

2025/2026 The Meadows of Dorchester Continuous Quality Improvement Initiative Report

Designated lead: Tracey Tait, Administrator

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Overview

Meadows of Dorchester is one of seven long-term care homes owned and operated by the Regional Municipality of Niagara. Located in the Niagara Falls community; it has 120 beds. Meadows of Dorchester is recognized as a best practice spotlight long-term care home and has received exemplary standing accreditation from Accreditation Canada.

We collaborate with various stakeholders, including team members, volunteers, students, physicians, and the Public Health and Social Services Committee, to ensure that resident care and services are consistently monitored, analyzed, and evaluated. Our approach aligns with resident preferences, best practices, leading standards, and the Fixing Long-Term Care Act 2021 (FLTCA) requirements, Ontario Regulation 246/22, and Accreditation Canada standards. When opportunities for improvement arise, we work together to develop, implement, and evaluate initiatives to enhance care.

Our Mission

Working together, we provide the highest quality of life for Seniors living in long-term care and in the community.

Our Vision

Exemplary care, Compassionate team, and Community Leader.

Our Values Respect, Serve, Choice, Honesty, Partnership.



Our Approach to Continuous Quality Improvement

Niagara Region long-term care homes have a comprehensive quality program that guides our long-term care homes through continuous quality improvement activities.

The Seniors Services Operational plan includes improvement efforts and initiatives across the homes to optimize standardization and decrease variability. We identify the priority areas through in-home committees, audits, reports, resident and family feedback, legislative requirements, and guiding principles.

Our home will monitor progress on strategic priorities to align them with our home needs. We will focus on providing the best quality to our residents and uphold our commitment to continuous quality improvement. Prioritizing improvement opportunities is a critical step in translating data into action.

How We Identify Home's Priority Areas

Meadows of Dorchester is committed to fostering a collaborative and inclusive environment where the voices of our residents and their families are integral in shaping the care we provide. Meadows of Dorchester actively engages members of the Resident and Family Councils in quarterly Professional Advisory and Continuous Quality Improvement (PAC-CQI) Committee meetings. The insights and experiences of the Resident and Family Council and the Quality Committee are invaluable in identifying areas for growth and implementing meaningful, actionable plans that are included for the next fiscal year based on the recommendations of the homes and their quality committees.

During these meetings, the management team updates our quality and safety programs, sharing any activities that need discussion and input. We review various topics, including program performance, feedback from residents and families, essential incidents, complaints, infection control, and other key focus areas. This collaborative approach ensures that we consistently enhance the quality of care we provide.

Policies, Procedures and Protocols

Each year, Meadows creates Quality Improvement Plans corresponding to provincial system priorities. The plan for 2025-2026 emphasizes Health Quality Ontario's systemic challenges: Access and Flow, Equity, Safety, and Experience. These priorities align with our organization's goal of enhancing care and improving service quality. The objectives and suggested changes from this plan will often continue as multi-year initiatives, while Meadows of Dorchester works to sustain advancements in effective care, service delivery, and resident experience.

Our team will follow the PDSA cycle (Plan, Do, Study, Act). It's a simple tool for testing and enhancing ideas or processes. Start by planning a small change, then implement it on a limited scale. Analyze the results to see what happened and act on what you learned—either by adopting the change, adjusting it, or trying something new. It's a continuous cycle of improvement.



Identify/Diagnose the Problem

All identified problems that need attention are analyzed using the root cause framework.

- Meadows of Dorchester will document the problem and identify opportunities for improvement.
- Meadows of Dorchester will gather data to understand the problem better.
- Meadows of Dorchester will review the problem statement and team composition needs.
- Meadows of Dorchester will analyze the problem and data available using QI methodologies to identify opportunities for improvement.

