

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #2	45.50	75	83.90	--	NA
I am satisfied with the variety of Spiritual care services. (Extencare Iler Lodge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

The home will increase the presence of Catholic, Anglican and salvation Army services

Process measure

- number of services provided rate of attendance by resident

Target for process measure

- 1 service per denomination per month

Lessons Learned

Resident satisfaction improved from 45.5% in 2023 to 83.9% in 2024 due to relative change ideas implementation which were very effective.

	Last Year		This Year		
Indicator #10 The timing and schedule of spiritual care services (Extendicare Iler Lodge)	50.00	75	40.00	--	NA
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

increase the frequency of services

Process measure

- Number of services per week

Target for process measure

- 2 per week minimum

Lessons Learned

Recreation manager to review the frequency and variety of spiritual care services on a monthly basis. This will be reviewed in 2025.

Change Idea #2 Implemented Not Implemented

--Roman Catholic Communion scheduled once per month

--Rosary small group circle time added to calendar.

--*Knights of Columbus Group to resume volunteer service to run bingos

Added two new programs as of Jan 2025: Bible Study & Gospel Movies with new volunteers from Essex Gospel Church

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Challenges maintaining consistency with services offered. Continue engagement of spiritual care providers from the community to increase offerings.

Comment

Spiritual care schedule is reviewed monthly when preparing the recreation calendar and we strive to continue to improve in this area.

Indicator #9	Last Year		This Year		
	Satisfied with quality of care for Physiotherapies. (Extendicare Iler Lodge)	57.10 Performance (2024/25)	75 Target (2024/25)	42.90 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

increase Physio Therapist involvement in providing care and speaking to it.

Process measure

- Physio Therapist attendance at care conferences Resident /family satisfaction with the participation

Target for process measure

- attend at least 75% of care conferences

Lessons Learned

The physiotherapist was included within care conference schedule. We encourage physio attendance and therapist to complete regular assessments. This would be communicated with residents and families.

Comment

Physiotherapy assessments are completed routinely, and interventions are shared with the interdisciplinary team as well as family and residents. We continue to work to further improve our results in this area.

Indicator #1	Last Year		This Year		
	Family satisfaction- Would recommend (Extendicare Iler Lodge)	66.70 Performance (2024/25)	75 Target (2024/25)	85.00 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Promote the home as the placement of choice for those living at Iler Lodge

Process measure

- maintain minutes of each meeting

Target for process measure

- recording attendance and presentations by invited guests

Lessons Learned

The home experienced stable occupancy throughout 2024.

Comment

We made a significant improvement in this area in 2024. We will continue with our processes as they were successful.

Indicator #7	Last Year		This Year		
	Regular updates about any changes in the home (Extendicare Iler Lodge)	28.60 Performance (2024/25)	60 Target (2024/25)	68.20 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

increase the frequency and quality of communications with families

Process measure

- at least one e-blast each month. review with council members monthly

Target for process measure

- families to feel strnger connection and feel informed

Lessons Learned

We continue to update resident/family email contact information upon admission, continue to email and post in common areas, updates occurring in the home. This was effective to increase lines of communication and will continue.

Comment

These strategies were effective, and we will continue with the processes in 2025.

	Last Year		This Year		
Indicator #11	40.00	75	40.00	--	NA
Variety of Spiritual care (Extendicare Iler Lodge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Iler lodge to increase the variety of spiritual care services

Process measure

- number of services each month

Target for process measure

- Families and resident will have increased options for services

Lessons Learned

Rec manager to review timing and scheduling of spiritual care services.

Indicator #8	Last Year		This Year		
	Resident Satisfaction- Would recommend (Extendicare Iler Lodge)	85.00 Performance (2024/25)	75 Target (2024/25)	82.70 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

strive to maintain/ improve the quality of live in those we serve

Process measure

- we will review complaints, concerns and complements monthly at CQI meetings and trend quarterly

Target for process measure

- number of complaints or concerns per month and time needed to address

Lessons Learned

All staff were trained on customer complaints process and managed by management team with progress tracked by executive director. This was effective and will continue.

