

Equity

Measure - Dimension: Equitable

Indicator #1	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	CB	100.00	As we have mandatory education for all staff, the EDI component will be included which means we will reach 100% completion. However, we want to provide additional training to our staff with hopes that we will have a target of 20% of staff that will obtain additional training above and beyond our mandatory annual training. We believe this is a reasonable percentage that can be obtained in addition to all other education that must take place.	

Change Ideas

Change Idea #1 We will look at differing education opportunities through Rottman EDI, CLRI, Fred Pryor portal and more.

Methods	Process measures	Target for process measure	Comments
We will assign staff accordingly to participate in these sessions	We will keep track of staff members participating in each type of education	100% mandatory training will be completed + 20% of staff will participate in additional in person training	

Experience

Measure - Dimension: Patient-centred

Indicator #2	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	80.00	•HQO recommends adding listed questions to our satisfaction surveys. Surveys are only implemented once per year.	

Change Ideas

Change Idea #1 New Question will be added to our annual resident satisfaction survey as per HQO recommendations

Methods	Process measures	Target for process measure	Comments
Do residents feel they have a voice and are listened to by staff?	Resident Surveys are conducted annually	Achieve >80% "good" and "very good" positive response rate	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	CB	80.00	•HQO recommends adding listed questions to our satisfaction surveys. Surveys are only implemented once per year.	

Change Ideas

Change Idea #1 New Question will be added to our annual resident satisfaction survey as per HQO recommendations

Methods	Process measures	Target for process measure	Comments
Do residents feel they can speak up without fear of consequences?	Surveys are conducted annually	Achieve >80% "good" and "very good" positive response rate	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
To enhance timely palliative care for residents, caregivers and the team who often provide end of life support. We aim to increase early identification of residents who could benefit from a palliative care approach.	C	% / Staff	In house data collection / We will collect results on a quarterly basis	CB	CB	<ul style="list-style-type: none"> To utilize internal and external resources to provide specialized training with staff including Fundamentals of Palliative Care, LEAP, CAPCE To increase conversation and comfort about death, dying and compassion for caregivers through education. 	

Change Ideas

Change Idea #1 To increase the number of staff members to become comfortable with palliative care techniques/skills

Methods	Process measures	Target for process measure	Comments
Staff will be assigned accordingly to participate in these sessions	HR will track how many staff participate in each education training	20% of staff will participate in additional training	

Change Idea #2 To offer caregivers an opportunity to participate in palliative care training

Methods	Process measures	Target for process measure	Comments
Spiritual care lead and educator will plan out a schedule for the year and preplan various sessions	Once sessions are planned, advertising to family members will begin and invite them to participate	We will complete 4 initiatives throughout the 24/25 QIP year	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Better experiences result in better outcomes. Tracking and understanding experience is an important element of quality	C	Number / N/a	In-home audit / varies per improvement initiative	CB	CB	Every initiative will have a different target assigned	

Change Ideas

Change Idea #1 To enhance the aesthetic appeal of 4 resident tub/spa rooms

Methods	Process measures	Target for process measure	Comments
To choose two RHA's on each tower - create a design, colours, and repairs to create a spa area	One per quarter	Four tub rooms will be upgraded to have a spa like atmosphere	

Change Idea #2 To enhance the wayfinding signage at our three main entrances

Methods	Process measures	Target for process measure	Comments
Work with the Foundation to find a company who will be willing to assist with this initiative OR a student who is enrolled in marketing/advertising	3 throughout the year	We will update the wayfinding signage at all three of our entrances for better navigation	

Change Idea #3 Encourage all departments/programs who report to the CQI committee will implement one resident and family focused initiative.

Methods	Process measures	Target for process measure	Comments
Goals will be confirmed and implemented with bi-annual check ins to ensure this will be achieved.	Encourage every program/department to implement one resident and/or family Initiative per year (as per CQI committee)	Greater than 70% of all programs/departments will implement one resident and/or family initiative	

Change Idea #4 We will examine staffing levels on off peak hours and implement changes that will help to address staffing support

Methods	Process measures	Target for process measure	Comments
Reports will be pulled for a 3-6 month period to determine where the gaps are and where extra support is needed.	After reviewing reports in staffing gaps, initiatives will be determined to best address them	The Villa will ensure that two initiatives are implemented to help address staffing gaps throughout the year.	