

Equity | Equitable | **Optional Indicator**

| Indicator #5   | Last Year                |                     | This Year                |                                     |                     |
|--|--------------------------|---------------------|--------------------------|-------------------------------------|---------------------|
|  | Performance<br>(2024/25) | Target<br>(2024/25) | Performance<br>(2025/26) | Percentage Improvement<br>(2025/26) | Target<br>(2025/26) |
| Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Northview Nursing Home) | 16.67                    | 100                 | 100.00                   | 499.88 %                            | 100                 |

**Change Idea #1** ☒ **Implemented** ☐ **Not Implemented**

Equity, diversity, inclusion and anti-racism education has been added to online training modules for all designation of staff. All management staff have received training

**Process measure**

- Ongoing review of reporting mechanism to confirm completion of course modules by all staff members

**Target for process measure**

- By November 2024, all staff will have completed the course

**Lessons Learned**

All Management staff have completed the training

**Change Idea #2** ☒ **Implemented** ☐ **Not Implemented**

Equity, diversity, inclusion and anti-racism education will be added to the online training for all staff to complete

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

This will be available on Surge Learning Format for all staff

**Comment**

All staff will complete education on equity, diversity, inclusion and anti-racism by November 30, 2025

Experience | Patient-centred | **Optional Indicator**

| Indicator #3  | Last Year                |                     | This Year                |                                     |                     |
|---|--------------------------|---------------------|--------------------------|-------------------------------------|---------------------|
|   | Performance<br>(2024/25) | Target<br>(2024/25) | Performance<br>(2025/26) | Percentage Improvement<br>(2025/26) | Target<br>(2025/26) |
| Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"<br>(Northview Nursing Home) | 96.00                    | 100                 | 100.00                   | 4.17%                               | 100                 |

Change Idea #1 ☒ Implemented ☐ Not Implemented

All Residents living in the Home will be invited to their care conference and invite POA or Whomever they voice they would like to attend and encouraged to actively participate in their plan of care

Process measure

- Total number of residents who voiced that they feel listened reviewed at the time of care conference

Target for process measure

- 100% of Residents feel that their input is valued and acted upon and actively participated in their care conference

Lessons Learned

Reviewing at the care conference provided a forum for the Residents/Families to voice if there were concerns with feeling listened to that could be immediately addressed in addition to the annual satisfaction survey.

Change Idea #2 ☒ Implemented ☐ Not Implemented

All Residents residing in the LTC home will be invited and actively participate in the Council Meetings monthly to provide opportunities to hear of changes and provide their input and suggestions

Process measure

- Total number of positive responses to rating how well Residents feel that the staff listen to them. Attendance noted at Resident Council meetings.

**Target for process measure**

- 100 % of residents will be invited to attend council meetings and voice any concerns about communication at that time if appropriate

**Lessons Learned**

As our Resident population changes, there are more Residents and interactive families that respond. Resident and Family Centred Care concepts provides a feeling of inclusiveness in day to day operation and comfort to voice concerns if required.

**Change Idea #3** ☒ **Implemented** ☐ **Not Implemented**

Implementation of Resident and Family Satisfaction Survey is now available via Survey Monkey allowing for easier access with the advancement of technology and has increased our responses

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

Having one Survey for both Resident responses and family responses was confusing so the Survey was revised to make 2 separate surveys...one for Residents, one for families. Families are also invited to assist their loved one with the survey if required.

| Indicator #4   | Last Year                |                     | This Year                |                                     |                     |
|--|--------------------------|---------------------|--------------------------|-------------------------------------|---------------------|
|  | 78.79                    | 100                 | 95.45                    | 21.14%                              | 100                 |
| Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Northview Nursing Home) | Performance<br>(2024/25) | Target<br>(2024/25) | Performance<br>(2025/26) | Percentage Improvement<br>(2025/26) | Target<br>(2025/26) |

Change Idea #1 ☒ Implemented ☐ Not Implemented

The introduction of an online format via QR code scan and survey monkey link added to the existing paper copy format will provide more opportunity to easily complete the survey to encourage a greater response rate

Process measure

- Link has been initiated to review responses on an ongoing basis

Target for process measure

- 100 % satisfaction with being able to speak freely

Lessons Learned

Confusing for families because the survey is Resident focused responses so survey was separated into 2 surveys...one for Resident and one for families. New surveys were reviewed and approved at Resident Council.

