

Equity | Equitable | Custom Indicator

	Last Year		This Year		
Indicator #15	CB	CB	0.00	--	NA
Number of referrals for Indigenous Traditional Healing and Medicine (Bethammi Nursing Home)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Self-ID implementation, department/program education (services/referral pathways)

Process measure

- 1. Individual program processes established. 2. All departments/programs are aware of the Self-ID process and Indigenous Health department/Traditional Healing services

Target for process measure

- Self-ID rolled out in 95% clinical areas by June 2024

Lessons Learned

Unique program needs, HR challenges need to be considered as risk to meeting deliverables and timelines with multi-year, large scale projects.

Indicator #24	Last Year		This Year		
	89.00	90	97.00	--	NA
Percentage of staff who have completed relevant equity, diversity, inclusion, anti-racism education - Wake the Giant (all staff) (Bethammi Nursing Home)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Develop communication and promotion strategy to all staff.

Process measure

- Communication plan complete by Q2

Target for process measure

- 100% promotion activity complete by Q3

Lessons Learned

Inter-departmental collaboration helpful to support knowledge sharing and efficiencies. Staying up to date with the data supports proactive response to future needs.

Indicator #21	Last Year		This Year		
	CB	75	67.00	--	NA
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of staff who have completed relevant equity, diversity, inclusion, anti-racism education - Repairing the Sacred Circle 2 (Management) (Bethammi Nursing Home)					

Change Idea #1 ☒ Implemented ☐ Not Implemented

Develop communication and promotion strategy to all management of the identified education.

Process measure

- Communication plan complete by Q2.

Target for process measure

- 100% communication/promotion roll out complete by end of Aug 2024

Lessons Learned

Inter-departmental collaboration helpful to support knowledge sharing and efficiencies. Staying up to date with the data supports proactive response to future needs.

Indicator #7	Last Year		This Year		
	58.50	61	48.90	--	NA
"How often did staff involve you in planning your (or your family members') care?"	Performance	Target	Performance	Percentage Improvement	Target
Response: Always (Bethammi Nursing Home)	(2024/25)	(2024/25)	(2025/26)	(2025/26)	(2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

To improve communication with residents/family members when planning care.

Process measure

- 1. Process measures confirmed with family/resident councils 2. Percentage of communication completed.

Target for process measure

- 1. Process measures complete by Sept. 2024 2. Once communication process is create, communicate 80% of instances communication is to occur.

Lessons Learned

Ongoing communication, and adding communication supports strengthening relationships.

	Last Year		This Year		
Indicator #11	51.20	54	44.40	--	NA
"How often did staff listen carefully to you?"					
Response: Always (Bethammi Nursing Home)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

To improve communication with residents/family members including how carefully do staff listen to you

Process measure

- 1. Process measures confirmed with family/resident councils 2. Percentage of huddles that managers remind staff to end interaction with phrase.

Target for process measure

- 1. Process measures complete by Sept 2024 2. 90% of huddles attended by managers will include reminder to staff to end resident interaction with phrase.

Lessons Learned

Continued communication with staff about initiatives makes for positive outcomes.

Indicator #3	Last Year		This Year		
	28.60	30	40.00	--	NA
"Do you feel that you can raise a concern about staff without it negatively affecting your (or your family members') care?"	Performance	Target	Performance	Percentage Improvement	Target
Response: Yes Definitely (Bethammi Nursing Home)	(2024/25)	(2024/25)	(2025/26)	(2025/26)	(2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

To improve our current communication/strategy around raising a concern.

Process measure

- 1. Process established and implemented with N'doo'owe Binesi by Sept. 2024. 2. 100% of all meetings to have Whistle blower protections discussed. 3. 100% of all newsletters to include Whistle blower protection. 4. New signage in place by September 2024.

Target for process measure

- 1. Process established and implemented with N'doo'owe Binesi by Sept. 2024. 2. 100% of all meetings to have Whistle blower protections discussed. 3. 100% of all newsletters to include Whistle blower protection. 4. New signage in place by September 2024.

Lessons Learned

Work in this area is continuous and support for residents, families and staff is a everyday item.

Safety | Safe | Custom Indicator

Indicator #18	Last Year		This Year		
	28.00	25	11.00	--	NA
Number of workplace violence incidents reported by hospital workers (as defined by OHSa) within a 12 month period (Bethammi Nursing Home)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

To develop a plan to have GPA recertification in place. To also create a plan to move dementiability training forward through out the home.

Process measure

- The number of our staff completing GPA recertication. For staff to complete dementiability.

Target for process measure

- To have 75% of our staff complete GPA recertification by March 31, 2025. To have 25% of our staff complete Dementiability by March 31, 2025.

Lessons Learned

Dementiability and GPA Education is a great tool for our staff to support residents with responsive behaviors.