

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of room service meals that are consistently at 38°C.	C	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	85.00	90.00	Ensuring meals are consistently at or above 38°C enhances food palatability and overall dining satisfaction for residents.	

Change Ideas

Change Idea #1 Sustain staff (nursing and food service) knowledge and consistent practices in food temperature control and meal service efficiency

Methods	Process measures	Target for process measure	Comments
1. Update training presentation 2. Provide refresher training sessions for Food Service and Nursing staff. 3. Incorporate food temperature control education into new staff orientation and ongoing coaching.	1. One standardized training presentation developed by our Food Service Manager for staff training. 2. Number of refresher training sessions delivered to Food Services and Nursing staff in a fiscal year. 3. Percentage of relevant staff who receive refresher education or coaching during the year.	1. Training presentation update completed and is available for organization wide roll out by March 2026. 2. Two structured refresher sessions completed by May 31, 2026 for all nursing and food service staff. 3. Ensure ongoing education coverage for new hires and staff identified through audit findings (see below for the audit)	

Change Idea #2 Sustain and strengthen food temperature monitoring through enhanced audit volume and follow-up

Methods	Process measures	Target for process measure	Comments
<p>1. Conduct random food temperature audits using the standardized audit tool across all meal periods and units. 2. Strengthen collaboration and shared accountability between Food Service and Nursing staff to support timely meal delivery and consistent maintenance of hot food temperatures.</p>	<p>1. Number of random food temperature audits completed, measuring hot food items at the point of consumption. 2. Percentage of hot food items meeting the required temperature of =38°C at the time of consumption. 3. Number of non-compliance issues identified and addressed through corrective actions and follow-up audits.</p>	<p>1. Complete a total of 120 random food temperature audits by September 30, 2026, with 60 audits conducted by Food Service Manager and 60 audits conducted by ADRC to increase interprofessional collaboration, across all meal periods and units. 2. Achieve and sustain =90% compliance for hot food items meeting the =38°C requirement at the point of consumption than the current compliance of 85%. 3. Implement corrective actions and complete follow-up audits for 100% of identified non-compliance issues by the supervisor.</p>	

Safety

Measure - Dimension: Safe

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	8.78	8.00	Improvement by 0.8% (a sustainable reduction from 8.78% to 8%) and enhance safety	Ontario Health atHome, and Achieva Health (Physiotherapy service provider)

Change Ideas

Change Idea #1 Early identification of residents at high or moderate risk for falls upon admission or readmission, with timely communication and implementation of appropriate mitigation strategies.

Methods	Process measures	Target for process measure	Comments
1. In collaboration with the PT, residents will be identified on admission/readmission as high or medium fall risk, with mitigation strategies developed, documented, and communicated to the team during floor meetings.	1. Percentage of residents assessed upon new/readmission as high or medium fall risk with appropriate fall-mitigation strategies developed and incorporated into their care plans. 2- Track all new admissions and readmissions who are at high or medium risk for falls and whose fall mitigation strategies are developed and incorporated in the care plan.	100% of residents assessed on admission or readmission as high or medium fall risk who have appropriate fall-mitigation strategies developed and incorporated into their care plans (currently not tracked).	

Change Idea #2 Each fall incident will be analyzed at the floor meeting, and care interventions will be revised as appropriate

Methods	Process measures	Target for process measure	Comments
All fall incidents will be reviewed at floor meetings using a standardized post-fall analysis process. Contributing factors will be identified, trends monitored, and individualized care interventions revised as appropriate. Updates will be documented in the care plan and communicated to all relevant staff to support ongoing fall prevention.	1. Percentage of fall incidents reviewed at floor/interprofessional meetings with identified contributing factors and documented care-plan updates communicated to staff. 2- Track incidents for review at the above mentioned floor meetings.	100% of fall incidents reviewed at floor meetings with contributing factors identified, care-plan updates documented, and changes communicated to relevant staff.	

Change Idea #3 Continue to provide ongoing staff education on fall prevention strategies and reinforce staff accountability for fall prevention

Methods	Process measures	Target for process measure	Comments
Incorporate fall prevention strategies into orientation and annual education refreshers. Review recent fall incidents and lessons learned during floor or department meetings. Provide feedback to staff and follow up on identified gaps to ensure accountability	1. Percentage of staff who complete fall-prevention education through orientation and annual refreshers. 2- Share fall related data and strategies for prevention of falls and injury with staff monthly.	1. Percentage of staff who complete fall-prevention education through orientation and annual refreshers. 2- Share fall related data and strategies for prevention of falls and injury with staff monthly.	