

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 Families who responded positively to "I would recommend this site/organization to others."	C	% / Family	In-house survey / January 2025-December 2025	89.09	95.00	To gauge client's and families overall satisfaction.	

Change Ideas

Change Idea #1 Increase Family Satisfaction; My family member can easily go outdoors.

Methods	Process measures	Target for process measure	Comments
Increased communication regarding available outdoor spaces via Newsletter, Resident Council, Family Council. Encourage outdoor visits with family and visitors. Increased outdoor programming.	Monitor quarterly Satisfaction Survey responses.	Increased positive responses to 'My family member can easily go outdoors.'	Will continue to discuss bathing schedules at Care Conferences

Measure - Dimension: Patient-centred

Indicator #3	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 survey / January 2025-December2025	50.00	90.00	To gauge Resident's overall satisfaction	

Change Ideas

Change Idea #1 Increase Resident Satisfaction: I can easily go outdoors.

Methods	Process measures	Target for process measure	Comments
Increased communication regarding available outdoor spaces via Newsletter, Resident Council, Family Council. Encourage outdoor visits with family and visitors. Increased outdoor programming.	Monitor quarterly Satisfaction Survey responses.	Increased positive responses to, 'I can easily go outdoors'.	Will continue to discuss bathing schedules at Care Conferences

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	20.75	15.52	Reduce 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 or exceed provincial average.	We are a Least Restraint Home. Goal to reduce injury during a fall. Active Physio program and nursing restorative program in place to increase mobility and strength.

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	23.60	19.65	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 or exceed Provincial Average.	Noted increase in resident admissions already on antipsychotics.

Change Idea #2 Reduce current performance to meet Provincial Average.

Methods	Process measures	Target for process measure	Comments
BSO Team to review antipsychotic usage for identifying potential residents who could have reduction in antipsychotics on an ongoing basis. Quarterly Med Reviews by physician completed.	QIA data entry, number of antipsychotic review completed monthly	Reduce current performance to meet or exceed Provincial Average.	