



Annual **QUALITY CARE** **REPORT (2025 - 2026)**

Prepared by:

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SAINT VINCENT'S NURSING HOME– ANNUAL QUALITY CARE REPORT 2025-2026

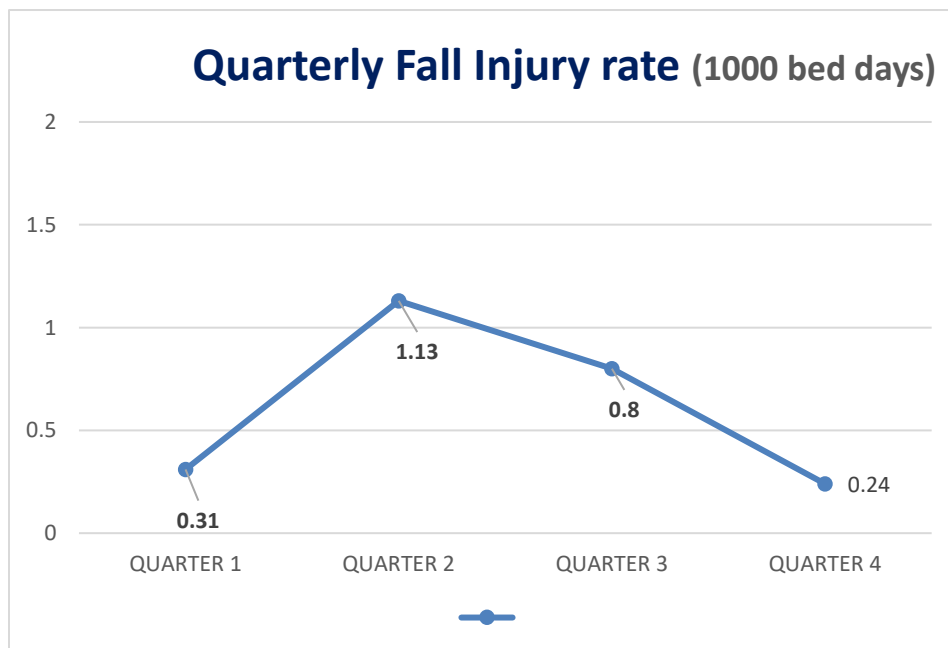
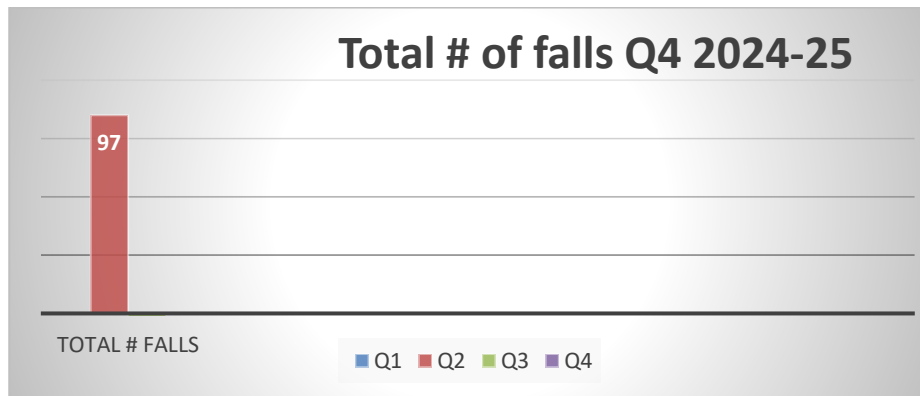
OVERVIEW

INDICATOR or STATISTIC		Target/ Benchmark	Facility Trend	Q1 APR-JUN 2025	Q2 JUL-SEP 2025	Q3 OCT-DEC 2025	Q4 JAN-MAR 2026	Annual 2025-2026
Falls	*% Residents who fell in last 30 days	CIHI 16.7%	↓					
	*Total number of Falls (Quarter)	Experience	↓					
	Moderate/Serious Injury rate/ 1000 resident bed days (Monthly)	Experience	↓					
# Residents using Restraints	PASD (point in time)	Experience	↑					
	Physical Restraints (point in time)	CIHI 5.6%	↓					
Incidence of new or worsening SVNH Acquired Pressure Injury		NS 3.0%	↑					
Infection Rate per 1000 resident bed days (Monthly)		IPAC 2.5	↑					
Medication error rate per 1000 resident bed days (Monthly)		Experience	↑					
*Antipsychotic Use		FACILITY TOTAL CIHI 22%	↑					

*New formula to measure and benchmark in 2024.

