

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

	Last Year		This Year		
<b>Indicator #11</b>	<b>50.00</b>	<b>70</b>	<b>70.60</b>	<b>--</b>	<b>NA</b>
would you recommend this home? (Extendicare Scarborough)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Plan to improve the home by updating the home with small improvements.

**Process measure**

- # of education sessions for staff # of tours # of family council meetings # of maintenance issues identified # of maintenance issues rectified

**Target for process measure**

- Improvements to the home will be in place by September 2024.

**Lessons Learned**

The home continues to obtain feedback from residents and families to improve satisfaction which has been successful. Small improvements have been made which has helped us to increase in this area and improve satisfaction.

Indicator #5	Last Year		This Year		
	If I need help right away, I can get it (Extendicare Scarborough)	<b>50.00</b> Performance (2024/25)	<b>80</b> Target (2024/25)	<b>69.20</b> Performance (2025/26)	<b>--</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Plan to improve response time by all staff in home when residents ask for assistance using their call bell.

**Process measure**

- # of call bells # of call bells lasting more than 5 minutes # of call bells lasting less than 5 minutes # of vacancies # of new hires # of in services with staff regarding responding to resident's needs.

**Target for process measure**

- Improvement in response time will be reviewed June 2024.

**Lessons Learned**

The registered staff are actively monitoring the response time on the floor and assisting PSWs when needed. We did improve in this area but we will continue to work on further improvements.

Indicator #4	Last Year		This Year		
	I have input into the recreation programs available. (Extendicare Scarborough)	<b>32.60</b> Performance (2024/25)	<b>60</b> Target (2024/25)	<b>61.10</b> Performance (2025/26)	<b>--</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Residents within the home will have a broader spectrum of recreational programs of their individual choices.

**Process measure**

- # of new admission recreation assessments completed. # of new programs implemented. # of residents attending programs.

**Target for process measure**

- Improvement in program choices of the residents will be seen by August 2024.

**Lessons Learned**

The residents were offered to provide feedback after programs which was helpful in getting input. We were able to meet our target 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 satisfied with the food and beverages served to me. (Extendicare Scarborough)	<b>42.90</b>	<b>50</b>	<b>56.10</b>	<b>--</b>	<b>NA</b>

**Change Idea #1**  Implemented  Not Implemented

Provide opportunity for residents' feedback on food and beverage satisfaction by discussing monthly at resident food committee meetings.

**Process measure**

- # of suggestions for improvement for food and beverage service from residents monthly # of suggestions implemented

**Target for process measure**

- There will be overall improvement in results for service and food and beverage options by September 2024.

**Lessons Learned**

The home needs to invite more residents to participate in the committee meetings in order to receive more feedback. This will be actioned for 2025.

	Last Year		This Year		
<b>Indicator #12</b>	<b>63.30</b>	<b>80</b>	<b>70.80</b>	<b>--</b>	<b>NA</b>
Would you recommend this home? (Extendicare Scarborough)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Plan to improve continuity of care within the home by reviewing and updating the staffing compliment.

**Process measure**

- # of audits conducted on primary care assignments. # of vacant positions. # of new hires. # of times the contingency plan was updated. # of times the contingency plan was utilized.

**Target for process measure**

- Improvement in continuity of care and updated staffing compliment to be in place by September 2024.

**Lessons Learned**

The home continues to obtain feedback from residents and families to improve satisfaction and share information for awareness. this has helped increase our results in this area and will continue.

Indicator #2	Last Year		This Year		
	I am satisfied with the quality of care from social worker(s) (Extendicare Scarborough)	<b>40.00</b> Performance (2024/25)	<b>80</b> Target (2024/25)	<b>74.50</b> Performance (2025/26)	<b>--</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Increase contact between Social worker with residents and families so more visibility and opportunities for communication.

**Process measure**

- # of conferences attended by Social worker per month. # of inputs on social worker specific questions. # of assessments completed and actioned. # of resident and family council meetings Social worker attends.

**Target for process measure**

- There will be increased contact between Social Worker with resident and families by June 2024.

**Lessons Learned**

The social worker was successful in maintaining a good relationship and communication with residents and families by increasing visibility. there was a big improvement in results in this area.

