Equity | Equitable | Optional Indicator

	Last Year		This Year		
Indicator #4	**79.00**	**20**	**100.00**	**26.58%**	**100**
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Pioneer Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☐ Implemented ☑ Not Implemented

Plans currently underway to provide this education in-person, through an arrangement with College Boreal.

Process measure

- % staff who receive training.

Target for process measure

- Attendance records

Lessons Learned

This education was not pursued, but rather education to the remainder of our staff provided through our on-line educational platform. Between 2024 and 2025, 100% of staff received the training.

Change Idea #2 ☑ Implemented ☐ Not Implemented

A Diversity, Equity, and Inclusion Committee is in process of being established in the Home. The mandate will be to advise and provide recommendations to the Home on incorporating diversity, equity, and inclusivity in service provision utilizing available research, best practices, as well as, lived experience of members of the larger Pioneer Manor community.

Process measure

- Committee will be established with terms of reference.

Target for process measure

- Committee will meet at least quarterly in 2024/25.

Lessons Learned

Committee is established and meeting quarterly. Membership includes staff, and a family council representative. Unable to recruit a resident representative at this time. Once committee more established, will look at external stakeholder involvement.

Change Idea #3 ☑ Implemented ☐ Not Implemented

Include an abbreviated educational session on DEI through our on-line platform for all new hires to complete.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Now part of orientation.

Comment

Improved. Target met.

Experience | Patient-centred | Custom Indicator

Indicator #3

Percentage of residents who are satisfied that staff listen to them (Pioneer Manor)

Last Year		This Year		
74.00	**80**	**85.00**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Continue with the roll out of the Triple A Response system.

Process measure

- The majority of our staff will receive training.

Target for process measure

- At least half of our staff will receive in-person training on this process.

Lessons Learned

47 % staff received Triple A education in 2024-25. In 2025, this education has been made mandatory for all staff going forward. Exercises using the AAA technique practiced at regular staff meetings q 1 - 2 months.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Encourage residents to both attend and participate in their care conferences.

Process measure

- More residents will participate in their admission and annual conference.

Target for process measure

- Residents with a CPS score of 3 or lower will be invited to participate in their care conference. Over the course of 2024, we will determine the proportion of those invited who actually choose to participate.

Lessons Learned

Residents with a CPS score of 3 or lower were targeted in 2024 and about 55% of our residents met this criteria.
Results indicate 8% of residents who had a care conference attended their own conference.
Will reinforce this with RN facilitators and separate out Resident from Family/ SDM attendance on Conference documentation template, as well as, add space for explanation as to why Resident did not attend. If they did, allow space to separate out specific Resident feedback, from family input. Include, also, the question: Was Resident invited?

Change Idea #3 ☑ Implemented ☐ Not Implemented

Clinical managers e.g. nursing, rehabilitation, nutrition and allied health will round to the Home Areas at least weekly.

Process measure

- Managers will receive feedback/concerns directly and resolve these before they become complaints.

Target for process measure

- Will be reflected in the results of our Resident Satisfaction Survey in 2024.

Lessons Learned

All managers have made themselves more visible with the goal of receiving feedback in real time and preventing concerns from becoming complaints.

Comment

Exceeded our target. 14.8% improvement over last year.

	Last Year		This Year		
Indicator #5 Proportion of staff who feel information and communication processes are efficient and effective, especially in relation to performance, quality of services, and results. (Pioneer Manor)	**30.00** Performance (2024/25)	**50** Target (2024/25)	**34.00** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Continue to update the Quality Board monthly to highlight performance in a variety of key areas and provide an overview of improvement activities underway in the Home. The Board also lists the staff, resident, and family member representatives.

Process measure

- Departmental meeting minutes will demonstrate that this data has been shared and discussed. More staff will volunteer to sit on and participate in the various committees within the Home.

Target for process measure

- The results of this question in our next survey will demonstrate an improvement in communication about our operation and performance.