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FALLS MANAGEMENT



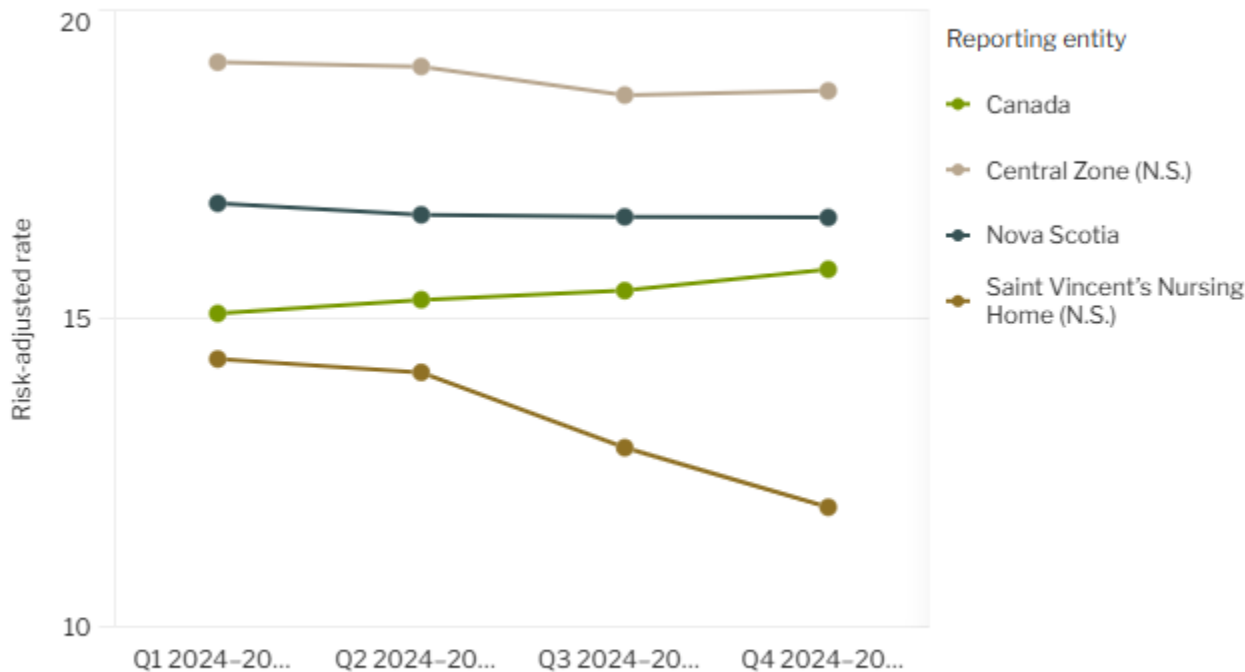
Actions

- Multi-disciplinary team huddles are held regularly
- Frequent and continuous rounding and resident safety checks.
- Scott Fall Assessments completed on admission, every 6 months and with a change in the residents' health status.
- Resident status change monitoring by CCA (STOP and WATCH).
- Care plans are updated by physio regularly
- All new employees have a mandatory education session with Physiotherapy and Occupational Therapy prior to their unit orientation
- Mandatory Orientation for all staff with Physiotherapist/Occupational Therapist
- Of the 89 falls in the 4th quarter, 45 of those falls were multiple falls by several residents.

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Residents Who Fell in the Last 30 Days