Create a Plan

- Once teams understand the underlying causes and align any resident's needs, they would define an action plan in collaboration with residents and families.
- The team will explore and evaluate those opportunities.
- Meadows of Dorchester will identify how they plan to achieve desired results and document them under the PCC insights, Resident and Family Survey Action Plan, and other Project planning tools available.
- The plan should include (1) where we are, (2) where we want to be, (3) how we will do it and identify the team that will support the improvement activity.
- The team will determine if training is needed and include it as a task.

Set Improvement Aims

The aims set out in our plan are developed using an interdisciplinary approach and feedback from family and residents. Data supporting the objective will be collected and used for analysis and benchmarking. Examples of data include scorecards, dashboards, and other facility reports such as employee and resident satisfaction results. Reports available from outside resources, including but not limited to Health Quality Ontario, CIHI, Nquire, and RNAO, are used to set clear paths for improvement. We use the SMART framework (Specific, Measurable, Attainable, Relevant and Time-Bound) to set goals that will align with the desired improvement target and will help to focus on continuous improvement.

Set and Test Improvement Ideas

Our quality improvement plan relies on teamwork among all staff to analyze problems and propose and implement resolutions. Ideas or interventions are established and monitored for the duration of the plan. The analysis identifies the effectiveness of the improvement activity and if any other approach should be considered.

The improvement indicator or activity progress is documented in the Point Click Care (PCC) Insights, Project planner, and Resident and Family Survey Action Plan, and meeting minutes are recorded immediately after each quality meeting.

Implement, Spread and Sustain

Implementation plans are reviewed and evaluated routinely and as often as needed. The interventions are tested and assessed to ensure that any practice changes are appropriately embedded into our workflow and that staff are aware of the changes. At the end of the testing



period, the team will evaluate whether the interventions or changes resulted in improvements. The team will present any opportunities that could result in standardized practices across our long-term care homes to the quality steering committee. The Quality Steering Committee will discuss sustainability and consistency approaches and support the long-term care homes with the resources needed to implement any adaptations.

How We Monitor Improvement and Identify Outcomes

Meadows of Dorchester champions quality initiatives by leveraging the support of our Continuous Quality Improvement Advisors, who guide project planning, measurement strategies, and accountability. Our quality and risk management program processes include monitoring and evaluating.

- Performance indicators at the home and program level
- Priority indicators outlined in the annual quality improvement plans.
- Professional and CQI committee
- Core programs meetings.
- Municipal benchmarking and Resident and Family Experience survey results
- System-wide indicators

An Interdisciplinary team reviews metrics on PCC and other sources, and monitors progress in line with the core programs by proactively reviewing real-time data and progress across indicators. This allows the team to communicate effectively and adjust strategies to align with any issues identified.

Outcomes

Outcomes are conveyed through a range of resident and family council committees and PAC and quality committees within the divisional frameworks. The primary outcomes can be divided into the following categories:

- Resident Well-being Outcomes: includes metrics such as decreased hospitalizations and reduced medication errors.
- Resident and Family Engagement Outcomes: align with the goals specified in the Resident and Family Action Plan and involve improvements in care, services and programs.
- Core and Risk Management Outcomes: emphasizes the management and oversight of our clinical indicators, particularly targeting a reduction among different indicators of falls, injuries, and pressure injuries.
- System and Organizational Outcomes: outcomes in accreditation and compliance, along with the encouragement of innovation in technologies and processes.



Communication

Strategies are developed following the senior's communication plan but are not limited to home-specific needs and preferences.

Updates in the quality improvement plan are shared through several means, including:

- Postings on the quality board
- Computerized information blast emails using the Cliniconex app.
- Direct e-mails to staff and families
- Newsletters
- Website
- Informal presentations/huddles
- Presentations at staff meetings
- Presentation at Professional Advisory and Quality Committees
- Presentations at Residents' Council meetings
- Presentations at Family Council meetings (on request)
- Presentations at the Public Health and Social Services Committee
- Quarterly reports at the Quality Steering Committee

2024-25 Quality Improvement Accomplishments (reflections since last report)

