

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	33.33	75.00	Goal to have all Executive Level Staff, and DEI Committee members trained using relevant Equity, Diversity, Inclusion and Antiracism course material. The more staff that have been provided with this training the more knowledge People Care will have as a Corporation to develop Supportive DEI programs within all homes. This will enhance an already robust multicultural/diverse and equitable environment that is fostered in all People Care homes.	

Change Ideas

Change Idea #1 People Care LSO to Develop Terms of Reference for Diversity, Equity, Inclusion, and Antiracism committee's at a corporate level.

Methods	Process measures	Target for process measure	Comments
- Each People Care home including AR Goudie, to establish individual DEI Committees, that will work together with Leadership Services to establish terms of reference and related policies focused on DEI.	Leadership Meeting Monthly- review of QIP progress with all internal Leaders at each individual home - Continuous Quality Committee will meet q 6 months with stakeholders to review progress of QIP - Quarterly Professional Advisory Committee Meeting - Review of QIP progress with multidisciplinary professionals.	By September 2026, AR Goudie Kitchener will have an established DEI Committee that is meeting monthly with specific terms of reference to guide their mandate.	

Change Idea #2 Expanding scope of Diversity, Equity, Inclusion, and Antiracism education (Creating a Culture of Belonging : from awareness to action workshop) sponsored by Ontario CLRI, RIA Research institute for aging, and Bruyere health, over the next 6-12 months from core DEI Committee members, to all leadership team members and the remainder of DEI committee members.

Methods	Process measures	Target for process measure	Comments
- Invitations to DEI committee meetings to develop an expanded group of people that will contribute to an educational framework plan.	-Progress will be reviewed monthly at Leadership Meetings, quarterly at the Professional Advisory Committee, and semi-annually at the Continuous Quality Committee with stakeholders. - Percentage of leadership team members and DEI Committee members who have completed DEI/Anti-Racism education sessions.	By the end of the 2026/27 QIP year, 100% of leadership team members and DEI Committee members will have participated in at least one "Creating a Culture of Belonging: From Awareness to Action" DEI/Anti-Racism education session, with progress reviewed through established governance forums.	

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 statement: "I can express my opinion without fear of consequences".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	90.65	95.00	Over the past year 90% of AR Goudie Residents reported they are comfortable expressing themselves without fear of consequences. This has shown to be a successful change idea outcome, with evidence that initiation of the new RFC position has made a very big impact on building trust in the home community. Home's goal is improve to 95 % therefore this Opportunity will be continued to the next QIP 2026/27 year as we move closer to this expressed goal, and as identified by the MOH as a priority QIP.	

Change Ideas

Change Idea #1 Enhance resident satisfaction by strengthening communication, responsiveness, and engagement through consistent review of resident feedback, survey data, and Resident Council input, and by implementing targeted actions that address identified themes and concerns.

Methods	Process measures	Target for process measure	Comments
<p>1. Review resident satisfaction survey results, compliments/complaints, and Resident Council feedback monthly to identify recurring themes (e.g., communication gaps, unmet preferences, dining experience, personal care routines, environmental comfort).</p> <p>2. Implement targeted interventions such as improved communication touchpoints, timely follow-up on concerns, enhanced activity engagement, and more personalized care approaches.</p> <p>3. Share findings and action items with nursing, dietary, recreation, and support staff during leadership and frontline huddles.</p> <p>4. Document all action steps and follow-ups in the QIP monitoring log to support ongoing evaluation and transparency.</p>	<p>1. % of resident concerns responded to within a defined timeframe.</p> <p>2. % of monthly Resident Council themes addressed with documented action items.</p> <p>3. % of staff who receive monthly satisfaction-theme updates.</p> <p>4. % of completed follow-up actions stemming from resident feedback.</p>	<p>100% of resident concerns addressed within defined timeframe.</p> <p>100% of monthly Resident Council themes reviewed and actioned.</p> <p>95% staff awareness rate of monthly satisfaction updates.</p> <p>90% completion of all action items arising from resident feedback.</p>	<p>Total Surveys Initiated: 139</p> <p>This change idea supports a culture of responsiveness, person-centered care, and meaningful engagement. It ensures resident voices directly shape improvements and aligns with HQO's emphasis on resident-reported experience measures and continuous feedback loops within the QIP structure.</p>

