

**Access and Flow | Efficient | Optional Indicator**

	Last Year		This Year		
<b>Indicator #4</b>	<b>13.04</b>	<b>11</b>	<b>11.88</b>	<b>8.90%</b>	<b>10.50</b>
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Huronlea 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

RAI Coordinator and DOC will create an information tip sheet for families and residents to provide further education on the services and interventions that can be offered at the home to decrease avoidable ED visits.

**Process measure**

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

**Target for process measure**

- Less than 10% of avoidable transfers are requested by families.

**Lessons Learned**

The DOC and RAI Coordinator created a tip sheet and the home utilizes this form with the admission package to ensure all new families are provided with education to decrease avoidable ED visits.

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

Registered staff will receive additional training to recognize early signs of deterioration and health emergencies.

**Process measure**

- Number of avoidable ED Visits. Number of education provided in the calendar year.

**Target for process measure**

- 100% of Registered staff receive the training.

**Lessons Learned**

The DOC has ensure that this is a standing agenda item at each Registered Staff meeting. The conversation includes trends and an analysis of why the resident was sent and what we could do in the future to avoid the transfer. The Physician is attending the home to see residents who are unstable to determine if we can comfortably provide necessary services at the home.

**Comment**

The Home has entered into a Service Agreement with the Nurse Lead Outreach Team (NLOT), Regional Geriatric Program, St. Joseph's Health Care London to further the Homes ability to provide the necessary care.

**Equity | Equitable | Optional Indicator**

	Last Year		This Year		
<b>Indicator #3</b>	<b>CB</b>	<b>CB</b>	<b>CB</b>	<b>--</b>	<b>NA</b>
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Huronlea 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

Create a Reflection Room space for all residents, families and employees dedicated for quiet reflection, prayer and mindfulness.

**Process measure**

- Number of people who utilize the space. Add a question related to the Reflection Room to the 2025 Resident/Family Survey. Number of Feedback Cards completed.

**Target for process measure**

- % of residents who 'agree' on the 2025 Resident/Family Satisfaction Surveys is above 80%.

**Lessons Learned**

The Home continued to focus on the education portion of this change idea, rather than the creation of a new space in the home. Through education the home is in a better position to create a reflection/quiet space for residents, employees and visitors to utilize and enjoy.

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

Implementation of an educational, collaborative Indigenous Art project with residents and employees.

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

Anishinaabe-kwe First Nations artist partnered with the home to create a piece of art that was inspired by the stories shared by residents and employees at the home. The project began in August 2025 and the projected was presented and displayed in the home March 2026. The painting is hung at the centre of the home for all to enjoy.

**Comment**

The Home will not include this change idea in the 2026 QIP however will ensure the space is created within the home.

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

	Last Year		This Year		
<b>Indicator #2</b>	<b>73.00</b>	<b>85</b>	<b>52.94</b>	<b>--</b>	<b>NA</b>
Percentage of residents responding positively to: "I have been given the opportunity to express my palliative goals." (Huronlea 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

Provide education on the Palliative Care Program and Philosophy.

**Process measure**

- Number of residents, families and employees who participate in the education.

**Target for process measure**

- 85% of residents on the 2025 Resident Satisfaction Survey who 'agree' to the questions "I have been given the opportunity to express my palliative goals".

**Lessons Learned**

The Social Worker and Directors of Care met, reviewed the Palliative Program and prepared education for the 2025 Annual Mandatory Education Days at the Homes. The education took place for residents and employees in October 2025. The Home implemented the new Palliative Care Program in November, 2025.

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

Update and implement the Homes current Palliative Goals & Plan form.

**Process measure**

- Number of Palliative Goals & Plan Forms completed each month.

**Target for process measure**

- 50% of care conferences will use this template as of August 1, 2025. 100% of care conferences will use this template as of October 1, 2025.

**Lessons Learned**

This was drafted and updated by the Social Worker and Palliative Care team and later implemented in Q1 2025.

**Change Idea #3**  Implemented  Not Implemented  In Progress

Update the End of Life Information Package for Caregivers

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

In Q4 the Home updated the palliative care carts and implemented a new End of Life Information Package for Caregivers.

**Comment**

The Home will be including a new Palliative Change idea for the 2026/27 QIP.

Indicator #1	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of long-term care home residents who experienced worsened pain during the 7 days prior to their most recent resident assessment in comparison to their prior lookback period. (Huronlea Home for the Aged)	<b>12.90</b>	<b>10</b>	<b>16.10</b>	<b>--</b>	<b>NA</b>

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

The home will add a standardized assessment tool to identify acute pain.

**Process measure**

- % of Registered staff trained. # of assessments completed. # of residents with worsened pain.

**Target for process measure**

- 100% of Registered staff will be trained on the use of the assessment and implementation.

**Lessons Learned**

In 2025, the Pain Program was reviewed and the Home completed a GAP analysis and identified areas for improvement within the program. The Home plans to work on this change idea again in 2026 to update the acute pain tool and modify current assessment tools in order to incorporate better evaluation practices.

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

The home will ensure all staff received education on identifying and reporting pain.

**Process measure**

- # of staff educated. # of residents with worsened pain.

**Target for process measure**

- 100% of staff will receive education/training.

**Lessons Learned**

The Home provided education to the Registered staff in June, 2025 on identifying and reporting pain, however with the new program, there will be re-education in 2026. The education will also need to be multidisciplinary to ensure all staff are aware of identifying pain.

**Change Idea #3**  Implemented  Not Implemented  In Progress

Residents will receive education and training on identifying and reporting pain and worsened pain.

**Process measure**

- Attendance at Residents Council Meetings. # of residents with worsened pain. New addition of a question related to pain management on the 2025 Resident Satisfaction Survey.

**Target for process measure**

- The home will see a reduction of residents who identify as having pain and worsened pain to below 10%

**Lessons Learned**

The Director of Care attended two Resident Council meetings in 2025 to discuss pain, how to identify, how to report and how it is not normal to have pain. The education was successful at the time, however is important to continue with in 2026 due to the increased new residents residing at the home.

**Comment**

The Home intends to work on this Change Idea in 2026.