1. Falls Prevention and Management

Meadows of Dorchester continues to focus on preventing falls and managing risks through education on comprehensive falls assessments and RNAO clinical pathways for falls, with a completion rate of 80% for registered staff. Daily clinical rounds and monthly quality meetings have contributed to reviewing individual falls, ensuring the appropriate interventions are utilized based on resident needs. A careful review of resident FRS scores within monthly interdisciplinary meetings also contributed to changes to resident care that support falls prevention. For residents who frequently fall, Meadows implemented a 3-5 day 4P-focused journal to capture trends and identify potential areas of intervention, which will continue into this coming year. The home has also worked to reduce injuries from falls through precautions such as non-pharmacological interventions, hip protectors, helmets, and bed and chair alarms, ensuring that when a fall does occur, there are measures to limit impacts on quality of life from post-fall injuries. These efforts were based on trends in our falls data, resident and family input, and the clinical knowledge of our teams.

2. Antipsychotic Medication Reduction

Meadows of Dorchester welcomed a new position onto the team, the responsive behaviours therapeutic advisor, which has been a great success for providing quick, responsive support with residents exhibiting responsive behaviours. Previously, the referral process would take a week or more. In addition to the direct support of residents, the therapeutic advisor



conducts assessments that determine whether it is appropriate to utilize pharmacological interventions, which ensures care remains resident-centered and non-pharmacological interventions are considered first. The interdisciplinary team also gathers monthly to review antipsychotic use in the home and discontinue or titrate medication down when appropriate. These discussions occur as needed, to ensure the residents' prescribed medication list is optimized for the care they need. Meadows continues to explore other change ideas to reduce antipsychotic medication usage.

3. Resident Satisfaction and Engagement

Meadows of Dorchester has successfully met a number of action items to improve the home this year, from new furniture and flooring, to piloting a new menu and providing customer service education for staff, all based on resident and family feedback and suggestions. The home had great success in refreshing the dining experience based on feedback from residents' council through the incorporation of cloth napkins, aprons, real-time meal feedback and dining service training. Staff were provided with a number of other educational opportunities focused on resident-centered care such as stop and go, GPA, and communication skills, among others. A major enhancement was the implementation of same day cooking, which was well received by residents. Residents also engaged in special food themed meal selection and enjoyed themes like soft taco day and heart shaped ravioli day. A new term of reference for the family council was created and approved by participating families, allowing for further engagement, notably on home improvement initiatives. New floors, furniture, lighting and a parking lot refresh were several projects that were completed this year.

4. Diversity, Equity, and Inclusion (DEI)

Meadows of Dorchester continues to support and promote inclusivity within the home. The DEI committee created display cases based on the cultural backgrounds of our staff and residents which provided a space for rich discussions between residents, family and staff. Meadows also invited the Fort Erie Native Friendship Centre to provide a drum circle, amongst other educational opportunities and cultural activities from heartland forest and the Niagara Falls and St. Catharine's Museum, which was greatly enjoyed by the residents and staff present. The home continues to have a mutually beneficial partnership with the refugee program of Niagara Falls, where a notable increase of volunteers has shifted to gaining their PSW education to continue their time in Long-Term Care.

5. Hospital Transfer Reduction and Recreation Engagement

With changes to our Nurse Practitioner (NP) and their onsite hours, the team chose to utilize the NP for time with residents and shifted emergency room (ED) avoidance education to be led by the management team. Given these changes, the team was successful at shifting tasks to ensure residents were prioritized while awaiting the hiring of a full-time NP. Meadows also utilized a delirium screening tool to identify residents experiencing signs of



delirium or potential treatable infections, where 23% of assessments completed were positive. This strategy proved to be a successful method of assessing symptoms of underlying illness, which ultimately contributes to avoiding avoidable ED visits. Registered staff were provided with training based on identified gaps in documentation and SBAR-style documentation. The additional training ensured that staff were aware of how to document the details that the interdisciplinary team utilizes for decisions and conversations about ED transfer with family members. Objective findings and assessment tools, such as PPS, CHES, and PSI, were also used to inform conversations on goals of care when significant health declines occurred. These tools helped implement goals of care conversation before critical events, ensuring that residents' wishes are respected and implemented.

