

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	100.00	100.00	Aim is to maintain 100% of all staff at all levels going forward.	

Change Ideas

Change Idea #1 DEI education added to mandatory staff orientation going forward.

Methods	Process measures	Target for process measure	Comments
Education added to online platform.	Newly hired staff must complete all mandatory on line education at time of hire, before commencing their new position.	Assigned consistently.	Total LTCH Beds: 433

Change Idea #2 Diversity Equity and Inclusion Committee is now in place but continuing to develop. As it's role is established, this may facilitate further understanding among staff within the Home.

Methods	Process measures	Target for process measure	Comments
Committee includes a variety of staff members. Recruiting of family and resident representatives continues to be a challenge.	Full and consistent membership will be established.	The work of this Committee will be communicated broadly within the organization.	

Change Idea #3 Establishment of Rainbow Champions.

Methods	Process measures	Target for process measure	Comments
15 Rainbow Champion staff were trained in 2025. Plan to train another 15 in 2025.	Education records.	30 Rainbow Champs will be in place by year end.	

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Proportion of staff who feel information and communication processes are efficient and effective, especially in relation to the Home's performance, quality of services, and results.	C	% / Staff	Other / Once/year	34.00	35.00	Previous performance was 30%. We have improved and wish to maintain that improvement.	

Change Ideas

Change Idea #1 Continue to maintain and update the Quality Board to highlight performance and improvements made in a variety of key areas.

Methods	Process measures	Target for process measure	Comments
Staff encouraged to view the Board.	Departmental meeting minutes will demonstrate that staff are reminded and encouraged to view the Board regularly.	Results of survey next year will reflect an improvement in this area.	

Change Idea #2 Director will continue to meet with staff throughout the year

Methods	Process measures	Target for process measure	Comments
Director will attend existing departmental meetings or hold stand-alone to meet with staff from various departments on various shifts to share information and receive feedback.	Meeting minutes will reflect this is occurring.	Meetings will occur at least quarterly.	

Change Idea #3 A Quality Update newsletter will continue to be produced and circulated to all staff, as well as, made available to staff and visitors.

Methods	Process measures	Target for process measure	Comments
A short bulletin highlighting improvements made and others underway will be prepared and shared.	Quarterly prepared, distributed, and posted.	Created quarterly.	

Change Idea #4 Find novel ways to communicate and send information to staff, as some staff still struggling to access email.

Methods	Process measures	Target for process measure	Comments
Explore options such as Pointclickcare Secure Conversations.	Options will be presented to Quality Council for review.	Decision re: need for alternate methods will be made by year end.	

Change Idea #5 Respond to feedback from Staff Survey.

Methods	Process measures	Target for process measure	Comments
Review comments provided through the survey, where available, to identify trends and additional change ideas not yet considered.	Survey responses to be reviewed.	Responses reviewed by June with decision as to what further strategies will be addressed.	

Change Idea #6 Leadership training i.e. Building a Collaborative and Resilient Workplace program has been designed for the leaders at Pioneer Manor, with the goal of equipping staff with practical skills to improve communication, collaboration, and other skills.

Methods	Process measures	Target for process measure	Comments
15 staff in 3 cohorts will be trained in 2025. Program will run annually to eventually reach all staff.	Training records.	45 staff will complete course by December 2025.	

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Proportion of residents who are satisfied that staff listen to them.	C	% / All inpatients	In house data collection / One year via survey taken at end of calendar year	85.00	85.00	Significant improvement made over last year and previous target exceeded. Wish to maintain current performance.	

Change Ideas

Change Idea #1 Continue to provide education to both new and existing staff on the Triple A response.

Methods	Process measures	Target for process measure	Comments
Included in mandatory orientation for all new hires and in mandatory annual staff education, through our online education platform.	All staff must complete orientation training before commencing their new role. Existing staff must complete all assigned annual training.	100% of staff will complete this as assigned.	Continue to practice the Triple A process at regular staff meetings in all departments throughout the year.