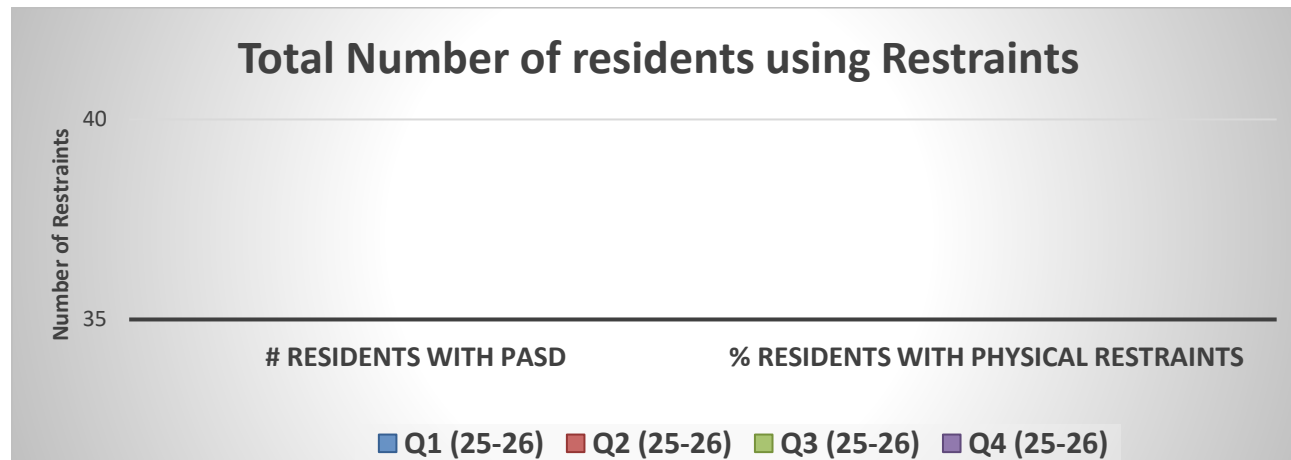
Risk-adjusted rate, trend for selected locations, Q1 2024–2025 to Q4 2024–2025



Canadian Institute for Health Information. Integrated interRAI Reporting System Long-Term Care Secure Reporting. Accessed April 16, 2025. Data refreshed at: April 2, 2025. Fiscal quarter: 4 of 34; Indicator selection: Residents Who Fell in the Last 30

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LEAST RESTRAINTS



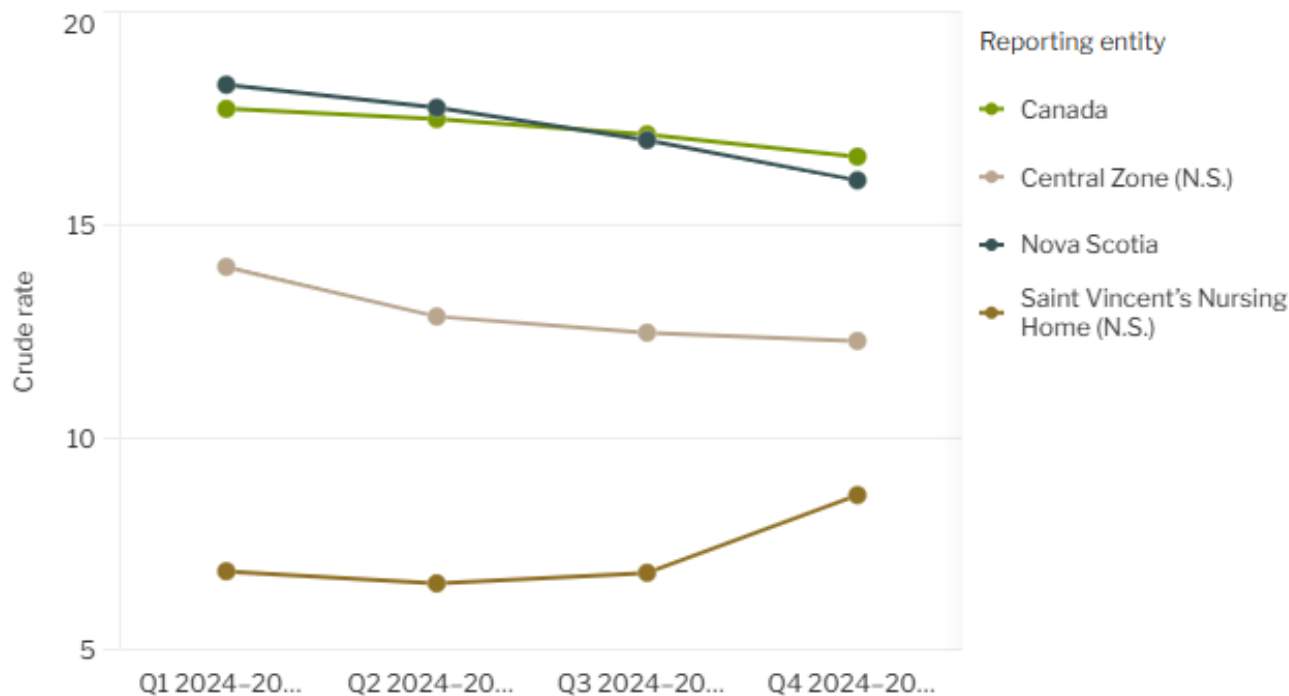
Actions

- Care plans continue to be updated for residents using restraints or a PASD. Care plans include Type of restraint/PASD and reason for use.
- Monitoring of the resident's response to the device.
- Frequent safety checks
- Releasing the restraint/PASD every 2 hours
- Repositioning every 2 hours
- Toileting plan/ Incontinence checks
- Ongoing audits to ensure policy compliance and assessments are completed
- Quarterly audits by the RCM's and OT/PT

