

Access and Flow | Efficient | **Optional Indicator**

	Last Year		This Year		
<b>Indicator #3</b>	<b>22.60</b>	<b>21</b>	<b>0.00</b>	<b>100.00</b>	<b>21.66</b>
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (PeopleCare Meaford LTC)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26) %	Target (2025/26)

**Change Idea #1** ☒ **Implemented** ☐ **Not Implemented**

1) Completing this assessment will help us in identifying what our organization and homes are doing well and how we can improve our equity, diversity and inclusion practices. in the following 7 areas: 1. Planning and policy 2. Organizational Culture 3. Education and Training 4. Human Resources 5. Community Capacity Building 6. Resident and Family Engagement 7. Service Provision

**Process measure**

- Assessment completed

**Target for process measure**

- calendar year 2024

**Lessons Learned**

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**Change Idea #2** ☒ **Implemented** ☐ **Not Implemented**

2) Increased usage of diagnostic medical equipment.

**Process measure**

- Number of usages per piece of equipment and related transfer to ED.

**Target for process measure**

- Tracker to be implemented in the month of April/2024. Trackers to be reviewed quarterly.

**Lessons Learned**

Our bladder scanner was utilized 4 times, this resulted in all residents avoiding transfer to the ED. We will continue to utilize this specialized equipment where possible to avoid ED visits.

Comment

There was an increase in ED visits due to our mobile x-ray service not able to come to the home due to their own staffing challenges. This resulted in an increase of ED visits for residents in order to have x-rays performed. Having a full-time NP also increased the amount of in person assessments which assisted residents who required IV hydration and IV diuresis. Increase of POA desire to have their family member assessed in the ED. We are also seeing an increase in admissions of residents with higher acuity and co-morbidities, and influx of residents being admitted directly from hospital with extenuating health challenges.

Equity | Equitable | Custom Indicator

Indicator #4	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
We commit as an organization to complete the EDI in LTC assessment and planning tool developed by CLRI as an interdisciplinary team with the input and collaboration of our residents, families, staff and partners in 2024. (PeopleCare Meaford LTC)	22.60	21	100.00	--	NA

**Change Idea #1** ☒ Implemented ☐ Not Implemented

Completing this assessment will help us in identifying what our organization and homes are doing well and how we can improve our equity, diversity and inclusion practices. in the following 7 areas: 1. Planning and policy 2. Organizational Culture 3. Education and Training 4. Human Resources 5. Community Capacity Building 6. Resident and Family Engagement 7. Service Provision

**Process measure**

- Assessment completed

**Target for process measure**

- calendar year 2024

**Lessons Learned**

EDI team has been formed, Equity, Diversity and Inclusion in LTC assessment and planning tool has been completed. This completed tool will guide us to identify areas we are performing well, areas for improvement and action plan aim to support culturally appropriate care while helping to foster an inclusive workplace.

**Change Idea #2** ☐ Implemented ☒ Not Implemented

Increased usage of diagnostic medical equipment.

**Process measure**

- Number of usages per piece of equipment and related transfer to ED.

**Target for process measure**

- Tracker to be implemented in the month of April/2024. Trackers to be reviewed quarterly.

**Lessons Learned**

This is addressed under avoidable ED visit.

Comment

Equity, Diversity and Inclusion in LTC assessment and planning tool has been completed as planned.

Experience | Patient-centred | **Optional Indicator**

Indicator #2	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (PeopleCare Meaford LTC)	76.67	80	85.86	11.99%	100

Change Idea #1 ☒ Implemented ☐ Not Implemented

Increased Social Worker hours in house.

Process measure

- Social Work referrals and follow ups documented in resident charts.

Target for process measure

- Number of Social Work Referrals and documented follow ups starting February 20/2024 and throughout the 2024 year. Results will review by leadership Team on a quarterly basis and compare to previous quarter.

Lessons Learned

Increased social work hours has been very beneficial to residents. This is evident by the support received and feedback from residents receiving visits.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Increase in Recreation Aide hours available to residents within facility.

**Process measure**

- Activity Pro reports for 1:1 program participation.

**Target for process measure**

- Activity Pro report will be tracked starting April 1/2024 and throughout the 2024 year. Results will review by leadership Team on a quarterly basis and compare to previous quarter.

**Lessons Learned**

We were able to increase staffing and programming to offer more engagement with residents, we are consistently looking for staff to work additional hours to assist with more 1:1 interactions with residents.

**Change Idea #3** ☒ **Implemented** ☐ **Not Implemented**

Increased education for staff related to communication with Dementia/Alzheimer's residents.

**Process measure**

- Number of GPA certified employees.

**Target for process measure**

- Educator to track all successful trainees and provide proof to Leadership Team post completed courses.

**Lessons Learned**

We have been successful in offering GPA courses to all staff. We will continue to explore further opportunities from our community partners and offer more educations opportunities to staff.

**Change Idea #4** ☐ **Implemented** ☒ **Not Implemented**

Increase number of 1:1 hours provided to residents through recreation program.

**Process measure**

- Number of 1:1 hours completed with residents by volunteers.

**Target for process measure**

- Director of Programs to track all completed 1:1 hours by volunteers and review on a quarterly basis.

**Lessons Learned**

Offering more 1:1 visits was a challenge with our current staffing ratios and staff availability for scheduling. We will continue to utilize all resources possible to leverage our 1:1 visiting capability.

**Comment**

We will continue to keep communication open with residents and ensure that their feelings are heard and understood. We will do this by continuing to offer increased interactions with staff and building improved relationships.

**Safety | Safe | Optional Indicator**

Indicator #1	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (PeopleCare Meaford LTC)	21.79	21	31.40	-44.10%	19

**Change Idea #1** ☒ Implemented ☐ Not Implemented

Increase access to medical personal with certification to assess appropriate antipsychotic use.

**Process measure**

- Successful onboarding of Full Time Nurse Practitioner.

**Target for process measure**

- Nurse Practitioner contract reviewed annually.

**Lessons Learned**

Old diagnosis list was being utilized previously, this led to inaccurate reporting. FT NP has been very successful for the home and improving the reduction of antipsychotic use.

**Change Idea #2** ☒ **Implemented** ☐ **Not Implemented**

Increase deprescribing of antipsychotic where appropriate.

**Process measure**

- Number of residents with antipsychotic usage and without an appropriate diagnosis.

**Target for process measure**

- Hogan Care RX pharmacy partner provides antipsychotic usage monthly for in house review. RPN BSO lead audits reports and completes physician/NP referrals where appropriate. Reports also reviews quarterly at PAC meetings.

**Lessons Learned**

Implementation of quarterly de-prescribing meetings ensure communication and accurate reporting. We have received education from Chief Medical Officer for peopleCare regarding RAI and coding.

**Change Idea #3** ☒ **Implemented** ☐ **Not Implemented**

Increase usage of non pharmacological interventions for behaviour support.

**Process measure**

- Number of GPA certified employees.

**Target for process measure**

- Educator to track all successful trainees and provide proof to Leadership Team post completed courses.

**Lessons Learned**

GPA education provided to all staff in the home, increased BSO supports including a PSW specifically assigned to our dementia care unit.



**Comment**

We will continue to work on deprescribing and ensuring an accurate diagnosis is reflected for all residents. Non pharmacological interventions will be utilized regularly and we will continue to explore further education and training for staff.