

Experience | Patient-centred | **Custom Indicator**

	Last Year		This Year		
Indicator #10	97.00	97	90.60	--	NA
Resident satisfaction- Would Recommend (The Meadows)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Education to residents on what is spiritual care services.

Process measure

- Number of residents satisfied with variety of spiritual care services will increase.

Target for process measure

- We are aiming to increase resident satisfaction with spiritual services offered from now until December 31, 2024 to raise awareness on what we offer.

Lessons Learned

Education was provided about spiritual care to residents during resident council.

Change Idea #2 Implemented Not Implemented

Community based religion services

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Our Program Manager will source out external community supports to allow for different denominations for our residents to attend.

Comment

The Meadows will continue to strive to increase resident satisfaction. While we didn't meet this target, we did meet the corporate target. The Meadows is still successful in obtaining an over 90% overall satisfaction. Increased programs, increase quality will continue to a main focus for the team.

	Last Year		This Year		
Indicator #5	92.60	93	95.70	--	NA
Family Satisfaction-Would Recommend (The Meadows)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Maintain and/or improve family satisfaction results

Process measure

- Provide education to families on the importance of completing their surveys to allow quality improvements on areas that require attention.

Target for process measure

- We are aiming to increase participation rate in completing family satisfaction from now until December 31, 2024 through education and awareness.

Lessons Learned

The Meadows surpassed their target in this domain.

Comment

The Meadows will continue to have an open-door policy, this allows families to know their opinions matter to us. We will continue to support and offer external support systems for those who are struggling. We will strive to maintain and/or improve our family satisfaction results.

Indicator #3 Family satisfaction- opportunity to provide input on food and beverages. (The Meadows)	Last Year		This Year		
	82.90	83	80.00	--	NA
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Increase the overall satisfaction in this domain.

Process measure

- Number of families satisfied with food and beverages in the home will increase.

Target for process measure

- We are aiming to increase the percentage of families who are satisfied with our food and beverage options in the home from now until December 31, 2024 by increasing choices.

Lessons Learned

The challenges we continue to face in this domain is around families not knowing that they have an opportunity to provide input. We put out information in the newsletter however The Meadows does not have an active family council.

Change Idea #2 Implemented Not Implemented

Family Council Ontario is coming to the home to provide education on "what is a family council".

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

The goal here is to raise awareness on what is family council amongst the families and/or significant persons in the resident's life in our home, win hopes to have an active family lead council in place.

Comment

The Meadows will continue to a develop a strong family connection with all existing and new admissions. The Meadows will continue to have an open-door policy, this allows families to know their concerns and being dealt with immediately.

	Last Year		This Year		
Indicator #4	81.30	82.50	87.80	--	NA
Family satisfaction with the variety of available recreational activities. (The Meadows)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Resident has input towards their recreational activities and outings.

Process measure

- Recreation manager to develop an audit to determine which programs needs to be reassessed to ensure the home is meeting the resident needs.

Target for process measure

- We are aiming to increase the percentage on family satisfaction pertaining to the variety of available recreational activities from now until December 31,2024 during committee meetings and audits.

Lessons Learned

With new staff and new ideas, The Meadows focused on this area for improvement.

Change Idea #2 Implemented Not Implemented

Audit

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

The Meadows team developed an audit for our residents to determine which programs they want to add/remove. This proved to be a success.

Comment

The Meadows will continue to create new programs that our residents enjoy. With new ideas and strategies, we are hoping to continue to focus on this domain as it improves the quality of life for our residents.

Indicator #9	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Resident satisfaction- temperature of food and beverages (The Meadows)	71.20	73	NA	--	NA

Change Idea #1 Implemented Not Implemented

Increase the percentage of satisfied residents pertaining to the temperatures of their food and beverages.

Process measure

- Number of residents satisfied with the temperatures at meals and beverages will increase.

Target for process measure

- We are aiming to increase resident satisfaction with discussions at resident council meetings and audits from now until December 31, 2024 in this area.

Lessons Learned

This indicator was not an item on the 2024 survey specifically asking about the food/beverage temperatures.

Comment

The Meadows will continue to audit food temperatures at every meal to increase satisfaction with their food temperatures.

