

Experience | Patient-centred | Custom Indicator

| Indicator #5 | Last Year | | This Year | | |
|---|-----------------------|------------------|-----------------------|----------------------------------|------------------|
| | Performance (2025/26) | Target (2025/26) | Performance (2026/27) | Percentage Improvement (2026/27) | Target (2026/27) |
| Percentage of residents who responded positively to the statement: "If I need help right away, I can get it. (Extendicare Hamilton) | 66.70 | 85 | 71.10 | -- | NA |

Change Idea #1 Implemented Not Implemented In Progress

Implement proactive/purposeful rounding.

Process measure

- # of education session for staff.

Target for process measure

- 100% Education for purposeful rounding 4Ps will be completed by May 31, 2025.

Lessons Learned

We have implemented this change idea, noticed an improvement from previous survey result and we are above Extendicare LTC division overall result, we will continue with this change idea.

Change Idea #2 Implemented Not Implemented In Progress

Increase staff awareness of call bell response times.

Process measure

- # of Leadership walkabout completed monthly

Target for process measure

- Process of Leadership Walkabouts will be in place by April 30, 2025.

Lessons Learned

We have seen improvement/positive response to this survey question we will continue with this change idea.

Change Idea #3 Implemented Not Implemented In Progress

Review staffing and routines all shifts.

Process measure

- # of meeting held with each shift.

Target for process measure

- Meeting with all shifts will be held by April 30, 2025.

Lessons Learned

Nursing Leaderships continue to closely monitor this change idea, and we have seen positive result, we will continue to use these measures.

Comment

The Home have positive improvement on this resident's experience compared to 2024, we will continue with all change ideas.

| | Last Year | | This Year | | |
|---|-----------------------|------------------|-----------------------|----------------------------------|------------------|
| Indicator #6 | 70.60 | 85 | 86.00 | -- | NA |
| Percentage of Residents who responded positively to the statement: " I enjoy eating meals in the dining room". (Extencicare Hamilton) | Performance (2025/26) | Target (2025/26) | Performance (2026/27) | Percentage Improvement (2026/27) | Target (2026/27) |

Change Idea #1 Implemented Not Implemented In Progress

Provide education on improving the Resident Experience during mealtime.

Process measure

- # of Inservice held to review policy and procedures, pleasurable dining and expectations during mealtimes.

Target for process measure

- 100% of staff will attend in educational in-services by December 31, 2025.

Lessons Learned

We have successfully implemented this change idea and has exceeded Extendicare benchmark and Extendicare LTC Division overall result for 2025, we will continue with this change idea.

Change Idea #2 Implemented Not Implemented In Progress

Obtain regular feedback from residents on dining room atmosphere and incorporate changes based on recommendations.

Process measure

- # of recommendations made/changes requested and # responded to with action.

Target for process measure

- 75% of recommendations will be actioned on within a month of recommendation.

Lessons Learned

Positive result on this change idea and has improved our resident experience survey result for 2025. We will continue to utilize this change idea, to sustain and meet the Extendicare benchmark target.

Change Idea #3 Implemented Not Implemented In Progress

Enhance the Environment.

Process measure

- # of complaints about noise, # of incidents of noise in DR observed

Target for process measure

- By July 31, 2025, 85% reduction of noise will be implemented.

Lessons Learned

We have added beautiful dining room murals in all our dining room areas; this change idea has increased our resident survey experience result, we will continue with this change idea.

Comment

The Home has met and exceeded Extendicare Benchmark on this resident experience survey result.

| | Last Year | | This Year | | |
|--|-----------------------|------------------|-----------------------|----------------------------------|------------------|
| Indicator #1 | 41.70 | 85 | 51.90 | -- | NA |
| Percentage of families who responded positively to the statement "The resident has input into the recreation programs available". (Extendicare Hamilton) | Performance (2025/26) | Target (2025/26) | Performance (2026/27) | Percentage Improvement (2026/27) | Target (2026/27) |

Change Idea #1 Implemented Not Implemented In Progress

Monthly Program Meetings to be implemented to engage residents in programs decision making.

Process measure

- # of Meetings throughout the year. # of feedback about programs received # of changes implemented based on feedback

Target for process measure

- Meetings on each unit with residents will be implemented by June 2025 All agreed upon changes will be implemented by December 2025 based on resident feedback.

