Access and Flow | Efficient | Optional Indicator

Indicator #4

Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (St. Gabriel's Villa Of Sudbury)

Last Year		This Year		
31.25	**25**	**41.77**	**-33.66%**	**NA**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

Nurses require increased education and mentorship opportunities so they are aware of the vast treatment options available both within the home and through community partners, and feel more confident communicating these options to residents and/or their families.

Process measure

- 1 - % of RN position/role education 2 - number of mentors

Target for process measure

- 1 - 80% RN roles educated 2 - 1 mentor days/evening shift (if possible - night shift)

Lessons Learned

Registered staff, including Physicians, Nurse Practitioners, and Registered Nurses, have demonstrated significant progress in utilizing EDOS and NP to prevent avoidable emergency department visits. The team has developed a strong understanding of EDOS benefits and consistently applies it, reflecting a commitment to proactive, resident-centered care. Education on EDOS has been fully completed, and mentorship for in-house treatment is fully coordinated.

Comment

Ongoing education will be provided during staff onboarding and through the palliative program. The approach to difficult conversations will occur in 2026.

Equity | Equitable | Optional Indicator

	Last Year		This Year		
Indicator #3	**87.50**	**100**	**100.00**	**14.29%**	**NA**
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (St. Gabriel's Villa Of Sudbury)	**Performance (2025/26)**	**Target (2025/26)**	**Performance (2026/27)**	**Percentage Improvement (2026/27)**	**Target (2026/27)**

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

Advancing equity, inclusion, diversity, anti-racism and Indigenous reconciliation to reduce disparities in resident, family and staff experiences.

Process measure

- # of staff / leaders that complete the education they are registered for

Target for process measure

- 100 % will complete

Lessons Learned

Education was provided to leadership and interdisciplinary staff, achieving 100%. The primary challenge is the length of some courses, as sessions are held only once per month.

Experience | Patient-centred | Custom Indicator

Indicator #5

Worsened mood from symptoms of depression: Number of residents whose symptoms of depression have worsened from their previous assessment divided by total number of residents assessed (St. Gabriel's Villa Of Sudbury)

Last Year		This Year		
37.15	**32**	**24.20**	**--**	**NA**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

We aim to ensure that staff have the understanding of the significance of accurately documenting symptoms of moods.

Process measure

- 1- In service to all PCA staff re: POC documentation and implications 2- all PCA staff who indicate 'no moods' in POC will be flagged for follow up education 3- MDS reporting of moods increased

Target for process measure

- 1 - 80% of PCA staff complete in-service education 2 - 80% staff who indicate 'no moods' will receive follow up 3- MDS reporting of moods increased from previous quarter by 10%

Lessons Learned

Providing mental health support to residents to mitigate depressive symptoms and ongoing education and support for PCA staff regarding the significance of precise mood documentation has been successful. One challenge has been the transition to the InterRAI system which may affect the accuracy of mood documentation as PCA staff adjust to new charting procedures.

Comment

Support the transition to the new InterRAI system to maintain consistently accurate charting.

Safety | Effective | Custom Indicator

Indicator #1

Percent of staff members who recommend the organization as a good place to work (St. Gabriel's Villa Of Sudbury)

Last Year		This Year		
61.36	70	93.00	--	NA
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

Complete an assessment of staff's current PHSW to determine strategies for 2025

Process measure

- 1- % of staff complete survey 2- implement strategy

Target for process measure

- 1- 40% response rate 2- 3 strategy implemented

Lessons Learned

Psychological health and safety was prioritized with various strategies implemented, including leadership development with CMHA, onsite education, communication, role clarity, wellness committee initiatives, mission champions, and staff celebrations.

Safety | Safe | Optional Indicator

Indicator #2

Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (St. Gabriel's Villa Of Sudbury)

Last Year		This Year		
44.44	**34.90**	**12.50**	**71.87%**	**NA**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

We aim to ensure that staff have the knowledge necessary to accurately identify and chart episodes of delusions and hallucinations.

Process measure

- 1/2- all clinical staff (PCA, RPN, RN)

Target for process measure

- 1/2 - 80% of clinical staff

Lessons Learned

Completed education initiatives on identifying delusions and hallucinations through care plan review meetings and team slide decks. Education provided to RNs, MDs, and PCAs regarding appropriate antipsychotic prescribing and public reporting. Medical Director ensured diagnoses were provided or updated with antipsychotic use. In-service sessions delivered to PCAs to enhance identification of hallucinations and delusions. ADOC communicated with RNs on proper documentation of indicated diagnoses in eMAR. Pharmacist and ADOC reviewed residents without appropriate diagnoses and flagged them for follow-up. Challenges: Some staff lack understanding of the narrow definition of "appropriate" diagnosis for antipsychotics as per RAI/CIHI standards. Continued off-label antipsychotic use for conditions such as major depressive disorder persists among some residents.

Comment

With targets met, the next phase involves reviewing and revising antipsychotic use within the facility using established review sheets and processes to maintain progress. Meetings with BSO and the pharmacist will focus on implementing the antipsychotic tracking sheet process. The Medical Director will coordinate with the MRP team for quarterly diagnosis updates and ongoing communication.