

Experience | Patient-centred | Custom Indicator

Indicator #8	Last Year		This Year		
	88.50	88.50	95.20	--	NA
Resident experience: Overall satisfaction Percentage of residents who would recommend this home to others (Extendicare Cobourg)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Will maintain current performance of above corporate average by participating in Resident Council meetings to obtain feedback from residents on overall satisfaction.

Process measure

- # of resident council meetings attended each month # of feedback received from residents

Target for process measure

- Resident council meetings provide feedback on satisfaction of residents and gives Administrator opportunity to improve regularly by June 1, 2024

Lessons Learned

Resident council meetings were well attended by Admin. Feedback was received and addressed. This was successful and will continue.

Comment

We have had improvement in this indicator and strategies will continue .

Indicator #2	Last Year		This Year		
	64.00	70	53.30	--	NA
I have input into the recreation programs available (Extendicare Cobourg)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Increase resident participation in program planning by implementing a new monthly activity planning session on each unit

Process measure

- resident attendance at program planning activity

Target for process measure

- Increase resident attendance at program planning activity by May 1, 2024

Lessons Learned

Monthly calendar planning meetings were well attended on Pine and Poplar units 6-8 residents at each meeting. Residents asked for more bowling which was implemented. Challenge is holding this meeting in dementia unit for participation.

Comment

We will continue to review and work at improvement in this area.

Indicator #1	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
I am updated regularly about any changes in my home (Extendicare Cobourg)	66.70	75	NA	--	NA

**Change Idea #1** ☒ **Implemented** ☐ **Not Implemented**

Send new monthly email to families and residents of updates within the home

**Process measure**

- number of emails sent in a month

**Target for process measure**

- Improved communication system to alert residents and families of changes in the home by April 1, 2024

**Lessons Learned**

Monthly emails were sent and responses from families were very positive. Our home scores high on this indicator on the family survey. Some months there is nothing to share.

**Change Idea #2** ☒ **Implemented** ☐ **Not Implemented**

Post updates in the home on mobile whiteboards at the main lobby

**Process measure**

- number of posted updates in a month

**Target for process measure**

- Improved communication system to alert residents and families of changes in the home by April 1, 2024

**Lessons Learned**

White boards remain in place and are updated frequently with news and events.

**Comment**

After consultation with residents and families Extendicare removed this question from the 2024 survey so we are unable to give current result. However, we have had successes with more frequent communication strategies and this will continue.

Indicator #3	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
I have the opportunity to provide input on food and beverage options (Extendicare Cobourg)	33.30	85	NA	--	NA

Change Idea #1 ☒ Implemented ☐ Not Implemented

Increase input from families on food and beverage options

Process measure

- # of care conferences held with discussion around input from families

Target for process measure

- Formalize process for obtaining input from families by June 1, 2024

Lessons Learned

Discussed at every care conference and upon admission with resident and family. Residents provide feedback at Food Council monthly. A challenge can be limited selection of food items available to the home.

Comment

Based on resident feedback, this question was not included in this years survey

Safety | Safe | Custom Indicator

Indicator #4	Last Year		This Year		
	0.00	0	0.00	#Error	NA
Percentage of long-term care home residents in daily physical restraints over the last 7 days (Extendicare Cobourg)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Maintain current performance of zero restraints by assessing applications to our waitlist prior to admission

Process measure

- # of applications with restraints that were reviewed and discussed with HCSS

Target for process measure

- formalized process for assessing applications to our waitlist and eliminating restraints prior to admission in place by April 1, 2024

Lessons Learned

SSW reviews applications and requests more information if needed, discussion held with HCSS and documented on file regarding alternatives to restraints prior to admission.

Comment

We continue to have 0% restraints.

Indicator #5	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
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)	5.08	2	1.65	--	NA

**Change Idea #1** ☒ **Implemented** ☐ **Not Implemented**

Verify coding accuracy and quality checks with RAI coordinator

**Process measure**

- # of completed assessments for coding verification # of coding errors corrected from review of assessment

**Target for process measure**

- Improve on coding accuracy of actual worsening stage 2 to 4 pressure ulcers and process for quality checks by June 1, 2024

**Lessons Learned**

RAI coordinator informs the team when coding any wound to determine accuracy and identify errors which has been successful strategy.

**Change Idea #2** ☒ **Implemented** ☐ **Not Implemented**

Implementing preventative measures for offloading for high-risk residents

**Process measure**

- # of high-risk residents likely to develop pressure injury # of high-risk residents assessed to receive appropriate equipment for offloading monthly

**Target for process measure**

- Standardized process for implementing preventative measures for offloading in place by July 1, 2024

**Lessons Learned**

Corporate tracking tool identified residents at risk of pressure ulcers and allows the team to implement preventative measures and this has been effective.

**Comment**

We have shown improvement in this indicator from previous year. Strategies will continue.



Safety | Safe | **Optional Indicator**

Indicator #6	Last Year		This Year		
	17.24	15	16.88	2.09%	15
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Cobourg)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Verify coding accuracy and quality checks with RAI coordinator

Process measure

- # of completed assessment coding verification

Target for process measure

- Improve on accuracy of actual falls being coded monthly by June 1, 2024

**Lessons Learned**

RAI coordinator verifies documentation of falls for accuracy. Interdisciplinary team discusses falls daily at morning meeting. This has been successful strategy.

**Comment**

We have shown improvement over the past year and will continue to work to further improve in 2025.

Indicator #7	Last Year		This Year		
	10.59	10	16.87	-59.30%	15
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare Cobourg)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Maintain current performance better than the corporate target by verifying coding accuracy and quality checks with RAI coordinator

Process measure

- # of completed assessments for coding verification

Target for process measure

- Improve on coding accuracy of actual residents prescribed anti psychotic medications by June 1, 2024

Lessons Learned

RAI coordinator flags triggered residents to the team for discussion. Corporate tracker is used to flag residents. Team reviews alternatives or obtains proper diagnosis.

Comment

We had an increase this year but remain below our corporate target of 17.3%. We will continue to work on this indicator in 2025.