Safety | Safe | **Optional Indicator**

Indicator #3	Last Year		This Year		
	Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extencicare Iler Lodge)	18.49 Performance (2024/25)	15 Target (2024/25)	18.70 Performance (2025/26)	-1.14% Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Home to implement a resident focused safety rounds to help identify resident needs and assist them in a timely manner.

Process measure

- number of staff educated number of falls

Target for process measure

- Corporate benchmark 13%

Lessons Learned

all PSW's educated on resident safety regarding risk of falls and safety rounds were implemented.

Change Idea #2 Implemented Not Implemented

Review of falls for contributing/root cause factor

Process measure

- 3 of falls reviewed. as well as contributing factors

Target for process measure

- Outcome of monthly meeting reviews

Lessons Learned

Falls reviewed at daily huddles with prevention strategies discussed has led to improvement in fall prevention awareness.

Comment

Falls prevention continues to be a priority and we have made improvements as a result of daily falls huddles including prevention measures. We will continue to work on this in 2025 workplan.

Indicator #4	Last Year		This Year		
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare Iler Lodge)	10.91	17.30	19.10	-75.07%	17.30
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Include this on the monthly CQI agenda for discussion. action planning

Process measure

- meeting minutes, new resident who trigger the indicator

Target for process measure

- reduced by 5% monthly

Lessons Learned

- ☑Nurses speaking with the doctors & NP to reduce antipsychotics
- ☑Adding correct diagnosis where needed or anti psych meds
- ☑Review new resident's medication for use of antipsychotics
- ☑Antipsychotic education to be provided from RNAO/CNO. These interventions were successful.

Change Idea #2 Implemented Not Implemented

Participate in corporate lead initiative to reduce Antipsychotic use

Process measure

- review at least quarterly at CQI meetings

Target for process measure

- Corporate benchmarks

Lessons Learned

Monthly QI meetings with internal and regional team to discuss trends was beneficial and helped to raise awareness.

Comment

We will continue to work on improvement in this indicator for 2025.

Safety | Safe | **Custom Indicator**

	Last Year		This Year		
Indicator #5	0.00	2.50	0.00	#Error	NA
Percentage of Residents with Restraints (Extendicare Iler Lodge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

The home plans to remain at 0% for restraint use

Process measure

- number of resident with restraints

Target for process measure

- 0% increase in Iler Lodge over the next year

Lessons Learned

Current processes in place continue to provide for a restraint free environment for our residents.

Change Idea #2 Implemented Not Implemented

maintain 0% restraints for all residents within Iler Lodge

Process measure

- # of restraints in use in Iler Lodge each quarter

Target for process measure

- 0% increase in use of restraints over the next year

Lessons Learned

Current processes in place continue to provide for a restraint free environment for our residents.

Comment

We continue to have 0% restraints. Our processes will continue as they are effective.

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #6	3.40	2	3.50	--	NA
Percentage of residents with worsening pressure ulcers stage 2-4 (Extencicare Iler Lodge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

We will plan for increasing the number of registered staff qualified to be a Wound care champion.

Process measure

- Number of available Wound care champions on site will be 2

Target for process measure

- 2 registered staff one Part Time and one Full Time staff

Lessons Learned

New RN experienced in wound care has taken Wound Care Clinical Lead which is positive. Team discussions lead to better implementation of wound care prevention remedies including type of wheelchair, associated cushion, proper mattress in place, repositioning which was effective and will continue.

Change Idea #2 Implemented Not Implemented

improved front line staff skills to prevent pressure injuries by identifying preventative Steps to avoid pressure injuries

Process measure

- number of new pressure injuries Number of worsening pressure injuries review at monthly CQI meetings

Target for process measure

- no new internally acquired pressure injuries

Lessons Learned

Management team reviews any change in skin integrity or new skin issues at daily huddles, in addition to CQI meetings with front line staff included. This was an effective strategy.

Comment

Prevention of pressure injuries will continue to be a priority in 2025.

