

**Equity | Equitable | Optional Indicator**

Indicator #2	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (St. Joseph's Lifecare Centre)	85.71	100	NA	--	NA

**Change Idea #1**  Implemented  Not Implemented  In Progress

Implement Inclusion, Diversity, Equity, Accessibility and Indigenous Reconciliation (IDEA-IR) training in the workplace for all employees

**Process measure**

- Number of staff attending training.

**Target for process measure**

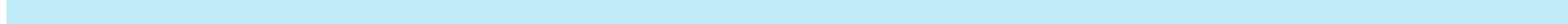
- Build awareness around of Inclusion, Diversity, Equity, Accessibility and Indigenous Reconciliation (IDEA-IR) by having 75% of staff complete set training by March 31, 2026

**Lessons Learned**

This first module in a five part series from the Brantford Brant Norfolk Ontario Health Team supports a province wide effort to strengthen diversity, equity, and inclusion (DEI). Cultural humility training helps long term care and hospice teams provide care that respects each resident’s cultural values and end of life preferences, improves communication during sensitive moments, and encourages staff to recognize and address bias. A key insight is that cultural humility cannot be measured immediately, as competency develops gradually through ongoing reflection and practice. Although short term outcomes are difficult to quantify, long term impact emerges through more inclusive team dynamics and more equitable, compassionate, person centered care. Upcoming modules will address unconscious bias, microaggressions, inclusive language, and allyship to continue building staff skills in advancing equitable care.

**Change Idea #2**  Implemented  Not Implemented  In Progress

Implement Ontario Health Equity, Inclusion, Diversity and Anti-Racism Framework



**Process measure**

- Identify gaps as it relates to the current state

**Target for process measure**

- Complete baseline benchmarking by December 31, 2025.

**Lessons Learned**

Ontario Health provides this work within its broader Equity, Inclusion, Diversity, and Anti-Racism Framework which includes a focus on addressing anti-Indigenous and anti-Black racism. As part of this initiative, organizations are encouraged to use the Maturity Grid to benchmark their progress and identify areas for growth across 11 areas of action. The framework continues to evolve as organizations engage with it and adapt it to their local context. Initial steps at the campus level included leadership completing a baseline self-evaluation to establish a starting point. The next step involves the newly formed IDEA-IR committee completing the assessment to ensure a more diverse and representative range of perspectives is included. This approach supports a more comprehensive understanding of current strengths and opportunities for improvement.

**Comment**

Gather feedback from leaders and staff on identification of additional IDEA-IR training and put learnings into practice.

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

	Last Year		This Year		
<b>Indicator #3</b>	<b>CB</b>	<b>100</b>	<b>100.00</b>	<b>--</b>	<b>NA</b>
To improve skill, knowledge, impact, engagement, and leadership development of Family and Resident Councils by implementing a training & mentorship program to build capacity and be healthcare quality improvement leaders by December 30, 2025. (St. Joseph's Lifecare Centre)	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 Improve skill, knowledge, impact, engagement, and leadership of Resident Council

**Process measure**

- 1) Celebration of Residents' Council week (Sept 15-21, 2025) to ensure knowledge sharing 2) Completion of 2 education resources from OARC 3) Completion of CQI training

**Target for process measure**

- 1) 100% of RC members who actively attend RC completed training on OARC resources by March 31, 2026 2) 100% of RC members completed CQI training by March 31, 2026 100% of RC members who actively attend RC completed CQI training by March 31, 2026

**Lessons Learned**

To strengthen resident engagement and enhance skills and knowledge, the Ontario Association of Residents' Councils (OARC) provided education to the Resident Council, which included an on-site visit. In addition, the Council participated in training on Continuous Quality Improvement (CQI), which incorporated practical learning activities such as identifying the root cause of an incident. Both education sessions were well-received, and the Council provided positive feedback regarding the relevance and value of the training.

**Change Idea #2**  Implemented  Not Implemented  In Progress

To Improve skill, knowledge, impact, engagement, and leadership of Family Council

**Process measure**

- 1) Celebration of Family Council week (TBD) to ensure knowledge sharing 2) Completion of 2 education resources from Family Councils Ontario 3) Completion of CQI training

**Target for process measure**

- 1) 100% of FC Executive members completed training on Family Councils Ontario by March 31, 2026 2) 100% of FC Executive members completed CQI training by March 31, 2026

**Lessons Learned**

Education on Continuous Quality Improvement (CQI) was delivered to the Family Council, providing an opportunity for discussion, questions, and working through practical scenarios. Participants responded positively, noting that the session improved their understanding of CQI principles and how these can be applied to enhance care and communication. In addition, Family Council members completed the online course “Caregivers Partnering with Health Professionals—A Strategy that Works!”, a three-module learning series focused on strengthening the caregiver’s role within the healthcare team. Through this training, participants reflected on the importance of the family/caregiver role, learned strategies for effective communication with healthcare providers in both virtual and in-person settings, and explored ways to empower themselves within the care team, including understanding privacy and consent considerations. Lessons learned from both education initiatives highlight the value of ongoing training to build confidence, improve collaboration, and support more meaningful engagement between caregivers, residents, and health professionals.

**Comment**

Going forward, we will continue to enhance skill, knowledge, and engagement by offering education sessions identified as priorities by both the Resident and Family Councils. Training will be delivered in the learning formats preferred by council members such as online modules, in-person sessions, or blended approaches to ensure accessibility and meaningful participation.

**Safety | Safe | Optional Indicator**

	Last Year		This Year		
<b>Indicator #1</b>	<b>22.68</b>	<b>20</b>	<b>21.20</b>	<b>6.53%</b>	<b>20</b>
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (St. Joseph's Lifecare Centre)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

**Change Idea #1**  Implemented  Not Implemented  In Progress

Assessment of resident care plans to ensure that appropriate toileting routines and care plans are in place

**Process measure**

- 5 care plans to be audited monthly to ensure toileting routines are appropriate and care plans are accurate for residents

**Target for process measure**

- We are aiming to complete reviews on selected resident care plans by December 31, 2025

**Lessons Learned**

Development of audit to address gaps related to ensuring toileting routines were accurately incorporated into care plans. After completing the audits, results and identified gaps were reviewed with the nursing team for follow-up and correction. The audit revealed several key observations: the Kardex is challenging to navigate and overly detailed, which may contribute to staff not reviewing it consistently at the start of each shift. Care plans are not being updated as regularly as required, and staff have indicated a need for further education on navigating, updating, and using PCC effectively. Information related to continence products is not included in the Kardex and must be sourced separately, and other essential resident details—such as bathing schedules and product requirements—are also stored in multiple locations rather than a single, centralized source. This dispersion of information makes processes, including audits, more time-consuming.

**Change Idea #2**  Implemented  Not Implemented  In Progress

All residents who have more than 3 falls within a month will have a medication review completed

**Process measure**

- Number of high-risk medications that are deprescribed related to increased resident fall frequency.

**Target for process measure**

- 100% of residents identified as having a high fall risk will have a quarterly medication review completed by the pharmacist with a special focus of deprescribing medication associated with falls when medically appropriate.

**Lessons Learned**

Some challenges included receiving timely residents names that met criteria for falls. There was process improvement on method of receiving the list and timing.

**Comment**

As per staff request, provide staff with additional education on how to navigate, update and use Point Click Care. Enhance the Kardex by simplifying and clarifying its content to support easier comprehension and consistent use.