

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 | 85.71 | 100.00 | Aim for 100% for leaders and 75% for all staff to complete training. | |

Change Ideas

Change Idea #1 Implement Inclusion, Diversity, Equity, Accessibility and Indigenous Reconciliation (IDEA-IR) training in the workplace for all employees

| Methods | Process measures | Target for process measure | Comments |
|--|-------------------------------------|--|--|
| Provide in-person/LMS education, and add to annual Core Training | Number of staff attending training. | 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 | Total LTCH Beds: 405 This is the second year of the QIP; expanding learning to include all leaders and staff. |

Change Idea #2 Implement Ontario Health Equity, Inclusion, Diversity and Anti-Racism Framework

| Methods | Process measures | Target for process measure | Comments |
|---|--|--|----------|
| Complete the maturity grid and assessment questions | Identify gaps as it relates to the current state | Complete baseline benchmarking by December 31, 2025. | |

Experience

Measure - Dimension: Patient-centred

| Indicator #2 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|-------------------|-----------------------------|---------------------|--------|---|------------------------|
| 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. | C | % / Other | Other / April-December 2025 | CB | 100.00 | Resident and Family Council Executives are encouraged to liaise with Ontario Association of Residents' Councils and Family Councils of Ontario for resources and leadership development. The Quality Team will support with training on quality improvement methods to enable residents and family to be collaborators and integral to QI projects. | |

Change Ideas

Change Idea #1 To Improve skill, knowledge, impact, engagement, and leadership of Resident Council

| Methods | Process measures | Target for process measure | Comments |
|---|--|---|----------|
| 1)To provide support to Resident Council to choose 1-2 modules from Ontario Association of Resident's Council (OARC) for learning purposes 2)Quality team to provide training on Continuous Quality Improvement (CQI) | 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 | 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 | |

Change Idea #2 To Improve skill, knowledge, impact, engagement, and leadership of Family Council

| Methods | Process measures | Target for process measure | Comments |
|---|--|--|----------|
| 1)To provide support to Family Council to choose 1-2 modules from Family Councils Ontario resource bank 2) Quality team to provide training on Continuous Quality Improvement (CQI) | 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 | 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 | |

Safety

Measure - Dimension: Safe

| Indicator #3 | 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 | 22.68 | 20.00 | Continuing to work towards reduce the number of falls and risk of harm due to falls. | |

Change Ideas

Change Idea #1 Assessment of resident care plans to ensure that appropriate toileting routines and care plans are in place

| Methods | Process measures | Target for process measure | Comments |
|---|---|--|----------|
| Auditing of care plans for toileting routines | 5 care plans to be audited monthly to ensure toileting routines are appropriate and care plans are accurate for residents | We are aiming to complete reviews on selected resident care plans by December 31, 2025 | |

Change Idea #2 All residents who have more than 3 falls within a month will have a medication review completed

| Methods | Process measures | Target for process measure | Comments |
|---|---|--|----------|
| Quarterly medication reviews with focus on recommendations for deprescribing high-risk medications associated with falls. | Number of high-risk medications that are deprescribed related to increased resident fall frequency. | 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. | |