Lessons Learned

Our 2025 family experience survey question to "the resident is encourage to share ideas about the Recreation and leisure activities offered on the calendar" the home scored 51.9% an improvement from 2024 but still below Extendicare Benchmark and Extendicare division overall survey result. The Home will have this as a focus to improve as one of the challenges that the home experienced was the changed in Program Manager. We will continue to monitor this survey experience and will continue with this change idea to realize its full implementation.

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

Involve families in program planning.

Process measure

- # of meetings and communications sent out to families on program plans. # of suggestions for programs received. # of suggestions implemented

Target for process measure

- Communication to be implemented quarterly starting in June 2025. Tracking of suggestions will begin in June 2025. Suggestions provided will be reviewed and implemented as able by Dec 2025.

Lessons Learned

Will continue with this change idea, one of the challenges that the home experienced was the number of families attending and participating in program planning.

Change Idea #3 **Implemented** **Not Implemented** **In Progress**

In-house communication to residents on planned programs.

Process measure

- # of monthly programs calendar displayed at the front entrance.

Target for process measure

- Programs will be displayed monthly beginning May 2025.

Lessons Learned

The Home have improved and made a more robust in-house communication/monthly newsletter which is now available in each activity boards and at the reception desk.

We will continue with this change idea.

Change Idea #4 Implemented Not Implemented In Progress

Complete a program evaluation tool to seek resident feedback on enjoyment and satisfaction of program in real time.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

The Home will implement real-time feedback, evaluation tool, activity pro to ask for feedback about programs enjoyment and satisfaction.

We will implement this change idea in March 31, 2026.

Comment

The home has improved on this experience survey since previous 2024 survey but still have to meet Extendicare Benchmark. We will continue to closely monitor this experience survey and will continue with our change ideas.

Safety | Effective | Custom Indicator

| Indicator #4 | Last Year | | This Year | | |
|---|-----------------------|------------------|-----------------------|----------------------------------|------------------|
| | Performance (2025/26) | Target (2025/26) | Performance (2026/27) | Percentage Improvement (2026/27) | Target (2026/27) |
| Percentage of residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4 since their previous resident assessment. (Extencicare Hamilton) | 0.70 | 0.50 | 3.30 | -- | NA |

Change Idea #1 Implemented Not Implemented In Progress

Mandatory education for all registered staff on correct staging of pressure ulcer.

Process measure

- 1. # of communication to registered staff mandatory requirement to complete education. 2. # of registered staff who have completed modules on wound staging on a monthly basis.

Target for process measure

- 1. Communication on mandatory requirements will be completed by end April 2025. 2. 100% of registered staff will have completed education on correct wound staging by December 31, 2025.

Lessons Learned

All registered staff completed their mandatory training on correct staging of pressure ulcer. The Home will continue to ensure all new hired registered staff completes this training in a timely manner. Will continue with this change idea.

Change Idea #2 Implemented Not Implemented In Progress

Implement per home area tracking for all pressure ulcers to measure status and trends of pressure ulcers in the home.

Process measure

- 1) # of education sessions held for Registered staff on tracking tools 2) # of tracking tools completed monthly 3) # of tracking tools that were reviewed on a monthly basis for trends

Target for process measure

- 1) 100% of Registered staff will have attended education sessions on tracking tool by end of third quarter 2) Tracking tools will be correctly completed on a monthly basis by Sept 2025.

Lessons Learned

The Home will continue with this change idea, we have implemented this change idea successfully.

Change Idea #3 Implemented Not Implemented In Progress

Have the wound care lead enroll SWAN

Process measure

- 1)weekly wound huddles 2)Swan to complete section M of RAI

Target for process measure

- Wound care lead will be trained SWAN by December31, 2025.

Lessons Learned

Both the wound care lead and the back-up wound care lead are enrolled in the SWAN program.

Change Idea #4 Implemented Not Implemented In Progress

Turning and repositioning re-education.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Re-education of all PSWs on the importance of turning and positioning to offload pressure. Night staff to audit those residents that require turning and positioning and review this during the skin and wound committee meetings for trends. We will continue with this change idea to realized it's full benefit.

Comment

The Home will continue with these change ideas to ensure we meet the benchmark on this indicator.

