

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 21, 2025

## OVERVIEW

Shalom Village is a registered charitable organization that is home to 127 residents living in Long-Term Care, 81 people living in Assisted Living, and many others who come in daily for social and healthcare programs, located in Hamilton, Ontario. Shalom Village transforms the lives of these unique individuals through a variety of programs and services. We provide an unwavering commitment to creating opportunities for these people to Make Moments that Matter. Founded by the Jewish Community, for the benefit of all individuals throughout the Hamilton Region, our Jewish values and traditions ensure that all people from a diversity of backgrounds are welcomed and benefit from the respect, compassion, and dignity inherent in the Jewish faith.

Our Vision: Shalom Village... Honouring our Fathers and our Mothers.

Our Mission: To provide opportunities for the continuity of life interests, values, and relationships for those who need supportive housing, long-term care, convalescent care, adult day services, and specialized fitness facilities within the context of Jewish Values and Kashruth. We want all those who need our services to feel AT HOME.

Our Values:

- Acknowledge: We will listen to each other and commit to being approachable, trustworthy, and helpful while valuing each person's contributions, perspectives, and differences.
- Together: We will support each other and believe that together we can achieve anything.
- Home: We will create a feeling of comfort, trust, familiarity, and

safety that honors Jewish Values and brings about each individual person's feeling of being at home.

- Organization: We will strive for learning, innovation, accountability, transparency, and excellence in all we do.
- Memories: We will share past memories and create new ones through relationships, sharing, and celebrations.
- Enablement: We will empower, encourage, and focus on each other's strengths to make possibilities possible and accomplish our goals.

Shalom's interprofessional team is passionate about the care and services we provide to our residents and is constantly reflecting on practices and areas of improvement to provide exceptional, person-centered care to our residents. Our team is committed to providing person-centered, holistic care to each resident. In this year's Quality Improvement Plan, we will outline our plan to improve quality at Shalom Village through thoughtful and representative data.

In developing the Quality Improvement Plan for 2025/26, we continue our commitment to deliver high-quality, person-centered care and services while focusing on resident experience. We use the QIP as a standard and dynamic tool to support the quality journey within the Home and across the organization. We continue to align with the provincial quality agenda, system, and sector-wide priorities with the organization's mission, vision, values, and strategic goals.

Shalom Village's 2025/26 QIP was developed with input from our residents, caregivers, team members, and community stakeholders. We aim to focus our quality improvement efforts in the following areas:

- Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education.
- Percentage of LTC home residents who fell in the 30 days leading up to their assessment.
- Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment.
- Improve Resident Experience – Percentage of residents who agree with the statement: "Staff listen to what I say, and I feel heard."

Shalom Village's QIP also aligns with other planning processes in the organization, including the strategic plan, which was finalized in 2024. The strategic planning goals and objectives further align with the interim strategic plan directions.

Shalom Village's interim strategic directions highlight the areas in which the organization will focus over the next 18 months to accomplish its mission:

- 1.Excellence of Care and Experience:Shalom Village aims to advance a culture of excellence throughout the organization that supports the delivery of quality service, care, and experience for all residents, families, community members, staff, and other stakeholders.
- 2.Investing in Our People:The organization is committed to fostering a healthy and supportive environment for all who live, work, volunteer, and visit at Shalom Village.
- 3.Financial Sustainability:Shalom Village seeks to create a shared culture and practice of prudent stewardship of resources and assets to maximize potential.
- 4.Serving Our Community and Leading Together:Shalom Village is

dedicated to engaging and serving more people in the communities it serves and optimizing healthy aging through visible, authentic, collaborative, and values-driven leadership.

Providing quality care and services is the foundation of everything Shalom Village does. Its programs and services are aimed at improving the quality of life for those it serves, and this is accomplished through a robust quality improvement program. Quality improvement is practiced at all levels of the organization, from the front-line team to the Board of Directors. These practices are promoted and supported by the leadership team to ensure continuous progress and alignment with the organization's mission and values.