Lessons Learned

Board updated q 1 to 2 months, based on new data availability.
Location of board may change in future with redevelopment to ensure it remains in a highly visible location.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Director will meet with staff throughout the year.

Process measure

- Meeting minutes will reflect the above.

Target for process measure

- These will occur at least quarterly.

Lessons Learned

Occurring.

Change Idea #3 ☑ Implemented ☐ Not Implemented

All staff now have assigned email addresses. Several still need assistance to logon and access their mail.

Process measure

- Fewer concerns will be brought forward and staff will respond to email messages as appropriate.

Target for process measure

- Messaging will be received in a more timely manner.

Lessons Learned

All staff have an assigned email account. Many are still not accessing it.

Change Idea #4 ☑ Implemented ☐ Not Implemented

A Quality Update newsletter will be created and circulated to staff, and residents/visitors.

Process measure

- Quarterly preparation and distribution of the bulletin.

Target for process measure

- Update provided at least quarterly.

Lessons Learned

Completed quarterly, posted on Quality Board, and distributed via email.

Comment

13% improvement over last year.
The Checking the Pulse survey repeated in early 2025 to measure any change in staff response.
Comments/trends will guide our plans moving forward.

Safety | Safe | Custom Indicator

Indicator #1

Number of documented occupational musculoskeletal injuries to Pioneer Manor staff (Pioneer Manor)

Last Year		This Year		
78.00	**70**	**95.00**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Continue developing the Wellness Committee.

Process measure

- Committee kick-off will be well attended.

Target for process measure

- Feedback from staff.

Lessons Learned

Committee is now in place

Change Idea #2 ☑ Implemented ☐ Not Implemented

Minimal Lift Committee will continue the work it began in 2023. There are 38 staff champions and training of all staff took place in the fall of 2023.

Process measure

- Attendance records for education.

Target for process measure

- 100% of staff will receive part 2 of the training in 2024.

Lessons Learned

We now have 43 staff champions in various departments working various shifts.
In 2024, 49% of targeted staff received minimal lift training part 2. Videos and Surge learning modules will be used to address the remaining 51% who require part 2.
Additionally, the champs will do scheduled audits of staff performing lifts/transfer to provide just-in-time correction where needed.

Change Idea #3 ☑ Implemented ☐ Not Implemented

Staff with repeated injuries are seen by our Health & Safety Facilitator to review body mechanics. Others are seen on return to work by either Facilitator or Disability Management Officer and WSIB.

Process measure

- All staff with musculoskeletal injuries receive follow up education/review as required.

Target for process measure

- 100% of staff with injuries

Lessons Learned

There were some gaps in this process due to vacancies in the Disability & Claims department, and resulting lack of communication with Health & Safety Facilitator. Process is now back on track with the Facilitator reviewing policy/practice, body mechanics, OT hours/fatigue with the employee.

Change Idea #4 ☑ Implemented ☐ Not Implemented

Staff with injuries resulting from resident responsive behaviours will receive specialized follow up.

Process measure

- Proportion of staff who have received GPA.

Target for process measure

- About 40% of our staff have received this training so far. The target is for this proportion to increase significantly over the course of the year.

Lessons Learned

These staff continue to be prioritized for Gentle Persuasive Approach training, if they have not already received it.
When supervisors are completing Occ Incident Reports for such injuries, they will ensure the resident is referred to BSO if not already on their caseload.

Change Idea #5 ☑ Implemented ☐ Not Implemented

As some injuries resulted from trips/falls over fall alarm sensor cords, we began switching to wireless sensors in the home.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

The majority of bed/chair fall sensors have now been switched to the wireless.

Comment

Worsened by 21.79% over last year, however, noted our pre-COVID numbers were even higher i.e. 2018-167, 2019-158, 2020-118. With COVID, extra staff were deployed from other City departments to complement staff and, perhaps, this reduced staff workload and strain.