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Residents in Daily Physical Restraints

Crude rate, trend for selected locations, Q1 2024–2025 to Q4 2024–2025

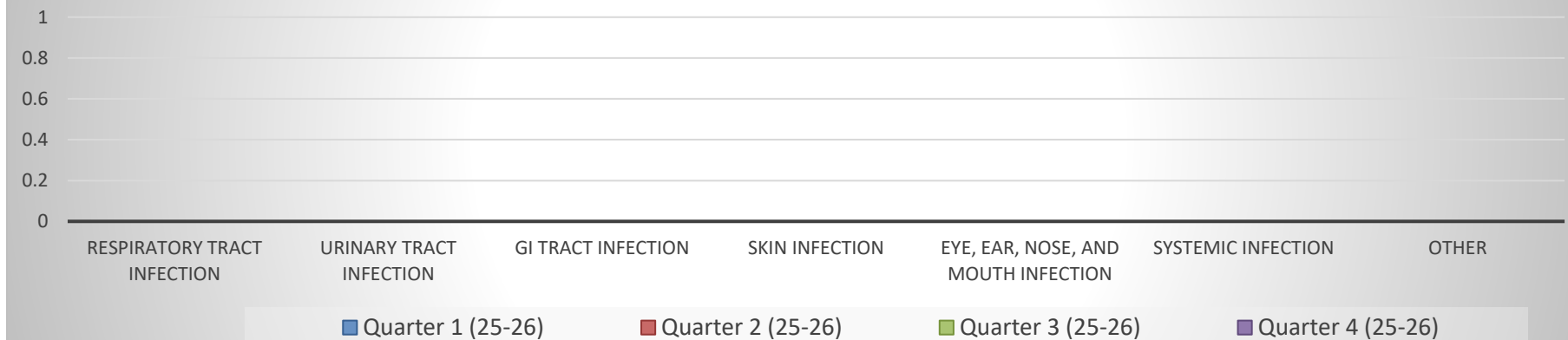


Canadian Institute for Health Information. Integrated interRAI Reporting System Long-Term Care Secure Reporting. Accessed April 16, 2025. Data refreshed at: April 2, 2025. Reporting entity: Canada; Fiscal quarter: 4 of 34; Indicator selection: Residents

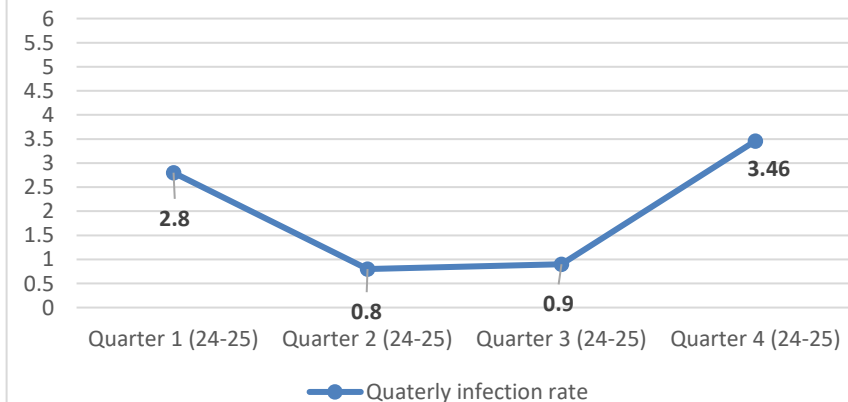
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INFECTION CONTROL

Quarterly Infection Rate in each criteria (per 1000 resident bed days)