6. Palliative Care

Meadows of Dorchester maintains a resident-centered approach to palliative care, utilizing the palliative approaches to care assessment, which helps to ensure residents at end-of-life are addressed for comfort and support in their journey. While many residents are palliative but not end-of-life, we continue to use POet discussions and daily clinical rounds to update the team about the resident's trajectory and experience. The team also utilizes comfort carts for families as they support their loved ones.

Other Actions and Priorities

The Meadows of Dorchester team has made additional efforts to enhance the accommodations, care, services, and programs that contribute to the well-being of our residents and staff.

Accommodations

1. Enhanced Security Measures: Based on feedback from residents and family council, the home installed cameras across various areas in the building to look at footage retrospectively and as needed which has aided the investigation of incidents and contributed to comfort in relation to safety for residents and their families.
2. Home Refresh: Residents and family collaborated with the home to determine areas that could be refreshed for our residents and visitors. Meadows successfully installed new flooring. Audits were conducted in resident areas, and new chairs were provided based on the results of these audits. New furniture was purchased for the common areas of the units, and resident, and family lounges. New dining tables were purchased for activity rooms in the home area to encourage a more comfortable, home-like environment. Resident and family lounges and dining rooms were refreshed with new paint in Villa and Trillium. In the spring of 2024, new planter boxes were purchased, and enhancements to the garden on spring gardens improved the outdoor appeal of the home.
3. Parking Lot Refresh: Based on feedback from residents and families, the parking lot was reconfigured to increase the number of accessible parking spaces and was repainted and given new signage.



Services

1. Increased Staffing: Several new positions were added to the home to support the enhanced care and operation of Meadows. An additional PSW was added for each home area on the day shift. A fourth recreational staff member was added to ensure each home area has their own full-time recreation staff. Additional weekend office coverage was added. Meadows also introduced three new permanent roles: 1) an Infectious Prevention and Control Manager, 2) a Responsive Behaviour Therapeutic Advisor (RBTA/BSO), and 3) a Continuous Quality Improvement Advisor.

Programs

1. Dementia/Alzheimer's Specific Programming Improvements: During family council, families requested additional resources for residents with dementia and Alzheimer's. The following new resources were added: sorting and organizing kits, an animatronic cat, and weighted stuffed animals for emotional support and coping. Meadows continues to seek additional resources to support our residents, notably those with complex needs.
2. Enhanced Programming for Residents and Family: Upon request to have more family involvement in activities, Meadows has moved forward with increasing programs that families can also participate in with their loved ones, with notable success in the first event trialed, "Pizzelle Night".
3. Introduction of Spring Volunteers: To support residents who want to spend more time outdoors in the summer, Meadows successfully ran a garden program with volunteers to refresh our outdoor spaces for the spring and summer months of 2024.

2024/2025 Review of the Resident and Family Surveys Action Plan

Meadows of Dorchester made significant progress during 2024-2025 across key areas, particularly in regard to incorporating family and resident feedback into home improvements and enhanced programming. Regular Resident Council (RC) and Family Council (FC) meetings throughout 2024 have been instrumental in enhancing collaboration between the homes management team and residents and their families. These meetings have provided a space to share updates, gather feedback, and implement action plans. Notable achievements include new flooring across the building, enhanced activity rooms, and security measures. The home also focused on improving food quality through enhancements of the spring/summer menu and incorporating aprons and cloth napkins during meal service. Staff received targeted training to align service with resident expectations. These initiatives, supported by quarterly PAC/CQI Committee meetings, reflect a resident-centred approach and a commitment to continuous improvement in care and quality of life. A complete action plan is available upon request.



