

Experience | Patient-centred | Custom Indicator

Indicator #2	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of room service meals that are consistently at or above 38°C. (Yee Hong Centre - Scarborough McNicoll)	CB	75	85.00	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Increase awareness of the importance of food temperature control and meal service efficiency among Food Service and Nursing staff through targeted training sessions.

Process measure

- a. One training presentation. b. Number of training sessions provided to Food Service and Nursing staff on temperature control and meal service efficiency.

Target for process measure

- a. Completed training presentation. B. Conduct 5 training sessions for Food Service and Nursing staff by August 31, 2025

Lessons Learned

Targeted staff training for Food Services and Nursing staff strengthened knowledge of food temperature control and meal service procedures and translated into more consistent frontline practices. When combined with enhanced auditing, real-time corrective actions, and follow-up monitoring, these efforts resulted in sustained improvement in hot food temperature compliance beyond baseline performance and above the established target. Improved collaboration and communication between Food Services and Nursing supported timely meal delivery, appropriate tray coverage to preserve food temperature, and proactive issue resolution during meal service. Collectively, these changes demonstrate strengthened practice consistency, shared accountability across departments, and a sustainable quality improvement approach that supports resident safety and service quality.

Challenges and Opportunities for Improvement

Consistency of Meal Delivery Practices

Occasional delays in meal delivery and instances of meals being left in hallways were observed, indicating the need for continued reinforcement of timely meal delivery expectations and proper meal handling practices.

Change Idea #2 Implemented Not Implemented In Progress

FSM/FSS will conduct random food temperature audits on hot food items served during three daily meals to ensure they are maintained at or above 38°C, monitoring compliance during meal times.

Process measure

- a. One audit tool. b. Number of food temperature audits conducted before training. c. Number of random food temperature audits will confirm that hot food items, including main dishes, soups, and hot beverages, meet the required temperature of 38°C or above at the time of consumption by the residents after training. c. One action plan.

Target for process measure

- a. Completed audit tool. b. Conduct 80 audits prior to training by May 31, 2025 c. Conduct 80 audits after summer training sessions by November 30, 2025 c. Complete an action plan by December 31, 2025.

Lessons Learned

Prior to the delivery of staff training, 80 food temperature audits were completed by Food Services Manager/Supervisor (FSM/S) to establish baseline performance. Results showed that 73.8% of audited items met the $\geq 38^{\circ}\text{C}$ temperature requirement at the point of consumption. Main dishes and soups demonstrated consistent compliance, while warm milk was identified as the most frequent area of non-compliance. Immediate corrective actions, including reheating and serving-time temperature checks, were implemented. Following this, five training sessions were delivered to Food Services and Nursing staff between June and August 2025.

After training, an additional 80 audits were conducted by FSM/S between September and November 2025. Results showed that 85% of audited items met the $\geq 38^{\circ}\text{C}$ temperature requirement at the point of consumption, representing an 11.2% improvement from baseline performance and exceeding the established performance target of 75%. Sustained compliance was observed for main dishes and soups, along with improved beverage temperature control. The average main dish temperature increased from 53°C to 55.5°C , with only minor beverage non-compliance identified.

Challenges and Opportunities for Improvement

Sustaining Practice Outside of Formal Audits

Higher levels of compliance were observed during formal audits compared to routine meal service, highlighting the need to strengthen consistency of practice outside scheduled audit periods.

Comment

2026–27 QIP – Ongoing Action Plan

To sustain and build on the improvements achieved, the following actions will be carried forward into the 2026–27 QIP:

- a. Embed food temperature control and meal delivery expectations into onboarding, orientation, and scheduled refresher education for Food Services and Nursing staff to support consistent practice over time.
- b. The Food Services Manager/Supervisor (FSM/S) and Assistant Director of Resident Care (ADRC) will collaboratively conduct audits to reinforce timely meal delivery, minimize hallway meal placement, and provide unit-level coaching during routine operations.
- c. Expand ongoing monitoring activities to include unannounced observations and interdisciplinary meal rounds, ensuring consistent practice outside of formal audit periods.