Change Idea #2 Continue work on improving the Care Conference process and, specifically, encouraging residents to attend and participate in their own scheduled conference.

Methods	Process measures	Target for process measure	Comments
All Residents will be invited, reminded, and encouraged to attend. Documentation tool for Care Conferences modified to specifically ask if the resident was invited and, if not, why not. Dedicated space also separated out for resident input (separated from family input). Additionally, residents will be asked if they wish for their family/SDM to also attend their conference.	Documentation will demonstrate that residents have been invited and also asked about their preference for family participation. The Care Conference template will show increased resident participation.	All will have been invited and encouraged to attend, with the exception of those whose cognitive status prevents them from understanding the invitation.	

Change Idea #3 Managers will continue to round to the Home Areas at least weekly, with emphasis on clinical managers e.g. nursing, rehabilitation, allied, health, nutrition.

Methods	Process measures	Target for process measure	Comments
While rounding, residents will become increasingly comfortable and familiar with managers and be more apt to share concerns as they arise.	Managers will receive feedback directly and resolve issues before they become complaints.	Will be reflected in the results of the 2025 Resident Satisfaction Survey.	

Safety

Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	30.55	30.00	Knowing that data may be deceiving due to how it is captured in the RAI MDS, we believe large improvements are not realistic. We have demonstrated improvement over previous years and wish to maintain that.	

Change Ideas

Change Idea #1 Continue to offer training to staff in Gentle Persuasive Approaches (GPA) to ensure that behaviours manageable without the use of medication are managed in this way.

Methods	Process measures	Target for process measure	Comments
GPA offered in house and staff assigned to attend. We also have one additional GPA coach in-house to facilitate this.	Proportion of staff who have received this training will increase from 40.4%.	50% staff trained in GPA with retraining q 4 - 5 years.	

Change Idea #2 Continue with system whereby all residents on antipsychotic medications are reviewed at the Quarterly Medication Review by pharmacy, nursing, and physician, as well as, members of the Behaviour Supports Ontario (BSO) team.

Methods	Process measures	Target for process measure	Comments
As described above.	Prescribing trends will continue to be analyzed in comparison to those of other LTC Homes where data available.	All antipsychotic medications reviewed at least quarterly with medications reduced or discontinued where appropriate.	

Change Idea #3 Modifications to Point-of-Care documentation made to better capture behaviours of those residents receiving psychotropic medications.

Methods	Process measures	Target for process measure	Comments
Specific questions added for each shift to capture i.e. hallucinations, delusions.	RAI will more accurately identify residents who qualify for these medications.	This indicator will decrease.	

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of documented occupational musculoskeletal injuries to Pioneer Manor staff.	C	Number / Staff	Other / calendar year	95.00	95.00	In review of past data, noted that numbers ranged from 118 to 167 annually pre-COVID. Recent results reflect an improvement over those years and that, during COVID, incidents went down when extra staff were deployed to the home and likely provided some relief to staff.	

Change Ideas

Change Idea #1 Health & Safety Facilitator notified of employees with repeated injuries and meets to review with them circumstances/factors playing a role in injury including body mechanics, policy, OT hours/fatigue.

Methods	Process measures	Target for process measure	Comments
Claims & Rehabilitation Staff will inform Facilitator of such employees	Staff with repeated occupational musculoskeletal injuries.	Number of staff with repeated MSK incidents will decrease.	

Change Idea #2 Health & Safety Team distributes a monthly bulletin to staff. Topics relating to prevention of musculoskeletal injuries are featured regularly.

Methods	Process measures	Target for process measure	Comments
Bulletin received and distributed to all staff.	Staff have access to information.	H&S Team maintains records of bulletins created and distributed.	

Change Idea #3 For injuries resulting from resident action, Supervisor completing Occupational Incident Report will be asked to ensure the resident is referred to the BSO Team if not already on their caseload.

