Continuous Quality Improvement Initiative Annual Report

Annual Schedule: May 2026

HOME NAME : Pinecrest (Plantagenet)

People who participated in the evaluation of this report

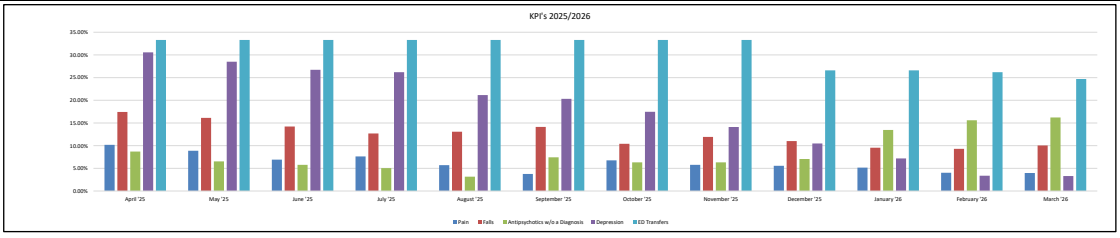
	Name and Designation	Date of Evaluation
Quality Improvement Lead	Nicola Lachapelle - RPN	6/12/2026
Director of Care	Martin Bulter - RN	6/12/2026
Executive Directive	Caroline Guimond	6/12/2026
Nutrition Manager	Amelie Lalonde	6/12/2026
Programs Manager	Melanie Cloutier	6/12/2026
Clinical Consultant	Nicola Lachapelle - RPN	6/12/2026
Resident Council Representative	Melanie Turpin	6/12/2026
Medical Director	Dr. Marie-Josee Forgues	6/12/2026
RAI Coordinator, Quality Improvement	Diane Raymond - RPN	6/12/2026