## **ACCESS AND FLOW**

Shalom Village is committed to optimizing system capacity and flow by working collaboratively with residents, families, and system partners to ensure timely access to care and services. In collaboration with our partners, we strive to be a leader in providing integrated healthcare services to residents and their families.

One way this is achieved is through Shalom Village's Convalescent Care program, which helps people recovering from illness or injury return to independent living at home. Participants may stay up to 90 days in the program. The goal of the Convalescent Care program is to help participants regain strength, improve functioning, and build confidence to ensure a smooth transition back to independent living.

Shalom Village has implemented the PoET Project (Prevention of Error-Based Transfers), an award winning initiative designed to reduce unnecessary hospital transfers for long-term care residents. Avoidable transfers can cause stress, complications, and disruptions in care. By improving communication, decision-making, and clinical documentation, PoET helps ensure residents receive appropriate care in their home environment whenever possible. This initiative strengthens staff training, enhances advance care planning, and improves coordination between healthcare providers to support better decision-making. By reducing unnecessary transfers, PoET contributes to better health outcomes for residents while also easing demands on families and the healthcare system. Shalom Village remains committed to providing high-quality, resident-centered care that supports long-term well-being.

## EQUITY AND INDIGENOUS HEALTH

Shalom Village is deeply committed to driving improved and equitable outcomes to reduce health inequities. This commitment involves strategic and sustained efforts to advance health equity for all communities in the province while addressing the urgent need to combat antisemitism and other forms of discrimination.

As an organization, we continually seek to combat all forms of discrimination, including antisemitism, and celebrate the complexities of individual experiences beyond predetermined categories. We greatly value diversity of thought and experience. This is an ongoing journey that requires dedication, continuous learning, and a commitment to combating all forms of discrimination and hate.

Shalom Village is committed to further advancing First Nations, Inuit, Métis, and Urban Indigenous Health by learning from Indigenous partners, particularly the historical and ongoing impacts of colonization on the health disparities experienced by Indigenous people, to be a partner that strengthens and supports the resilience of Indigenous people and communities.

Shalom Village regularly reviews organizational policies and procedures to identify and eliminate systemic barriers to inclusion and diversity, with a strong focus on combating antisemitism. A key priority is advancing our understanding of Jewish history and values to equip others with the knowledge and tools to address antisemitism effectively. As part of this commitment, Shalom Village has partnered with the Hamilton Jewish Federation and Margaret's Legacy to provide education and training on recognizing and combating antisemitism. These initiatives help foster awareness, promote meaningful dialogue, and support a culture of respect and understanding. By integrating these efforts into our quality

improvement initiatives, Shalom Village continues to drive positive change and uphold our AT HOME values, ensuring an inclusive and respectful environment for all individuals, regardless of background, culture, or identity.

Building on our commitment from 2024/2025 and in alignment with the 2025/26 Quality Improvement Plan indicator: "Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education," our leadership team will continue to complete antisemitism education. This ongoing initiative is designed to promote awareness of antisemitism and other forms of discrimination, equipping staff with the knowledge and skills to foster a workplace free from bias and inclusive of all individuals.

Shalom Village is also actively engaged in meaningful community partnerships with diverse groups to ensure that its services are accessible and responsive to the unique needs and perspectives of all individuals. This includes ongoing collaboration with Jewish community organizations and other groups to address antisemitism and promote understanding and respect among diverse populations.

## PATIENT/CLIENT/RESIDENT EXPERIENCE

Resident and family engagement continues to be a priority of Shalom Village. Over the course of the past year, we have focused on increasing our partnering with residents and their families. We appreciate that the last several years during a pandemic were quite challenging for long-term care residents and their loved ones. Our QIP is shared with our residents, families, and staff for their respective input and revised as needed. The outcomes and ongoing

progress are reviewed with Resident and Family Councils, the Operational and Board Quality Committees, and the Board of Directors.

We use ongoing opportunities to engage residents and their families to support improvements that reflect the collective experiences and voices of those living at Shalom Village.

