

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #6	80.00	85	80.00	--	NA
Resident Experience- Improve Satisfaction. I am satisfied with the food and beverages served to me. (The Meadows)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Education for staff on pleasurable dining program

Process measure

- 1. # of staff who participated in pleasurable dining education 2. # of resident meetings where feedback was solicited regarding food and dining experience.

Target for process measure

- 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

Lessons Learned

- Education is ongoing annually on our pleasurable dining program for all staff and new hires.

Change Idea #2 Implemented Not Implemented In Progress

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.

Process measure

- 1. # of food tasting sessions held annually. 2. # of items accepted by Residents and # of items rejected by Residents

Target for process measure

- 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.

Lessons Learned

- Food tastings are ongoing with the residents during resident council. This has been a success as it gives the residents a voice.

Change Idea #3 Implemented Not Implemented In Progress

Encourage resident participation at resident council to drive change.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Successful. Gives residents a voice regarding change in the home.

Comment

The Meadows will continue to encourage residents to attend food committee meetings, this allows for an open forum to discuss food related activities.

	Last Year		This Year		
Indicator #4	87.80	89	89.70	--	NA
Resident Experience- Improve Satisfaction " I am satisfied with the schedule of programs available" (The Meadows)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Increase staffing to 1 Recreation aide member per home area.

Process measure

- 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%.

Target for process measure

- 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.

Lessons Learned

- We added more staff to ensure recreation programs are available per home area. This allowed for better consistency and accountability in the recreation department.

Change Idea #2 Implemented Not Implemented In Progress

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

Process measure

- 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

Target for process measure

- 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.

Lessons Learned

- With the addition of a staff member per home area, we were able to ensure programs are occurring.

Change Idea #3 Implemented Not Implemented In Progress

Conduct an audit with residents to determine which programs and times are best suited for them.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

In progress.

Comment

The Meadows added programs to meet the needs of our younger resident population. The Meadows is adding a music therapy group for 2026, this will add value to all our residents.

	Last Year		This Year		
Indicator #5	87.80	89	84.60	--	NA
Resident Experience- Improve Satisfaction " I am satisfied with the variety of programs available" (The Meadows)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Integrate specific activities and add new programs that satisfy the resident's interests.

Process measure

- 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

Target for process measure

- 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.

Lessons Learned

- We will be adding more music therapy to the program calendar, this was based on on audit results that was completed asking residents what programs they disliked, preferred.

Change Idea #2 Implemented Not Implemented In Progress

Introduce more seasonal and thematic variations to program calendars.

Process measure

- 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

Target for process measure

- 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.

Lessons Learned

- More seasonal activities have been introduced to the program calendar.

Change Idea #3 Implemented Not Implemented In Progress

Conduct an audit with our residents to determine which programs they will like to have implemented into their monthly calendars.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Successful. Programs were added to the calendar as per feedback.

Comment

In 2026, we are adding a music therapy group, this will add value to our residents. The goal is to focus on programs that will satisfy our younger resident population.

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #7	1.63	0	1.40	--	NA
Restraints- reduce the use of restraints (The Meadows)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Provide information to families and residents on Least Restraint Policy.

Process measure

- # 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

Target for process measure

- The Meadows will educate 100% of families by June 30, 2025. Goal is to eliminate all restraints by December 30, 2025.

Lessons Learned

- This information is provided to residents and their families upon new admission.

Change Idea #2 **Implemented** **Not Implemented** **In Progress**

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

Process measure

- # of residents using restraints who had patterns of behaviours and restraint use tracked in the month.2. Educate families on our least restraint policy.

Target for process measure

- Educate 100% of families/residents who are insistent with a restraint by July 31, 2025.

Lessons Learned

- PSW staff have increased on nights and evenings, this has been a success in ensuring our restraint usage is limited.

Change Idea #3 **Implemented** **Not Implemented** **In Progress**

Educate families on other interventions that can be trialed instead of a restraint such as a seatbelt alarm.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

We trialed this for a few residents and it was effective. Education to families was key in reducing our restraint indicators.

Comment

We will continue to have discussion with families and residents regarding restraint usage and educate families when required.

Indicator #3	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Reduce incidence of worsening pressure ulcers (The Meadows)	1.19	1.15	2.90	--	NA

Change Idea #1 Implemented Not Implemented In Progress

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

Process measure

- 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

Target for process measure

- 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.

Lessons Learned

- Some of the challenges we faced was ensuring the referrals were completed in a timely fashion.
- Education is ongoing with staff annually and upon hire.

Change Idea #2 Implemented Not Implemented In Progress

Turning and repositioning re-education.

Process measure

- 1. # of staff that have been educated 2. # of audits completed 3. # of reviews completed by Skin and Wound committee

Target for process measure

- 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.

Lessons Learned

The Meadows added PSW hours on nights to ensure all staff are turned and repositioned.

Change Idea #3 Implemented Not Implemented In Progress

The Meadows increased PSW hours throughout all shifts to assist with their roles and with the medical complexities of residents.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Change idea in progress.

Change Idea #4 Implemented Not Implemented In Progress

The Meadows will be increasing the Wound Nurse hours to daily, goal is to have this expertise available for extra support and assessments for all staff.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Change idea in progress.

Comment

The Meadows has increased the Wound Nurse hours to allow for support and assistance to the team every day.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #1	12.39	11.50	10.28	17.03%	10.28
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (The Meadows)	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 post fall huddles to ensure their completion after every fall.

Process measure

- 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.

Target for process measure

- The Meadows will conduct mandatory staff education on post fall huddles by July 31, 2025 with an 85% participation.

Lessons Learned

We have a falls team lead who is focusing on ensuring post fall huddles are completed after every fall and all interventions are in place. The lead member focused on ensuring all audits are completed after every fall.

Change Idea #2 Implemented Not Implemented In Progress

Educate all staff on Safe Lift and Handling Policy and Procedures Program.

Process measure

- 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.

Target for process measure

- Mandatory education sessions will be 100% completed by July 31, 2025 for all staff.

Lessons Learned

All staff have been educated on our Safe Lift Handling Policy program. Education to all staff is performed annually and as required.

Change Idea #3 Implemented Not Implemented In Progress

Educate all staff on all the falls interventions that our home can provide for residents who are deemed high risk, ie. falls matts, chair/bed alarms, seatbelt alarms.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Change idea in progress.

Comment

The Meadows created more fulltime PSW positions to help mitigate risk for our residents. This increase in hours/positions help to decrease our fall indicator.

	Last Year		This Year		
Indicator #2	8.65	8.50	8.42	2.66%	8.42
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (The Meadows)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Education for Registered Staff on antipsychotics

Process measure

- 1. # of registered staff who attended training sessions on antipsychotic medications. 2. # of medication changes related to this process.

Target for process measure

- 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.

Lessons Learned

Education remains a top priority for all staff annually and upon hire.

Change Idea #2 Implemented Not Implemented In Progress

Enhance collaboration with Behavioural Supports (BSO) Lead and interdisciplinary team.

Process measure

- 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

Target for process measure

- 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.

Lessons Learned

BSO is an integral is supporting our home.

Change Idea #3 Implemented Not Implemented In Progress

Work closely with our psychogeriatric physician/MD and NP on decreasing antipsychotics.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

In progress.

Comment

Our greatest success is having a psychogeriatric physician who visits our home every two months and focuses on resident's behaviours. We also added the addition of a Nurse Practitioner who is at the home three days/week. These supports are integral in our success.