	Last Year		This Year		
Indicator #8	83.00	85	78.40	--	NA
Resident satisfaction- spiritual services available. (The Meadows)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Education to residents regarding what spiritual care services are available.

Process measure

- The satisfaction in spiritual services available within the home will increase.

Target for process measure

- We are aiming to increase resident satisfaction around spiritual care services offered from now until December 31, 2024 by providing education during resident council meetings.

Lessons Learned

Despite underperforming in this target, we have increased our chaplain visits.

Comment

The Meadows will try to arrange for spiritual care from other religions within the community in hopes to increase the satisfaction in this domain.

Safety | Safe | **Optional Indicator**

Indicator #6	Last Year		This Year		
	Percentage of LTC home residents who fell in the 30 days leading up to their assessment (The Meadows)	9.40 Performance (2024/25)	9 Target (2024/25)	12.39 Performance (2025/26)	-31.81% Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Implement specific activity program at afternoon change of shift for residents who are at risk for falls.

Process measure

- Number of activity programs that occur during change of shift in afternoon weekly.

Target for process measure

- We are aiming to increase programs in afternoon by one to two programs in the evening to assist with falls, will be implemented by December 2024 by our recreation department.

Lessons Learned

The Meadows had an overall target in 2024 of 11.81. While we met our corporate target, we did not meet this indicator.

The challenge is resident's desire to be independent and it poses a risk.

Change Idea #2 Implemented Not Implemented

Education for staff surrounding restorative care to help improve resident independence.

Process measure

- Number of staff who have completed restorative care will increase.

Target for process measure

- We are aiming to increase the number of staff who have received restorative care education from now through to December 31, 2024 by arranging more education opportunities with Achieva for all staff within the home.

Lessons Learned

We increased our restorative care to promote this domain.

Change Idea #3 **Implemented** **Not Implemented**

Interdisciplinary fall rounds meetings will occur weekly with staff on the floor.

Process measure

- Number of falls meetings occurring monthly will be four to five per month.

Target for process measure

- We are aiming to increase staff involvement in falls meetings by 10% from now to December 31, 2024, by ensuring weekly meetings are occurring and staff from alternative departments are represented.

Lessons Learned

Our falls team continues to meet monthly.

Change Idea #4 **Implemented** **Not Implemented**

Conduct environmental assessments in each resident space for those who are deemed high risk for falls.

Process measure

- Number of environmental assessments completed monthly.

Target for process measure

- We are aiming to decrease our fall risk indicator in this area, goal is to be within target by December 31, 2024.

Lessons Learned

Environmental assessments are ongoing.

Comment

The Meadows will continue to strive to meet this target. Behavioural Support Ontario is active in our home, we continue to work closely with this team. Goal is assisting residents' behaviours in a holistic approach.

Indicator #7	Last Year		This Year		
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (The Meadows)	9.28 Performance (2024/25)	9 Target (2024/25)	8.65 Performance (2025/26)	6.79% Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Responsive behaviour lead conducting biweekly rounds with MD

Process measure

- Monitor antipsychotics Q1 monthly. Monitor DST tools as part of antipsychotic reduction program.

Target for process measure

- We are aiming to reduce the number of residents who are currently prescribed antipsychotics from now until until December 31, 2024 through our external resources.

Lessons Learned

This is done monthly with MD.

Change Idea #2 Implemented Not Implemented

MD to review all prescribed antipsychotics.

Process measure

- Number of residents are reviewed and will have supporting documentation. Monitor DST tool monthly.

Target for process measure

- We are aiming to reduce the number of residents receiving antipsychotics from now until December 31, 2024.

Lessons Learned

This is completed on a quarterly basis.

Change Idea #3 **Implemented** **Not Implemented**

Psychogeriatric Physician will assist in reducing this target.

Process measure

- Reduction strategies will be implemented to ensure indicator is met.

Target for process measure

- We are aiming to reduce the number of residents receiving antipsychotics from now until December 31, 2024 through the regular involvement of external resources.

Lessons Learned

This continues every two months by our psychogeriatrician..

Change Idea #4 **Implemented** **Not Implemented**

Utilizing external resources to assist in strategies for nonpharmacological interventions.

Process measure

- Monitor antipsychotic medication indicator monthly.

Target for process measure

- We are aiming to reduce the number of residents receiving antipsychotics from now until December 31, 2024 through the responsive behaviour lead meeting monthly with MD.

