

Experience | Patient-centred | Custom Indicator

| Indicator #6 | Last Year | | This Year | | |
|--------------|--|--|----------------------------------|--|---|
| | Satisfaction with food and beverages served to me (Extendicare Iler Lodge) | 34.60 Performance (2025/26) | 70 Target (2025/26) | 48.70 Performance (2026/27) | -- Percentage Improvement (2026/27) |

Change Idea #1 Implemented Not Implemented In Progress

Increased visibility in dining room by leadership team to gather feedback from residents and staff to improve the quality of food service

Process measure

- 1) # of menu options and food concerns at Monthly Food committee 2) # of MBWA completed weekly 3) # of resident feedback /suggestions received 4) # of improvements implemented 5) # of additional training sessions required monthly

Target for process measure

- 1) Improve resident food service satisfaction to 70% in next resident survey September 2025. 2) Menu options and food concerns will be reviewed at every Monthly food committee beginning May 2025. 3) FSM will complete weekly audit beginning May 2025 and there will be at least 75% compliance by September 2025

Lessons Learned

Visibility increased in dining areas from leadership leading to slightly improved results year over year.

Change Idea #2 Implemented Not Implemented In Progress

1) Adjust menu to include seasonal availability.

Process measure

- 1)# of Seasonal foods to be incorporated in each menu cycle 2) Communicate seasonal fruits / vegetables and seasonally appropriate menu items at food committee meetings.

Target for process measure

- 1) At least 3 Seasonal food changes will be made to menu each cycle, minimum twice annually. 2) Discussion of these seasonal changes will be completed in advance of change 100% of the time beginning May 2025.

Lessons Learned

Improved seasonal menu options resulted in slight improvement year over year.

Change Idea #3 Implemented Not Implemented In Progress

NM and dietician to gauge resident comfort at each monthly meeting. Schedule times that Nutrition Manager will attend councils.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Action items developed in the 2026 action plan to improve overall satisfaction within this category.

Comment

Action items have been developed in the 2026 action plan to improve overall satisfaction within this category.

| Indicator #2 | 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 variety of recreational programs (Extendicare Iler Lodge) | 73.30 | 80 | 68.40 | -- | NA |

Change Idea #1 Implemented Not Implemented In Progress

1) Integrate specific activities, programs and strategies to include all 5 domains

Process measure

- 1) # of domain gaps identified 2) # of Resident and staff feedback on programs 3) Monthly balances in domains on calendars 4) # of audits of calendars to review domains

Target for process measure

- There will be an increase in spiritual offerings up to 20% on a monthly basis by September 30, 2025. Audits of the calendar will show 100% of domains included by September 30, 2025 All 5 domains will be included in discussions with residents during program planning by June 2025. Review of Activity Pro statistics for comparison will be 100% completed by May 2025.

Lessons Learned

Recreation manager and team to better utilize the 5 domains including resident family input.

Change Idea #2 Implemented Not Implemented In Progress

1) Increase available evening programs based on resident preferences.

Process measure

- 1) Increased # of programs/week 2) # of program staff added to evenings. 3) # of programs implemented based on resident preferences 4) % resident satisfaction

Target for process measure

- 1) 1 program staff member will be added for evening shift programs by June 1, 2025 2) By June 30, 2025 there will be evening programs offered 5x per week. 3) There will be at least 10 % improvement in resident satisfaction in programs by November 2025.

Lessons Learned

Evening staff hired and trained offering more evening program flexibility.

Change Idea #3 Implemented Not Implemented In Progress

Add New Catholic Holy Mass Eucharist Service once per month 3rd Thursday. Also add Seventh Day Adventist Choir and service once per month 4th Sunday afternoon

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Relative scores relating to religious offerings were scored very low. New services offered for 2026.

Comment

Action plans have been developed concurrent with the 2024 survey results.

| | Last Year | | This Year | | |
|---|-----------------------|------------------|-----------------------|----------------------------------|------------------|
| Indicator #1 | 68.20 | 75 | 56.40 | -- | NA |
| Communication from home leadership team is timely and clear (Extedicare Iler Lodge) | 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 newsletters to be distributed to families and residents.

Process measure

- # of newsletter emails sent out monthly # of communications posted and visible in common area

Target for process measure

- By December 2025 there will have been 12 email blasts sent out to families and residents. By December 2025 there will have been 12 communications posted and visible in common areas.

Lessons Learned

Newsletters contained generic information. Residence to include more specific and insightful information.

Change Idea #2 Implemented Not Implemented In Progress

Promote awareness of various topics on communication board in main lobby area.

Process measure

- 1) # of times communication board was updated 2) # Resources/ information provided to residents and families 3) # of topics suggested by residents and families

Target for process measure

- By June 2025, there will be at least 5 topics submitted by resident council and families for information and resources on bulletin board. By September 2025 the process for posting monthly on the bulletin board will be 100% in place. There will be a 10% improvement in satisfaction in this area by November 30, 2025 as evidenced by the next annual survey.