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 September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	18.18	16.20	To meet the provincial average	

Change Ideas

Change Idea #1 Implement weekly Fall analytics tool review to identify fall trends (time of day, location, recurring fallers, and risk factors) and apply targeted fall-prevention interventions based on the data.

Methods	Process measures	Target for process measure	Comments
<p>1. Conduct a weekly interdisciplinary team (IDT) meeting to review Fall analytics, including fall timing, location mapping, repeat occurrences, environmental patterns, and risk factors. 2. Flag high-risk residents and update individualized care plans based on identified patterns. 3. Implement targeted interventions such as toileting schedules, enhanced supervision during peak fall times, PT reassessment, environmental adjustments, and equipment modifications. 4. Share weekly fall-trend summaries in shift huddles to ensure staff awareness and consistent practice.</p>	<p>% of weekly Fall analytics data reviews completed by IDT. % of high-risk resident care plans updated within after a fall. % of targeted fall-prevention interventions implemented following weekly analysis. % of staff receiving weekly fall-trend communication/safety updates.</p>	<p>100% of weekly Fall analytics tool reviews completed. 90% of high-risk resident care plans updated. 85% implementation rate of targeted interventions from weekly analytics. 95% staff awareness of weekly fall-related trends and prevention actions.</p>	<p>This change idea supports evidence-based fall reduction through predictive analytics and real-time monitoring. Weekly data reviews enhance early identification of risk, allow rapid adjustment to care plans, improve staff communication, and strengthen safety culture. This approach aligns with HQO's guidance for frequent monitoring, use of quality-improvement science, and structured implementation of QIP workplans.</p>

Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care residents whose stage 2 to 4 pressure ulcer worsened	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as reporting quarter for the rolling 4-quarter average	3.76	3.00	Moving closer to Provincial average of 2.30. Any reduction is a benefit to the Residents.	

Change Ideas

Change Idea #1 Medline to provide education to PSW and Registered staff on various skin management topics.

Methods	Process measures	Target for process measure	Comments
Medline to provide PSW and Registered staff with education topics such as: Pressure Injury Prevention, WoundAssessment, MASD & Continenence Management and Proper Skincare.	Number of PSWs and Registered staff who attended Medline education sessions over the total number of PSWs and Registered staff in the home.	100% of full/part time PSW and Registered staff will attend Medline education sessions by July 1, 2026.	

Change Idea #2 Registered Staff to receive training on Skin & Wound Assessment embedded into resident's EHR.

Methods	Process measures	Target for process measure	Comments
Skin and Wound Lead/Clinical Service Educator to provide registered staff with education on how to navigate the Skin & Wound mobile application and how to accurately capture and assess various skin conditions.	Number of full time registered staff trained in Skin & Wound Assessment (Mobile Application) over the total number of full time registered staff.	100% of Registered staff to be trained by July 1, 2026.	

Change Idea #3 Registered staff and PSWs to receive education on preventative measures (turning/repositioning, offloading equipment & techniques)

Methods	Process measures	Target for process measure	Comments
Skin and Wound Lead/Clinical Service Educator to provide education to registered staff and PSWs on preventative measures such as turning/repositioning, offloading equipment & techniques.	Number of full time/Part time registered staff and PSWs trained in preventative measures (turning/repositioning, offloading equipment & techniques) over the total number of full time registered staff and PSWs in the Home.	100% of full time/Part time registered staff and PSWs to receive education on preventative measures (turning/repositioning, offloading equipment & techniques) by July 1, 2026.	