Access and Flow | Efficient | Optional Indicator

Indicator #6

Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Henley Place)

Last Year		This Year		
25.79	**21.17**	**36.93**	**-43.20%**	**25**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☐ Implemented ☐ Not Implemented ☑ In Progress

To reduce the number of ED transfers related to infections by improving screening and assessment.

Process measure

- Number of alerts of residents change and status and number of assessments completed in a timely manner to rule out potential infections.

Target for process measure

- 10% reduction in avoidable ED transfers by December 2025.

Lessons Learned

Challenges: Staff turn over with registered staff. Home did not have a NP. Home will continue to utilize Simulation lab and Nurse Lead Outreach Team (NLOT) to assist staff with education and capacity building.

Change Idea #2 ☐ Implemented ☐ Not Implemented ☑ In Progress

To reduce the number of ED transfers by implementing in-house treatments such as IVs and G-tube care.

Process measure

- Track number of interdisciplinary meetings regarding avoidable transfers to ED. Percentage of residents at high risk for an ED visit who had a change in condition documented on shift report in 24 hours prior to ED visit (high risk residents are defined as those admitted to the LTC Home within the last 30 days, readmitted to the LTC Home from an ED visit or hospitalization within the last 30 days, those residents who have experienced a change in medication, treatment, plan or significant change in condition as per RAI/MDS within the last 7 days). Track number of avoidable transfers to ED.

Target for process measure

- 10% reduction in avoidable ED transfers by December 2025.

Lessons Learned

Ontario Health at Home eliminated in home support for IV therapy prior to the home building capacity for internal IV initiation and maintenance. Home partnered with NLOT. I

Change Idea #3 ☐ Implemented ☐ Not Implemented ☑ In Progress

Partner with Community Paramedicine (February 2026) to provide bedside assessments and implement treatments within the home.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Initial meeting took place in December 2025 with Community Paramedicine to support implementation of 24/7/365 service coverage. Implementation in February 2026.

Comment

To support sustainability and ongoing improvement, the home will complete monthly audits and review outcomes beginning in 2026, including tracking utilization, reasons for hospital transfer, outcomes, and opportunities for process adjustments.

Equity | Equitable | Optional Indicator

Indicator #5

Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Henley Place)

Last Year		This Year		
92.26	**100**	**0.00**	**-100.00 %**	**100**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☐ Implemented ☐ Not Implemented ☑ In Progress

Continue to provide education to all staff on equity, diversity and inclusion and anti -racism through inhouse orientation, on-line annual education, and yearly in-services

Process measure

- Number of management and staff completed the reeducation in the year 2025, as well as all new hires will be offered training in 2025. 50% attendance rate at in-services

Target for process measure

- 100% of management and staff, both current and new, will have equity, diversity, inclusion and anti-racism reeducation by December 31st, 2025

Lessons Learned

A revised learning module was introduced emphasizing on the EDI for 2026. Was unable in 2025.

Change Idea #2 ☐ Implemented ☐ Not Implemented ☑ In Progress

Included in annual mandatory training

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

EDI Module has been assigned to staff through Relias Portal from 2026.

Comment

Total survey conducted= 192

Experience | Patient-centred | Optional Indicator

	Last Year		This Year		
Indicator #3	**58.33**	**100**	**22.64**	**-61.19%**	**30**
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Henley Place)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☐ Implemented ☐ Not Implemented ☑ In Progress

Provide education to all staff regarding customer service and resident's bill of rights - - Zero Tolerance of Abuse and Neglect

Process measure

- Percentage of staff completing customer service and resident's bill of rights. Percentage of reduction in complaints / CIs related to Abuse and neglect.

Target for process measure

- 100% of the staff completing customer service and resident's bill of rights. 0% of complaints / CIs related to Abuse and neglect.

Lessons Learned

Annual education is conducted through Relias platform for all staff regarding customer service and resident bill of rights.

Comment

Continue to monitor and audit through Relias platform to ensure staffs are completing their education regarding customer service and resident's bill of rights.

