

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

	Last Year		This Year		
<b>Indicator #3</b>	<b>59.00</b>	<b>70</b>	<b>66.70</b>	<b>--</b>	<b>NA</b>
In my care conference, we discuss what's going well, what could be better and how we can improve things (Extendicare Scarborough)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

1) Encourage residents to attend their annual care conference 2) Obtain feedback on annual care conference process from residents and families 3) Review annual care conference process

**Process measure**

- 1) # of survey questions 2) # of feedback responses received monthly 3) # of improvement actions implemented 4) # of Resident and Family council meetings attended where results discussed

**Target for process measure**

- 1) Survey questions will be developed by June 30th, 2025 2) Process for post care conference feedback will be in place by July 31st 2025 3) Feedback/survey results will be shared with resident and family council with action for improvement by Dec 31st 2025

**Lessons Learned**

Successfully implemented.

**Comment**

1) Improvement in overall Resident satisfaction scores for this question.

Indicator #2	Last Year		This Year		
	I am satisfied with the schedule of religious and spiritual care programs (Extendicare Scarborough)	<b>58.90</b> Performance (2025/26)	<b>70</b> Target (2025/26)	<b>NA</b> Performance (2026/27)	<b>--</b> Percentage Improvement (2026/27)

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

1) Increase staffing to 1 team member/unit 2) Add time and day feedback to Monthly Program Planning Meetings to ensure feedback is being collected r/t TOD & DOW in addition to interests 3) Provide daily routines to team members to ensure programming is occurring 3-4 x/day for each member

**Process measure**

- 1) # of meetings throughout the year 2) # of change ideas provided in meeting that were implemented 3) # of residents participating on each home area

**Target for process measure**

- 1) Program will be introduced and 100% implemented as of May 1st 2025. 2) Residents will meet monthly on each unit, providing feedback on program schedule by every month end beginning May 2025.

**Lessons Learned**

Successfully implemented.

Indicator #1	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
I am satisfied with the food and beverages served to me (Extendicare Scarborough)	<b>56.10</b>	<b>70</b>	<b>57.10</b>	<b>--</b>	<b>NA</b>

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

Provide residents with the opportunity to share feedback on food and beverage satisfaction by discussing it monthly during resident food committee meetings.

**Process measure**

- 1.) Number of Suggestions for Improvement Collected Monthly. 2.) Percentage of Suggestions Implemented. 3.) Number of Suggestions Leading to Significant Improvements.

**Target for process measure**

- 1) Achieve overall improvement in food and beverage service by September 2025, with targets including an increase in customer satisfaction, improvement in food quality ratings and positive feedback on dining experiences. 2) Suggestion box will be implemented by May 30, 2025 with at least 3 suggestions monthly 3) Structured feedback process will be 100% implemented by July 30, 2025

**Lessons Learned**

Challenge: Limited resident provided feedback during food committee meeting.

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

Increase Cook and/or Nutrition/Dietary Manager presence within the dining room during meal time to obtain real-time feedback.

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

- 1) Plan schedule for when cook and/or Dietary/Nutrition Manager will be present in Dining room for meals (ensure that all meals are covered in schedule)
- 2) Determine specific questions that will be asked to gather feedback. Ask additional questions as needed and confirm understanding with Resident.
- 3) Where appropriate make required changes.
- 4) Follow-up with the Resident after the change had occurred.
- 5) Ensure actions are documented and reviewed with Residents Council "

**Comment**

- 1) Improvement in overall Resident satisfaction scores for this question.
- 2) Increase in positive responses to questions asked within the dining room.

**Safety | Safe | Optional Indicator**

	Last Year		This Year		
<b>Indicator #4</b>	<b>13.67</b>	<b>10</b>	<b>14.11</b>	<b>-3.22%</b>	<b>10</b>
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Scarborough)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

Re educate staff on fall policies and falling star program

**Process measure**

- # of education sessions provided. # of staff receiving education. # of residents on the falling star program.

**Target for process measure**

- 75% of front-line staff will have received education by Sept 30, 2025 100% of residents at risk of falls will have falling star logo in place as of Oct 1, 2025

**Lessons Learned**

Falls has significantly reduced, however constant reminder is still needed for frontline staff.

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

Review resident footwear for risk of trips/falls

**Process measure**

- # of residents reviewed for footwear # of shoe clinics held # of changes in footwear as a result of the review

**Target for process measure**

- All residents identified as being high risk for falls will have had foot wear reviewed by Sept 30, 2025 Shoe clinic will be held onsite and communicated by October 30, 2025

**Lessons Learned**

Continuous reminder is needed.

**Comment**

N/A

Indicator #5	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare Scarborough)	9.57	8	10.64	-11.18%	8

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

#1) Medication reviews completed for all residents currently prescribed antipsychotics.

**Process measure**

- # of discussions held with home and community coordinator. # Number of medication reviews completed monthly. # of antipsychotic medications reduced monthly. # of residents placed on the tracker each month.

**Target for process measure**

- All residents currently prescribed antipsychotics will have a medication review completed by September 2025 with a reduction of 15% of antipsychotics overall. Process for discussions with home and community coordinator will continue prior to admission.

**Lessons Learned**

No challenges identified at this time.

**Comment**

N/A