

Access and Flow | Efficient | Optional Indicator

Indicator #4	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Huronview Home for the Aged)	20.48	19	20.73	-1.22%	17

Change Idea #1 Implemented Not Implemented

Updates received from the RAI Co-ordinator or Ontario Health will be reviewed.

Process measure

- Number of quarterly analysis reports reviewed, in 12 months.

Target for process measure

- To have 4 quarterly reports in one calendar year.

Lessons Learned

We have reviewed reports at both PAC and out CQI meetings every quarter

Comment

We are collaborating with community partners to provide supports to resident remain in the home to receive IV therapy, urinalyses, and lab work

Equity | Equitable | Optional Indicator

Indicator #2	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Huronview Home for the Aged)	CB	CB	17.14	--	100

Change Idea #1 Implemented Not Implemented

Work with the IDEA Specialist from the County on a presentation that can be uploaded into Surge Learning. Have this information uploaded for the 3rd quarter of 2024.

Process measure

- Number of staff who complete the education during the quarter it is available on Surge

Target for process measure

- 100% of staff will complete the education within the quarter it is available on Surge

Lessons Learned

We have provided some education to all staff however we plan to continue providing additional education in 2025. The Home wishes to further develop a sustainable education plan to ensure staff have the tools to be successful in their roles and put the education into use. The Home will continue to find ways to incorporate more IDEA programming into the life of the home and further develop inclusive and diverse resident spaces.

Change Idea #2 Implemented Not Implemented

Complete the Embracing Diversity, Equity, and Inclusion in LTC Assessment and Planning toolkit provided by CLRI.

Process measure

- Toolkit completed in full and improvement areas identified are utilized in developing the Equity, Diversity and Inclusion training within the Home.

Target for process measure

- 100% completion of the toolkit.

Lessons Learned

This gave us some great ideas as well as we have attended some education session through CLRI. They are some great tool that we are implementing into regular staff meeting as well as huddles.

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

Indicator #3	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Progress of the Restorative Care program implementation (Huronview Home for the Aged)	CB	CB	CB	--	NA

Change Idea #1 Implemented Not Implemented

Completion of the Restorative care program job descriptions

Process measure

- Having all job descriptions completed.

Target for process measure

- 100% of the job descriptions to be completed by Feb 1st, 2024

Lessons Learned

Job description have been completed and will be reviewed on an annual basis with program evaluations. We implemented more restorative Care hours and the program continues to develop as each quarter with the review of each intake.

Change Idea #2 Implemented Not Implemented

To have team members in place. To post the job description with the job posting for staff review. To select via interview interested staff (registered and PSW). Select team leads and members.

Process measure

- Number of team members selected by the Director of Care and Administrator

Target for process measure

- 100% of team members in place by March 2024

Lessons Learned

We have implemented 3 fulltime PSW positions and 3 full-time RPN positrons which includes the program lead.

Change Idea #3 **Implemented** **Not Implemented**

To provide education and instruction to the team leads on the Homes goals/strategy for the program.

Process measure

- Number of team leads who have completed their initial education.

Target for process measure

- 100% of the education is completed.

Lessons Learned

Education was provided through Life Mark with the restorative as well as 9 staff completed a 3 day restorative coarse offered through Communication Connection Care services

Education for the remainder of the nursing team continues with the support of the restorative Care Team which has helped with developing a maintenance program for residents after they have successful completed the program or residents that don't full qualify for the restorative care program.

Change Idea #4 **Implemented** **Not Implemented**

Team leads to start meeting with the PSW members, to update them on the implementation progress made to date. Provide education to the rest of the team members. Set terms of reference for meetings (duration, agenda etc.)

Process measure

- Number of progress reports submitted indicating residents progress in and out of the program, goals achieved etc.

Target for process measure

- 100% of the reports will be received.

Lessons Learned

This is done every month by the team lead to help support the progress and maintenance of the resident in the home. During this time they discuss potential new participants in the program.

Comment

The restorative Care Program continues to develop the experience the staff gain from each section. We have added more equipment such as a step bike, parallel bars and designated restorative space.

	Last Year		This Year		
Indicator #5	CB	CB	CB	--	NA
To improve dining room customer service which will improve the dining experience for the residents. (Huronview Home for the Aged)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 **Implemented** **Not Implemented**

To review, analyze and group by theme specific resident comments from the 2023 resident satisfaction survey.

Process measure

- Progress will be assessed by the number of concerns brought forward from resident council and food committee meetings.

Target for process measure

- To have a continual reduction of concerns, with a 50% reduction by September 2024 and 75% reduction by March 2025.

Lessons Learned

Residents have indicated that food is warmer and that they enjoy the meals served. We have added conversation starter cards to the tables to inspire more pleasurable dining.

Change Idea #2 **Implemented** **Not Implemented**

To form a dining committee with representatives from dietary, activation and nursing front-line staff as well as the Nutrition Manager and the DOC and/or ADOC.

Process measure

- Number of staff that volunteer to be part of this committee after one month.

Target for process measure

- To have an active full membership committee meeting by May 2024.

Lessons Learned

This has not been achieved but is scheduled to start in April 2025.

Comment

The homes had a dining committee in the past and are looking to start it up again in April of 2025.

Safety | Safe | **Optional Indicator**

	Last Year		This Year		
Indicator #1 Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Huronview Home for the Aged)	19.35 Performance (2024/25)	15 Target (2024/25)	23.77 Performance (2025/26)	-22.84% Percentage Improvement (2025/26)	20 Target (2025/26)

Change Idea #1 Implemented Not Implemented

To have the nursing leadership team, along with the BSO Lead, RAI Co-ordinator and the Medical Director review resident charts who are receiving antipsychotic medication.

Process measure

- To reduce the number of residents without psychosis being given antipsychotic medication, to meet the target performance.

Target for process measure

- Target reflects the provincial average. Although current performance is below this average, performance continue to increase.

Lessons Learned

The Charge Nurses from both unit have met with the Medical Director and Attending Physician to review medication lists for the residents. We were able to make some medication changes related to the the antipsychotic but this is a work in progress and they will continue to meet regularly to review

Change Idea #2 Implemented Not Implemented

To have reports shared at the 2024 June, September and December PAC (Professional Advisory Committee) meetings.
To have regular input from the Medical Director.

Process measure

- Number of residents who have a reduction in antipsychotic medication where there is no psychosis diagnosis.

Target for process measure

- To have a report each quarter which outlines how many residents have been reviewed.

Lessons Learned

We do discuss at each PAC meeting with reference to the RIA-MDS report presented by the RAI -coordinator. The Medical Director and Pharmacy is invited to attend all PAC meetings. This is also discussed at our Quality meetings.

Comment

We will continue to meet quarterly with the Medical Director, Pharmacy, RAI, Director of Care and charge Nurses to review any changes, improvements that can be made.