**Resident/Family Councils and Resident/Family Town Halls:**

We seek feedback and input from residents and families through council meetings, town halls, and informal discussions. These venues also provide peer-to-peer support and the opportunity to share information, discuss potential program ideas, and stay informed.

**Quality Committee Meetings:**

Shalom Village's LTC Operational Quality Committee meets quarterly, at a minimum, and utilizes an interdisciplinary approach to evaluate sources of data and discuss, plan, and prioritize quality improvement initiatives. Inclusion of residents, families, and front-line team members in CQI (Continuous Quality Improvement) committee meetings has provided rich discussions and diverse, lived experiences. There have been several positive impacts from their participation. This fosters a new approach to quality planning that is co-created and co-led with families and residents rather than being professionally driven.

The Resident Satisfaction Survey was conducted from November 7 to November 28, 2024, and the Family Satisfaction Survey ran from November 15 to December 9, 2024, in alignment with legislative requirements to gather feedback from residents and their families.

Survey results showed that 85% of residents and 81% of families/caregivers reported being very satisfied to completely satisfied. The results were shared during monthly Family Council meetings, bi-weekly leadership meetings on Tuesdays, and with frontline staff. The Resident Satisfaction Survey results were specifically shared with the Family Council on January 30, 2025, and with the Resident Council on December 31, 2024.

Shalom Village implemented several quality improvements in 2024 based on resident feedback from surveys and council meetings. In response to resident preferences, the bingo prize system was updated in October 2024, allowing participants to choose between traditional bingo tickets and alternative prizes like chocolate bars or chips. Outings were expanded to include trips to Mandarin, Tim Hortons, Burlington Mall, Indigo Bookstore, and a holiday lights tour, with more planned for 2025. Additionally, a Challah-baking activity was introduced to enhance cultural engagement. To improve the dining experience, music was added during mealtimes following a request from Sv2 residents. The resident survey process was also refined, with new questions added on outdoor space and infection control.

## **PROVIDER EXPERIENCE**

Employee wellbeing and a positive workplace culture are crucial for providing exceptional care to residents and their families. Shalom Village's vision for care and services focuses on providing exceptional, person-centered care while fostering a sense of community and belonging, rooted in its heritage as a center for Jewish life in Hamilton. Developed through extensive consultation with residents, families, staff, and external stakeholders, the vision was shaped by co-design sessions, interviews, and feedback

opportunities. This input ensures that the future direction aligns with the needs of the community, guiding efforts to deliver high-quality care and continuously improve services.

The ongoing human resources challenges in the healthcare sector have prompted Shalom Village to prioritize the psychological health and wellbeing of its employees. This includes addressing staff shortages, heavy workloads, and the impact of pandemic-related stress.

To ensure that employees have a voice in shaping their work environment, Shalom Village provides various channels for feedback, such as team meetings and town halls. Furthermore, employees play a vital role in the development and execution of the 2024–2026 Strategic Plan and associated operational objectives.

The leadership team at Shalom Village is committed to fostering an inclusive and supportive workplace culture. This involves providing formal and informal support to the staff, along with innovative recruitment and retention practices. By empowering employees and implementing forward-thinking strategies, Shalom Village aims to enhance the overall employee experience and address the current workforce challenges in the healthcare sector.

At Shalom Village, several initiatives are in place to support employee wellbeing, prioritizing a workplace environment where staff feel valued, supported, and resilient in the face of current health workforce challenges:

- **Psychological Health Support:** Programs and resources are in place to address the psychological health and wellbeing of employees, tackling the challenges of demanding work environments and stress

from the pandemic. Shalom Village is also working with the Ontario Centres for Learning, Research, and Innovation in Long-Term Care (CLRI) on the Workplace Mental Health in LTC program. This initiative helps implement the National Standard of Canada for Psychological Health and Safety in the Workplace, fostering a healthier and more resilient workforce.

