

Equity | Equitable | Optional Indicator

	Last Year		This Year		
Indicator #4	CB	100	NA	--	100
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Peoplecare Oakcrossing)	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 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

No lessons learned entered

Change Idea #2 Implemented Not Implemented In Progress

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

No lessons learned entered

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

	Last Year		This Year		
Indicator #5	42.00	32	NA	--	NA
Rate of ED visits for modified list of ambulatory care-sensitive conditions per 100 long term care residents (Peoplecare Oakcrossing)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

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

Process measure

- Numbers of ER transfers reduced

Target for process measure

- 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

Lessons Learned

partnered with Paramedicine team for assessments at bedside to avoid ER transfers
 Education from NLOT team for registered staff to ensure skills for acuity of new admission treatment plans

Experience | Patient-centred | Optional Indicator

	Last Year		This Year		
Indicator #3	CB	85	NA	--	88
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Peoplecare Oakcrossing)	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

- Staff members to audit resident level of cognition to ensure all residents that are able to participate in resident surveys are completed.

Target for process measure

- Annual surveys completed with all residents are able to participate.

Lessons Learned

No lessons learned entered

Safety | Safe | Optional Indicator

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 Oakcrossing)	26.92	23	24.78	7.95%	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

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.

Process measure

- Monitoring usage of antipsychotic drug usage with the support of the pharmacy team and our DRQO team

Target for process measure

- 95% of all residents receiving antipsychotic medications will be reviewed to have appropriate diagnosis to validate usage

Lessons Learned

we have had some improvement with our goal. RAI coordinator working with our teams to improve missed diagnosis

Change Idea #2 Implemented Not Implemented In Progress

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

more review on admission orders

Comment

more review on admission orders

Indicator #1	Last Year		This Year		
	Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Peoplecare Oakcrossing)	23.26 Performance (2025/26)	21 Target (2025/26)	17.74 Performance (2026/27)	23.73% Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

To reduce the number of falls within the home and work towards meeting provincial average

Process measure

- Identify high risk residents (4Ps) Interdisciplinary team discussion post falls to review triggers. Review of strategies in place and adjust ones that are ineffective.

Target for process measure

- Monitor number of falls at monthly meetings, interdisciplinary team to discuss strategies. Review care plans post falls to ensure measures in place are effective.

Lessons Learned

working with physio and restorative nurse to improve strengthening of residents with ambulation