Summary of the Home's priority areas for quality improvement, objectives, policies, procedures and protocols from previous year (2025/2026): 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
Initiative #1 Strengthening Clinical Communication and Transition Planning: Reduce unnecessary hospital transfers by improving staff communication, enhancing clinical decision-making and utilizing on site resources. 2024 Actual - 29.69% 2025 Target - 15%	**Change Idea: 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.** - SBAR training has occurred with all staff throughout the year and as part of the orientation. An overall increase in the utilization of the SBAR has been noted. Nurses are using the SBAR charting in PCC to organize their documentation when there is a notable change in condition for a resident. It is also being used regularly to provide specific and timely information to the Physicians in case of need to transfer to Emergency.	Education was completed as of December 2025 with an ongoing focus of education for all new staff. The change ideas had a positive impact on the percentage of hospital transfers which were potentially avoidable. The home reduced from 29.69% in the 2025-2026 QIP to 26.60% for the 2026-2027 QIP. While the home did not meet its goal, new change ideas have been created and this indicator remains a focus for 2026-2027.
Initiative #2 Service and Excellence: Promote equity, inclusion, and person centered service by fostering a culturally aware, engaged, and responsive care environment for residents, families, and staff. 2024 Actual - 100% 2025 Target - 100%	**Change Idea: Increase the awareness and opportunities to provided 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.** - Resident council meetings are being held monthly, and Family Town Halls are being held bi-annually. Since the site specific Facebook pages have been merged into one larger Southbridge page, the Activity Manager has been emailing the activity calendars to families each month. Education was given on these topics during both Family Town Hall meetings, and copies of all calendars as available if anyone had questions.	Education was completed as of January 1, 2026, and meetings with Families and Residents will be ongoing. 100% of staff completed Diversity training in 2025.
Initiative #3 Patient Centred - Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". 2024 Actual - 100% 2025 Target - 95%	**Change Idea: 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.** - Ongoing challenges have occurred in the recruitment of a social worker for this location. Recruitment has occurred on the Southbridge Website, with the recruitment at the head office, and via external staffing agencies, unfortunately none of which have been successful yet. Ongoing recruitment will occur until the position is filled.	Although challenges have occurred in the recruitment and retention of a permanent social worker at Pinecrest long-term care home, the home was able to achieve the goal of 95% positive response to the question "I can express my opinion without fear of consequences" with a rate of 96.67% as part of the 2025 resident satisfaction survey.
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. 2024 Actual - N/A 2025 Target - 90%	**Change Idea: Train an internal ROHO champion who can provide initial and ongoing support to all clinical staff on proper usage and fitting of ROHO cushions by December 31, 2025.** - The RAI/Quality Lead attended training with Covel-Aid in early 2025 and came back to Pinecrest as the ROHO champion. Education was given to all front line clinical staff, with ongoing support offered throughout the year.	As a result of the change ideas implemented in 2025, the home has had tremendous success in ROHO training and proper utilization. Approximately 90% of the staff is aware on how to utilize a ROHO cushion, and if needs more training can follow up with the champion for further education. Training will be continued through 2026 as an ongoing commitment to resident care.
2024 Resident Satisfaction Survey 1) I can choose what time I get up in the morning 2024 Actual - 85% 2) I have access to a hairdresser when needed 2024 Actual - 78.69% 3) I can find a private place to visit when I have visitors 2024 Actual - 75% 4) Noise is at an appropriate level during the night 2024 Actual - 54.55% 5) Noise is at an appropriate level during the day 2024 Actual - 52.08%	1) I can choose what time I get up in the morning - The home continues to update plans of care to reflect the wishes of the residents on their desired times to wake up and go to bed. 2) I have access to a hairdresser when needed - A schedule has been placed on the door of the hair dresser to reflect when they will be in allowing residents to plan ahead. 3) I can find a private place to visit when I have visitors - The front lounge has been converted from a dining room to a 100% resident space. The new front lounge has been very well received, and is a hub of resident life. Families are able to book the space for private gatherings for loved ones or for events. 4) Noise is at an appropriate level during the night - Staff will be reminded to be mindful of noise levels, and round often looking for opportunities to reduce noise within residents rooms 5) Noise is at an appropriate level during the day - Staff will be reminded to be mindful of noise levels, and round often looking for opportunities to reduce noise within residents rooms	2025 Satisfaction Survey Results 1) 90.61% 2) 79.81% 3) 93.95% 4) 82.97% 5) 82.97%
2024 Family Satisfaction Survey 1) Overall I am satisfied with the incontinence care products 2024 Actual - 77.88% 2) The residents have access to a hairdresser when needed 2024 Actual - 77.75% 3) There is a good choice of incontinence products 2024 Actual - 76.14% 4) The residents have input into the recreation programs available- spiritual services 2024 Actual - 70.59% 5) I am aware of the spiritual care services offered in the home. 2024 Actual - 70.59%	1) Overall I am satisfied with the incontinence care products - The DOC shared information with families and residents about the current incontinence products in the home explaining the benefits and usages for each product. A PSW lead has been selected to help with ongoing education. - Education has been provided to all staff about the incontinence product lineup available, and how to report if there are concerns raised about the size or proper utilization of each product. 2) The residents have access to a hairdresser when needed - The hairdresser schedule is posted to allow residents to plan ahead for their visits. 3) There is a good choice of incontinence products - The DOC has shared information with families and residents about the current incontinence products in the home explaining the benefits and usages for each product. 4) The residents have input into the recreation programs available- spiritual services - Spiritual programs have been promoted in advance so residents can decide which events they would like to attend in the language of their choice. 5) I am aware of the spiritual care services offered in the home. - Spiritual programs have been promoted in advance so residents can decide which event they would like to attend in the language of their choice. - With a regular schedule of Priest's attending the home, residents can attend the service at their wish, in the language of their choice	2025 Satisfaction Survey Results 1) 90.30% 2) 80.88% 3) 90.74% 4) 81.67% 5) 84.42%

