

Continuous Quality Improvement Initiative Annual Report

Annual Schedule: May 2025

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								

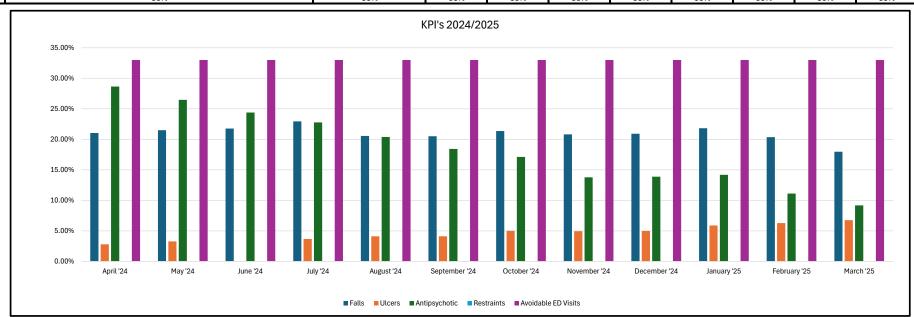
Summary of the Home's priority areas for quality improvement, objectives, policies, procedures and protocols from previous year (2024/2025): What actions were completed? Include dates and outcomes of actions.

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.

Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". Target 95%	1)Provide education for resident and families regarding the process for bringing forward complaints or concerns. 2)Engage residents in meaningful converstaion during care conferences and townhall meetings to provice a new forum to express their opinion, suggestions and concerns. 3)Provide education to residents and families on the Resident Bill of Rights and prevention of abuse. 4) Engage residents' council members and /or non resident council members in various committees, ie; CQI, medication management	Outcome: Monthly resident councils are held as planned and management representatives for each department regularly attend to provide information and take questions or listen to concerns from residents participants. New Program Manager recruited in winter 2024 and immidiatly began working on the implementeation of a family council. First meeting was held on April 24 2025.
Percentage of LTC home residents who fell in the 30 days leading up to their assessment Target 15%	1) Educate all nursing staff on the Falling star program 2) Increase staff knowledge of falls prevention strategies 3) Implement falls prevention strategies for resident determined to be medim to high risk for falls 4) Screen all residents at risk for falls and their fall risk factors.	Outcome 100% of resident with FRS 3 or greater will be reviewed for possible interventions to reduce fractures. 100% of staff to be provided educaation on the post fall analysis 100% of all new admissions will have a comprehensive fall history review
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment Target 17.3%	1)Implement a process for reviewing the diagnosis and Rx of residents at admissions, readmissions and changes 2)Launch Antipsychotic Reduction Interdisciplinary Initiative 3)Interndisc. Will meet on a 3 wk cycle to refview ax . 4)Involve substitute decision makers/family and residents (as appropriate) in the anti psychotic reduction initiative. Provide education on the topic to SDMs, family and residents as appropriate.	Outcome: Quality Improvement training for the DOC was provided by SB on July 9, 2024. DOC will identify the residents who qualify for antipsychotic use in collaboration with BSO (internal), family and physicians. Medications use is reviewed at care conferences with families/residents.
Percentage of LTC residents who develop a worsening pressure injury stage 2-4 Target 3.4%	Utiliztion of skin and wound tracking tool, to analysis the pressure injuries Referral to RD for resident with pressure injuries Develop list of resident who's PURS is 3 or greated, review plan of care, for the approrpriate pressure relieving device	Increase the number of resolved pressure injuries 1.00% of resident with pressure injuries are referred to RD 1.00% of nursing staff to recieve ROHO education

Key Perfomance Indicators												
KPI	April '24	May '24	June '24	July '24	August '24	September '24	October '24	November '24	December '24	January '25	February '25	March '25
Falls	21.03%	21.50%	21.76%	22.94%	20.55%	20.50%	21.36%	20.81%	20.91%	21.82%	20.36%	17.97%
Ulcers	2.80%	3.27%	f	3.67%	4.11%	4.11%	5.00%	4.95%	4.98%	5.88%	6.28%	6.76%
Antipsychotic	28.65%	26%	24.39%	22.78%	20.38%	18.42%	17.12%	13.77%	13.87%	14.18%	11.11%	9.17%
Restraints	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%





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 inccorporated 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: Results of the Survey (provide description of the results): Overall, the survey results demonstrated a significant improvement from the preceding 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	The 2024 resident and family survey results were presented to the resident council on February 25, 2025.
survey were communicated to the	The results were also posted on the information boards in the hallways of the home, in a conspicuous
Residents and their Families	area that is accessible for families and residents.
(including Resident's Council, Family	
Council, and Staff)	
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	Resident Survey Fa				Family Survey				
Client & Family Satisfaction	2025 Target	2024 Target	2022 (Actual)	2023 (Actual)	2025 Target	2024 Target	2022 (Actual)	2023 (Actual)	Improvement Initiatives for 2025
Survey Participation	100	68.57	37.5	93.94	100	63.04	11.3	69.64	Resident Survey 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)
Would you recommend	100	85.71	86.7	86.92	100	80.56	100	88.65	
I can express my concerns without the fear of consequences.	100	90.63	93.3	81.94	100	84.48	83.3	85.64	Family Survey 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	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 received SBAR training by December 2025.	Limited SBAR knowledge, training provided in 2023 but ++ staff turnover since then.				
Initiative #2	Increase the awareness and opporunities to provided imput 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.	· ·				
Initiative #3	The Home will provided more resident-centered wholistic 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 quailty 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:	Print out a completed copy - obtain signatures and file.	Date Signed:
CQI Lead	Caroline Guimond	26-May-25
Executive Director	Caroline Guimond	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 coundil at the home	