	Last Year		This Year		
Indicator #6	**12.12**	**10**	**12.02**	**--**	**NA**
Staff turnover rate for all permanent staff, all classifications. Sum of resignations and retirements in the year over the average headcount for that period. (Pioneer Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Pay increases were realized for CUPE staff, which accounts for a large proportion of our workforce. Negotiations for ONA, which represents RNs, are scheduled to occur shortly.

Process measure

- Our pay rates will remain higher than those of other LTC Homes and comparable to that of our large regional hospital.

Target for process measure

- Salary data shared among the local LTC Homes.

Lessons Learned

ONA negotiations have been delayed due to lack of union representation on site.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Explore the option of an anonymous exit survey for those staff who leave.

Process measure

- Exercise will be undertaken over the next several months.

Target for process measure

- Process to be completed by year end.

Lessons Learned

Survey initiated in September 2024. It is sent to eligible staff upon departure i.e. those who were not terminated and those with > 3 months seniority. So far, only 1 returned. Will require more responses in order to evaluate feedback.

Change Idea #3 ☐ Implemented ☑ Not Implemented

Explore a survey for those staff who voluntarily left but later returned.

Process measure

- Explore this option over the next several months.

Target for process measure

- Complete this exercise by year end.

Lessons Learned

After further discussion, the Quality Committee decided not to pursue this option.

Change Idea #4 ☑ Implemented ☐ Not Implemented

Review the comments made on our most recent Staff Survey.

Process measure

- Review with the Quality Committee.

Target for process measure

- Identify corrective actions by year end.

Lessons Learned

Completed. Most of the recommendations were addressed in other Indicators within the 2024-25 Workplan.

Change Idea #5 ☑ Implemented ☐ Not Implemented

Supervised Practice Experience Program (SPEP).

Process measure

- Proportion of nurses who participate in the SPEP at Pioneer Manor who then choose to apply and work for us.

Target for process measure

- We will use 2024 to determine what our baseline is.

Lessons Learned

Of 5 placements in 2024, all chose to stay on after completion.

Change Idea #6 ☑ Implemented ☐ Not Implemented

Community Commitment Program for Nurses (CCPN)

Process measure

- The proportion of nurses who accept employment through the CCPN who later choose to stay on after the initial commitment period.

Target for process measure

- We will use 2024 and beyond to determine our baseline.

Lessons Learned

10 placements took place. 3 individuals left before completing the placement. One stayed, and the remaining 6 have not yet completed their 2 year commitment period.

Change Idea #7 ☑ Implemented ☐ Not Implemented

Rehabilitation Professionals Incentive Grant Program

Process measure

- Proportion of staff recruited through this program who then choose to stay beyond the 3 year grant period.

Target for process measure

- Baseline to be established over the next year or so.

Lessons Learned

None of the Rehab staff in this program hit the 3 year mark in 2024.
One new hire has signed on for this program in 2024.

Comment

While target not met, 0.8% improvement was still achieved.

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 (Pioneer Manor)

Last Year		This Year		
31.20	30	30.55	2.08%	30
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Continue with our existing interventions including training of staff in Gentle Persuasive Approaches to ensure that behaviours are managed without the use of medication, where appropriate.

Process measure

- Proportion of staff who have GPA training will increase.

Target for process measure

- 40% of staff trained

Lessons Learned

Previous calculations included some inactive staff.
New review indicates 40.4% staff have received GPA and courses continue to be offered monthly.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Continue review of residents on antipychotic medications with the Quarterly Medication Review, through members of our Behaviour Supports Ontario (BSO) team such that use of medications is justified.

Process measure

- Prescribing trends will be analyzed in comparison to those of other LTC Homes.

Target for process measure

- Review at least quarterly, with medications reduced or discontinued where appropriate.

Lessons Learned

This process continues, with medications discontinued or reduced when appropriate.
NP participates in review.
We have knowledgeable physicians on staff and access to a geriatric psychiatrist.

Comment

Improved. Target almost met.