

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	0.00	100.00	Diversity training is available and with 10 management/coordinating staff onsite, a target of 100% of identified staff who have completed the training is achievable.	

Change Ideas

Change Idea #1 Assignment of two diversity-related training sessions for management staff through the Surge Learning platform.

Methods	Process measures	Target for process measure	Comments
Quarterly reports to determine which management staff have and have not completed the training.	Percentage of management staff who have completed the training within the fiscal year.	100% of management staff identified for training who complete the required courses.	Total LTCH Beds: 62

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who expressed an overall favourable response to meal satisfaction questions on the annual resident survey.	C	% / LTC home residents	In-house survey / April 1, 2024 - March 31, 2025	60.00	75.00	The target represents a significant majority of the resident population who are satisfied with their meals, and a meaningful step from the current rates. Limited raw food allocations and variations in personal preference for both meal and dining experiences limit the short-term potential of this target.	

Change Ideas

Change Idea #1 Enhancement of processes that maintain food temperature before service.

Methods	Process measures	Target for process measure	Comments
Temperatures will be taken at all points of service to ensure compliance. Flow of servers to residents will be monitored to reduce lag time between meal preparation and delivery to the resident. Director of Dietary will complete spot checks weekly to ensure practices are being completed as directed.	compliance with desired food temperature at points of service.	95% compliance with food temperature recordings at point of service.	

Change Idea #2 Enhancements to the dining atmosphere for meal satisfaction.

Methods	Process measures	Target for process measure	Comments
Renovation of dining spaces to optimize noise, lighting, and atmosphere.	Number of noise-dampening wall-hangings installed; number of updated light fixtures; percentage of wall covering updated.	10 noise-dampening wall-hangings installed; 3 light fixtures updated; 100% of wall-covering updated.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Recreation Program Participation for Large Events	C	% / LTC home residents	In house data collection / April 1, 2024 - March 31, 2025	30.00	45.00	Program participation varies according to daily schedule of residents, as well as mood and interest. Historical averages for program participation was closer to 50%, although condition of long term care residents has changed to higher acuity across time, which presents challenges for program attendance. An increase of 15% based on improvement interventions is fair and achievable.	

Change Ideas

Change Idea #1 Adjustment to large program times to better align with activity level of residents

Methods	Process measures	Target for process measure	Comments
Implementation of a varied program time for large events, away from strictly 2 p.m. toward a mixture of 10 a.m. and 2 p.m. times to encourage attendance for residents who have a time-of-day conflict with afternoon programming.	Percentage of residents attending large programs.	45% of residents attending large programs.	

Change Idea #2 Adjustment of location of large programs to better align with the program type.

Methods	Process measures	Target for process measure	Comments
Utilization of Auditorium as well as Lounge spaces for events based on program type, with space options providing different atmospheres for the program.	Percentage of residents attending large programs.	45% attendance rate.	

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 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	18.99	16.00	Due to the medical complexities and frailties in Long Term Care, a reduction by 15% in falls based on the stated initiatives is a suitable goal.	

Change Ideas

Change Idea #1 Prescriber and pharmacist drug review for falls risk for each resident, and the implementation of medication changes where recommended.

Methods	Process measures	Target for process measure	Comments
Pharmacist to produce a quarterly report on falls risks for review by prescribers. Falls Risk remains a standing item at quarterly Medication Management meetings for ongoing discussion of medications connected to falls. The Director of Care (DOC) produces a quarterly report on falls frequencies for review by management team.	Percentage of residents identified with a falls risk due to medication who undergo a medication change.	75% of residents identified with a falls risk due to medication who undergo a medication change.	

Change Idea #2 Enhanced room condition audits (frequency, coverage) and escalation of concerns to reduce room clutter and other environmental issues that increase risks of falls.

Methods	Process measures	Target for process measure	Comments
Enhanced audit tool to be developed by Director of Environmental Services to ensure clutter and tripping hazards are appropriately identified.	Monthly audits of room hazards to complement the usual escalation of concerns by floor staff. Escalation of audit results when a hazard is identified.	32 monthly room audits complete.	

Change Idea #3 Ensuring risk for falls and transfer status for residents is updated and accurate.

Methods	Process measures	Target for process measure	Comments
Use of monthly audit tool by DOC for falls risk and transfer status on PointClickCare (charting software) as well as above bed.	Number of audits completed per month; Accuracy of listed/posted statuses with actual status for falls risk and transfers.	56 falls audits completed; 95% accuracy of listed/posted statuses with actual status for falls risks and transfers.	

Change Idea #4 Trend analysis for falls (e.g., location, time-of-day)

Methods	Process measures	Target for process measure	Comments
Use of falls data to populate trends in charting software on conditions surrounding the fall. Quarterly review of trends for areas of concern or times of concern to implement enhanced protocols or adjust environmental conditions.	Number of adjustments made due to trend analysis.	12 adjustments made for falls prevention purposes.	

Change Idea #5 Enhanced use of the Walking Program.

Methods	Process measures	Target for process measure	Comments
Referral to Walking Program (maintenance of condition program) for any residents who are not on the Physiotherapy caseload, to avoid deconditioning that may lead to falls. Monthly audit of referrals.	Percentage of residents who are not on Physiotherapy caseload who are on Walking Program	90% of residents who are not on Physiotherapy caseload who are on Walking Program.	

Change Idea #6 Appropriate use of restraints

Methods	Process measures	Target for process measure	Comments
Monthly audits of restraint orders and consents for use with at-risk residents.	Number of inappropriate restraints used; number of restraint audits completed	10 or less incidents of inappropriate restraints; 120 restraint audits completed.	

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Staff hand hygiene compliance above the national benchmark for LTC. Data will be populated from hand hygiene audits performed and assembled by the Director of Environmental Services.	C	% / Staff	In house data collection / April 1, 2024 - March 31, 2025	CB	80.00	Benchmark of 80% hand hygiene compliance identified by the Canadian Patient Safety Institute.	

Change Ideas

Change Idea #1 Review of hand hygiene stations

Methods	Process measures	Target for process measure	Comments
Director of Environmental Services will reference best practice information, as well as solicit staff feedback, on preferred locations for hand hygiene stations. New stations will be installed in identified areas.	Percentage of hand hygiene stations recommended versus in place according to best practice or staff feedback.	100% of recommended hand hygiene stations in place.	

Change Idea #2 Improved training of new employees with a distinct portion of orientation dedicated to Infection Prevention and Control (IPAC).

Methods	Process measures	Target for process measure	Comments
Director of Environmental Services and Lead for IPAC Action Committee will host additional 2-hour IPAC session with each new employee.	-Number of new employees who receive dedicated IPAC training.	95% of new employees receiving dedication IPAC training.	

Change Idea #3 Increased number of audits and auditors

Methods	Process measures	Target for process measure	Comments
Director of Environmental Services/IPAC Lead to establish hand hygiene audit baseline and assign monthly audit requirements to IPAC Action Committee members.	-number of hand hygiene auditors - number of hand hygiene audits	-8 auditors -480 annual hand hygiene audits	

Change Idea #4 Prioritization of hand hygiene and infection control practices with weekly huddles

Methods	Process measures	Target for process measure	Comments
Director of Environmental Services/IPAC Lead and Lead - IPAC Action Committee will plan and host weekly huddles to review hand hygiene and infection control practices and compliance, as well as answer infection control questions and concerns.	Number of weekly huddles, total participants at weekly huddles	46 huddles per year (accounting for holidays and other interruptions), with 350 total staff attendees.	