

Experience | Patient-centred | Custom Indicator

Indicator #1	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of residents who respond positively to the dining experiences (e.g., the atmosphere, environment, and customer service aspects). (Yee Hong Centre - Scarborough Finch)	85.00	90	92.00	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Conduct monthly meal audit on residents satisfied with their dining experiences.

Process measure

- Number of scheduled meal audits conducted.

Target for process measure

- Conduct at least 60 scheduled meal audits by October 31, 2025, with the audits being conducted on a monthly basis and submitted to the Food Services Manager/Supervisor.

Lessons Learned

- Successes:
 - o The completion and submission of 65 meal audits in 2025 provided consistent, data-driven insights into the dining experience, surpassing the annual target.
 - o This regular process established a reliable feedback loop with the nursing team and the Food Services team
- Challenges:
 - o Maintaining a 100% submission rate required proactive reminders to a few auditors.

Change Idea #2 Implemented Not Implemented In Progress

Provide training on professional meal services, customer service skills and collaboration for Personal Support Works (PSWs) and Dietary Aids (DAS) to promote pleasant dining experiences for residents.

Process measure

- Percentage of full-time and part-time PSWs and DAs who will receive training on professional meal services, customer service skills, and a collaborative, pleasant dining experience.

Target for process measure

- Ensure that 90% of full-time and part-time PSWs and DAs receive training on professional meal services, customer service skills, and creating a collaborative, pleasant dining experience by April 30, 2025.

Lessons Learned

- Successes:
 - o Exceeded the target with 92% of PSWs and DAs trained
 - o Leading to observed improvements in resident interactions and a more collaborative, pleasant dining atmosphere.
- Challenges:
 - o Achieving full attendance with part-time staff required flexible scheduling and dedicated follow-up. This highlights the need for multiple training session options.

Change Idea #3 Implemented Not Implemented In Progress

Create and implement action plans based on the monthly meal audit results. This initiative aims to pinpoint specific areas where the dining experience can be improved. This approach ensures that any issues are systematically identified and addressed, leading to continuous improvement in the dining experience.

Process measure

- Share the summary of meal audit results and action plans and their implementation (if applicable) with interprofessional team members at the Divisional Quality Committee (DQC) meeting quarterly.

Target for process measure

- Share the summary of action plans and implementation with the interprofessional team members in the DQC meeting quarterly by December 31, 2025.

Lessons Learned

- Successes:
 - o Sharing audit summaries and action plans in the Divisional Quality Committee (DQC) fostered interprofessional collaboration and accountability.
 - o Action plans directly addressed specific, identified issues (e.g., service pace), which were a key driver in raising resident satisfaction scores from 75% to 89%.
- Challenges:
 - o Cross-departmental action items occasionally faced implementation delays.

Change Idea #4 Implemented Not Implemented In Progress

Gather feedback from interprofessional team members (Meal Auditors) on improving dining experiences for residents.

Process measure

- Number of meal auditors will compare the current meal audit observation with the previous months and document it on the monthly meal audit form.

Target for process measure

- Ensure 10 meal auditors compared the current meal audit observation with the previous month and documented it on the meal audit form quarterly.

Lessons Learned

- Successes:
 - o Successfully engaged 10 meal auditors in a quarterly comparative analysis, which helped identify trends and sustained improvements beyond month-to-month variances.

Indicator #3	Last Year		This Year		
	Percentage of residents who respond positively to the statement: "There are a variety of enjoyable recreational activities for me to choose from (e.g., games, outings, events, etc.)"	81.00 Performance (2025/26)	85 Target (2025/26)	97.00 Performance (2026/27)	-- Percentage Improvement (2026/27)

(Yee Hong Centre - Scarborough Finch)

Change Idea #1 Implemented Not Implemented In Progress

Conduct three (3) Mandarin-speaking group activities each month by the activation members.

Process measure

- Number of Mandarin-speaking group activities conducted in 2025.

Target for process measure

- Conduct a total of 30 scheduled Mandarin-speaking group activities by December 31, 2025.

Lessons Learned

- Successes:
 - o Successfully delivered 30 scheduled activities, meeting the annual target and creating a vital social outlet.
 - o A significant and unplanned benefit was fostering cross-floor connections among Mandarin-speaking residents, building a stronger sense of community through shared language and culture.
- Challenges:
 - o The program was postponed or delayed occasionally due to resident isolation or outbreaks on certain floors, which could impact other pre-scheduled programs.

Change Idea #2 Implemented Not Implemented In Progress

Gather verbal feedback from residents who participated in the Mandarin-speaking group activities immediately per session to improve their experience.

Process measure

- Percentage of Mandarin-speaking residents participating in the group activity who are asked to provide verbal feedback each session.

