

Access and Flow | Efficient | Optional Indicator

Indicator #5	Last Year		This Year		
	Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Huronview Home for the Aged)	20.73 Performance (2025/26)	17 Target (2025/26)	21.14 Performance (2026/27)	-1.98% Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

RAI Coordinator from both homes and DOC from both home to create a tip sheet for families and residents to provide further education on the services available to be offered within the homes to decrease ED visits

Process measure

- ED transfer Data Template utilized to review the percentage of requests for the transfer to the hospital from residents.

Target for process measure

- Offer more services and supports through community partners so that ED visits can be reduced.

Lessons Learned

The draft version of the tip sheet has been created and just needs final review so it can be rolled out. Challenges included the turn over of the RAI position and DOC at the home as well as prioritizing this task with other competing tasks. Education was completed with registered staff and a contract signed with NLOT on the services they are able to provide to support the home and prevent ED visits. This information was also shared with the family council. Education was also provided on recognizing a change of status for registered staff. NLOT provided education on tube care, and IV therapy. The home is now able to provide IV medication in the home to residents which helps aide in reduction to ED.

Comment

Finalize and provide education with the tip sheet for residents and families. Continue to use NLOT to support

Equity | Equitable | Optional Indicator

Indicator #4	Last Year		This Year		
	Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Huronview Home for the Aged)	17.14 Performance (2025/26)	100 Target (2025/26)	100.00 Performance (2026/27)	483.43 % Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

To create a reflection room space for all residents, families and employees dedicated for quiet reflection, prayer and mindfulness

Process measure

- Number of people using the space and feedback received regarding the space. A question will be added to the resident and families satisfaction surveys as well as the staff surveys.

Target for process measure

- Review the satisfaction Surveys and have a percentage above 75 that agree on the purpose of the space.

Lessons Learned

Jeannette Ladd from the Anishinaabe-kwe from the First Nations came to our home in August where she met with residents, families and staff and had an interactive session to provide guidance through idea generation, and cultural/artist symbolism discussion that will inspire indigenous artwork. Jeannette then created a piece of indigenous artwork from ideas generated through the session. She came back to the home to complete the artwork and had an interactive session with the residents where they all created their own painting which was put together to create one masterpiece. Challenge- deciding what space to use to create a reflection room as it would take away another sitting area that residents and families use to visit-recognizing that both spaces are important.

Change Idea #2 Implemented Not Implemented In Progress

Provide education to staff on Customer service and inclusivity, diversity, equity and accessibility.

Process measure

- 2025 Resident Satisfaction Survey question "Are your individual, cultural, social, spiritual and religious needs, practices, customs and beliefs being met?"

Target for process measure

- 80% of residents will agree with the survey question.

Lessons Learned

Culture of awareness and belonging was offered and taken by staff on the floor as well as managers. 75% of managers in the home completed this education. The Huron County IDEA specialist came to the home to provide education at the mandatory education days on incivility. 2 staff members are finishing up the culture coaching course. Staff also participated in the supporting 2LGBTQ+ Inclusive care course and Supporting 2LGBTQ+ Older Adult Inclusive care certificate course. 75% of the managers also participated in the managing mental health in the workplace for leaders education. Challenges were replacing the staff on the floor to take these courses but the home was able to manage for all staff that were interested in taking the course.

Comment

Designate a space in the home for to be a reflection room that is a safe multicultural space. Continue to offer culture awareness education on different cultures and religions for both staff and families. Continue to have multi-cultural activation programs for residents in the homes for the residents to attend.

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

Indicator #3	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of residents responding 'agree' to: "My call bell is answered in a timely manner". (Huronview Home for the Aged)	49.00	65	77.94	--	NA

Change Idea #1 Implemented Not Implemented In Progress

The home will receive no complaints regarding call bells not being answered in a timely manner

Process measure

- Number of complaints received about call bells not being answered. 2025 Resident Satisfaction Survey results

Target for process measure

- 65% of residents will agree that their call bell is answered in a timely manner.

Lessons Learned

In March 2025 additional staff added to days and evenings so that on each days and evenings there is 3 PSW on each wing to aid in call bell response time. Education at the huddles on not walking past a call bell with out answering it. Shift report changed so that restorative PSW is on the floor during day shift report and wound care nurse the afternoon shift report. Challenges are when multiple residents ring the call bell at the same time during AM care or getting residents up for meals and are busy in resident rooms providing care. On the 2025 resident satisfaction survey 77.94% of residents stated that their call bell is answered in a timely manner.

Comment

Leaders continue to lead by example by answering each residents call bell when they walk by a room.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #1	12.56	11.80	18.03	-43.55%	15
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Huronview Home for the Aged)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

With the implementation of the Restorative Care program we endeavor to promote more independence and a steadier gate to improve or maintain mobility and independence

Process measure

- The total number of falls each month. The total number of falls each month from residents within the restorative maintenance program. Feedback from education provided to staff and residents.

Target for process measure

- The home will see an improvement of 6% in residents who fell in the 30 days leading up to their assessment by Q2 2025.

Lessons Learned

Residents who participated in the restorative program had a decreased number of falls during the 12 weeks they were in the program and afterwards. The restorative program supported the residents to have a steadier gate, improving their mobility and gaining more independence by being able to decreased their transfer status from being a hooyer lift for example from hooyer lift to 2 person, or 2 person to 1 person transfer with walker. We have seen an increased moral of resident attending the restorative program and eagerness to participate as well as less isolation in their room. Residents improved through the exercises as part of the program but also walking to the restorative room. The restorative program has also improved residents skin integrity with venous leg ulcers and extremeity wounds which also supports them to be more independent. We were also able to implement the maintenance program with the addition of a new line where residents who are no longer in the restorative program are able to participate 2-7 times a week in the maintenance program to maintain their strength. Now 1/3 of residents in the home participate in either the restorative or maintenance program. A challenge of the program is that the program can only support a % of residents at a time in the restorative program.

Comment

Physiotherapy and restorative care lead to collaborate to develop individualized mobility plans for residents who are high risk falls and qualify for the restorative program and individualized plans for residents who do not qualify for the restorative program through the maintenance program and physio program. Implementation of high risk mobility rounds with physio, restorative and nursing to review residents with recent falls and declining mobility.

Indicator #2	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Huronview Home for the Aged)	23.77	20	26.47	-11.36%	NA

Change Idea #1 Implemented Not Implemented In Progress

Continue quarterly review with Nursing team, Medical Director, attending physician and DOC. Attempts to reduce use of antipsychotics when appropriate and ensure that residents have an appropriate diagnosis when receiving antipsychotic

Process measure

- reviewed resident behaviors and medication associated at registered staff meeting

Target for process measure

- Quality Indicator currently at 25% and are target is 20% by Q2 2025

Lessons Learned

The DOC, pharmacy, and MD and attending physician met quarterly to review residents who were on antipsychotics without a proper diagnosis and were able to reduce antipsychotic medications in residents with no diagnosis as well as refer residents to a psychiatrist to be assessed. This change idea presented several challenges as the home seen a higher discharge and admission rates than previous years and many residents coming into the home from hospital or community with antipsychotic medications on admission.

Comment

Continue to complete quarterly physician, and pharmacy review of residents on antipsychotics without a diagnosis. Continue to work with BSO, SMH to support residents with active behaviours.