Resident & Family Survey Results and Action Plan 2025/2026

Meadows of Dorchester conducted its annual Resident and Family Satisfaction Surveys to gather feedback from residents and their families about the services provided. The purpose of the survey is to facilitate improvements and ensure that care meets each resident's needs. In 2024, the survey was available from November 18th to December 8th, and we received a total of 77 responses, including 43 from residents and 34 from families.

The feedback we receive is invaluable as it helps us identify our strengths and areas for improvement, while also reinforcing our commitment to enhancing the quality of life in our homes. Overall care satisfaction was 93.6%, Services 89.1%, and Products 90.5%, with 83.9% of families and 90.2% of residents rating this home as either Excellent or Good. The following are the results compiled for the family and resident surveys. Please see the survey results in Appendix A.

Three areas received lower satisfaction scores: Physician Services, the quality of food and snacks, and our rehabilitation and physiotherapy programs. On January 8, 2025, the survey results were shared with resident contacts via Cliniconex. The following day, January 9, 2025, the satisfaction survey board was erected in the great Hall until January 27, 2025, with a reminder sent out on January 15, 2025. On January 20, 2025, the results were presented to the Resident's Council and discussion regarding improvement recommendations was had. On the same day, the Family Council met, and the results were shared, with anonymous feedback solicited on the Satisfaction Survey board.

To address the areas with low satisfaction ratings, we have identified the following actions for improvement:

1. **Physician Services:** We aim to leverage our newsletters to streamline processes related to MD visits, appointment booking, and Seniors Mental Health Outreach updates, upon request for further clarity from our residents and families. We anticipate that these efforts will help to enhance our consistency and clarity on physician services within the home for residents and families.
2. **Quality of Food and snacks:** Utilizing our just-in-time (JIT) meal service surveys, we aim to collect feedback from 30% of our residents to understand specific ways we can improve the quality of our food and snacks within the next three months. This feedback will be reviewed at the resident council, and appropriate action items will be outlined.
3. **Rehabilitation and Physiotherapy:** Our home anticipates that greater understanding of the services offered by rehabilitation and physiotherapy in the home will increase satisfaction of our services, as the scope of practice is a gap identified through feedback we received from



residents and families. We aim to create a dedicated section in our monthly newsletters to share the parameters of our physiotherapy program and recommend exercises and tips. We hope to reach at least 80% of our residents and families within the next quarter. We will gather feedback on the effectiveness of this initiative by the end of quarter three.

The Resident and Family Council and the Professional Advisory and Quality Committee receive the current report and are regularly informed of progress regarding the action items during their meetings. Members can raise questions, provide input, and request changes as needed. An updated report and meeting minutes are posted in the Home, with copies available upon request.

The action plan will be reviewed and revised every quarter with the resident and family council and the Quality Committee (refer to Appendix A). The comprehensive action plan is available at home.



Upcoming Priority Areas for 2025-2026

In 2025/2026, The Meadows of Dorchester is aiming to implement the following Initiatives.

Table 2: The Meadows of Dorchester initiatives

Area of Focus	Performance	Change ideas
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents	Current: 20.65% Target: 19%	<ul style="list-style-type: none"> • Successfully hire and integrate a Nurse Practitioner. • Provide education on ED avoidance, SBAR, and documentation principles for eligible staff. • Provide comprehensive education to families on emergency department avoidance through newsletters and in-person education sessions. • Examine how residents with changing statuses are monitored and how that information is communicated to providers in real-time.
Diversity, Equity & Inclusion	Current: 100% Target: 100%	<ul style="list-style-type: none"> • Host two cultural showcases that highlight a country and include an interactive world map for staff, residents and families to engage with, learn about and celebrate the unique aspects of each country. • Deliver DEI education through various channels. • Change our “Chapel” to a more inclusive place for reflection, and relaunch as a “Place of Worship”. • Host two culturally celebratory events in the home, engaging residents, and staff.
The percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	Current: 97.62% Target: 98%	<ul style="list-style-type: none"> • Provide monthly updates on resident action plan activities and progress, and address any concerns identified in the survey results. • Leverage existing communication tools to share streamlined processes with staff, families and residents. • Engage residents in a choice for home improvements. • Provide education on the normalization of pain and its impacts on residents' quality of life.



