

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Experience- Improve Satisfaction. I am satisfied with the food and beverages served to me.	C	% / LTC home residents	In-house survey / Sept 2024- Oct 2025	80.00	85.00	Extendicare target	

Change Ideas**Change Idea #1** Education for staff on pleasurable dining program

Methods	Process measures	Target for process measure	Comments
1. Ensure dedicated time is spent during Resident and Food Committee meetings to discuss any complaints and recommendations.2. Educate all staff during mandatory education on the importance of food delivery and food satisfaction, pleasurable dining.	1. # of staff who participated in pleasurable dining education 2. # of resident meetings where feedback was solicited regarding food and dining experience.	The Meadows will conduct 100% of staff education on pleasurable dining/ resident satisfaction on food presentation by July 31, 2025. There will be dedicated time on resident and food committee meetings to discuss feedback by July 31, 2025	

Change Idea #2 Hold food tastings prior to each menu launch to obtain feedback on types of food to be incorporated into the next menu cycle. This could potentially be in collaboration with the recreation department.

Methods	Process measures	Target for process measure	Comments
1. Schedule food tastings and determine products to be tested. 2. Advertise food tasting event and have a sign up sheet for residents. 3. Plan for the event, ensure the home adheres to Residents nutritional plan of care when providing samples to residents.	1. # of food tasting sessions held annually. 2. # of items accepted by Residents and # of items rejected by Residents	The Meadows will begin conducting food tasting sessions for residents by July 31, 2025 and there will be an improvement in food satisfaction by 2% on next survey.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Experience- Improve Satisfaction " I am satisfied with the schedule of programs available"	C	% / LTC home residents	In-house survey / Sept 2024 - Oct 2025	87.80	89.00	Extendicare target	

Change Ideas

Change Idea #1 Increase staffing to 1 Recreation aide member per home area.

Methods	Process measures	Target for process measure	Comments
1. Review existing schedules 2. Identify any gaps in days, evenings, weekends 3. Develop a schedule that compliments and addresses noted gaps	1. Increase # of programs per week/month/quarter 2. Increase the number of staff 3. Improve the 2025 satisfaction levels in this domain by 2%.	1) There will be an increase of 1 evening program per week by Quarter 2. 2) There will be an increase of 1 Recreation staff based on gap analysis by July 2025. 3) Satisfaction in this domain will increase by 2% by October 2025.	

Change Idea #2 Provide daily routines to team members to ensure programming is occurring 3-4 times/day for each staff member.

Methods	Process measures	Target for process measure	Comments
1. Review existing schedules. 2. Provide daily routines for days and evenings. 3. Avoid last minute changes. 4. Audit calendars prior to print to ensure balance of all domains. 5. Have a back-up plan for unforeseen program changes.	1. # of schedule reviewed 2. Monthly balances in domains on calendars 3. # of daily routines provided to program staff 4. # of calendars audited prior to print 5. # of programs daily per program staff member	Program schedules will be reviewed by Program manager by July 2025. Daily routines will be provided to team members to ensure programs are occurring 3-4 times/day for each staff by August 2025. Process for audit of calendars prior to print will be 100% in place by July 2025. Increase the 2025 family satisfaction in this domain by 2% by October 2025.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Experience- Improve Satisfaction " I am satisfied with the variety of programs available"	C	% / LTC home residents	In-house survey / Sept 2024- Oct 2025	87.80	89.00	Extendicare target	

Change Ideas

Change Idea #1 Integrate specific activities and add new programs that satisfy the resident's interests.

Methods	Process measures	Target for process measure	Comments
1. Review statistics from 2024, Activity Pro, and identify domain gaps 2. Audit calendar prior to print to ensure balance of all domains. 3. Audit residents to get understanding of the type of programs they would like to see and remove programs with poor attendance.	1. # of domain gaps identified after review 2. # of calendar audits completed prior to print 3. % of residents' satisfaction with available programs 4. # of programs removed from calendar	100% of monthly program calendars will have all 5 domains included by September 2025. Audit of resident to get feedback on types of programs they would like to have will be 100% completed by July 2025. Improve this target in 2025 by 2% and increase in family and resident overall satisfaction by October 2025.	

Change Idea #2 Introduce more seasonal and thematic variations to program calendars.

Methods	Process measures	Target for process measure	Comments
1. Review calendar, add special holidays to plan seasonal dates with theme weeks. 2. Present ideas in department and planning meetings to gather interest. 3. Arrange for guest speakers, community collaborators and experts to provide variety to content.	1. Number of calendar reviews completed 2. Number of gaps in themed days, events and other traditional celebrations on existing calendars. 3. Number of special holidays and theme weeks added 4. Number of guest speakers, community collaborators and experts provide variety to content	Calendar review and audit for special holidays will be fully completed by May 2025. There will be an increase of 10% in the variety of programs offered by October 2025. Increase the satisfaction in this domain by 2% for the 2025 family satisfaction survey.	

Safety

Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	12.39	11.50	To continue to improve toward theoretical best and maintain results better than Extendedicare target of 15%	Achieva, Behavioural Supports

Change Ideas

Change Idea #1 Improve post fall huddles to ensure their completion after every fall.