Comment

New Satisfaction Surveys have been introduced with separate Resident and Family surveys

Safety | Safe | **Optional Indicator**

| Indicator #1   | Last Year                |                     | This Year                |  |                     |
|--|--------------------------|---------------------|--------------------------|--|---------------------|
|  | Performance<br>(2024/25) | Target<br>(2024/25) | Performance<br>(2025/26) | Percentage<br>Improvement<br>(2025/26) | Target<br>(2025/26) |
| Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Northview Nursing Home) | 14.29                    | 10                  | 17.65                    | -23.51%                                | 13                  |

**Change Idea #1** ☒ Implemented ☐ Not Implemented

Implementation of routine use of Falls Tracker, analyzing and trending data to better prevent falls

**Process measure**

- Evident by completion of monthly falls tracker and assessment

**Target for process measure**

- Reviewed monthly for trends and individual identification of intervention methods

**Lessons Learned**

Falls are tracked and reviewed on a monthly basis and reviewed with our Falls Committee and revisions are implemented on Resident Care Plan

**Change Idea #2** ☒ Implemented ☐ Not Implemented

Falls huddles for all Residents post fall to review cause, prevention interventions

**Process measure**

- Evident by completion and documentation of Falls Huddle in Residents documentation

**Target for process measure**

- Falls huddles for Residents will be completed for all residents who have had a falls and audited monthly to ensure completion

**Lessons Learned**

Falls Huddles post every fall have assisted in at the moment review of causes, risk factors and remediation for preventative interventions discussed and implemented as appropriate.

**Comment**

We have implemented the RAO best practice guidelines Clinical Pathway for Falls to further enhance our Fall Prevention Program

| Indicator #2   | Last Year                |                     | This Year                |                                     |                     |
|--|--------------------------|---------------------|--------------------------|-------------------------------------|---------------------|
|  | Performance<br>(2024/25) | Target<br>(2024/25) | Performance<br>(2025/26) | Percentage Improvement<br>(2025/26) | Target<br>(2025/26) |
| Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Northview Nursing Home) | 20.79                    | 15                  | 20.79                    | 0.00%                               | 15.79               |



**Change Idea #1** ☒ **Implemented** ☐ **Not Implemented**

Review of medications and ensure diagnosis if accurate for all Residents receiving Antipsychotic medications

**Process measure**

- 100 % of Residents will have their diagnosis reviewed

**Target for process measure**

- 100% of Residents on antipsychotics without a supporting diagnosis will be reviewed.

**Lessons Learned**

Three of our inhouse Resident's that were without a relevant diagnosis have been diagnosed from review of past history prior to admission to provide relevant diagnosis for the antipsychotic medication orders

**Change Idea #2** ☒ **Implemented** ☐ **Not Implemented**

Provision of education to Resident/families and care providers on antipsychotics regarding importance of minimizing use and alternative intervention techniques identifying potential triggers to Responsive Behaviours

**Process measure**

- Reduction of antipsychotic usage or minimalized dosages

**Target for process measure**

- 100% of residents ordered antipsychotics will have education/information provided to families or resident and Plan of Care is updated with successful non-pharmacological interventions as appropriate

**Lessons Learned**

Consultant pharmacist has provided education on antipsychotic medications for all Registered staff and potential for side effects to monitor for with Front line staff

**Comment**

All staff will be reeducated on Gentle Persuasive Approach by year end and utilization of BSO resources will be implemented to continue to review alternative intervention techniques for Responsive Behaviours