

Access and Flow | Efficient | Priority Indicator

	Last Year		This Year	
Indicator #4	8.97	8.97	22.60	21
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (PeopleCare Meaford LTC)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Current performance for Avoidable ED visits is below provincial average, Goal will be to continue to maintain current performance.

Process measure

- Current performance for Avoidable ED visits is below provincial average, Goal will be to continue to maintain current performance.

Target for process measure

- Current performance for Avoidable ED visits is below provincial average, Goal will be to continue to maintain current performance.

Lessons Learned

We have been able to maintain current performance.

Experience | Patient-centred | Custom Indicator

	Last Year		This Year	
Indicator #1	97.50	100	92.59	NA
Percentage of families who respond positively to "we would recommend this home to others" (PeopleCare Meaford LTC)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Our goal is to improve overall meal service experience for our residents.

Process measure

- The DFS will review mealtime audits monthly to gauge staff compliance with following policies and ministry requirements during mealtimes and to establish what education topics need to be implemented with frontline staff.

Target for process measure

- 80% of all staff will be trained and educated on new dining room routine as per the policy/procedure guidance: Food, Nutrition and Hydration Inspection Guide (FLTCHA), People Care policy 105010.00 by June 30th 2023 and 100% by Dec 31st 2023.

Lessons Learned

Meal Service has improved exponentially in the home. Through review of processes and job routines we have improved inefficiencies and this has attributed to higher resident satisfactions rates.

	Last Year		This Year	
Indicator #3	90	95	88.89	NA
Percentage of residents responding positively to "Did we exceed your expectations?" (PeopleCare Meaford LTC)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

More programming will be planned on all home areas specific to the interests of the residents residing in that specific home area. 2)Residents from other home areas will be invited to attend if the activities are also of interest to them.

Process measure

- Number of feedback received, Number of programs' planned based on the feedback.

Target for process measure

- Goal is improve overall resident's satisfaction for recreational activities.

Lessons Learned

We have increased programming and staffing on the units in order to provide more meaningful activities and programs for residents.

Indicator #2	Last Year		This Year	
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (PeopleCare Meaford LTC)	25.86	21.40	21.79
	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Gentle Persuasive Approach Training (GPA)

Process measure

- Number of staff that completed GPA training. Recording a list of staff that have completed training

Target for process measure

- 10-12 team members trained Quarterly

Lessons Learned

We had 15 staff complete GPA training in 2023 and we will continue to offer training to all staff.

Change Idea #2 Implemented Not Implemented

Re-evaluate residents with a significant change or decline for further need of medication use.

Process measure

- PAC meeting minutes, % of residents on antipsychotic medication.

Target for process measure

- Reduce usage of antipsychotic medication by seventeen percent.

Lessons Learned

We review all residents medications on a regular basis as a team and as a part of PAC meetings

Change Idea #3 Implemented Not Implemented

Trial Antipsychotic Reduction Program

Process measure

- Number of DOS completed for residents using antipsychotic medication without a validating diagnosis.

Target for process measure

- 100% of residents without a relevant diagnosis to be reviewed by Physician and DRC by the end of the year.

Lessons Learned

Continuing to complete a DOS for residents that may require assessment