Methods	Process measures	Target for process measure	Comments
Referral made at time of incident.	Residents at risk of harming themselves or others will be assessed by the Behaviour Supports Ontario team.	Residents with responsive behaviours will see a decrease in their agitation scale following intervention.	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Staff turnover rate for all permanent staff, all classifications i.e. sum of all resignations versus all hires.	C	Number / Staff	Other / 2025	12.09	10.00	Target is based on improving our performance over last year and the year prior. Breakdown is 777 employees in 2024 with 95 exits.	

Change Ideas

Change Idea #1 ONA contract to be reviewed this year, likely resulting in pay increases that will continue to attract high quality Registered Nurses.

Methods	Process measures	Target for process measure	Comments
Remain competitive in relation to salary in LTC within the City of Greater Sudbury.	Our pay rates will remain better than those of other LTC Homes and comparable to that of our large regional hospital.	Compare against salary data among local LTC Homes.	

Change Idea #2 Continue with the use of the voluntary exit survey for staff who leave.

Methods	Process measures	Target for process measure	Comments
Continue to work with Human Resources to ensure staff exiting are offered the opportunity to complete an anonymous survey to provide data that may help explain voluntary exits.	Surveys will be received with aggregate data made available to our LTC Home.	To receive reports on a quarterly basis.	This was initiated in fall of 2024 but only 1 survey was received so far.

Change Idea #3 Address comments received through exit surveys and our in-house Staff Survey.

Methods	Process measures	Target for process measure	Comments
Identify common themes that may assist in identifying what keeps employees engaged and what may discourage them and make worklife less satisfying.	Review with the Quality Committee.	Identify actions to address themes and begin to implement before year end.	

Change Idea #4 Continue use of the Supervised Practice Experience Program (SPEP) to attract nurses.

Methods	Process measures	Target for process measure	Comments
Through the College of Nurses of Ontario, we give nurses returning to practice the opportunity to complete a placement with us in order to qualify for registration. The hope is that candidates accessing this program will be incentivized to later apply for work with us.	Proportion of nurses who participate in the SPEP at Pioneer Manor who then choose to apply for work here.	100% of staff will choose to stay on, as was the case in 2024.	

Change Idea #5 Community Commitment Program for Nurses (CCPN)

Methods	Process measures	Target for process measure	Comments
Through Healthforce Ontario, we offer nurses who have not worked recently or are new graduates, a \$25,000 bonus if they accept employment with us and commit to 2 years full time. In addition to the bonus, there is a \$10,000 top-up and \$10,000 northern relocation grant.	Proportion of nurses who accept employment through the CCPN who choose to stay on after the initial commitment period.	80% of candidates who use this program will remain after the 2 year period. In 2024, 10 placements took place. 3 individuals left before completing the placement, 1 stayed, and the remaining 6 are still in their initial commitment period.	

Change Idea #6 Continue to access the Rehabilitation Progressionals Incentive Grant Program.

Methods	Process measures	Target for process measure	Comments
Through this program for northern communities, we attract full time professionals such as Occupational Therapists, Physiotherapists. The grant provides applicants up to \$5000 each year for up to 3 years if they accept an offer of full time employment.	Proportion of staff recruited through tis program who then choose to stay beyond the initial 3 year grant period.	100% will stay on. We have 3 rehabilitation staff in this program, but none of them have hit the 3 year mark yet.	

Change Idea #7 Building a Collaborative and Resilient Workplace Training may assist in modifying the culture by enhancing communication, cultivating respect and professionalism, navigating cultural and generational differences, preventing burnout, fostering resilience, and enhancing leadership engagement and visibility.

Methods	Process measures	Target for process measure	Comments
Staff training, at all levels.	Attendance records will provide documentation that required education has been completed.	All staff will be provided the opportunity to receive this training over the next few years.	