- **Employee Feedback Channels:** Various avenues, such as team meetings and town halls, allow employees to voice their concerns, provide feedback, and suggest opportunities to enhance their workplace experience.
- **Employee Involvement in Strategic Planning:** Employees are actively engaged in the development and implementation of the organization's 2024–2026 Strategic Plan and associated operational objectives, shaping the future of workplace culture and initiatives.
- **Leadership Support:** The leadership team provides both formal and informal support for the staff, demonstrating a commitment to fostering a supportive, respectful environment in alignment with our AT HOME values.
- **Recruitment and Retention Practices:** Innovative practices are being implemented to improve recruitment and retention, ensuring that employees feel valued and supported in their roles.

## **SAFETY**

Resident safety is a critical component of Shalom Village's Continuous Quality Improvement Program. It is a pervasive theme within our care teams during care conferences and team huddles. Resident safety is also well supported through our Operational Quality Committee and Quality Committee of the Board, as well as through long-term care policies and procedures.

Our approach to resident safety includes both prevention activities



and post-incident follow-up and management. The following examples illustrate some of the work that supports resident safety and incident management:

#### Prevention:

- **Standardized Documentation:** Over the past year, Shalom Village has adopted a structured and standardized documentation approach using SBAR (Situation, Background, Assessment, and Recommendation). Embedding this into our documentation practices has fostered clearer, more concise communication among care teams.
- **RNAO Clinical Pathways Initiative:** This year, we will be implementing RNAO Clinical Pathways, an evidence-based framework designed to enhance resident care by standardizing best practices and improving clinical decision-making.
- **ISMP Medication Management Project:** Shalom Village will also be participating in the Institute for Safe Medication Practices (ISMP) medication management project, focusing on improving medication safety through standardized protocols and enhanced risk mitigation strategies.

#### Post-Incident Management:

- **Post Falls Assessment Tool:** This tool allows for a comprehensive analysis of the contributing factors that may have led to a fall. Its purpose is to support transparency, learning, and identifying areas for improvement.
- **Follow-Up on Medication Errors:** A standardized process follows any medication errors, including the completion of a medication error report and follow-up with the in-home clinical, medical, and pharmacy team.
- **Review and Analysis of Complaints and Critical Incidents:** The

leadership team reviews and analyzes all documented complaints and critical incidents at least once a month. This data is used to identify recurring trends and guide quality improvement and risk management activities.



## PALLIATIVE CARE

At Shalom Village, our interdisciplinary team is committed to providing a compassionate, resident-centered palliative care approach that upholds the autonomy and dignity of all individuals in our care. Recognizing that palliative care extends beyond end-of-life support, we prioritize a holistic framework that addresses the physical, emotional, social, and spiritual needs of our residents throughout their journey with us.

As a PoET-certified organization, we are proud to integrate the Individualized Care Plan into our practice. Upon admission, each resident completes a personal summary, offering them an opportunity to share their values, preferences, and goals for their care. This vital document serves as a guide for our team, ensuring that every aspect of a resident's care reflects their unique wishes and priorities—including how they envision their final days.

While discussions about end-of-life preferences can be sensitive, we believe they are essential for fostering trust, understanding, and meaningful care. Our team is dedicated to approaching these conversations with empathy and respect, creating a supportive environment where residents and their families feel heard and valued.

Through this proactive and personalized approach, we strive to honor the dignity and individuality of our residents, providing comfort, continuity, and peace of mind throughout every stage of life.

## POPULATION HEALTH MANAGEMENT

Shalom Village continues to demonstrate its commitment to

population health-based approaches by actively partnering with other health system providers and Ontario Health to meet the unique needs of the community. The organization values research and innovation and fosters partnerships with academic institutions and community stakeholders.

The Fitness Club at Shalom Village is a unique initiative that highlights its proactive approach to care. It is an exercise program tailored for individuals aged 65 and over, developed from a research project in collaboration with McMaster University. The study revealed significant benefits of age-appropriate exercise, including a reduction in fall incidence and improvements in mobility. Participants reported feeling better and found everyday tasks, such as sitting and standing, much easier to perform. This program is open to all seniors aged 65 and over in the Hamilton region, alongside Shalom Village residents.

