

## 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	100.00	100.00	Copy of certificates of completion on file for each manager	

### Change Ideas

Change Idea #1 Continue to ensure all leadership completed diversity education

Methods	Process measures	Target for process measure	Comments
Ensure managers are set up with access to training sites Monitor completion by certificates being handed in	# of leadership staff that have completed education	# of leaders who have completed education	Total LTCH Beds: 34

## Experience

### Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Quality care from a Social Worker	C	% / LTC home residents	In-house survey / 2024 Annual Resident Experience Survey	0.00	68.10	2024 Annual Resident Experience Survey average.	

### Change Ideas

Change Idea #1 Explore external resources within the community and communicate this information to residents and families

Methods	Process measures	Target for process measure	Comments
1. Contact Ontario Health at Home, contact other homes in the geographical area regarding services they use 2. Source brochures and share with residents and families 3. Create a list of local resources and share with residents and families 4. Attend the Grey Bruce County Long Term Care meetings to network	# of local providers # of residents seeking social work services # of residents who had social work services provided # of brochures available # of Grey Bruce County LTC meetings attended	Ontario Health at Home will be contacted by May 2025. Brochures will be sources and available by June 2025. List of local resources will be created by May 2025 and shared with residents and families by June 2025. Our home will have attended at least 2 Grey Bruce County Long Term Care meetings by December 2025 100% of our Residents requiring social work services will have had access by December 2025.	

**Measure - Dimension: Patient-centred**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of laundry services for my clothing and linens	C	% / LTC home residents	In-house survey / 2024 Annual Resident experience survey	60.00	78.60	2024 Annual Resident experience survey target	

**Change Ideas****Change Idea #1** Environmental service manager will attend resident council

Methods	Process measures	Target for process measure	Comments
Upon invite the ESM will attend resident council to discuss specific laundry concerns	# of Resident council meetings attended and minutes of meetings	ESM will attend resident council by June 2025	

**Change Idea #2** ESM to audit laundry process

Methods	Process measures	Target for process measure	Comments
Audit laundry service from start to finish including labelling of items and return time Communicate the labelling process in Resident and family newsletters	Audit 10% of resident items each month for correct labelling Audit the delivery time of laundry # of newsletters sent out with labelling process in it	10% of audits will be completed monthly for 3 months Review of audits on a quarterly basis and action plan Review of concern forms quarterly and action plan Laundry will be delivered, and items will be labeled appropriately by September 2025	

**Measure - Dimension: Patient-centred**

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Bladder products keep me dry and are comfortable	C	% / LTC home residents	In-house survey / 2024	64.30	82.60	2024 Annual Resident Experience Survey benchmark	

**Change Ideas****Change Idea #1** Continence product review

Methods	Process measures	Target for process measure	Comments
1. Onsite vendor visits and assessment of proper product use and application for each resident 2. staff education re application of product 3. Vendor to attend resident council meeting to review product	# of audits # of vendor visits # of staff education sessions # of Resident council meetings the vendor attended	Review audit scores and vendor visit reports action on the deficiencies after each visit All PSW staff education to be completed by June 2025 Improvement in product application will be demonstrated by August 2025	

**Measure - Dimension: Patient-centred**

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
If I need help right away I can get it	C	% / LTC home residents	In-house survey / 2024 Annual Resident Experience Survey	60.00	69.10	2024 Annual Resident Experience Survey	

**Change Ideas****Change Idea #1** Increase staff awareness on call bell wait times

Methods	Process measures	Target for process measure	Comments
1. DOC to review call bell wait times 2. Share this information at team meetings 3. Leadership walk abouts to monitor call bell times 4. Follow up with specific staff on improvement to be made	# of call bell response time audits done # of team meetings discussing call bell times # of staff follow up sessions	# Call bell review process will be in place May 2025 Communication of audit results regularly during morning Take 5 resulting in a 15% decrease of wait times by October 2025	

## Safety

### Measure - Dimension: Safe

Indicator #6	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	15.97	15.00	Corporate benchmark	Achieva

### Change Ideas

Change Idea #1 Ensure residents at risk have an individualized plan of care

Methods	Process measures	Target for process measure	Comments
1. Review high risk residents and develop interventions 2. Review plan of care for each resident at risk 3. Introduction of falls committee 4. communicate plan of care with frontline staff	# of resident's at risk for falls # of plan of care reviewed and revised # of fall committee meetings with minutes # of sessions held to communicate with staff	100% of Residents at risk for falls will be identified by April 2025. Plan of care for every identify high fall risk resident will be updated on an ongoing basis but all initial updates will be completed by August 2025 and communicated to staff after completion	

**Measure - Dimension: Safe**

Indicator #7	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	30.65	25.00	Continuing to improve as we strive for Extendicare target of 17.3%	Medisystem, GPA

**Change Ideas****Change Idea #1** Provide GPA education for responsive behaviors related to dementia

Methods	Process measures	Target for process measure	Comments
1) Engage with certified GPA coaches to roll out home level education 2) Ask Regional staff for support in the home 3) Register staff for education sessions 4) Collect feedback from participants post education and action as appropriate.	# of staff that have attended GPA # of training sessions offered Feedback from participants # of feedback areas actioned on	GPA will be provided for 10% of staff in the home by June 2025 Session feedback will be reviewed and actioned on by July 2025.	

**Measure - Dimension: Safe**

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4	C	% / LTC home residents	POC/PCC Audits / Oct-Dec 2024 PCC	3.48	2.00	Corporate target	Solventum/3M, Wounds Canada

**Change Ideas****Change Idea #1** Education of Registered staff on skin and wound care including designated wound care lead

Methods	Process measures	Target for process measure	Comments
1. Education modules to be completed by June 2025 2. Sessions to be arranged for all shifts 3. DOC to monitor that all staff have attended a session	# of staff who have completed the education on a monthly basis DOC to audit # of staff who have completed the education	100% of registered staff have completed the education by September 2025.	

**Change Idea #2** Interdisciplinary review of skin and wound issues

Methods	Process measures	Target for process measure	Comments
1) Wound lead to develop standardized agenda 2) Recruit members and ensure team is interdisciplinary 3) Schedule meetings for 2025	# of meetings with agenda followed # of members recruited	Agenda will be standardized by September 2025 Recruitment of interdisciplinary members will be completed by Sept 2025 At least 3 meetings will be held by December 2025	