC quarterly.

Comment

Continue to monitor usage and new resident diagnosis and appropriateness of antipsychotic medications.