Area of Focus	Performance	Change ideas
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences."	Current: 94.87% Target: 96%	<ul style="list-style-type: none"> • Respect residents' values, preferences, needs, and suggestions for enhancing their daily lives, specifically meal services. • Increase participation in meal dining feedback experience. • Engage residents in the recruitment of the new Nurse Practitioner. <ul style="list-style-type: none"> • Utilize the monthly resident council forum and solicit suggestions for improvements.
Percentage of LTC home residents who fell in the 30 days leading up to their assessment.	Current: 21.50% Target: 18.40%	<ul style="list-style-type: none"> • Within the next nine months, provide universal fall precautions education to 100% of staff, with follow-up assessments to ensure understanding and implementation of protocols. • Assign designated staff to review and verify fall prevention interventions in resident care plans, ensuring 100% of care plans are checked for accuracy and implementation over the next 6 months. • Conduct trend analysis meetings to review frequent fallers and identify trends in their falls, followed by the development of resident-centered prevention strategies. • Educate families and visitors on ways they can assist in preventing resident falls, such as reducing clutter and communicating with staff before leaving.
LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment.	Current: 21.57% Target: 19%	<ul style="list-style-type: none"> • Establish a formal titration process within 3 months. • Provide staff education and training on the medication review process. • The responsive behaviours therapeutic advisor will identify residents eligible for non-pharmacological strategies to reduce their current antipsychotic usage. • Ongoing education on how to properly identify hallucinations and delusions to personal support workers.



Appendix A – Meadows of Dorchester Resident & Family Survey Results 2024

Question Category	Question Short	Resident	Family	Combined
Care	Ability to Express Opinion Without Fear	94.9%	87.0%	91.9%
Care	Addressing Resident Concerns	92.5%	85.2%	89.6%
Care	Care Team - General	97.4%	88.9%	93.9%
Care	Feeling of Safety at the Home	97.3%	92.3%	95.2%
Care	Maintaining Privacy	95.0%	92.6%	94.0%
Care	Nurse Practitioner Services	100.0%	92.3%	97.0%
Care	Nursing Services - General	100.0%	88.9%	95.4%
Care	Pharmacy Services	96.2%	88.5%	92.3%
Care	Physician Services	92.0%	66.7%	78.8%
Care	Staff Hand Hygiene and Washing	97.2%	100.0%	98.3%
Care	Staff Listening and Understanding Needs	97.6%	88.9%	94.2%
Care	Treatment with Compassion and Respect	100.0%	97.0%	98.7%
Overall	Knowing Who to Bring Concerns To	92.5%	96.4%	94.1%
Overall	Overall Care Received		89.7%	89.7%
Overall	Recommendation of Home	92.7%	93.1%	92.9%
Overall	Response to Concerns	95.1%	79.3%	88.6%
Products	Comfort of Products	97.1%	76.9%	88.3%
Products	Healthy Skin Promotion of Products	94.3%	90.3%	92.4%
Services	Dietary Services	81.6%	86.2%	83.6%
Services	Food and Snack Quality	77.5%	70.6%	74.3%
Services	Housekeeping Services	100.0%	89.7%	95.5%
Services	Maintenance Services	97.4%	89.7%	94.1%
Services	Manager Helpfulness	97.1%	96.4%	96.8%
Services	Meeting Personal Needs	97.4%	75.9%	88.1%
Services	Reception and Banking Services	100.0%	100.0%	100.0%
Services	Recreation Programs	92.9%	80.8%	87.0%
Services	Rehabilitation and Physiotherapy	96.4%	62.5%	80.8%
Services	Resident and Family Support	100.0%	81.5%	91.7%
Services	Volunteer Services	100.0%	82.6%	93.1%