Methods	Process measures	Target for process measure	Comments
1. Review policy on post fall huddles with staff 2. Falls lead in home to attend and/or review post fall huddles documentation and provide further education as needed.	1. # of staff who reviewed policy for post fall huddles 2. # of post fall huddles that were completed as per policy on a monthly basis.	The Meadows will conduct mandatory staff education on post fall huddles by July 31, 2025 with an 85% participation.	

Change Idea #2 Educate all staff on Safe Lift and Handling Policy and Procedures Program.

Methods	Process measures	Target for process measure	Comments
1. Education sessions for staff on safe life handling procedures. 2. Auditing of safe lift procedures by July 30, 2025 on each shift, twice weekly. 3. Review audit results with DOC/designate weekly. 4. Plan of action for improvement of identified deficiencies put into place.	1. # of education sessions held for staff on safe lift and handling procedures. 2. # of audits completed each shift weekly. 3. # of deficiencies identified. 4. # of improvements required monthly. 5. Audits on safe lift and handling procedures will show a 50% improvement by September 01, 2025.	Mandatory education sessions will be 100% completed by July 31, 2025 for all staff.	

Measure - Dimension: Safe

Indicator #5	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	8.65	8.50	Continued improvement to theoretical best and maintain results better than Extendicare target 17.3%	Medisystem, Behavioural Supports Ontario

Change Ideas**Change Idea #1 Education for Registered Staff on antipsychotics**

Methods	Process measures	Target for process measure	Comments
1. Nurse Practitioner or pharmacy consultant to provide education session for registered staff on antipsychotic medications including usage, side effects, alternatives etc.	1. # of registered staff who attended training sessions on antipsychotic medications.2. # of medication changes related to this process.	We will educate 100% of Registered Staff by July 31, 2025. BSO will have increased collaboration and visibility in the home by July 31, 2025.	

Change Idea #2 Enhance collaboration with Behavioural Supports (BSO) Lead and interdisciplinary team.

Methods	Process measures	Target for process measure	Comments
1. Invite BSO lead to PAC meeting or other interdisciplinary meetings for increased visibility. 2. Remind staff to refer to BSO for supports. 3. Invite BSO to Family and Resident council to inform about role	1. # of interdisciplinary meeting where BSO invited to attend. 2. # of monthly referrals to BSO.3. # of Resident and Family council meetings that BSO attended	BSO lead will have attended 3 interdisciplinary meetings by December 2025. BSO will have attended at least 1 Resident and Family council meeting by December 2025.	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Restraints- reduce the use of restraints	C	% / LTC home residents	In-house survey / October - December 2024	1.63	0.00	Continued improvement to theoretical best and maintain results better than Extendicare target of 2.5%	Achieva, Behavioural Supports Ontario

Change Ideas

Change Idea #1 Provide information to families and residents on Least Restraint Policy.

Methods	Process measures	Target for process measure	Comments
1. Provide restraint brochure in admission packages for new admissions. 2. Meet with the specific families who are requesting this restraint and offer alternatives such as alarms, OT and/or physio assessments. 3. Get the MD involved if applicable.	# of residents with a restraint # of meetings held with the resident/families quarterly to determine if the restraint is still warranted. # of medication assessments completed by MD # of BSO (Behaviour Support Ontario) referrals completed # of alternatives provided	The Meadows will educate 100% of families by June 30, 2025. Goal is to eliminate all restraints by December 30, 2025.	

Change Idea #2 Monitor patterns and increase staffing during times of need to offer additional support in place of restraints.

Methods	Process measures	Target for process measure	Comments
1. Review with staff how to track patterns of behaviour 2. Work with interdisciplinary team to identify patterns	# of residents using restraints who had patterns of behaviours and restraint use tracked in the month.2. Educate families on our least restraint policy.	Educate 100% of families/residents who are insistent with a restraint by July 31, 2025.	

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Reduce incidence of worsening pressure ulcers	C	% / LTC home residents	In-house survey / October - December 2024	1.19	1.15	Continued improvement to theoretical best and maintain results better than Extendicare target of 2%	Solventum/3M, Wounds Canada

Change Ideas

Change Idea #1 The Meadows will improve the dietitian referral communication process with the home for worsened and healed skin issues.

Methods	Process measures	Target for process measure	Comments
1. Education to improve communication between Registered Staff and the dietitian. 2. Wound nurse to provide an update of skin issues to the dietitian internally. 3. DOC to audit this process of the program and identify any gaps.	1. # of skin issues followed up by the dietitian 2. # of Audits completed monthly 3 # of Audits that identified areas for improvement monthly 4. # of registered staff who attended education on dietitian referrals	The Meadows will educate 100% Registered Staff on dietitian referrals by July 31, 2025 and will continue to educate all new hires with the same education. Wound lead will complete audit of skin issues for gaps in sending dietitian referrals by August 1, 2025 with target of 100% skin issues having referral consistently by December 2025.	

Change Idea #2 Turning and repositioning re-education.

Methods	Process measures	Target for process measure	Comments
1. Educate staff on importance of turning and repositioning every 2 hours to load off pressure. 2. Review this during skin and wound meetings and document any trends. 3. Conduct regular staff meetings and determine any trends/feedback.	1. # of staff that have been educated 2. # of audits completed 3. # of reviews completed by Skin and Wound committee	1. 100% of PSW will have attended education sessions on turning and repositioning by July 30, 2025 2. Process for review, analysis and follow up of monthly trends from tools will be 100% in place by July 30, 2025.	