Infection rate per 1000 resident bed days

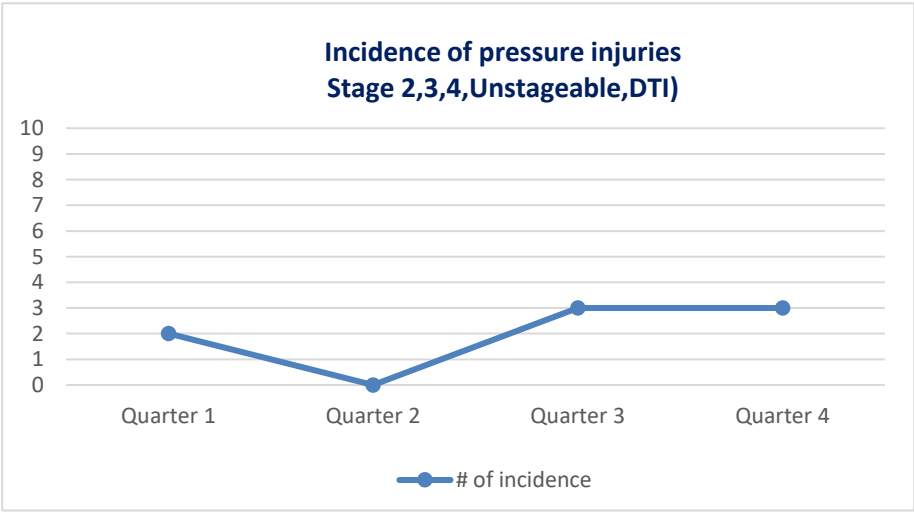
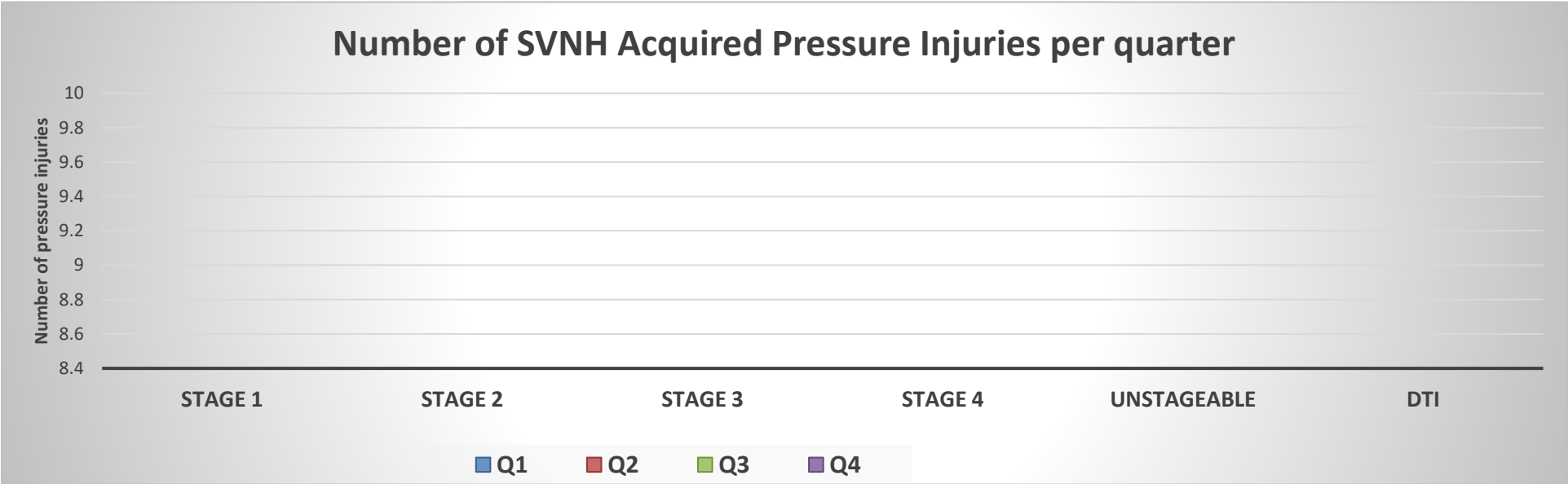


Actions

- Respiratory and GI protocols remain in place.
- Audits are completed to ensure adherence to protocols, masking, hand-hygiene, and social distancing.
- Hand Hygiene and nail clipper audits are conducted monthly
- RSV vaccines were given to all eligible residents in October- January
- COVID vaccines given to eligible residents every 6 months
- Increased daily cleaning of high touch areas continues.

