2026/27 Quality Improvement Plan for Ontario Long Term Care Homes
"Improvement Targets and Initiatives"

Pinecrest Nursing Home 101 PARENT ST, P.O. BOX 250, Plantagenet , ON, K0B1L0

AIM		Measure									Change				
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) O= Optional (do not select if you are not working on this indicator) C = Custom (add any other indicators you are working on)															
Access and Flow	**Efficient**	Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Most recent consecutive 12-month period	53698*	26.60%	2% reduction from current performance	1) At/Below the provincial Average; 2) Through implementation of our change ideas, the home expects an improvement over the next 12 months.	RNAO BP Consultant	1)To reduce unnecessary hospital transfers, through the use of education to staff; use of SBAR, root cause analysis of transfers. Charge nurse to communicate with physician, a comprehensive resident assessment, to obtain direction prior to initiating an ER transfer.	Education and re-education will be provided to registered staff on the continued use of SBAR tool and support standardize communication between clinicians. Conduct needs assessment from Registered Staff to identify clinical skills and assessment that will enhance their daily practice.	Increased SBAR documentation and improved communication within clinical team. % of staff who complete needs assessments. Completion records for education as a result of needs assessment. Improved confidence and decision making from Registered staff related to clinical assessment. # of education sessions with Registered staff	80% of communication between physicians and registered staff will occur in SBAR Format by October 1 2026	Utilize other stake holders such as Medigas, CareRx Pharmacy ands MDs to provide education to registered staff on topics
											2)During care conferences, discussion with resident and families, regarding advance care planning (Resident and Family focused centered care).	Educate residents and families about the benefits of and approaches to preventing ED visits. The home's attending MD will review and collaborate with the registered staff on residents who are at high risk for transfer to ED, based on clinical and psychological.	The number of care conferences held in a month in which advanced directives were reviewed withe the resident /SDM. The number of residents whose transfers were a result of family or resident request. Number of staff who demonstrated education application via documentation quarterly. The number of ER transfers averted monthly. Number of transfers to ED who returned within 24 hours;	100 % of all care conferences will review advanced directives with residents/SDM's . Target : March 31/27	
											3)Development of IV program in the home.	Education on IV therapy (initiating IV), IV antibiotic.	Number of IV therapy/treatments completed with in the home.	100 % of the regular IV treatments prescribed for the residents , will be delivered in the home. Target date : March 31/27	
Equity	**Equitable**	Percentage of staff who have completed relevant equity, diversity, inclusion, and anti-racism education	C	% / Staff	Local data collection / Most recent consecutive 12-month period	53698*	100	100.00	Through education, the Home expects to have an increase understanding of this criteria over the next 6 months	Surge Learning	1)To increase diversity training through Surge education or live events.	Training and/or education through Surge education or live events.	Number of staff education on Culture and Diversity.	80-100% of staff educated on topics of Culture and Diversity by March 31/27	80-100% staff education on Culture and Diversity.
											2)To facilitate an open door policy for the management team, and encourage more dialogue regarding culture and diversity.	Provide additional culture and diversity training for all members of the management team. Celebrate culture and diversity events; educational opportunities	Number of management staff education on culture and diversity.	80-100% of management staff educated on topics of culture and diversity by March 31/27. Introduce diversity and inclusion as part of the new employee onboarding process	