Target for process measure

- Ensure that 90% of Mandarin-speaking residents participating in the activity are asked to provide verbal feedback each session.

Lessons Learned

b. Ensure that 90% of Mandarin-speaking residents participating in the activity are asked to provide verbal feedback each session.

- Success:

o 90% of Mandarin-speaking residents participating in the activity provided verbal feedback each session.

o Provided a fresh perspective through feedback on the program's overall delivery and effectiveness.

- Challenges: none

Change Idea #3 Implemented Not Implemented In Progress

Compile feedback and analyze results from residents to identify areas for improvement.

Process measure

- Percentage of verbal feedback collected and compiled each month.

Target for process measure

- Compile, analyze and create a summary report summarizing the finding by December 31, 2025.

Lessons Learned

- Success:

o Analysis of compiled feedback was completed, confirming overall resident satisfaction and identifying subtle preferences to guide future planning.

- Challenge:

o A different staff member facilitated the Mandarin small groups midway through the year due to a role change, which may have influenced the program's delivery; however, residents remained satisfied.

Change Idea #4 **Implemented** **Not Implemented** **In Progress**

Collaborate with Resident Council Representatives (RCR) and Family Council Representatives (FCR) to modify the program based on feedback.

Process measure

- Number of meetings held with RCR and FCR.

Target for process measure

- Hold three (3) meetings with RCR and FCR by December 31, 2025.

Lessons Learned

- Success:
 - o Held three meetings with RCR and FCR
 - o Programs, which were developed and modified through a collaborative approach to extend and improve their effectiveness.
- Challenges:
 - o Only a few Resident Council Representatives (RCR) and Family Council representatives provide feedback.

	Last Year		This Year		
Indicator #2	79.00	82	88.00	--	NA
Percentage of residents who respond positively to the statement: "Are you involved or aware of your medications/medication changes (e.g., taking meds, refusing, etc.)?" (Yee Hong Centre - Scarborough Finch)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Enhance the workflow process to involve the cognitively capable residents (Cognitive Performance Scale (CPS) score between 0 and 2) about medication changes.

Process measure

- The workflow process to involve cognitively capable residents in medication changes will be re-established.

Target for process measure

- Re-establish the workflow process to involve cognitively capable residents in medication changes by March 31, 2025.

Lessons Learned

- Successes:
 - o The workflow process map was successfully re-established by March 2025 and reported by nurses as clear and easy to follow, standardizing practice.
- Challenges: None

Change Idea #2 Implemented Not Implemented In Progress

Arrange training for nurses to ensure that the cognitively capable residents are involved in understanding the medication changes.

Process measure

- Percentage of full-time and part-time nurses who receive training.

Target for process measure

- Achieve 90% attendance for full-time and part-time nurses in the training by April 30, 2025.

Lessons Learned

- Successes:
 - o Exceeded the attendance target (95%), and nurses were highly engaged in discussions, indicating the relevance and value of the training content.
- Challenges:
 - o Ensuring all part-time staff attended training sessions required scheduling flexibility and follow-up.

Change Idea #3 Implemented Not Implemented In Progress

Ensure the cognitively capable residents are aware of the medication change and receive health teaching on its purpose, dose, route, schedule, and possible side effects.

Process measure

- Percentage of cognitively capable residents who are informed of medication changes and receive health teaching on medication's purpose, dose, route, schedule, and possible side effects.

Target for process measure

- Ensure 90% of cognitive capable residents are informed about medication changes and receive health teaching on the medication's purpose, dose, route, schedule, and possible side effects by December 31, 2025.

Lessons Learned

- Successes:
 - o Achieved 100% compliance in informing capable residents and providing health teaching, strongly supporting the person-centred care goal.
- Challenges:
 - o Some residents with intact cognition (CPS 0-2) still required information to be repeated or reinforced to achieve full understanding.

Change Idea #4 Implemented Not Implemented In Progress

Document health teaching in electronic health record - PointClickCare (PCC)/Progress Notes after informing the cognitively capable residents about the medication change, including details of its purpose, dose, route, schedule, and side effects.

Process measure

- Percentage of health teaching that is documented in the PCC/Progress Note/Health teaching template.

Target for process measure

- Ensure at least 95% of health teaching is documented in the PCC/Progress Note/Health teaching template by December 31, 2025.

Lessons Learned

- Successes:
 - o Exceeded the documentation target (96%) through the use of standardized templates in PCC, which improved consistency and compliance.
- Challenges:
 - o Achieving this high level of compliance required persistent monitoring and reminders during the first eight months. This suggests that ongoing spot-audits and incorporating documentation compliance into regular huddles may be needed to make this a sustainable practice.