Shalom Village also works closely with community partners, Home and Community Care programs, hospitals, and stakeholders to ensure safe and effective integrated care for residents. Partnerships with organizations like Behavior Supports Ontario, Ontario Health West, and local long-term care homes enable Shalom Village to reduce stressors on the healthcare system and provide care at the right place and time.

Through these partnerships, Shalom Village addresses social determinants of health, promotes equity, and fosters an inclusive environment. These efforts align with the principles of population health, ensuring comprehensive and integrated services that enhance the overall well-being of the community.

## CONTACT INFORMATION/DESIGNATED LEAD

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## SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan on **March 17, 2025**

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**Larisa Volaman**, Board Chair / Licensee or delegate

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**Katelyn Burns**, Administrator /Executive Director

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**Khushal Khan**, Quality Committee Chair or delegate

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**Marianne Klein**, Other leadership as appropriate

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**Equity | Equitable | Optional Indicator**

	Last Year		This Year		
<b>Indicator #4</b>	<b>16.67</b>	<b>100</b>	<b>100.00</b>	<b>499.88</b>	<b>100</b>
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Shalom Village Nursing Home)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26) %	Target (2025/26)

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

The Senior Level and Departmental Leadership Teams will complete equity, diversity, inclusion, anti-racism and anti-Semitism training.

**Process measure**

- Percent of Leaders that completed this training.

**Target for process measure**

- 100% of Senior and Departmental Leaders will have this training completed before the next QIP cycle.

**Lessons Learned**

100% of the senior leadership team completed equity, diversity, inclusion, anti-racism, and anti-Semitism training in 2024 and are committed to continuing this important work with another round of training scheduled for 2025.

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

The Senior Level and Departmental Leadership Teams will complete anti-Semitism awareness education.

**Process measure**

- Percentage of Senior and Departmental Leadership that completed this training.

**Target for process measure**

- 100% of Senior and Departmental Leadership that completed this training.

**Lessons Learned**

The Senior Level and Departmental Leadership Teams successfully completed anti-Semitism awareness education in partnership with the Jewish Hamilton Federation.

**Comment**

The trainings will be conducted annually to promote continuous learning and ensure that all new staff are included in the process.

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

	Last Year		This Year		
<b>Indicator #3</b>	<b>83.00</b>	<b>90</b>	<b>85.00</b>	<b>--</b>	<b>NA</b>
Percentage of residents who agree with the statement: "Staff listen to what I say, and I feel heard." (Shalom Village Nursing Home)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Promote the health and quality of life of long-term care residents by enabling social connections

**Process measure**

- % of residents participating in small group programming.

**Target for process measure**

- Collecting baseline.

**Lessons Learned**

Over 70% of residents participated in person-centered small group programming, highlighting the impact of social connections and tailored activities like music and therapy.

**Change Idea #2**  Implemented  Not Implemented

Support residents' councils and work with them to make improvements in the home.

**Process measure**

- Number of improvement ideas implemented as per Resident Council feedback.

**Target for process measure**

- Collecting baseline.

### Lessons Learned

Resident Council input led to meaningful improvements, enhancing engagement and daily life. Updates like bingo prizes, meal-time music, outings, cultural activities, and a revised satisfaction survey highlight the impact of resident-driven initiatives.

**Change Idea #3**  Implemented  Not Implemented

### Snozelen Equipment

#### Process measure

- No process measure entered

#### Target for process measure

- No target entered

### Lessons Learned

Snoezelen therapy improved memory, reduced anxiety, and fostered social engagement, highlighting its value in enhancing well-being and reducing isolation.

Indicator #1	Last Year		This Year		
	Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Shalom Village Nursing Home)	<b>10.91</b> Performance (2024/25)	<b>10.50</b> Target (2024/25)	<b>15.16</b> Performance (2025/26)	<b>-38.96%</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Provide staff education on prevention of falls

**Process measure**

- percentage of staff members trained

**Target for process measure**

- 100% nursing and recreation staff trained

**Lessons Learned**

All staff (100%) were trained in falls prevention. However, this alone wasn't enough to reduce the number of falls, as many ambulatory residents experienced declining mobility. This was also during a time when outbreaks presented additional challenges.

