Access and Flow | Efficient | Optional Indicator

Indicator #4	Last Year Performance (2024/25)	Last Year Target (2024/25)	This Year Performance (2025/26)	This Year Percentage Improvement (2025/26)	This Year Target (2025/26)
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Huronlea Home for the Aged)	10.53	9.50	13.04	-23.84%	11

Change Idea #1 ☑ Implemented ☐ Not Implemented

RAI Coordinator will review the quarterly LTC QIP Potentially Avoidable ED Visits Indicators provided the Ministry of Long-Term Care along with the homes ED Transfer Data Template to analyze and identify trends and make improvements.

Process measure

- Number of avoidable ED Visits

Target for process measure

- 100% of ED transfers will be entered into the ED Transfer Data Template. All data will be reviewed quarterly at the CQI Committee Meeting and monthly Registered staff meeting.

Lessons Learned

The Home was able to communicate the level of care we could provide at the Home in collaboration with the Physician although some residents/SDM chose to go to the hospital. Through the analysis of the ED Transfer Data sheet and PCC, it was identified that there were increased transfers when agency or casual RN's were working. The home also identified a trend in transfers taking place during the evening hours. The communication and transparency with families assisted with building relationships of trust with the Home which resulted in some residents receiving palliative care measures at the Home instead of in the hospital. ED visits is a standing agenda item at the monthly Registered staff meetings.

Change Idea #2 ☐ Implemented ☑ Not Implemented

RAI Coordinator and DOC will create a 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

This change idea was not implemented however the RAI Coordinator, BSO Lead and Charge Nurse will work together to implement this tip sheet Q2 of 2025.

Comment

The DOC and RAI Coordinator will review current services alongside the Physician and Nurse Practitioner and will create an information/tip sheet for residents and families. The Director of Care will also attend a resident council meeting to review and discuss.

Equity | Equitable | Optional Indicator

	Last Year		This Year		
Indicator #3 Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Huronlea Home for the Aged)	**CB** Performance (2024/25)	**100** Target (2024/25)	**CB** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**CB** Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Home to work with IDEA Specialist from the County on a presentation that can be uploaded into Surge Learning by Q3 2024.

Process measure

- Number of staff who complete the education

Target for process measure

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

Lessons Learned

The Homes worked with the IDEA Specialist for the County on EDI education. The Homes opted for mandatory in person education to present the material for 2024 with the plan to roll out educational material on Surge Learning in 2025. In addition to the in person education the Homes added EDI videos and other learning for all employees. The Home has ensured that 100% of staff received EDI training in 2024. Additionally the Homes staff have participated in external virtual training offered through CLRI to further enhance skills.

Change Idea #2 ☐ Implemented ☑ Not Implemented

Complete the Embracing Diversity: Equity, Diversity and Inclusion in LTC Assessment and Planning Tool 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 toolkit

Lessons Learned

The Homes reviewed the toolkit and determined that it was not a feasible document to be completed in 2024 as the Homes are in the beginning stages of developing the Equity, Diversity and Inclusion plans. The Home has started an IDEA committee and has a bulletin board available for all residents, staff and visitors to share information and updates about IDEA initiatives in the Home. The Homes Administrator participates in the EDI Community of Practice offered through CLRI.

Comment

The home had 100% of staff complete the training in 2024. The home will continue to work on this indicator in 2025/26.

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #2 Percentage of residents responding positively to "I am satisfied with the temperature of the food" (Huronlea Home for the Aged)	**51.72** Performance (2024/25)	**70** Target (2024/25)	**80.00** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

The home will create a Dining Improvement Focus Group consisting of residents, staff and managers to improve the overall temperature of the food.

Process measure

- Number of Resident Meal Service Feedback Cards completed weekly with satisfactory response.

Target for process measure

- 100% of meals served will be the appropriate temperature and liking of the residents.

Lessons Learned

Food Committee Meetings consistently took place on a monthly basis which provided residents an opportunity to express concerns and provide feedback. The Nutrition Manager reviewed the Feedback cards at those meetings to identify trends. One resident has become a champion by assisting and encouraging others to complete the feedback cards. The resident meets with the Nutrition Manager on a regular basis to review the Feedback cards. One noted improvement was changing when and where the show plates were prepared to help hold temperatures of food once it arrived to the dining room. The Continuous Quality Committee (CQI) discussed and reviewed Temperatures of the Food at CQI meetings. Overall residents have expressed a significant improvement in their overall dining experience.

Change Idea #2 ☑ Implemented ☐ Not Implemented

The home will be revising the Resident Meal Service Feedback Cards to include a question regarding temperature of the food.

Process measure

- Number of satisfactory Resident Meal Service Feedback Cards completed weekly.

Target for process measure

- 100% of meals served will be the appropriate temperature and liking of the residents.

Lessons Learned

In the 2024 Resident Satisfaction Survey, the Home saw an improvement in this survey question which increased to 80% agree. There was a change in the Nutrition Manager position at the Home in May of 2024 and as a result, the processed has been streamlined to meet the residents needs.

Comment

The Home is satisfied with the outcome of this change idea and has met the goals.

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #1 Percentage of long-term care home residents who experienced moderate pain daily or any severe pain during the 7 days prior to their most recent resident assessment (Huronlea Home for the Aged)	**5.00** Performance (2024/25)	**4.50** Target (2024/25)	**4.40** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

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

The homes BSO RN will educate all Registered staff on the use of the PAINAD assessment for our non communicative residents. This assessment will assist in increasing awareness and treating of pain.

Process measure

- # of assessments being completed.

Target for process measure

- 100% of Registered staff will be trained on the use of the assessment and implementation for the appropriate residents by end of June, 2024.

Lessons Learned

The Director of Care provided the education to the Registered staff on the PAINAD in November 2024. The Home created a streamlined approach to identify triggers of pain and analyze residents on a case by case basis. Registered staff education identified gaps in early identification of the signs and symptoms associated with residents experiencing pain. Registered staff education and the new strategies in place support staff in the early identification.

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

The home will add an additional assessment tool to identify acute pain.

Process measure

- Number of pain medication changes that were effective

Target for process measure

- The home will see a reduction of residents who identify as having pain to bring performance to below 4.5%.

Lessons Learned

The Home will continue to work on this indicator in the 2025/26 QIP and plans to keep this as a change idea as we were unable to implement it.

Comment

The Home will continue to work on this indicator in the 2025/26 QIP.