

Experience | Patient-centred | Custom Indicator

Indicator #3	Last Year		This Year		
	42.90	69.20	31.10	--	NA
I am satisfied with the quality of care from dietitian(s) (Pinecrest Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☐ Implemented ☒ Not Implemented

Booking care conferences on days dietitian is in for residents who are high risk, dietary manager to attend all other conferences.

Process measure

- In order to measure the idea is working, the number of conferences dietary manager attends will be audited

Target for process measure

- High risk resident's will have the Dietician attend their care conference by the end of March

Lessons Learned

Unsuccessful

Challenge: Previous Dietitian was not very involved. Our dietitian is only in the building once a week which impacts the availability of the dietitian attending care conferences in person.

Success: New Dietitian completes an analysis addressing any dietary concerns. Resident and Family concerns are communicated to the Dietitian utilizing dietary referral

Unsuccessful: Dietary Manager on personal leave created significant challenges with Dietary updates for resident and families.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Request feedback from resident’s council related to concerns they want addressed.

**Process measure**

- The recreation manager will track the number of concerns and the outcome of implementations.

**Target for process measure**

- The number of resident concerns brought to resident council will decrease to 10% by end of May

**Lessons Learned**

Successful

Recreation Manager improved the process for addressing concerns from resident council in a timely manner. Ensuring concerns are shared with the appropriate Manager and responses are completed within the required 10 days.

Indicator #7	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Resident satisfaction - would recommend. (Pinecrest Manor)	84.60	75	72.40	--	NA

Change Idea #1 ☒ Implemented ☐ Not Implemented

My care conference is a meaningful discussion that focuses on what’s working well, what can be improved, and potential solutions.

Process measure

- Schedules will be implemented and communicated. Target percentages will improve in this section.

Target for process measure

- 80 percent of care conferences will have family and residents in attendance in the next quarter, 100% of care conferences will be scheduled and communicated

Lessons Learned

Unsuccessful  
Challenge with Management turnover causing inconsistent scheduling of the care conferences.  
Residents and Families lack of interest to attend and or participate in the care conference process. We continue to try to engage in process.  
March 31, 2025 implemented IPAC manager to set up Care Conferences with resident and families and to reschedule if necessary

Indicator #2	Last Year		This Year		
	Performance	Target	Performance	Percentage Improvement	Target
Family satisfaction - would recommend. (Pinecrest Manor)	88.90	85	81.80	--	NA
	(2024/25)	(2024/25)	(2025/26)	(2025/26)	(2025/26)

**Change Idea #1** ☐ Implemented ☒ **Not Implemented**

The resident has input into the recreation programs available.

**Process measure**

- Number of implemented suggestions would be measured as a comparison

**Target for process measure**

- Target percentages would increase on survey results in the next fiscal year

**Lessons Learned**

Unsuccessful

Manager turnover. New Manager started in April 2025 manager spent time getting to know our residents and their likes and dislikes over several months.

November 13, 2025 implemented the Resident Activity committee meeting, this gives the residents the opportunity to provide input to the next month's activities.

Safety | Safe | **Optional Indicator**

	Last Year		This Year		
<b>Indicator #4</b>	<b>16.35</b>	<b>15</b>	<b>16.20</b>	<b>0.92%</b>	<b>15</b>
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Pinecrest Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1** ☒ **Implemented** ☐ **Not Implemented**

## Re- Establish the Falls Team

**Process measure**

- Set monthly meetings and record minutes each month. Continued education to front line and new staff.

**Target for process measure**

- Increased in attendance for meetings and education targets are met.

**Lessons Learned**

Successful

Staff turnover created inconsistency with maintaining the fall team. Leadership team analyzed the challenges and determined holding regular monthly meetings at huddles would capture an interdisciplinary approach.

**Change Idea #2** ☒ **Implemented** ☐ **Not Implemented**

## Determining root cause of resident falls

**Process measure**

- Number of audits completed monthly

**Target for process measure**

- Trend analysis to identify fall risk will be completed by June 2024

**Lessons Learned**

Unsuccessful

Fall team often unable to identify the root cause for the fall which can result in unsuccessful interventions to prevent further falls. Training to be provided.

Implemented the Buddy up program in August 31, 2025 to ensure PSWs have an enhanced awareness of resident needs in particular preventing falls which has been successful so far.

Comment

We are continuing to have falls prevention as our focus for the 2025 improvement plan.

Indicator #6	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Pinecrest Manor)	9.23	17.30	12.61	-36.62%	12

Change Idea #1 ☒ Implemented ☐ Not Implemented

Medication reviews completed for all residents currently prescribed antipsychotics as indicated with monitoring program.

Process measure

- Number of residents reviewed monthly.

Target for process measure

- All residents currently prescribed antipsychotics will have a medication review completed within the next quarter

Lessons Learned

Successful  
Monthly antipsychotic deprescribing meeting with BSO lead, RAI Coordinator (ADOC) and Pharmacist to refer triggered and non-triggered using antipsychotic without diagnosis of a psychosis.



Safety | Safe | Custom Indicator

Indicator #1	Last Year		This Year		
	2.30	2.50	0.00	--	NA
% of LTC residents with restraints (Pinecrest Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Review current restraints and determine plan to try alternatives

- Process measure

  - # residents reviewed monthly # of meetings held with families/residents to discuss alternatives monthly

Target for process measure

  - 100% of restraints will be reviewed and plans implemented for trialing alternatives by Sept 2024

**Lessons Learned**

We were successful in reducing the restraints.  
Held resident care conference with resident and resident family. Reviewed resident care needs and discuss trial for eliminating restraint.  
Trial was successful.



Safety | Effective | Custom Indicator

	Last Year		This Year		
<b>Indicator #5</b>	<b>0.00</b>	<b>2</b>	<b>0.00</b>	<b>--</b>	<b>NA</b>
Percentage of LTC residents with worsened ulcers stage 2-4 (Pinecrest Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Review current bed systems/surfaces for residents with PURS score 3 or greater.

Process measure

- # of residents with PURS score 3 or greater # of reviews completed of bed surfaces/mattresses monthly # of bed surfaces /mattresses replaced monthly

Target for process measure

- A review of the current bed systems/surfaces for residents with PURS score 3 or greater will be completed by August 2024

Lessons Learned

Successful

November 30th implemented assessing the residents' overall health condition to prevent skin breakdown.

November 30th implemented the repositioning clock to assist staff with a quick reference regarding time to reposition the resident and what side for the resident to be on.