Indicator #1	Last Year		This Year		
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Yee Hong Centre - Scarborough McNicoll)	15.04 Performance (2025/26)	14.79 Target (2025/26)	7.24 Performance (2026/27)	51.86% Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Identify and monitor residents who take antipsychotic medications without an appropriate diagnosis.

Process measure

- a. Number of residents reviewed for antipsychotic medication use without an appropriate diagnosis. b. Number of residents monitored for signs and symptoms of hallucination and delusion. c. Number of interprofessional team meetings held to review and assess residents' medication use.

Target for process measure

- a. Review 100% of current residents prescribed antipsychotic medications without an appropriate diagnosis by May 31, 2025. b. Monitor 100% of identified residents who are on antipsychotics for signs and symptoms of hallucination and delusion by September 30, 2025. c. Held a minimum of 7 interprofessional team meetings to review and assess residents' medication use and behavior behaviour December 31, 2025.

Lessons Learned

1. Improved Medication Review

A comprehensive review of 100% of residents prescribed antipsychotic medications without an appropriate diagnosis was completed. Collaboration among nursing staff, physicians, the pharmacist, and the Behaviour Support Nurse supported confirmation of clinical indications, ongoing need, and appropriateness of therapy. The use of a standardized review process promoted consistent and timely medication reviews.

2. Enhanced Monitoring for Residents Exhibiting Hallucinations and Delusions

100% of identified residents receiving antipsychotic medications were monitored for signs and symptoms of hallucinations and delusions. Monitoring was conducted through routine nursing assessments, PSW daily monitoring and resident interaction, and documentation in resident's health record, including Point of Care (POC) and progress notes in PointClickCare (PCC). This structured monitoring approach strengthened ongoing oversight and supported timely identification of changes requiring intervention. Coaching and guidance were provided by the Behavioural Support Nurse to support staff assessment, documentation, and non-pharmacological intervention strategies.

3. Strengthened Interdisciplinary Communication

Improved communication among nursing staff, physicians, the pharmacist, and the Behaviour Support Nurse supported timely sharing of resident assessments. This facilitated earlier identification of opportunities for appropriate medication adjustments and reinforced shared accountability for medication management.

Change Idea #2 Implemented Not Implemented In Progress

Enhance staff knowledge on antipsychotic medication use and the implementation of non-pharmacological interventions.

Process measure

- a. Number of pharmacological educational sessions provided to staff. b. Number of non-pharmacological intervention training provided to staff; percentage of direct care staff attended training c. Percentage of nursing staff (RN, RPN, PSW) who attended the non-pharmacological intervention training.

Target for process measure

- a. Conduct at least 2 pharmacological educational sessions by August 31, 2025. b. The target for this process measure is to have 100% of residents on antipsychotics have their case reviewed at admission, monthly and as status changes, and have target met by the end of December 31, 2025. c. Achieve at least 80% attendance of nurses in the training sessions.

Lessons Learned

Increased Staff Knowledge

Pharmacological education sessions focusing on appropriate indications, monitoring requirements, and potential side effects of antipsychotic medications improved staff awareness of medication review processes and documentation expectations. Non-pharmacological intervention training further supported staff understanding of alternative approaches to managing responsive behaviours.

Challenges and Opportunities for Improvement

1. Training Attendance and Coverage

Despite offering multiple pharmacological and non-pharmacological education sessions, attendance targets were not fully achieved due to staffing constraints and scheduling conflicts across nursing shifts. Ensuring equitable access to training remains an ongoing challenge.

2. Timeliness of Documentation

Periods of staff turnover impacted the timeliness and consistency of documentation related to medication reviews and monitoring, requiring additional oversight, reminders, and follow-up by leadership.

3. Sustaining Education Amid Staffing Pressures

Maintaining consistent training coverage for new and existing staff requires continued use of mitigation strategies, including repeated education sessions, floor meetings, case studies, and one-to-one coaching to reinforce learning and sustain practice improvements.