	Last Year		This Year		
Indicator #4	**16.67**	**20**	**21.88**	**31.25%**	**85**
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Henley Place)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☐ Implemented ☐ Not Implemented ☑ In Progress

Provide education on customer orientation and resident's bill of rights

Process measure

- Percentage of staff who complete education on customer orientation and resident's bill of rights

Target for process measure

- 100 Percentage of staff who complete education on customer orientation and resident's bill of rights

Lessons Learned

We have provided customer service and resident rights education to our staff. We are seeing a direct effect on our Residents and seeing it on our resident survey.

Safety | Safe | Optional Indicator

Indicator #1

Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Henley Place)

Last Year		This Year		
19.11	**18.33**	**22.67**	**-18.63%**	**18**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

improving our visual management to identify residents who are at high risk of falls.

Process measure

- 100% of residents who have been identified as high risk for falls will have visual management applied to help identify falls reduction interventions.

Target for process measure

- a decrease in the number of residents who have fallen, aiming to reduce the percentage of resident who fell in the 30 days leading up to their assessment from 19% to 15%

Lessons Learned

Visual Aids- Added the red tape on PASDs of frequent fallers to help staff identify which residents are at high risk of falling

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

Improve the rate of post-fall huddle completion.

Process measure

- Number of residents who had experienced a fall for whom the post-fall huddle was completed directly after the fall.

Target for process measure

- 100% of residents who had experienced a fall had a post-fall huddle completed directly after the fall.

Lessons Learned

Post fall huddle is being completed and the ADOC audits the Risk management daily.

Change Idea #3 ☐ Implemented ☐ Not Implemented ☑ In Progress

Falls friday was initiated, Updating white boards on each home area-no. of falls, new interventions, etc. Initiated sling audits last week of every month, also includes size and color of slings. Monthly audit of transfer logo audited by PT. Biweekly PT meetings.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

All measures were implemented with the exception of the white boards. Currently trialing in one home area.

Change Idea #4 ☑ Implemented ☐ Not Implemented ☐ In Progress

Initialed PT meetings bi-weekly.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

PT post fall assessments are audited and missing documentation has been captured and completed.

Comment

Falls co-lead was introduced-will review behaviors, any infections, are current falls interventions are effective.

	Last Year		This Year		
Indicator #2	**34.33**	**20.40**	**33.86**	**1.37%**	**29**
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Henley Place)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☐ Implemented ☐ Not Implemented ☑ In Progress

Reduce responsive behaviors through the use of non-pharmacological interventions.

Process measure

- Number of residents for whom responsive behaviors are managed with non-pharmacological interventions.

Target for process measure

- To reduce responsive behaviors by 50% by December 2025.

Lessons Learned

Life Enrichment and the BSO Lead have helped reduce responsive behaviours by prioritizing non-pharmacological interventions and individualized supports. Interventions used included purposeful engagement (1:1 and small group), sensory/comfort measures, music and reminiscence, environmental modifications, routine/structure, redirection, validation, and early de-escalation techniques.
Successes: Increased use of individualized activity plans, better identification of triggers, stronger collaboration between nursing/Life Enrichment/BSO, and clearer strategies in care plans for residents with higher needs.

Change Idea #2 ☐ Implemented ☐ Not Implemented ☑ In Progress

Implement new tool to collaborate with Care Rx to complete an assessment to determine whether the resident is an appropriate candidate for antipsychotic medications, based on the behaviors they are experiencing.

Process measure

- Increase the number of residents who are assessed utilizing the CareRx tool.

Target for process measure

- 100% of residents with responsive behaviors are assessed with the CareRx tool.

Lessons Learned

Established an interdisciplinary review committee to assess residents for appropriateness of antipsychotic medication use. Implemented a unit-by-unit cohort review approach, resulting in a reduction in residents receiving antipsychotics from 23 to 11.

Change Idea #3 ☐ Implemented ☐ Not Implemented ☑ In Progress

Initiate monthly multidisciplinary AUA meeting to review residents on antipsychotics to ensure appropriate use of antipsychotics with and without CiHi approved diagnosis

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

We have implemented on 3/6 resident home areas. We currently have decreased by 11 residents.

Comment

Staff to receive coaching to recognize triggers, respond earlier, and follow consistent approaches documented in the care plan, to improve resident engagement, fewer escalations for some residents, and better team confidence using non-pharm strategies before considering medication.