

Pinecrest Nursing Home  
Continuous Quality Improvement Initiative Report  
2025-2026

Continuous Quality Improvement Designated Lead  
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### Satisfaction Survey's Overview

The 2024/2025 resident and family satisfaction surveys were complete in between the first and second quarter of the fiscal year. This year's survey will take place around the same time. The 2024/2025 Resident Satisfaction Survey & Family Satisfaction Survey took place June-July 2024.

The results were reviewed at The Continuous Quality Improvement sub-committee meeting in September 2024. The results were reviewed at the September Resident's Council meeting. They were also discussed where they were posted and requesting feedback on what areas they felt were priority. The determined priority area from the survey results was resident's happiness. Thirty-eight percent of residents rated they are sometimes happy, and 9.5 percent said never (See Appendix A: Table 1.0).

The CIHI results of resident's worsened mood has been on an upward trend for Pinecrest Nursing Home. To improve in addressing mood, activation department began working on programs to promote wellness, positivity, and mental health. Behaviour supports team continued to monitor score for worsened depression. The October-December 2024 had the lowest percentage of residents with worsened depression. To continue to work on this, Activation is going to administer a short survey in March-April 2025 of short-term requests and long-term requests that would help make residents happy. The Continuous Quality Improvement sub-committee will review survey results and work to implement requests as possible. We will carry this goal over to the 2025-2026 year to try to improve resident's happiness.

In 2024, the following improvements to accommodation, care, services, programs, and goods provided to the residents were made:

- 3 new electric beds (January)
- New table with adjustable heights (January)
- HealthConnex IPAC software implemented (April)
- New transport wheelchair with footrests (May)
- 14 new slings that could stay in place if necessary (July)
- New outside umbrella for resident table (August- Resident/family request)
- Flag pole repaired and repainted (August- Resident's suggestion)
- Garage removed (October)
- New overbed tables (October)
- Safety gates installed at desk (October)
- New Air Mattress (2) (December)

## Goals and Objectives

### **Process of Developing Priority Areas**

Reviewing data from the Continuous Quality Improvement Committee meetings and Ontario Health's recommended priority areas, Pinecrest Nursing Home was able to identify the areas they would select as priority areas for their Goals and Objective for the 2025-2026 year. At the January Continuous Quality Improvement Committee priority areas discussed, as well as February Continuous Quality Improvement sub-committee. Areas the Committee and sub-committee identified as priority were taken to the Resident's Council meeting in February and March. The Resident's Council had no further comments or suggestions.

### **Falls**

Pinecrest Nursing Home currently reviews fall rates at the monthly Continuous Quality Improvement sub-committee meetings, where any trends or changes are identified. These rates are reported to the Continuous Quality Improvement Committee quarterly (See Appendix B Table 2.2). Every month at a falls meeting, each individual resident that had a fall is reviewed, along with their current interventions and discussion of possible causes and potential new interventions. This priority area was one identified by Ontario Health and Pinecrest Nursing Home as our rate remains well above the provincial average every quarter. CIHI's data also reflects that Pinecrest remains above the provincial rate for falls (See Appendix B Table 2.3). To improve falls, Pinecrest Nursing Home will:

- a) Implement a new post-fall assessment at point in time of fall
- b) RAI coordinator review post-fall assessments for any trends.
- c) Provide staff with additional education regarding falls risks.

Falls will continue to be monitored monthly and quarterly. The target performance is decreasing falls in the last 30 days to 20%.

### **Worsened Depression**

Pinecrest Nursing Home has identified worsened depression as an ongoing priority area for the 2025-2026 year. These rates are reviewed at the Continuous Quality Improvement Committee meeting (see Table 2.0). While the rates did improve over the year, Pinecrest Nursing Home remains well above the provincial average. Activation staff will administer a survey to obtain what we can do to improve resident's mood. The Continuous Quality Improvement sub-committee will review results and work to achieve ways to improve resident's mood based on their feedback if possible. The Activation department will continue to provide their programs to improve wellness. The target performance is decreasing resident with symptoms of worsened depression to 24%. This target is based on most recent quarter (October-December 2024) scoring 26%.

### **Equity**

Pinecrest Nursing Home has identified equity, diversity, inclusion, and antiracism education as a priority for the 2025-2026 year. Last year our focus was supervisory staff. This year, we are going to ask all staff to complete more education. Our goal is 50% of all staff complete this education. Surge learning is being implemented this year to aid in education compliance. We will increase staff education on equity, diversity, inclusion, and antiracism:

- A) Staff will be assigned education in Surge Learning
- B) Staff will read Pinecrest's Health Equity Plan

### **Communication**

Pinecrest continues to utilize different strategies to discuss change ideas, obtain feedback and suggestions from stakeholders. The administrator acts as a communication lead to families, sending email updates and having paper copies of these communications at the door.

Management has also implemented a Town Hall for residents and caregivers to attend to discuss a variety of topics, including quality projects. A copy of the meeting minutes is emailed out to families and paper copies made available upon request.

Management also attends Resident's Council when invited to discuss the quality initiatives and obtain feedback. One resident is also a member of Continuous Quality Improvement committee. A summary of the Continuous Quality Improvement program review is provided to Resident's Council.

Appendix A: Survey Responses

Table 1.0- 2024 Resident Survey Results

Individual feelings		often	sometimes	rarely	never
46. How often do you feel happy – often, sometimes, rarely, or never?	21 responses	11	8	0	2
	% responses	52.40%	38.10%	0.00%	9.50%

Appendix B: Data from Continuous Quality Improvement Committee Meetings

Table 2.0.

Continuous Quality Improvement Committee Symptoms of Worsened Depression

Provincial Average 23/24	Pinecrest Avg 23/24	MDS Jan- March 2024	MDS April- June 2024	MDS July-Sept. 2024	Oct.-Dec. 2024
20.8%	39.70%	14/40=35%	17/41=41.5%	15/44=34.1%	11/42=26.2%

Table 2.1

CIHI Metrics: Unadjusted Rate, Sector: Residential C. Quality Indicator (QI)

	2024 Q3	2024 Q2	2024 Q1	2023 Q4	2023 Q3
Worsened mood from symptoms of depression	35.0%	41.4%	40.1%	39.0%	41.4%

Table 2.2

Continuous Quality Improvement Committee Falls

Provincial Avg 23/24	Pinecrest Avg. 2023/24	MDS Jan- March 2024	MDS April- June 2024	MDS July- Sept. 2024	MDS Oct.- Dec. 2024
16.6%	up 24.3 %	15/44=34.1%	12/47=25.5%	11/46=23.9%	14/46=30.4%

Table 2.3

CIHI Metrics: Unadjusted Rate, Sector: Residential C. Quality Indicator (QI)

	2024 Q3	2024 Q2	2024 Q1	2023 Q4	2023 Q3
Has Fallen	27.8%	25.6%	21.5%	20.6%	18.4%