**Change Idea #2**  Implemented  Not Implemented

Ensure residents are receiving fracture prevention medication

**Process measure**

- Percentage of residents receiving fracture prevention medication.

**Target for process measure**

- 100% of eligible residents will receive fracture prevention medication as prescribed.

**Lessons Learned**



We achieved a 96% success rate in fracture prevention, with the team successfully completing medication reviews as part of the admission process. The overall numbers are impacted by residents on comfort measures, as some of their oral medications were discontinued, and some residents choose not to take medication.

**Change Idea #3**  Implemented  Not Implemented

Residents more prone to falls were referred to the pharmacy for a medication review

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

Increase awareness and implement referrals for residents experiencing more than two falls per month to evaluate the need for fracture prevention medication, if not already prescribed.

**Comment**

We're increasing referrals for high-risk residents, ensuring timely medication reviews, and addressing mobility decline. Efforts will also focus on managing outbreak-related challenges and improving staff training impact.

Indicator #2	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Shalom Village Nursing Home)	<b>21.65</b>	<b>20</b>	<b>20.91</b>	<b>3.42%</b>	<b>19</b>

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

Quarterly interdisciplinary team meetings to review antipsychotic use, make recommendations, adjust antipsychotic doses and implement non pharmacological interventions where applicable.

**Process measure**

- Percentage of residents using antipsychotic medication without a diagnoses of psychosis.

**Target for process measure**

- Aspiring to to meet HQO benchmark, while meeting provincial average for this indicator.

**Lessons Learned**

Changes to the external experts program's referral process have affected the timeline for addressing referrals. While we continue to rely on external expertise for support, a backlog has delayed timely responses.

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

We implemented GPA training

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

We are continuing to implement GPA training to help address responsive behaviours and support our residents.

We trained 119 staff members in 2024 and will continue GPA training in 2025.

**Comment**

We're improving the referral process to reduce delays and continuing GPA training to better manage responsive behaviours, ensuring progress toward our target and improved resident outcomes.

## Access and Flow

**Measure - Dimension: Efficient**

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 1, 2023, to Sep 30, 2024 (Q3 to the end of the following Q2)	20.85	20.00	The rate of ED visits is projected to decrease in 2025/2026, with the goal of maintaining levels below the provincial average.	

**Change Ideas**

Change Idea #1 Establish a team of IV champions to lead competency efforts in IV administration and reduce ED transfers

Methods	Process measures	Target for process measure	Comments
A team of IV Champions will be trained to lead competency efforts in IV administration, providing mentorship and support to other RNs.	Percentage of RN champions who complete an IV competency assessment annually and the number of IV skills refresher sessions shared with nursing staff.	100% of LTC RN Champions complete the assessment annually.	This training will enable staff to manage IV therapy on-site, improving care quality and reducing unnecessary ED transfers.

Change Idea #2 Enhance staff training on early recognition and management of common conditions that may result in ED visits, such as infections and dehydration.

Methods	Process measures	Target for process measure	Comments
Interdisciplinary team and care givers members will be trained to recognize early signs of dehydration and encourage fluid intake among residents.	Percentage of interdisciplinary team members who participate in discussions or huddles about recognizing signs of dehydration and encouraging hydration.	100% of interdisciplinary team members who participate in dehydration-related discussions or huddles annually, and the number of family hydration education sessions held.	

## Equity

### Measure - Dimension: Equitable

Indicator #2	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	This 100% target ensures that all executive and management staff have the knowledge and tools to support an inclusive, equitable, and respectful environment. By requiring this training for all leadership, we promote accountability, consistent decision-making, and a workplace culture that values diversity. This commitment aligns with our organizational values and industry standards, supporting ongoing growth and meaningful progress.	