Safety | Safe | Optional Indicator

| | Last Year | | This Year | | |
|--|-----------------------|------------------|-----------------------|----------------------------------|------------------|
| Indicator #2 | 14.52 | 13 | 12.16 | 16.25% | 15 |
| Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Hamilton) | Performance (2025/26) | Target (2025/26) | Performance (2026/27) | Percentage Improvement (2026/27) | Target (2026/27) |

Change Idea #1 Implemented Not Implemented In Progress

Team to continue with fall huddles on all home areas to review reasons for falls.

Process measure

- The number of post falls huddles completed monthly.

Target for process measure

- The number of post fall huddles completed which was trended and analyzed by December 31,2025.

Lessons Learned

Fall huddles were successfully implemented as evidence by a 16.25 percentage improvement with this indicator. Will continue to ensure huddles are completed in a timely manner.

Change Idea #2 Implemented Not Implemented In Progress

Determine residents that are high risk for Falls/frequent fallers.

Process measure

- The number of identified high risk residents will have a care plan specific to fall needs.

Target for process measure

- The number of residents who were identified as high risks for falls and the number of care plan updated by April 30, 2025.

Lessons Learned

The Home will continue with this change idea, as there is an improvement with this indicator.

Change Idea #3 Implemented Not Implemented In Progress

Registered Staff will identify the residents who are at risk for falls using the FPPR report.

Process measure

- The number of staff education sessions completed on FPPR report.

Target for process measure

- 100% of registered staff education on FPPR tool by December 31, 2025.

Lessons Learned

The Home will continue to ensure this change idea is implemented fully, the challenged that we experienced is due to PCC transition, implementation is not fullsome.

Change Idea #4 Implemented Not Implemented In Progress

Review activities programming during shifts/times most falls occur.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Review of high-risk for falls residents' program preferences. Implement program/activities at time/day or shift when fall are occurring.

Comment

These change ideas have led the home meeting the Extencicare benchmark/target for most of 2025. We will continue to closely monitor this indicator, we will continue with these change ideas.

| | Last Year | | This Year | | |
|--|-----------------------|------------------|-----------------------|----------------------------------|------------------|
| Indicator #3 | X | 0 | 0.93 | -- | 17.30 |
| Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extencicare Hamilton) | Performance (2025/26) | Target (2025/26) | Performance (2026/27) | Percentage Improvement (2026/27) | Target (2026/27) |

Change Idea #1 Implemented Not Implemented In Progress

Include Pharmacist in collaboration with the in-house team and family members in deprescribing plan.

Process measure

- The number of Residents who were identified based on assessments with an MD order to deprescribe.

Target for process measure

- The number of residents who were identified and for whom an order was obtained by the MD to start deprescribing by December 31, 2025.

Lessons Learned

We will continue with this change idea, this collaboration with pharmacist has been successful in the home. We will continue to closely monitor this indicator to ensure we sustain meeting our target as we have for most of the year 2025.

Change Idea #2 Implemented Not Implemented In Progress

Identify the residents whose behaviors have worsened or new onset of behaviors.

Process measure

- The number of Cohen Mansfield score completed.

Target for process measure

- The number of residents with a Cohen Mansfield score completed by December 31, 2025.

Lessons Learned

The responsive behavior committee continue to meet and identify residents with new responsive behavior onset, and this has been successful in implementing timely intervention. We will continue with this change idea.

Change Idea #3 Implemented Not Implemented In Progress

Collaboration with Registered Staff, RAI MDS coders and BSO to ensure accurate coding.

Process measure

- The number of residents who are documented as exhibiting hallucinations/delusions within the observation period.

Target for process measure

- 100% of residents who were exhibiting hallucinations/delusions will be documented in progress notes, to be reviewed quarterly with annual analysis by December 31, 2025.

Lessons Learned

This change idea has been very helpful to ensure accuracy in coding. This is a successful change idea; we will continue with this change idea to ensure we meet Extencare benchmark target.

Change Idea #4 Implemented Not Implemented In Progress

Provide families with Family Education resources for appropriate use of Anti-psychotics

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Copies of resources form CEP Center for Effective Practice -anti-psychotics medication; deprescribing as a result of increased family awareness. We will implement this program in March 31, 2026.

Comment

The Home will continue to closely monitor this indicator and will continue with these change ideas to ensure we continue to meet Extendicare benchmark target.