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	40.00	100.00	Since adding EDI education/training for all staff on orientation as well as annually in SURGE all staff should of completed this education by end of year.	SURGE Learning.

Change Ideas

Change Idea #1 All new staff trained in EDI as part of orientation education- in person presentation.

Methods	Process measures	Target for process measure	Comments
Orientation Education.	# of new hires data in liaison with HR.	# of new hires- increasing due to expansion to new home.	Total LTCH Beds: 60

Change Idea #2 Implemented EDI question in Annual, Resident & Family Satisfaction Survey- "Are you supported in pursuing your individual values and beliefs?"

Methods	Process measures	Target for process measure	Comments
Resident Satisfaction Survey Results/Data	Residents who responded positively to EDI question in survey.	Majority of residents responding positively to EDI question in survey in other words they feel supported in pursuing individual values and beliefs.	

Change Idea #3 Continue to support multidisciplinary EDI conversations as part of Person and Family Centered Care Quality Committee and continued membership.

Methods	Process measures	Target for process measure	Comments
# of members on committee = education and knowledge leads in home supporting EDI.	# of members on committee.	Increase in members on committee.	

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	50.00	90.00	Through educating staff on resident Bill of rights on orientation, increased food and resident council meetings and reviewing resident satisfaction survey results and action plans with residents ensures resident feedback and involvement regarding areas of improvement, empowering residents to feel heard and part of change.	Ontario Association of Residents Council

Change Ideas

Change Idea #1 All new hires/staff Education on Resident Bill of Rights as part of Orientation Education.

Methods	Process measures	Target for process measure	Comments
Orientation Education in-person Presentation.	# of new staff receiving training in liaison with HR.	Increase staff education re: resident rights	Total Surveys Initiated: 40 Total LTCH Beds: 60 Staff knowledge re: Resident Rights ensures proper follow up action regarding concerns expressed ensuring residents are supported in feeling heard.

Change Idea #2	Monthly Food Committee + Resident Council Meetings at minimum.		
Methods	Process measures	Target for process measure	Comments
Frequent food committee + resident council meetings to ensure on-going resident feedback regarding operations of the home.	frequency of meetings (monthly at minimum) / numbers of meetings and resident attendance.	meet goal of hosting monthly resident council meetings as well as resident attendance / good uptake.	More frequent resident council meetings above legislative requirements ensures a home where residents are given the opportunity to be heard.
Change Idea #3	Review 2025 Annual Resident Satisfaction Survey results with residents at Resident Council Meeting as well as respective follow up action plans to ensure resident concerns are being addressed and residents feel heard.		
Methods	Process measures	Target for process measure	Comments
Discuss survey results at res council meeting + follow-up action.	Survey Review and discussion as well as the home's follow up action plan discussions.	# of follow up action plans addressing areas of improvement.	Reviewing the survey results with the residents as well as follow up action plans prompts good discussion regarding areas of improvement as well assures residents that their feedback is being heard and the staff are listening.

Measure - Dimension: Patient-centred

Indicator #3	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	77.50	90.00	Through educating residents on their rights residing in LTC at residents council by reading the resident bill of rights and involving residents in quality initiatives in the home- residents become part of the change and the driving force behind areas of improvement and or home operations through expressing opinions and building trust.	

Change Ideas

Change Idea #1	Read Various Resident Bill of rights passages at each Resident Council Meeting to ensure residents are aware of their rights residing in LTC as well as include the book of rights in each new admission package.		
Methods	Process measures	Target for process measure	Comments
Resident Bill of Rights Discussion is a standing agenda item at Resident Council Meetings.	# of meetings = Bills of Rights Discussions as standing agenda item.	Complete entire Resident Bill of Rights book annually.	Total Surveys Initiated: 40 Total LTCH Beds: 60 Residents who are aware of their rights in LTC will be more likely to speak up about any questions or concerns without fear of consequences. These discussions also promote conversation amongst the residents regarding their rights which can be empowering.

Change Idea #2	Involving Residents in Quality Initiatives in the Home.		
Methods	Process measures	Target for process measure	Comments
Quarterly Quality update at residents council to ensure resident involvement and input into quality initiatives in the home as well as stakeholder quality committee meetings.	quality updates and stakeholder quality committee meetings.	# of meetings involving resident quality input.	Involving residents in quality is an opportunity to educate residents on the work being done to improve quality of care which instills trust as well as opportunity for resident input.

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	18.18	15.00	target with admission assessment for fall risk and on going risk assessments	

Change Ideas

Change Idea #1 Monthly Falls committee meetings are to be held to discuss number and nature of falls to hopefully decrease the overall number of falls in the home.

Methods	Process measures	Target for process measure	Comments
Tracking the data monthly through the Risk Management task in PCC.	PCC Risk Management data will provide numeric values.	The goal will be to decrease the number and severity of falls.	Monthly Falls and Restraints quality committee meetings will continue to take place to involve members of the multidisciplinary team to ultimately decrease the number of falls occurring in the home.

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	29.63	25.00	with ongoing quarterly medication reviews -attempt to decrease usage as medically appropriate	

Change Ideas

Change Idea #1 Will aim to implement the foundations of the Healthcare Excellence Canada program with regards to deprescribing antipsychotic medications.

Methods	Process measures	Target for process measure	Comments
Will plan to have an RN/RPN take the lead on reviewing medication orders, discussing with the care team and medical director, and updating care plans.	Will be discussed at quarterly PAC meetings.	Plan to decrease the number of residents given antipsychotic medications by 5%.	We will use the Appropriate use of Antipsychotics program from Healthcare Excellence Canada as a guide for meeting this goal.