## Equity | Equitable | Optional Indicator

| Indicator #3 | Last Year | | This Year | | |
|---|---|---|---|---|---|
| Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (St. Joseph's Villa, Sudbury) | **100.00** Performance (2025/26) | **100** Target (2025/26) | **100.00** Performance (2026/27) | **0.00%** Percentage Improvement (2026/27) | **NA** Target (2026/27) |

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

Increase EDI, anti-racism, indigenous reconciliation, and French language awareness to other members of the leadership and interdisciplinary team members.

**Process measure**

- 1) Leadership Team complete FLS Active Offer and LGTBQ2 education by June 2025 2) The interdisciplinary Team complete FLS Active Offer and LGTBQ2 by Dec 2025

**Target for process measure**

- 1) 100% leadership team complete education 2) 100% of interdisciplinary team complete education

**Lessons Learned**

FLS education successfully completed by all members of leadership and interdisciplinary teams. Challenges:  LGBQ2 education is currently on hold until further notice, and San Yas offers limited availability with only a few spots each year.

**Comment**

Continue to enroll staff and leadership into education as it becomes available.

## Safety | Effective | Custom Indicator

## Indicator #6

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. Joseph's Villa, Sudbury)

| Last Year | | This Year | | |
|---|---|---|---|---|
| **27.18** | **25** | **24.54** | **--** | **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

Create a more accurate assessment process that captures the complete needs of a resident and provide ongoing education to staff explaining the rational of assessments, importance of assessments and how to correctly assessments to residents.

**Process measure**

- 1-2) data collection process developed 3) assessment tool determined

**Target for process measure**

- 1-2) data collection process implemented on one unit by June 2025. Full roll out by September 2025. 3) Assessment tool validated and implemented by September 2025.

**Lessons Learned**

Enhanced staff education and tools are in place for resident assessments. MHC provides staff education on depression and mood care interventions and assessments. VR Rendever study was successful. Residents reported positive feedback. VR program can be continued with staff. High Risk Rounds have been running weekly to address high risk residents and possible associated low moods.

**Comment**

Mental Health Program continues to grow with enhanced processes.

## Indicator #4

Resident has Pain: Percentage of residents with pain (residents with moderate pain at least daily or horrible or excruciating pain at any frequency documented on their target assessment). (St. Joseph's Villa, Sudbury)

| Last Year | | This Year | | |
|---|---|---|---|---|
| **8.60** | **7** | **5.71** | **--** | **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

Ensure staff understand how to identify pain and non-verbal pain cues.

**Process measure**

- Registered staff receive education on identifying pain early.

**Target for process measure**

- 80% of registered staff.

**Lessons Learned**

Manage pain with regularly scheduled medication. Alternative methods to avoid/decrease pain before medication is needed.

**Comment**

Ongoing collaboration with RAI-MDS, new LTCF resident assessment may impact data.

## Indicator #5

Resident has Worsened Pain: Percentage of residents whose pain worsened (residents with greater pain (higher pain scale score) on their target assessment than on their prior assessment). Excludes residents with Maximum pain scores on their prior assessment. (St. Joseph's Villa, Sudbury)

| Last Year | | This Year | | |
|---|---|---|---|---|
| **15.70** | **12** | **13.00** | **--** | **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

Ensure staff complete assessment tool for residents experiencing pain.

**Process measure**

- Assessments reports

**Target for process measure**

- 80% of residents experiencing pain have a completed assessment

**Lessons Learned**

Manage pain with regularly scheduled medication. Alternative methods to avoid/decrease pain before medication is needed. Challenges: Difficulty identifying the reasons for higher numbers, as residents often fall off the next quarterly assessment or their pain becomes managed, making consistent tracking challenging.

**Comment**

Ongoing collaboration with RAI-MDS, new LTCF resident assessment may impact data.

## Safety | Safe | Optional Indicator

### Indicator #1

Percentage of LTC home residents who fell in the 30 days leading up to their assessment (St. Joseph's Villa, Sudbury)

| Last Year | | This Year | | |
|---|---|---|---|---|
| **24.89** | **22** | **21.54** | **13.46%** | **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

Improve resident safety by ensuring fall assessment tools and strategies are valid and reliable.

**Process measure**

- % of (clinical) staff complete education

**Target for process measure**

- 80% of clinical staff complete education (of each type)

**Lessons Learned**

Falls assessment tool trialed successfully.

**Comment**

Next steps to build tool into PCC and monitor utilization.

## Indicator #2

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

| Last Year | | | This Year | | |
|---|---|---|---|---|---|
| X | 20.50 | | 13.33 | -- | 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

Improve appropriate prescribing and management of symptoms for residents in the home.

**Process measure**

- 1-VSM Completed & Process Developed 2-Registered staff educated on new process 3-Process is used for all residents requiring antipsychotic medication (will audit)

**Target for process measure**

- 2-80% of registered staff educated on new process 3-90% compliance

**Lessons Learned**

Best practice process for initiating, monitoring and evaluating, stopping antipsychotic medications. Trialed on one unit prior to ensure process is effective.

**Comment**

Trial is ongoing, as pain points are identified and addressed. Will then roll out process to all units.