Key Performance Indicators

KPI	April '25	May '25	June '25	July '25	August '25	September '25	October '25	November '25	December '25	January '26	February '26	March '26
Pain	10.19%	8.88%	6.93%	7.62%	5.71%	3.76%	6.77%	5.78%	5.56%	5.16%	4.03%	3.97%
Falls	17.43%	16.13%	14%	12.68%	13.08%	14.13%	10.41%	11.93%	11.01%	10%	9%	10%
Worsening Pressure Injuries	5.58%	6%	5.97%	5.77%	6.67%	3.60%	6.28%	8%	6.04%	3.84%	5.40%	3.36%
Restraints	0.00%	0%	0.00%	0.00%	0.00%	0.00%	0.00%	0%	0.00%	0.00%	0.00%	0.00%
Antipsychotics w/o a Diagnosis	9%	7%	6%	5%	3%	7.44%	6%	6%	7%	13%	16%	16%
Depression	30.56%	28.50%	26.73%	26.19%	21.15%	20.32%	17.46%	14.12%	10.48%	7.19%	3.38%	3.31%
ED Transfers	33.30%	33.30%	33.30%	33.30%	33.30%	33.30%	33.30%	33.30%	26.60%	26.60%	26.20%	24.70%



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 incorporated 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:	Oct-25
Results of the Survey (*provide description of the results*):	Overall higher scores then corporate average were obtained. Areas of opportunity were very close to company averages, and mainly focused around the activities within the home, as well as noise during shift changes. The overall satisfaction for both residents and families have increased from 2024-2025, exceeding corporate averages. Resident satisfaction is 94.99% and family satisfaction is 86.60%
How and when the results of the survey were communicated to the Residents and their Families (including Resident's Council, Family Council, and Staff)	Results were reviewed February 25th, and September 17th, with an extra review completed on September 29th. Resident councils were held monthly with ongoing updates on changes in each department. The satisfaction survey results were posted on the notice board as well as in the resident council binder for further review.

Client & Family Satisfaction	Resident Survey				Family Survey				Improvement Initiatives for 2026
	2026 Target	2025 (Actual)	2024 (Actual)	2023 (Actual)	2026 Target	2025 (Actual)	2024 (Actual)	2023 (Actual)	
Survey Participation	100.00%	94.99%	85.36%	93.94	100	63.04	11.3	69.64	Encourage all families and residents to give honest feedback on their surveys to show the areas of opportunity and where the successes are occurring. Activity staff will continue to engage with residents to promote patriation and assist them with completion of the survey on ipads.
Would you recommend	100.00%	95.81%	85.71%	86.92	100	80.56	100	88.65	Promote a positive environment at Pinecrest with staff and residents, by having meaningful activities, engagement with others and stimulating events.
If I have a concern, I feel comfortable raising it with the staff and leadership	100.00%	95.96%	90.63%	81.94	100	84.48	83.3	85.64	Management of Pinecrest will strive to create an atmosphere of comfort, allowing residents, families and staff to be able to give feedback freely and without repercussions. By having open doors, being engaged with staff and residents, and attending Resident council/ family council meetings, it will help to build a positive report of communication and collaboration.

Summary of quality initiatives for 2026/27: Provide a summary of the initiatives for this year including current performance, target and change ideas.

Initiative	Target/Change Idea	Current Performance
Initiative #1 - Decrease rate of ED visits for modified list of ambulatory care sensitive conditions * per 100 long-term care residents from 26.6% to 22.3%	Change Idea #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. Change Idea #2: During care conferences, discussion with resident and families, regarding advance care planning (Resident and Family focused centered care). Change Idea #3: Development of IV program in the home.	January 2026 - 26.58%