Lessons Learned

BSO is to assist with all behaviours, nonpharmacological interventions are always the first interventions we utilize.

Comment

Our greatest success is having a psychogeriatric physician, he conducts assessments every two months on residents with responsive behaviours.

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #2	0.90	0.87	1.19	--	NA
% of LTC residents with worsened ulcers stages 2-4 (The Meadows)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Improve Registered staff knowledge on identification and staging of pressure injuries.

Process measure

- Wound Nurse to provide education sessions every other month for staff on staging, early detection, educate importance of following a return to bed routine, referrals for interdisciplinary team members.

Target for process measure

- We are aiming to have 100% of staff educated on identification and staging of pressure injuries from now until December 31, 2024 through education and best practices.

Lessons Learned

The challenges we encountered were having agency staff and them not fully understanding the entire reporting policy/procedure process for early detection.

Change Idea #2 **Implemented** **Not Implemented**

Review residents at risk at morning report

Process measure

- Number of residents identified at risk at morning report on weekdays reviewed.

Target for process measure

- We are aiming to reduce the number of residents with worsened pressure ulcers from now until December 31, 2024 by reviewing residents at risk at morning report.

Lessons Learned

This is ongoing, managers review this daily.

Change Idea #3 **Implemented** **Not Implemented**

SALT training focus on resident transfers to reduce potential skin tears

Process measure

- Number of worsened pressure ulcers reviewed monthly. Number of RMM trends for care and treatment reviewed monthly. SALT transfers reviewed monthly.

Target for process measure

- We are aiming to reduce the number of residents with worsened pressure ulcers from now until December 31, 2024.

Lessons Learned

SALT is reviewed yearly and as necessary with all staff, it is a mandatory training.

Change Idea #4 **Implemented** **Not Implemented**

3M to provide wound care education to staff

Process measure

- Number of staff educated on wound care by 3M will increase.

Target for process measure

- We are aiming to reduce the number of worsening pressure ulcers from now until December 31, 2024 by increasing the number of staff who have received education by 3M.

Lessons Learned

Having 3M to conduct education has been a challenge, unsure if they are challenged on their end.

Comment

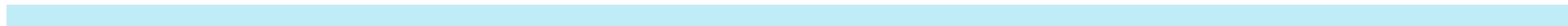
The Meadows is still below corporate target in this domain. Our success in this target is having a dedicated wound nurse overseeing the program which allows for better continuity and assessment.

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #1	1.50	1.30	1.63	--	NA
% of LTC residents with restraints (The Meadows)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Review current restraints and determine plan for trialing alternatives to restraints



Process measure

- Indicator to be reviewed monthly. Have meetings with resident/families to discuss alternatives monthly.

Target for process measure

- We are aiming to reduce the number of restraints to zero percentage from now until December 31, 2024 through education and best practice.

Lessons Learned

We have reviewed the current restraint alternatives; our challenge is with family's insistence despite education.

Change Idea #2 **Implemented** **Not Implemented**

Ongoing education to families on admission and ongoing.

Process measure

- Monitor monthly Q1 CIHI percent of residents with restraints.

Target for process measure

- We are aiming to maintain current percentages from now until December 31, 2024, by providing ongoing education to families and/or residents as need is identified.

Lessons Learned

Education on best practices for residents are shared yearly in newsletters and in care conferences.

Change Idea #3 **Implemented** **Not Implemented**

Re-evaluation of restraints as situation arises

Process measure

- Maintain current percentage of residents with restraints.

Target for process measure

- We are aiming to maintain current percentages from now until December 31, 2024 by evaluating the restraint quality indicator and reviewing high risk residents at morning report.

Lessons Learned

Restraints are re-evaluated on a monthly basis.

Change Idea #4 Implemented Not Implemented

Education to staff on risks associated with restraints

Process measure

- Maintain current percentage in this indicator.

Target for process measure

- We are aiming to maintain or decrease current target from now until December 31, 2024 through ongoing education and best practices.

Lessons Learned

Yearly mandatory education for all staff is ongoing.

Comment

We will continue to educate staff on the importance of least restraint usage in our home. We will continue to educate families on a quarterly basis on the importance on least restraints and how the home can utilize other alternatives such as alarms, falls mats.