Pinecrest Nursing Home

Continuous Quality Improvement Initiative Report

2026-2027

Continuous Quality Improvement Designated Lead

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Satisfaction Survey's Overview

The 2025/2026 resident and family satisfaction surveys took place in August 2025. This year's Resident Satisfaction Survey took place between February and March 2026. The Family Satisfaction survey took place between February 27-March 27, 2026.

The results were reviewed at The Continuous Quality Improvement sub-committee meeting in September 2025. 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 choice. Additional education was assigned on Surge Learning called "Tips for ensuring Resident's Choice". It was explained to staff the survey results that this was identified as a priority area and residents have the right to choice. In December 2025, education on choice was also provided to residents at Resident's Council. In 2025, when asked if residents can choose what time they go to bed, 85.2% replied "yes" (See Appendix 1.0, Table 1.0). In the 2026 survey, when asked if residents can choose what time they go to bed, 87.5% replied "yes" (See Appendix A, Table 1.1).

In the summer of 2025, the Activation worked to implement some of the activity requests from the happiness survey. New and additional activities implemented to meet resident's requests include: ice cream activities, more concerts, more bingo, antique car show, casino visit, and more animal visits. Some changes to dietary services was also made including new thermal food containers and changing the way silverware is handed out. The Activation started a wellness program for residents. In CIHI the indicator performance for worsened symptoms of depression was 41.4 for the 2025/26 year, the current performance rate is 30.3. This indicator has improved,

therefore will not be carried into the 2026/27 year, but the behavioural supports team will continue to monitor for fluctuations.

In 2025, the following improvements to accommodation, care, services, programs, and goods provided to the residents were made:

- New Mattress- Derma Float, New Mattress- PRO MATT (January 2025)
- New Alarm System at door (located in office) and resident wears a bracelet in effort to prevent elopement (April 2025)
- new covers for fire alarm pull stations (April 2025)
- new IPADS for housekeepers (April 2025)
- New Fence for outdoor space (June 2025)
- New Storage Bin cardboard (June 2025)
- New Flag (July 2025)
- New thermal food containers (July 2025)
- new curtains (October 2025)
- new product line of incontinence products (November 2025)
- New skin and wound care module in PCC (December 2025)

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 2026-2027 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 2.0). 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 as well the team has decided to carry this indicator over from the previous year. The current performance for Falls as indicated by CIHI data is 24.6% (see Appendix C: Table 3.0). While there has been a reduction in falls, the goal will be to further reduce falls with falls education specific to staff's role. Each department will complete education based on if they are in a "clinical" role or "nonclinical" role. Education will be completed in the second quarter, will a goal to notice a decrease in falls by the third quarter.

Falls will continue to be monitored monthly and quarterly. The target performance is decreasing falls in the last 30 days to 22%.

Antipsychotics

Pinecrest Nursing Home has identified the use of antipsychotics for resident without psychosis as a priority area. These rates are reviewed at the Continuous Quality Improvement Committee meeting quarterly (see Table 2.1) as well as monthly at behavioural supports meeting. The current performance as calculated by CIHI is 23.01% (see Appendix C Table 3.1). The behavioural supports team will follow newly admitted residents that come to the home on antipsychotics. After being in the home for three months, the behavioural support team will look for opportunities of trialing a reduction for the resident. The Behavioural support team will continue to monitor the number of residents on antipsychotics monthly, and track any reductions quarterly. The goal is to reduce to 21% residents on antipsychotics without psychosis.

Emergency Department Visits

At present, it is not a common practice for Pinecrest Nursing Home to review emergency department transfers. While Registered staff and physicians try to make diagnosis and treatment uses resources within the home, at times residents present with symptoms beyond the scope of the home. Pinecrest current rate of emergency department visits is 31.75%. Pinecrest Nursing Home's Continuous Quality Improvement Team will review and organize the data from the emergency department visits for the year 2025. From this data, they will review one of two of the most common reasons for transfer, and determine opportunity for education and/or protocols can be put in place to prevent those reasons for transfer. The goal is to reduce resident emergency department visits to 28%.

Communication

Pinecrest continues to utilize different strategies to discuss change ideas, obtain feedback and suggestions from stakeholders. The management team will continue with Town Hall meetings for residents and family members twice a year to provide updates, seek feedback and provide an opportunity for families to bring forward any ideas.

Management 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 monthly indicators is shared within the home. The Continuous Quality Improvement program review is also provided to Resident's Council for review, suggestions and feedback.

Appendix A: Survey Responses

Table 1.0- 2025 Resident Survey Results

Choice		**Yes**	**No**	**Sometimes**
31. Can you choose what time you go to bed?	27 responses	23	3	1
	% responses	85.20%	11.10%	3.70%

Table 1.1- 2026 Resident Survey Results

Choice		**Yes**	**No**	**Sometimes**
31. Can you choose what time you go to bed?	24 responses	21	1	2
	% responses	87.50%	4.20%	8.30%

Appendix B: Data from Continuous Quality Improvement Committee Meetings

Table 2.0. Falls Report

Provincial Avg 24/25	Pinecrest Avg. 2024/25	MDS 24 Oct-Dec	Q 4 Oct-Dec 24	Q 1 Avg. (Jan-Mar) 25	Q 2 Avg. (Apr-June) 25	Q 3 Avg. (July-Sept) 25	Q 4 Avg. (Oct-Dec) 25
16.20%	27.00%	32.6%	25	10.3	11.3	10.7	10

Table 2.1 Antipsychotics

Provincial Avg 24/25	Pinecrest Avg 24/25	Oct-Dec 2024	Jan-Mar 2025	Apr-June 2025	July- Sept 2025	Oct-Dec 2025
19.70%	16.30%	20.5%	27%	29.3%	13.50%	24.10%

Appendix C: CIHI Data

Falls

Table 3.0

Q2 24-25	Q3 24-25	Q4 24-25	Q1 25-26	25-26 Q 2 target Avg
25%	30.4%	18.2%	23.9%	24.6%

Antipsychotics

Table 3.1

Q2 24-25	Q3 24-25	Q4 24-25	Q1 25-26	25-26 Q 2 target Avg
16.7%	19.0%	23.7%	29.3%	23.01 %