Initiative #2- Percentage of staff who have completed relevant equity, diversity, inclusion and anti-racism education.	Change Idea #1: To increase diversity training through Surge education or live events. Change Idea #2: To facilitate an open door policy for the management team, and encourage more dialogue regarding culture and diversity. Change Idea #3: To include Cultural Diversity as part of CQI meetings.	December 2025 - 100%
Initiative #3- Percentage of residents who responded positively to the statement "I can express my opinion without fear of consequences" increase from 96.96% to 100%	Change Idea #1: Increase families and residents' knowledge and awareness regarding the concerns process. Change Idea #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. Change Idea #3: Increased knowledge of the whistleblower policy for staff.	October 2025 - 96.67%
Initiative #4 - Percentage of LTC home residents who fell in the 30 days leading up to their assessment. Reduce from 11.57% to 10%	**Change Idea #1**: Injury prevention - Review residents who have a fracture risk score of 3 or greater. - ensure appropriate medication prescribed for prevention of bone density loss. - Refer to registered dietician to review nutritional intake. **Change Idea #2**: Comprehensive post fall analysis, in the development of resident plan of care. - Education and re-education to be provided to registered staff on the completion of the post fall assessment and huddle. **Change Idea #3**: Ensure that falls prevention strategies are implemented for residents identified to be a high risk for falls. - Complete a comprehensive falls assessment, including any history of falls, and implement interventions. - Utilize a falls aid tracker. - Review the care plan post fall, and during monthly falls quality meetings.	2025-2026 Q3 - 11.57%
Initiative # 5 - Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment. Decrease from 2.11% to 2%	**Change Idea #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 will ensure for residents receiving antipsychotic for responsive expressions with their medication, plan of care will be reviewed quarterly by the interdisciplinary team (including resident and family) - The home will utilize an antipsychotic medication tracker to identify those eligible for reduction and monitor outcomes. **Change Idea #2:** Development of plans of care, with non pharmacological approach - identification of triggers and interventions. - Review of care plans during monthly quality meetings and during BSO huddles **Change Idea #3**: Increase the knowledge of families regarding antipsychotic use and how the home manages responsive behaviours. - During admission conference, review with families and residents, the reason for the use of antipsychotic medication, and interventions in responding to responsive expressions. Explore any past attempts to reduce or de-prescribe antipsychotic medications.	2025-2026 Q3 - 2.11%
Initiative # 6- Percentage of LTC residents who develop worsening pressure injury stage 2-4/. Reduce from 6.6% to 4.5%.	**Change Idea #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 the skin and wound tracker, to analysis the pressure injuries in the home. - Referrals to NSWOC for virtual and in home consultations. - Referrals to wound care champion - Utilization of the NSWOC to provide education to Registered staff, and PSWs on pressure injury prevention. **Change Idea #2:** RD review of nutritional status of residents. - Re-education of the policy with Registered staff. - Utilization of the skin and wound check list. - Referral completed to RD, with pressure injuries 2 and above. **Change Idea #3:** Increased use of pressure relieving devices - Develop a list of residents who PUIIs is 3 or greater, review the plan of care for the appropriate pressure relieving devices. - Provide education to Registered staff, and PSW regarding the devices, (setting, applications)	2025-2026 Q3 - 6.6%
2025 Resident Satisfaction Survey *Top 5 Opportunities* 1) Noise is at an appropriate level during the night 2) I have friends in the home 3) I am updated regularly about any changes in the home 4) Residents are friendly with each other 5) Noise is at an appropriate level during the day	**1) Noise is at an appropriate level during the night** - Use of gentle redirection and targeted activities to support residents who may have louder personal expressions at night. - Education to employees on how to make referrals to the BSO program, for residents with verbal personal expressions. - Have PSWs turn down the volume on resident television if they are sleeping. - Work with families to order wireless headsets for residents who may struggle to hear their television **2) I have friends in the home** - Continue to work towards recruitment of Activity Aid, to improve the consistency of program availability at all times in the home. - Encourage residents to reach out to new residents and say hello, facilitate discussions between residents. - Review seating plan at meals to have residents with similar interests and communication abilities nearby. - Welcome new residents in their language of choice. - Offering gift baskets and card signed by staff and residents to help new residents feel welcomed into the home. Have a resident greeter give the gift basket to the new resident. - Implement programs where independent residents can go visit residents who may struggle with social interactions and communication. - Monthly welcome party (for residents who have recently moved in – review information about hobbies, interests and past employment with their consent, tea & cupcakes) **3) I am updated regularly about any changes in the home** - Continue to facilitate the resident council meetings on a monthly basis and bring forward updates from each department as needed. - Use of the white board in the Activity Room to convey important messages to residents - Increase frequency of messages during outbreaks - Ensure that all communication for residents