
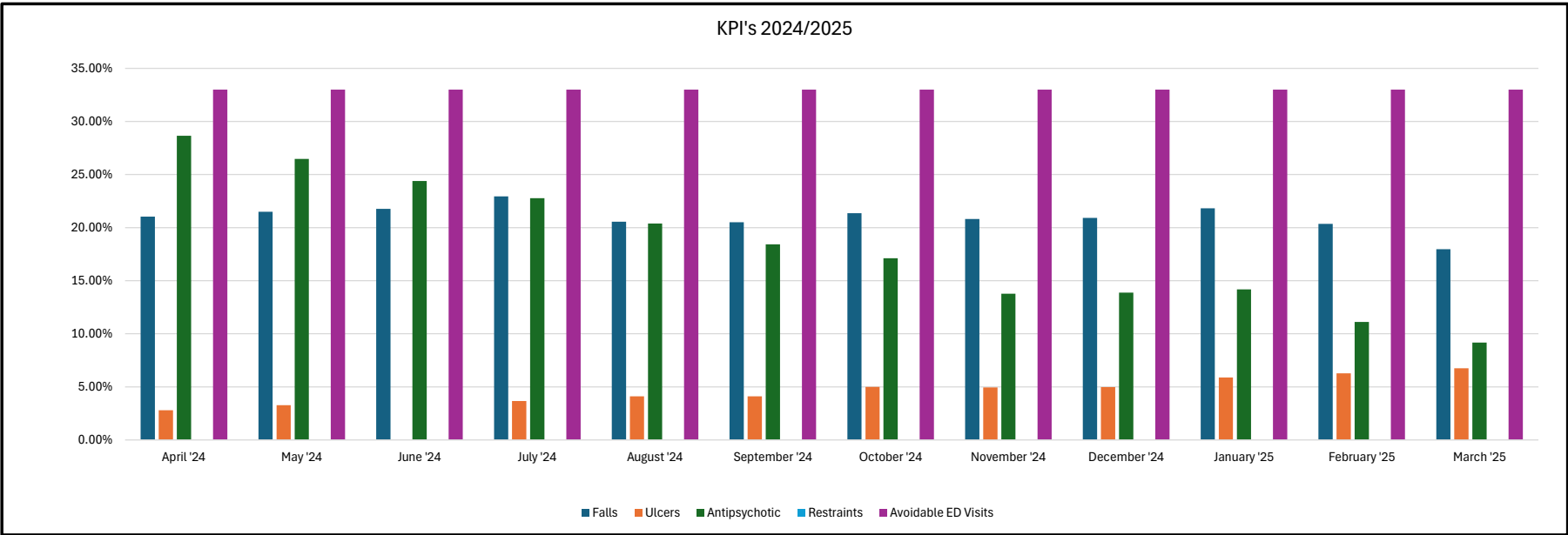


<div><div>Continuous Quality Improvement Initiative Annual Report</div></div>		
<div>Annual Schedule: May 2025</div>		
HOME NAME :Pinecrest LTC		
People who participated development of this report		
	Name	Designation
Quality Improvement Lead	Caroline Guimond	Executive Director
Director of Care	Bridget Lahaie	Registered Nurse
Executive Directive	Caroline Guimond	Executive Director
Nutrition Manager	Amelie Lalonde	Food Services Manager
Programs Manager	Melanie Cloutier	Program Manager
Other		
Other		
Summary of the Home's priority areas for quality improvement, objectives, policies, procedures and protocols from previous year (2024/2025): What actions were completed? Include dates and outcomes of actions.		
Quality Improvement Objective	Policies, procedures and protocols used to achieve quality improvement	Outcomes of Actions, including dates
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents. Target 15%	1)Improve the escalation process for high risk health resident conditions through enhanced reporting and communication. 2)Discussions about advance care planning with residents (as applicable) and SDMs during admission, annual, and significant changes care conferences. 3)Enhance assessment skills and increase capacity within the nursing team. 4) Enhanced person-centered care by ensuring that goals of care are clear, up-to-date and communicated in plan of care 5) Review of ER transfer tracking sheet 6) Development of IV program in the home	Outcome: Interdisciplinary care conferences include discussions about goals of care and advanced care planning. A new activity was developed and implemented by the Program Manager called "Living My Best Life": A structured tool designed to help residents express both everyday and end-of-life preferences. Cards are sorted by importance, encouraging clarity without requiring detailed discussion. Preferences are categorized simply to support meaningful, person-centered care.