Lessons Learned

Post more events and announcements on communication board, but also in other common areas throughout the residence.

Change Idea #3 Implemented Not Implemented In Progress

Residents and families can utilize anonymous suggestion box for higher level of comfort.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Suggestion box in place. Residence to share this tool in upcoming email blasts and monthly newsletters.

Comment

Action plans have been developed concurrent with the 2024 survey results

Safety | Effective | Custom Indicator

| | Last Year | | This Year | | |
|---|-----------------------|------------------|-----------------------|----------------------------------|------------------|
| Indicator #3 | 3.50 | 2 | 5.70 | -- | NA |
| 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 Iler Lodge) | 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-education on timely referrals to Dietitian for Registered staff for Skin issues

Process measure

- # of education sessions provided # of Registered staff who completed education # of referrals to Dietitian completed monthly # of audits completed post education

Target for process measure

- 100% of Registered staff will have completed the education on Dietitian referrals by July 2025 By September 30, 2025 there will be 100% compliance by Registered staff for completion of Dietitian referrals for skin issues.

Lessons Learned

Referrals not always generated for Dietician when there were new skin issues.

Change Idea #2 Implemented Not Implemented In Progress

2) Implement per unit 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 July 2025. 2) 100% Tracking tools will be correctly completed on a monthly basis by September 2025

Lessons Learned

Clinical changes including nursing managers as well as changes in clinical lead personnel led to tracking challenges

Comment

Action plan items relative to substandard 2025 are being developed for the 2026 action plan. The organization will be including this indicator in its 2026/2027 work plan

Safety | Safe | Optional Indicator

| | Last Year | | This Year | | |
|--|-----------------------|------------------|-----------------------|----------------------------------|------------------|
| Indicator #4 | 18.70 | 15 | 13.35 | 28.61% | 15 |
| Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Iler Lodge) | Performance (2025/26) | Target (2025/26) | Performance (2026/27) | Percentage Improvement (2026/27) | Target (2026/27) |

Change Idea #1 Implemented Not Implemented In Progress

Ongoing surveillance of environment in resident areas for fall risk

Process measure

- 1) # of staff education sessions completed on environmental risk assessment 2) # of environmental risk assessments completed monthly 2) # of identified deficiencies corrected monthly

Target for process measure

- 1) Staff education on completing an environmental risk assessment will be completed for 100% of staff by August 2025 2) Process for Environmental risk assessments being conducted on a monthly basis for each high-risk resident will be in place by September 30, 2025

Lessons Learned

due to competing priorities was not implemented

Change Idea #2 Implemented Not Implemented In Progress

Review Safe Lift and Handling Policy and Procedures Program with Staff

Process measure

- 1) # of education sessions held for staff on safe lift and handling procedures 2) # of deficiencies identified 3) # of improvements required

Target for process measure

- 1) Staff education sessions will be 100% completed upon hire and annually by September 2025. 2) Audits of safe lift and handling procedures will show 50% improvement by Aug. 2025 and 75% improvement by December 2025.

Lessons Learned

all staff nursing education of safe lift handling policy and procedures

Comment

Falls continue to be a significant focus on the leadership team. Addition measures in place will be in effect until QIP metrics are achieved. the organization will continue to include this indicator in its 2026/2027 work plan

| | Last Year | | This Year | | |
|--|-----------------------|------------------|-----------------------|----------------------------------|------------------|
| Indicator #5 | 19.10 | 17.30 | 13.44 | 29.63% | 17.30 |
| Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare Iler Lodge) | Performance (2025/26) | Target (2025/26) | Performance (2026/27) | Percentage Improvement (2026/27) | Target (2026/27) |

Change Idea #1 Implemented Not Implemented In Progress

Collaborate with the physician to ensure all residents using anti-psychotic medications have a medical diagnosis and rationale identified.

Process measure

- 1) # of medication reviews completed monthly 2) # of diagnosis that were appropriate for antipsychotic medication use 3) # of alternatives implemented

Target for process measure

- 1) 75% of all residents will have medication and diagnosis review completed to validate usage by September 2025 2) Alternatives will be in place and reassessed if not effective within 1 month of implementation with process in place by October 2025

Lessons Learned

challenge was lead for program was no longer in place and change in management doc adoc etc impacted ability to implement change idea

Change Idea #2 Implemented Not Implemented In Progress

GPA education for training for responsive behaviors related to dementia.

Process measure

- 1). # of GPA sessions provided 2). # of staff participating in education 3). # of referrals to Regional Managers, LTC Consultants or Manager of Behaviour Services & Dementia Care. 4.) Feedback from participants in the usefulness of action items developed to support resident care.

Target for process measure

- 1.) 2 GPA sessions will be provided for staff by June 2025. 2.) Feedback from participants in the session will be reviewed and actioned by July 2025.

Lessons Learned

gpa education conducted throughout the year

Comment

Aim to further improve on current performance. The organization will include this indicator on its work plan for 2026/2027