Indicator #9	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
The resident receives courteous service in the dining room. (Extendicare Scarborough)	40.00	60	NA	--	NA

**Change Idea #1**  Implemented  Not Implemented

In order to improve courteous service in the dining room staff will be retrained on pleasurable dining experience.

**Process measure**

- # of staff completing training. # of staff who can demonstrate proper plating techniques during meal audits. # of meal audits. # of dining room seating plans changes.

**Target for process measure**

- Overall improvement, beverage and dining service will be improved by September 2024.

**Lessons Learned**

Management continues to monitor dining room and ensure pleasurable dining experience and this has been successful. Residents enjoy seeing management in dining room. this question was not included in our 2024 survey based on feedback from residents and families. As a result we are unable to fully compare results from 2023.

Indicator #3	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
I have an opportunity to provide input on food and beverage options. (Extendicare Scarborough)	33.30	60	NA	--	NA

**Change Idea #1**  Implemented  Not Implemented

Involve families in menu planning.

**Process measure**

- # of concerns with food and beverage options by families. # of family council meeting attended. # of menus changes. # of seasonal menus approved. # of newsletters

**Target for process measure**

- Food and beverage options will be reviewed by September 2024.

**Lessons Learned**

The families were involved but provided limited feedback for menu planning.

**Comment**

The 2024 survey questions were updated based on feedback from residents and families. as a result, this question was not included in the survey, so we are unable to compare results.

**Safety | Safe | Optional Indicator**

	Last Year		This Year		
<b>Indicator #7</b>	<b>22.22</b>	<b>15</b>	<b>13.67</b>	<b>38.48%</b>	<b>10</b>
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Scarborough)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Continue to implement root cause analysis of falls to identify why residents are having repeated falls.

**Process measure**

- # of education sessions provided. # of staff receiving education. # of Tuesday falls meetings. # of residents on the falling star program. # of residents receiving new shoes as a result of the shoe clinic.

**Target for process measure**

- Programs will be fully implemented by September 2024.

**Lessons Learned**

Fall huddles ongoing on the units and these have been successful. We were able to make a significant improvement in our falls in 2024. Processes will continue.

Indicator #8	Last Year		This Year		
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare Scarborough)	<b>13.78</b> Performance (2024/25)	<b>7</b> Target (2024/25)	<b>9.57</b> Performance (2025/26)	<b>30.55%</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

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 2024.

**Lessons Learned**

In working with BSO nurse and GMHOT team, we were able to identify the root cause of resident's behavior, continue to taper residents off their antipsychotic medications when they do not need them based on the assessment. We were very successful, and this process will continue for 2025.

**Comment**

Continue to utilize the opportunity of weekly huddles, weekly NLOT visit, monthly antipsychotic committee meeting to collaborate with the interdisciplinary team (nursing, BSO, GMHOT, NLOT...etc) to identify root cause of resident's behavior and to taper down unnecessary antipsychotic medications.

Safety | Safe | **Custom Indicator**

	Last Year		This Year		
<b>Indicator #10</b>	<b>0.00</b>	<b>0</b>	<b>0.88</b>	<b>--</b>	<b>NA</b>
Worsened Pressure Injury (Extendicare Scarborough)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Continue to enhance assessment process for pressure injuries.

**Process measure**

- # of wounds rounds are being completed on a standardized day (Wednesday). # of wounds assessment are inputted in a skin/wound tracker. # of treatment selection is being put in place.

**Target for process measure**

- Wound assessment and treatment process will be enhanced by September 2024.

**Lessons Learned**

The wound care lead will continue working with external partners such as NLOT Nursing team to monitor any skin changes of the residents and ensure proper treatment in place. We continue to focus on our processes to ensure we maintain our results.

Indicator #6	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 in daily physical restraints over the last 7 days (Extendicare Scarborough)	0.00	0	0.00	--	NA

**Change Idea #1**  Implemented  Not Implemented

Continue to educate residents and their family on the goal to continue being a restraint free home and alternatives to restraints.

**Process measure**

- # of staff reeducated on restraint minimization and PASD. # of assessments completed Physiotherapist monthly.

**Target for process measure**

- Reeducation on restraint minimization and PASD will be completed by September 2024.

**Lessons Learned**

We continue to be restraint free in 2024. As a result, we will continue to monitor but have not included in 2025 workplan.