

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	91.67	100.00	Surge learning is completed annually by all staff in all departments. Call it out: Racism, Racial Discrimination and Human Rights Blind Spot (diversity /equality), Workplace Harassment, Discrimination Violence Prevention, and Education on Human Rights and AODA Code.	

Change Ideas

Change Idea #1 Ensuring that all staff , including the management team complete annual education on equity, diversity, inclusion, and anti-racism education.

Methods	Process measures	Target for process measure	Comments
Surge Learning Education : Call It Out: Racism, Racial Discrimination and Human Rights. Blind Spots: equality and diversity.		completion of Surge Learning 100% of staff to complete by Dec 1 2025 including management team	Total LTCH Beds: 128

Change Idea #2 completion of education

Methods	Process measures	Target for process measure	Comments
Open discussion at unit meetings and management meetings.		100 % of all staff and management team to have completion by Dec 2025	

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Customize activities for different demographic needs and abilities.	C	Number / LTC home residents	In-house survey / 2025	CB	CB		

Change Ideas

Change Idea #1 Develop programs for residents with higher cognition levels

Methods	Process measures	Target for process measure	Comments
At each council meeting residents are asked for input into activities and asked for suggestions of activities. Residents surveys post care conference Surveys annually	Review the number of new programs developed and attendance	Increase in higher cognitive recreational programs offered and supported. Successfully assessed the effectiveness of current activities through yearly program evaluations	

Change Idea #2 Open up the home areas so that residents can attend activities on other home areas

Methods	Process measures	Target for process measure	Comments
On the various home areas life enrichment staff ask the residents what activities they would like to participate in. Upon request provide residents with activity calendar for other homes areas to see if there are other programs they would like to attend. With the development of a full-time evening life enrichment position, we are now able to offer more evening programming to meet the needs of residents who are more active in the evening. We have begun offering 4 central programs a month in the evening as well as evening programming on each floor once a week. Through the implementation of the initial recreation assessment, life enrichment staff will get to know residents interests, both past and present, and will be able to help guide residents to activities to that will enhance their wellbeing and quality of life.	Review the number of residents that attend various programs	Increase in the number of different activities and attendance Activities tailored to suit the demographic needs and abilities of residents	

Change Idea #3 Implement life enrichment “Initial Recreation Assessment” for LE staff to complete with residents when they are first admitted

Methods	Process measures	Target for process measure	Comments
Completion of assessment in a timely fashion Through the implementation of the initial recreation assessment, life enrichment staff will get to know residents interests, both past and present, and will be able to help guide residents to activities that will enhance their wellbeing and quality of life.	surveys results annual strategic planning progress	All residents to have a completed assessment within 6 weeks of admission. Promote more autonomy for residents	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Enhance Food Experience for all residents.	C	Number / LTC home residents	In-home audit / 2025	CB	CB		

Change Ideas**Change Idea #1 Recruit Food Committee Volunteers**

Methods	Process measures	Target for process measure	Comments
All 5 home areas are actively participating on the food committee	Annual surveys. Feed back received at Resident Council and Food Committee Meetings. Regular Audits.	Increase in attendance at monthly meetings. Increase satisfaction at meal service	

Change Idea #2 Create calm environment during mealtimes

Methods	Process measures	Target for process measure	Comments
Residents experience a pleasurable dining atmosphere and are able to enjoy mealtime with minimal noise and less chaotic service.	Audits done post meals to ensure residents had an enjoyable meal.	Improvement on dining experience monthly.	

Change Idea #3 Evaluate resident food preferences

Methods	Process measures	Target for process measure	Comments
OGM has a better understanding of food preferences to assist with menu planning	surveys and audits post meals. Discussion at Food Committee and Family Council	increase involvement of residents in menu planning.	