### Change Ideas

Change Idea #1 All staff will complete equity, diversity, inclusion, anti-racism and anti-Semitism training.

Methods	Process measures	Target for process measure	Comments
Training provided to all staff will focus on understanding DEI, its relationship to identifying health inequities while specifically outlining anti-Semitism.	Percent of staff that completed this training.	100% of all staff will have this training completed before the next QIP cycle.	Total LTCH Beds: 127

Change Idea #2 The Senior Level and Departmental Leadership Teams will complete anti-Semitism awareness education.

Methods	Process measures	Target for process measure	Comments
Training will be provided to all staff for anti-Semitism awareness education.	Percentage of all staff that completed this training.	100% of all staff will have this training completed before the next QIP cycle.	



## Experience

### Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	CB	CB	Currently, 96.3% of residents report feeling somewhat to completely satisfied with how staff listen to them, according to our annual resident satisfaction survey. To ensure residents' voices continue to be heard, we will conduct an annual survey and aim to achieve 100% satisfaction.	

### Change Ideas

Change Idea #1 Implement evidence-based practices and recommendations for person- and family-centred care.

Methods	Process measures	Target for process measure	Comments
The team will integrate RNAO Clinical Pathways into care planning by training staff on best practices for person- and family-centred care.	Percentage of nursing staff trained on RNAO Clinical Pathways about best practices for person- and family-centred care.	Ensure 100% of nursing staff are trained on RNAO Clinical Pathways about best practices for person- and family-centred care before the next QIP cycle.	

## Safety

### Measure - Dimension: Safe

Indicator #4	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	15.16	14.50	Our goal is to reduce this to 14.50% to stay below provincial average. While 100% of staff have been trained in falls prevention, this alone hasn't been sufficient to lower the rate, as many ambulatory residents face declining mobility. Moving forward, we will provide additional staff education on falls prevention and ensure residents receive appropriate fracture prevention medication.	

### Change Ideas

Change Idea #1 Implement Four P's rounding methodology (pain, position, potty, and personal items) to proactively reduce falls.

Methods	Process measures	Target for process measure	Comments
Implement 4Ps rounding for residents at high risk of falls, including new admissions for up to 7 days.	Percentage of high-risk residents and new admissions included in 4P rounding within the first 24 hours.	100% of high-risk residents and new admissions receive 4P rounding within 24 hours by the end of the QIP cycle.	

Change Idea #2 Incorporate strengthening or balancing exercises in resident care plans to help prevent falls.

Methods	Process measures	Target for process measure	Comments
Residents at risk of falls will have strengthening and balance exercises incorporated into their care plans.	Number of balancing and strengthening exercise programs offered to residents each month.	100% of high-risk residents who wish to participate in strengthening or balance exercises will be offered the programming by the end of the QIP cycle.	

**Measure - Dimension: Safe**

Indicator #5	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	20.91	19.00	Our target is 19.0 to stay consistent with the Health Quality Ontario benchmark. We are continuing to implement GPA training to address responsive behaviours and support residents, ensuring progress toward achieving this target.	

**Change Ideas**

Change Idea #1 Train staff to use a person-centred, compassionate, gentle approach to responsive behaviours.

Methods	Process measures	Target for process measure	Comments
Provide training sessions on person-centered care and de-escalation techniques, using GPA.	Percentage of direct care staff who complete the training.	100% of direct care staff to complete the training by the end of the QIP cycle.	This initiative focuses on equipping staff with practical strategies to manage responsive behaviours without relying on antipsychotics.

Change Idea #2 Developed resident centred care plans by GPA trained staff by end of QIP cycle.

Methods	Process measures	Target for process measure	Comments
GPA trained staff will develop individualized care plans for residents with responsive behaviours, incorporating assessments of triggers, personal history, and effective interventions.	Percentage of residents with responsive behaviours who have a documented care plan developed by GPA trained staff.	Have 100% of residents with responsive behaviours receive a documented care plan developed by GPA trained staff by the end of the QIP cycle.	