in the home is posted in both French and English - Increase frequency of one-to-one meetings with the resident council chair and co-chair to discuss key issues and gather their feedback. - Share updates at mealtimes, verbally with residents, if appropriate. - Provide residents with more advanced notice of changes, such as medical appointments. **4) Residents are friendly with each other** - Continue to work towards recruitment of Activity Aid, to improve the consistency of program availability at all times in the home. -II - Encourage residents to reach out to new residents and say hello, facilitate discussions between residents. - Review seating plan at meals to have residents with similar interests and communication abilities nearby. - Welcome new residents in their language of choice. - Offering gift baskets and card signed by staff and residents to help new residents feel welcomed into the home. Have a resident greeter give the gift basket to the new resident. - Implement programs where independent residents can go visit residents who may struggle with social interactions and communication. - Monthly welcome party (for residents who have recently moved in – review information about hobbies, interests and past employment with their consent, tea & cupcakes) **5) Noise is at an appropriate level during the day** - Reminders for employees at shift change to be mindful of the volume. - Continued use of the front lounge for shift change report. - Use of gentle redirection and targeted activities to support residents who may have louder personal expressions at night.	2025 Survey Results 1) 89.64% 2) 88.93% 3) 88.91% 4) 87.50% 5) 85.0%
2025 Family Satisfaction Survey *Top 5 Opportunities* 1) The resident has access to a hairdresser when needed 2) I am satisfied with the quality of Laundry services for personal clothing 3) If I have a concern: My concerns are addressed in a timely manner 4) I am satisfied with the timing and schedule of recreational programs 5) I am satisfied with : the relevance of recreational programs.	**1) The resident has access to a hairdresser when needed** - Post a new schedule with dates of hairdresser visits. - Ensure all newly admitted residents complete the Beautician Request form at admission. - During outbreaks, add a note to communication for families stating that Beautician services have been temporarily suspended, and will be reinstated once the PHU declared that the outbreak is over 2) I am satisfied with the quality of Laundry services for personal clothing - Purchase of larger clothing separators for the clothing racks, that will make it harder to mix up the clothes between different rooms. - Assign to the Laundry Aids the tasks of double-checking the clothing racks before they are taken by the PSWs, to ensure the clothing is placed in the correct room number. - Add a white board in the laundry room, for improved communication regarding room changes and important updates for Laundry Aids. - PSWs to be encouraged to place clothing items founds in other rooms in the hamper with the other soiled clothing 3) If I have a concern: My concerns are addressed in a timely manner - Continue to work with families to create a Family Council - Creation of a monthly newsletter to share relevant updates - Have regular town hall meetings, where families are given an opportunity to provide feedback and ask questions. - Review of the complaints process with the management team and employees. - Encourage families to bring forward complaints to the managers and administration. - Keep in touch with families through various channels such as family council meetings, periodic email blast and/or newsletters, etc. 4) I am satisfied with the timing and schedule of recreational programs - A survey will be created for families to collect feedback on recreation activities in the home. - Work towards filling all Activity Aid positions. - Continue to encourage families to create a Family Council - Consultation with families during the town hall meetings - Implementing the Family Portal with Activity Pro (reports tracking the number and types of programs a loved one attends, access to upcoming and current activity calendars, staff can upload pictures and videos of participation in activities, information on daily menus, community news, and newsletters, a discussion board or messaging system that allows families to connect and communicate, and depending on the specific, enabled features, families may access updates on health-related information such as medications, immunizations, and care plans.) 5) I am satisfied with : the relevance of recreational programs. - A survey will be created for families to collect feedback on recreation activities in the home. - Work towards filling all Activity Aid positions. - Continue to encourage families to create a Family Council - Consultation with families during the town hall meetings - Implementing the Family Portal with Activity Pro (reports tracking the number and types of programs a loved one attends, access to upcoming and current activity calendars, staff can upload pictures and videos of participation in activities, information on daily menus, community news, and newsletters, a discussion board or messaging system that allows families to connect and communicate, and depending on the specific, enabled features, families may access updates on health-related information such as medications, immunizations, and care plans.)	2025 Survey Results 1) 80.88% 2) 80.72% 3) 80.41% 4) 80.00% 5) 79.80%

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.

Participants of Evaluation Name and Signatures:	*Print out a completed copy - obtain signatures and file.*	Date Signed:
Quality Improvement Lead	Diane Raymond	**12-Jun-26**
Executive Director	Caroline Guimond	**12-Jun-26**
Director of Care	Martin Bulter RN	**12-Jun-26**
Nutrition Manager	Amelie Lalonde	**12-Jun-26**
Programs Manager	Melanie Cloutier	**12-Jun-26**
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