

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	96.61	100.00	Participating in the diversity, equity, and inclusion training is a requirement of continuous employment. The use of posters and discussions at department meetings will support and enforce open discussions amongst staff on developing a positive work culture.	

Change Ideas

Change Idea #1 Post through out the home posters to promote diversity, equity and inclusion. Have these publications shared at monthly department meetings for discussion. Continued monitoring of surge learning numbers and support any person who has not completed the diversity, equity and inclusion training.

Methods	Process measures	Target for process measure	Comments
Track completion in surge learning. Review department meeting minutes for 100% inclusion of diversity, equity and inclusion discussion.	The completion in surge learning. The number of department meetings which have discussed and documented a diversity, equity and inclusion discussion.	100% surge completion. 100% of department meetings have held diversity, equity and inclusion discussions.	Total LTCH Beds: 120

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	85.44	100.00	We want all residents to feel that staff listen to their concerns, compliment's, etc.	

Change Ideas

Change Idea #1 Customer service training, resident bill of rights training.

Methods	Process measures	Target for process measure	Comments
At every care conference a discussion is held to determine if the resident feels heard. Interventions are discussed.	That residents indicate they feel listen to by staff.	Currently at 85.44%. Will target an improvement to 88%.	Total Surveys Initiated: 112 Total LTCH Beds: 120 Home show continued improvement in this area.

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	83.93	100.00	We want all our residents to feel comfortable and safe within their home and are able to express themselves freely without fear of consequence.	

Change Ideas

Change Idea #1 Continuous training on resident bill of rights, customer service and whistle blowing protection. Education of the internal complaint process.

Methods	Process measures	Target for process measure	Comments
Surge learning and ongoing education from the management team on the complaint process to the staff.	Satisfaction survey results.	We are aiming for 100% of our residents to be able to express themselves without fear of consequences and will continue to educate staff about the importance of actively listening.	Total Surveys Initiated: 112 Total LTCH Beds: 120 The team continues to improve the use of the internal complaint process to improve resident satisfaction.

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Reduction of agency use.	C	Hours / LTC home residents	In house data collection / April 1, 2024 to March 31, 2025	0.00	100.00	Our goal is to provide the best continuity of care and therefore we are focused on onboarding and recruiting our own staff and reduce the use of agency staff to zero.	

Change Ideas

Change Idea #1 Hire additional staff.

Methods	Process measures	Target for process measure	Comments
Continuously hire until the agency staff is no longer needed.	Monitor on a bi-weekly basis the use of agency.	Target is zero, no agency use.	Agency staff do not create the consistency of care.

Safety

Measure - Dimension: Safe

Indicator #5	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	11.49	10.00	Although our score is under the provincial average, we feel like a further reduction can be achieved. Fall reduction focuses on strong ethic of safety within our home and we will continue to focus on this area.	

Change Ideas

Change Idea #1 Focus on frequent fallers

Methods	Process measures	Target for process measure	Comments
The use of a logo (falling leaf) to identify those residents that fall frequently.	All staff will be made aware of the logos and expected to check in with the resident anytime they pass by.	Target for fall reduction remains at 1% to reach our original target goal of 10%. We feel that continued education will help to reduce falls.	Falls continue to be well maintained.

Measure - Dimension: Safe

Indicator #6	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	X	100.00	Ensuring appropriate diagnosis paired with antipsychotic use helps to prevent inappropriate misuse of antipsychotics within the elderly.	

Change Ideas

Change Idea #1 To reduce the use of antipsychotic medication without a psychosis.

Methods	Process measures	Target for process measure	Comments
Continue to work with the medical team to align diagnosis with prescribed medication.	Number of residents receiving antipsychotic medication without a diagnosis.	Our target for this measure is 100%. We would like to ensure that only those with appropriate diagnosis receive antipsychotic medications.	The use of antipsychotic medication is needed for more than the established criteria. This factor will always prevent the number from being zero.