

**Experience | Patient-centred | Custom Indicator**

	Last Year		This Year		
<b>Indicator #1</b>	<b>33.30</b>	<b>70</b>	<b>NA</b>	<b>--</b>	<b>NA</b>
I am satisfied with the quality of care from dietitian (Extendicare Cobourg)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

**Change Idea #1**  Implemented  Not Implemented  In Progress

Improve awareness of the dietitian role in the home with residents and families

**Process measure**

- 1. # of meetings with councils where Dietician attended 2. # of suggestions provided by councils

**Target for process measure**

- 1. Dietician will attend Resident Council by May 2025 2. Suggestions and actions will be discussed at CQI meeting with dietitian by July 2025.

**Lessons Learned**

using virtual dietitian services and unable to attend resident council meetings

**Change Idea #2**  Implemented  Not Implemented  In Progress

Increase opportunities for residents to book one-on-one sessions with the Dietitian within the home

**Process measure**

- 1. # of requests to meet with Dietitian 2. # of one-on-one sessions with Dietitian that occurred 3. # of action items created from feedback 4. # of action items implemented

**Target for process measure**

- 1. Process for sending requests to Dietitian will be in place by May 2025. 2. One-on-one sessions with Dietitian will be in place by June 2025 3. Action items and action plan discussed at CQI committee meeting with Dietitian by July 2025.

**Lessons Learned**

looking at having virtual dietitian set up virtual appointments with residents if requested

Indicator #2	Last Year		This Year		
I am satisfied with the quality of care from doctors (Extendicare Cobourg)	<b>37.50</b>	<b>70</b>	<b>33.30</b>	--	<b>NA</b>
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

**Change Idea #1**  Implemented  Not Implemented  In Progress

Improve the visibility of the physicians in the home with residents and families

**Process measure**

- 1. # of nametags ordered 2. # of communication boards with physician visit information posted

**Target for process measure**

- 1. nametags will be ordered for all physicians by March 2025 2. Process for communication of physician visits will be implemented by March 2025 and posted by April 2025

**Lessons Learned**

nametags in place  
communication boards with visit information posted

**Change Idea #2**  Implemented  Not Implemented  In Progress

Tracking of in person resident visits to ensure every resident has a visit

**Process measure**

- 1. # of new resident admissions per quarter 2. # of new residents who met the physician by their 6 week care conference per quarter 3. # of residents per physician 4. # of residents who had in person visits during the quarter

**Target for process measure**

- 1. Tracking of new admissions per quarter and who met the physician will begin March 2025 2. Each resident will have an in person visit with the physician at minimum once per quarter by July 2025

**Lessons Learned**

fully implemented and working well

**Comment**

Continue to promote awareness of nurse practitioner role and manage expectations around the role of the doctor. Medical director does weekly visits in our secure unit however very few of those residents participate in our annual survey.

	Last Year		This Year		
<b>Indicator #3</b>	<b>46.20</b>	<b>70</b>	<b>81.30</b>	<b>--</b>	<b>NA</b>
I am satisfied with the quality of care from social worker (Extendicare Cobourg)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

**Change Idea #1**  Implemented  Not Implemented  In Progress

Improve awareness of the Social Service Worker role in the home

**Process measure**

- 1. # of meetings with councils where Social Service Worker attended. 2. # of suggestions provided by councils 3. # of CQI meetings where action items were discussed with Social Service Worker

**Target for process measure**

- 1. Social Service Worker will attend Resident council meeting by March 2025 2. Action items and plan will be discussed at CQI committee with Social Worker by April 2025.

**Lessons Learned**

working well

**Change Idea #2**  Implemented  Not Implemented  In Progress

Social Service Worker will facilitate a resident and family social group

**Process measure**

- 1. # of support sessions per quarter 2. # of residents and family in attendance

**Target for process measure**

- 1. Social Service Worker will coordinate session and calendar by April 2025. 2. 10% of residents will participate in the social group by July 2025.

**Lessons Learned**

support sessions are fully implemented

Safety | Safe | **Optional Indicator**

	Last Year		This Year		
<b>Indicator #5</b>	<b>16.88</b>	<b>15</b>	<b>14.78</b>	<b>12.44%</b>	<b>14</b>
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Cobourg)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

**Change Idea #1**  Implemented  Not Implemented  In Progress

Refresh 4 P's rounding

**Process measure**

- 1. # of staff educated on 4P's process 2. # of 4P cards provided 3. Resident Council informed of process

**Target for process measure**

- 1. Education session on 4P process for front line staff will be completed by June 1, 2025. 2. 4P cards will be distributed to staff by April 1, 2025 3. Resident Council will be informed of 4P process at the March 2025 meeting.

**Lessons Learned**

successful in all areas

**Change Idea #2**  Implemented  Not Implemented  In Progress

Increase awareness of fall hazards in resident environment

**Process measure**

- # of staff educated on hazard awareness/fall risk

**Target for process measure**

- Education of hazard awareness and fall risk will be completed by Jul1, 2025

**Lessons Learned**

finding the space to use as a simulation room

	Last Year		This Year		
<b>Indicator #6</b> Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare Cobourg)	<b>16.87</b> Performance (2025/26)	<b>15</b> Target (2025/26)	<b>5.88</b> Performance (2026/27)	<b>65.15%</b> Percentage Improvement (2026/27)	<b>5</b> Target (2026/27)

**Change Idea #1**  Implemented  Not Implemented  In Progress

GPA education training for responsive behaviors related to dementia

**Process measure**

- 1. # of GPA sessions provided 2. # of staff participating in education 3. feedback from participants in the usefulness of action items developed to support resident care

**Target for process measure**

- The home will connect with PRC by April 1, 2025 to set up sessions

**Lessons Learned**

only a few staff were able to participate in the education

**Change Idea #2**  Implemented  Not Implemented  In Progress

Education for registered staff on antipsychotic medication

**Process measure**

- # of registered staff who attended training sessions on antipsychotic medications

**Target for process measure**

- All registered staff will have attended a training session on antipsychotic medication by July 1, 2025.

**Lessons Learned**

Pharmacy consultant not able to accommodate request

Safety | Safe | **Custom Indicator**

	Last Year		This Year		
<b>Indicator #4</b>	<b>1.65</b>	<b>1</b>	<b>0.92</b>	<b>--</b>	<b>NA</b>
Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4 (Extendicare Cobourg)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

**Change Idea #1**  Implemented  Not Implemented  In Progress

Refresher training on turning and repositioning

**Process measure**

- # of staff that have received turning and repositioning training

**Target for process measure**

- 1. DOC/DOC Quality lead will collaborate with Achieva rep by April 1, 2025 2. DOC/DOC Quality lead will educate staff by June 1, 2025

**Lessons Learned**

education provided

**Change Idea #2**  Implemented  Not Implemented  In Progress

Education on product selection for wound care

**Process measure**

- 1. # of education sessions 2. # of audits completed by Wound care lead and provide results and action plan to Skin & Wound committee meeting

**Target for process measure**

- 1. Education sessions on products and selection of products for all registered staff will be completed by May 1, 2025 2. Audits will start once education is completed and be shared at the next committee meeting.

**Lessons Learned**

reduced to only using one product