											3)To include Cultural Diversity as part of CQI meetings.	Monthly quality meeting standing agenda- review the number of programs, education completed.	Number of new programs or activities related to culture and diversity.	5-7 new programs or activities related to culture and diversity by March 31/27	Pinecrest will leverage other LTC homes or community organizations to get ideas for new programs/activities
Experience	**Patient-centred**	Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	53698*	96.96%	100%	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.		1)Increase families and residents' knowledge and awareness regarding the concerns process.	Review the concern process on admission and during annual care conferences. Encourage families and residents to provide regular feedback.	Review of policies added to the admission process and care conferences.	Number of residents and families who have received education at admission and during care conferences.	
											2)The Home will provide more resident-centered wholistic care, including helping them attain physical, mental and spiritual well-being through the use of a social worker.	Social worker to complete wellness checks and work with residents to improve physical, mental and spiritual wellbeing.	Social Worker to visit with residents.	100 % of the residents will have a wellness check by Mach 31/27	
											3)Increased knowledge of the whistleblower policy for staff.	Provide additional training and education regarding the whistleblower policy.	100% will have education regarding the whistleblower policy by March 31, 2027.	100% of staff will have education regarding the whistleblower policy by March 31/27	
Safety	**Safe**	Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2025 (Q2), as target quarter of rolling 4-quarter average	53698*	20.55	15.00	Target is based on corporate averages. We aim to meet or exceed, corporate goal.	BIM Health Services (Physiotherapy provider), RNAO BP Consultant	1)Injury prevention - review of FRS, ensure appropriate medication prescribed for prevention of bone density loss.	Resident list of FRS of 3 or greater, offer fracture prevention medication.	Number of medication changes (addition of fracture prevention medication)	100% of residents with a FRS of 3 or greater will be reviewed for possible interventions to reduce fracture prevention medication as appropriate By March 31/27	
											2)Comprehensive post fall analysis, in the development of resident plan of care.	Education and re-education provided to registered staff on the completion of post fall analysis.	Number of staff provided with education on the post-fall analysis.	100% of staff are provided with education on the post-fall analysis.	
											3)Ensure that falls prevention strategies are implemented as soon as possible upon admission.	During admission process, review with resident and families the history of falls, and interventions implemented.	The number of admissions where the history of falls is reviewed.	100% of all new admissions will be a comprehensive falls history review completed	

		Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2025 (Q2), as target quarter of rolling 4-quarter average	53698*	18.42	Corporate Benchmark is 17.5%	Target is based on corporate averages. We aim to do better than or in line with corporate average.	Geriatric Psychiatry / BSO	1)Residents who are prescribed antipsychotics for the purpose of management of Responsive expressions, will have a quarterly review, for the potential of reduction or the discontinuation of medication.	BSO lead and nursing team will ensure that residents who receive antipsychotics for responsive expressions with have their medication, plan of care reviewed, quarterly by the interdisciplinary team (including resident and family). Utilization of tracking tool (antipsychotic).	Number of antipsychotics reduced as a result monthly. Number of meetings held, where discussion and reviews on strategies have resulted in a decrease of antipsychotics.	100% of residents who are prescribed antipsychotic medications will receive a 3 month review to determine potential for reduction in dosage or discontinuing antipsychotics.	
											2)Development of plans of care, with non pharmacological approach - identification of triggers and interventions.	Review of plan of care for non-pharmacological approaches in the plan of care.	Number of resident who plan of care has been reviewed.	100% of residents who's care plan has been reviewed.	
											3)Increase the knowledge of families regarding antipsychotic use and how the home manages responsive behaviours.	During admission conference, review with families the reason for the prescribing of antipsychotic medication, interventions effective in management of responsive expressions.	Number of admission conferences where the antipsychotic use and responsive behaviours have been reviewed.	A discussion has occurred at admission for 80-100% of residents who have prescribed antipsychotics at admission.	
		Percentage of LTC residents who develop worsening pressure injury stage 2-4	C	% / LTC home residents	CIHI CCRS / rolling 4-quarter average	53698*	5.40%	Corporate Benchmark is 2%	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.	RNAO BP Consultant, Medline Consultant	1)Monthly review in Quality meeting of resident with Pressure related injuries, review of care plan, progression/lack of healing of pressure injury.	Utilization of skin and wound tracking tool, to analysis the pressure related injuries in the home - and the development of plan of care. Continue to refer to wound care champion, and ET nurse as needed.	Number of pressure related injuries which have resolved	Increase in the number of resolved pressure injuries.	
											2)RD review of nutritional status of residents.	Referral to RD for residents with pressure ulcers	Number of referrals to RD for residents with pressure ulcers.	80-100% of residents with pressure ulcers are referred to the Registered Dietician.	
											3)Increased use of pressure relieving devices	Develop a list of resident who PURS is 3 or greater, review plan of care, for the appropriate pressure relieving devices, review of surfaces in place	# sessions ROHO education, implement ROHO champion	100% of nursing staff to receive ROHO education	