Avoidable ED Visits	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%
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How Annual Quality Initiatives Are Selected	
The continuous quality improvement initiative is aligned with our mission to provide quality care and services through innovation and excellence. The home has a Continuous Quality Improvement Committee comprised of interdisciplinary representatives that are the home’s quality and safety culture champions. An analysis of quality indicator performance with provincial benchmarks for quality indicators is completed. Quality indicators below benchmarks and that hold high value on resident quality of life and safety are selected as a part of the annual quality initiative. Emergent issues internally are reviewed for trends and incorported into initiative planning. The quality initiative is developed with the voice of our residents/families/POA's/SDM's through participation in our annual resident and family satisfaction survey and as members of our continuous quality improvement committee. The program on continuous quality improvement follows our policies based on evidence based best practice.	
Summary of Resident and Family Satisfaction Survey for Previous Fiscal Year	
Date Resident/Family Survey Completed for 2024/25 year:	The 2024 resident and family surveys were conducted from October 15th to November 11th, 2024.
Results of the Survey (<i>provide description of the results</i>):	Overall, the survey results demonstrated a significant improvement from the preceeding year. The overall satisfaction increased from 82.63% to 85.36% for residents, and from 80.50% to 83.73% for families. The Home also saw a 18.2% improvement in the satisfaction of residents pertaining to continence care products. The greatest opportunity for improvement was related to the noise levels during the day and at night for residents, and increasing awareness regarding spiritual, and recreational services.

How and when the results of the survey were communicated to the Residents and their Families (including Resident's Council, Family Council, and Staff)	The 2024 resident and family survey results were presented to the resident council on February 25, 2025. The results were also posted on the information boards in the hallways of the home, in a conspicuous area that is accessible for families and residents.
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Client & Family Satisfaction	Resident Survey				Family Survey				Improvement Initiatives for 2025
	2025 Target	2024 Target	2022 (Actual)	2023 (Actual)	2025 Target	2024 Target	2022 (Actual)	2023 (Actual)	
<i>Survey Participation</i>	100	68.57	37.5	93.94	100	63.04	11.3	69.64	<u>Resident Survey</u> 1) I can choose what time I get up in the morning 2) I have access to a hairdresser when needed 3) I can find a place to visit when I have visitors 4) Noise is at an appropriate level (day & night)
<i>Would you recommend</i>	100	85.71	86.7	86.92	100	80.56	100	88.65	
<i>I can express my concerns without the fear of consequences.</i>	100	90.63	93.3	81.94	100	84.48	83.3	85.64	<u>Family Survey</u> 1) Satisfaction with continence care products 2) Access to a hairdresser 3) Good choice of continence products 4) The residents have input into the recreational programs and care services 5) I am aware of spiritual care services

Summary of quality initiatives for 2025/26: Provide a summary of the initiatives for this year including current performance, target and change ideas.		
Initiative	Target/Change Idea	Current Performance
Initiative #1	SBAR Training for nursing staff and increase in the use of SBAR communication with Physicians. 100% of nurses, including agency nurses will receive SBAR training by December 2025.	Limited SBAR knowledge, training provided in 2023 but ++ staff turnover since then.
Initiative #2	Increase the awareness and opportunities to provide input from families regarding spiritual and recreational programs. The recreation calendar will be posted on social media each month. Education regarding these programs will be offered to the family council at least twice by January 1, 2025.	Family council is newly created, with the first meeting taking place on April 24, 2025.
Initiative #3	The Home will provide more resident-centered holistic care through regular wellness checks by a Social Worker. 100% of residents will have wellness checks by March 31 2026.	Recruitment underway for a new SW position (it is currently vacant).
Initiative #4	Increased knowledge about ROHO through education for nurses and PSWs and the implementation of a ROHO Champion. 90% of clinical staff will have received ROHO training by March 31 2026.	Limited knowledge regarding ROHO. Only "on the spot" ad hoc training provided.
Process for ensuring quality initiatives are met		

Our quality improvement plan (QIP) is developed as a part of our annual planning cycle, with submission to Health Quality Ontario. The continuous quality team implements small change ideas using a Plan Do Study Act cycle to analyze for effectiveness. Quality indicator performance and progress towards initiatives are reviewed monthly and reported to the continuous quality committee quarterly.		
Signatures:	<i>Print out a completed copy - obtain signatures and file.</i>	Date Signed:
CQI Lead	Caroline Guimond	26-May-25
Executive Director	<i>Caroline Guimond</i>	26-May-25
Director of Care	Bridget Lahaie RN	26-May-25
Medical Director	Dr. Forgues	26-May-25
Resident Council Member	Ronald Chartrand	Aug 5 2025
Family Council Member	No family council at the home	