

Equity | Equitable | Optional Indicator

	Last Year		This Year		
Indicator #4	CB	100	100.00	--	NA
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (PeopleCare Delhi)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

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.

Process measure

- The number of DEI Leads completed training on Creating Culture of Belonging: From Awareness to Action training.

Target for process measure

- 100% of DEI leads will complete the training by the end of 2025, with ultimate goal to create and share the education with staff.

Lessons Learned

All of the management team were receptive to the importance of DEI initiatives. Considering many new staff for the new home are from diverse backgrounds.

Change Idea #2 Implemented Not Implemented In Progress

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

Process measure

- The number of information sessions offered/completed at the resident and family council meetings. Number of time the information was shared via monthly newsletters.

Target for process measure

- 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.

Lessons Learned

Not all units have received this training as of yet. Progress is ongoing.

Experience | Patient-centred | **Custom Indicator**

Indicator #3	Last Year		This Year		
	Percentage of Residents who responded positively to the following statement " This place feels like home" (PeopleCare Delhi)	73.75 Performance (2025/26)	80 Target (2025/26)	NA Performance (2026/27)	-- Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Process measure

- 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.

Target for process measure

- By November 2025 80% of Residents will respond positively to " This place feels like home"

Lessons Learned

No lessons learned entered

Change Idea #2 Implemented Not Implemented In Progress

Process measure

- No. of admissions completed and No. of admissions supported by Social Service worker.

Target for process measure

- By November 2025 80% of residents will respond positively to "This place feels like home".

Lessons Learned

No lessons learned entered

Change Idea #3 Implemented Not Implemented In Progress

Process measure

- Number of word cloud completed and placed outside of resident's room.

Target for process measure

- By November 2025 80% of residents will respond positively to "This place feels like home".

Lessons Learned

No lessons learned entered

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #1	15.98	15	21.25	-32.98%	NA
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (PeopleCare Delhi)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Process measure

- 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.

Target for process measure

- By Sept 2025 Percentage of Residents who Fell in the last 30 days will meet Provincial Average of 15.40%

Lessons Learned

No lessons learned entered

Indicator #2	Last Year		This Year		
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (PeopleCare Delhi)	23.57	21.60	18.31	22.32%	NA
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Process measure

- 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.

Target for process measure

- 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.

Lessons Learned

No lessons learned entered

Change Idea #2 Implemented Not Implemented In Progress

Process measure

- RAI coordinator will Audit each interRAI LTCF assessment triggered psychotropic usage on a weekly basis.

Target for process measure

- 100% of all residents on an antipsychotic medication will be reviewed.

Lessons Learned

No lessons learned entered

