

Equity | Equitable | Optional Indicator

	Last Year		This Year		
Indicator #5	CB	100	100.00	--	100
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Peoplecare Tavistock)	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

DEI Committee developed. Events and information sharing monthly. DEI leads have completed "Creating a Culture of Belonging: From Awareness to Action".

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

Information displays, Newsletter articles and events for staff, residents and families.

Comment

Continue with events, information sharing for residents, families and staff.

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

Indicator #1	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of Families who responded positively to "I would recommend this site/organization to others." (Peoplecare Tavistock)	89.09	95	91.49	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Increase Family Satisfaction; My family member can easily go outdoors.

Process measure

- Monitor quarterly Satisfaction Survey responses.

Target for process measure

- Increased positive responses to 'My family member can easily go outdoors.'

Lessons Learned

- Q1 - 33.33%
- Q2 - 50%
- Q3 - 50%
- Q4 - 57.89%
- 2025 - 51.06% - increase from 2024 - 35.14%

Comment

Overall satisfaction to "I would recommend this site/organization to others" increased. Change Idea satisfaction increased. Continue to communicate availability of outdoor spaces and access, monitor satisfaction, schedule outdoor programming.

Indicator #4	Last Year		This Year		
	Percentage of resident who responded positively to the question: 'Did we meet your expectations?' (Peoplecare Tavistock)	50.00 Performance (2025/26)	90 Target (2025/26)	50.00 Performance (2026/27)	-- Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Increase Resident Satisfaction: I can easily go outdoors.

Process measure

- Monitor quarterly Satisfaction Survey responses.

Target for process measure

- Increased positive responses to, 'I can easily go outdoors'.

Lessons Learned

Q1 - 44.45%
 Q2 - 60%
 Q3 - 77%
 Q4 - 76.47%
 2025 - 61.29% increase from 2024 - 40%

Comment

Overall Satisfaction, 'Did we meet your expectations?' remained the same. Change Idea satisfaction increased. Continue to communicate availability of outdoor spaces and access, monitor satisfaction, schedule outdoor programming.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #2	20.75	15.52	23.94	-15.37%	15.01
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Peoplecare Tavistock)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

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 or exceed provincial average.

Lessons Learned

Continue to be a Least Restraint Home. Goal to reduce injury during fall.

Comment

Falls Committee to monitor and evaluate falls data to identify high risk times and areas where falls occur, develop strategies and interventions to reduce falls. Falls committee lead transitioned to front line Clinical Registered Nurse with manager oversight.

Indicator #3 Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Peoplecare Tavistock)	Last Year		This Year		
	<p>23.60</p> <p>Performance (2025/26)</p>	<p>19.65</p> <p>Target (2025/26)</p>	<p>25.23</p> <p>Performance (2026/27)</p>	<p>-6.91%</p> <p>Percentage Improvement (2026/27)</p>	<p>18.99</p> <p>Target (2026/27)</p>

Change Idea #1 Implemented Not Implemented In Progress

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 or exceed Provincial Average.

Lessons Learned

Physician and Behaviour Support Team work collaboratively to review antipsychotic med usage for identifying potential residents who could have reduction in antipsychotics meds moving forward.

Change Idea #2 Implemented Not Implemented In Progress

Reduce current performance to meet Provincial Average.

Process measure

- QIA data entry, number of antipsychotic review completed monthly

Target for process measure

- Reduce current performance to meet or exceed Provincial Average.

Lessons Learned

New admission continue to arrive already on antipsychotic medications. Takes time to assess and prescribe appropriately. Quarterly med reviews continue.

Comment

Review if residents qualify for diagnosis. Analysis of resident usage and condition changes.