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PRESSURE INJURY

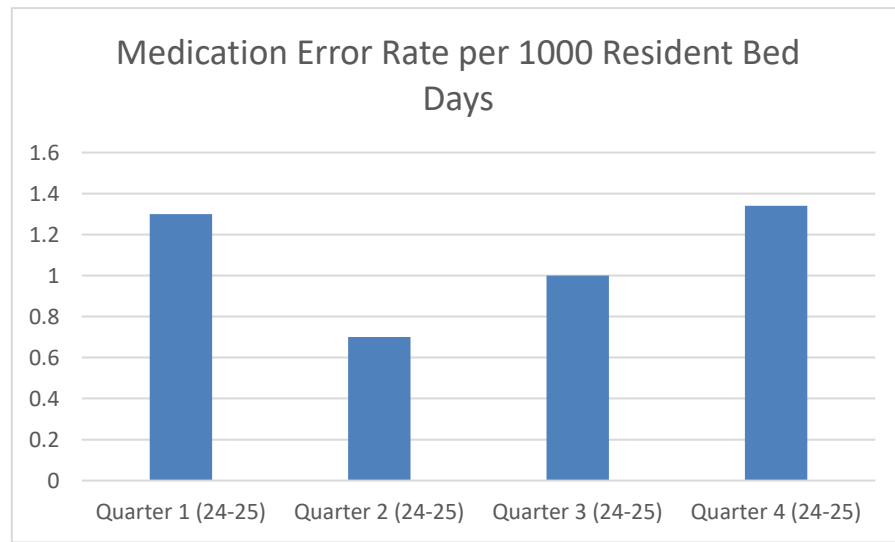
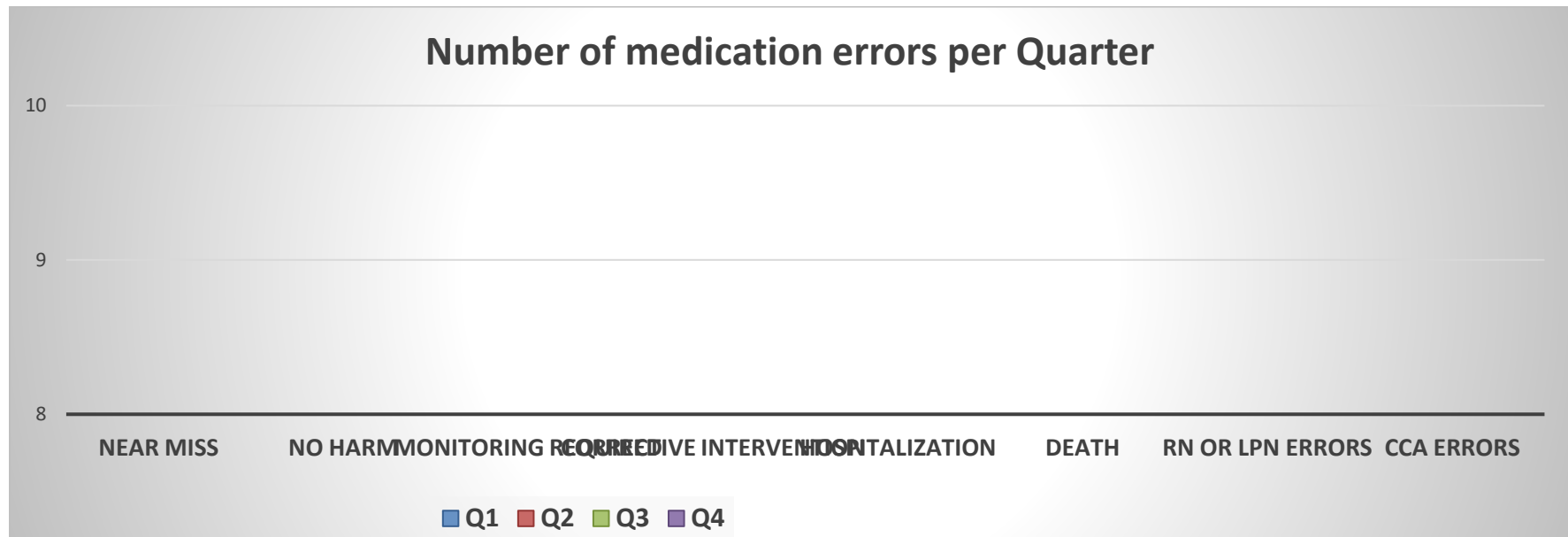


Actions (Completed)

- Wound care protocol in place – routine assessments completed
- Wound Care Team meetings bi-weekly to review all pressure injuries, interventions, and education
- Discussion with RNs regarding the need to update care plans with resident change in status, such as end of life, change in mobility.
- Re-established the Safe Resident Handling and Mobility (SRHM) committee- education for all staff on off-loading equipment, etc.
- Education by OT- appropriate use and care of off-loading equipment
- Unit huddles to review residents at high risk.
- Audit by RCMs to ensure proper incontinent product being used for each resident
- Provincial Wound Care consultants are contacted as needed

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MEDICATION MANAGEMENT

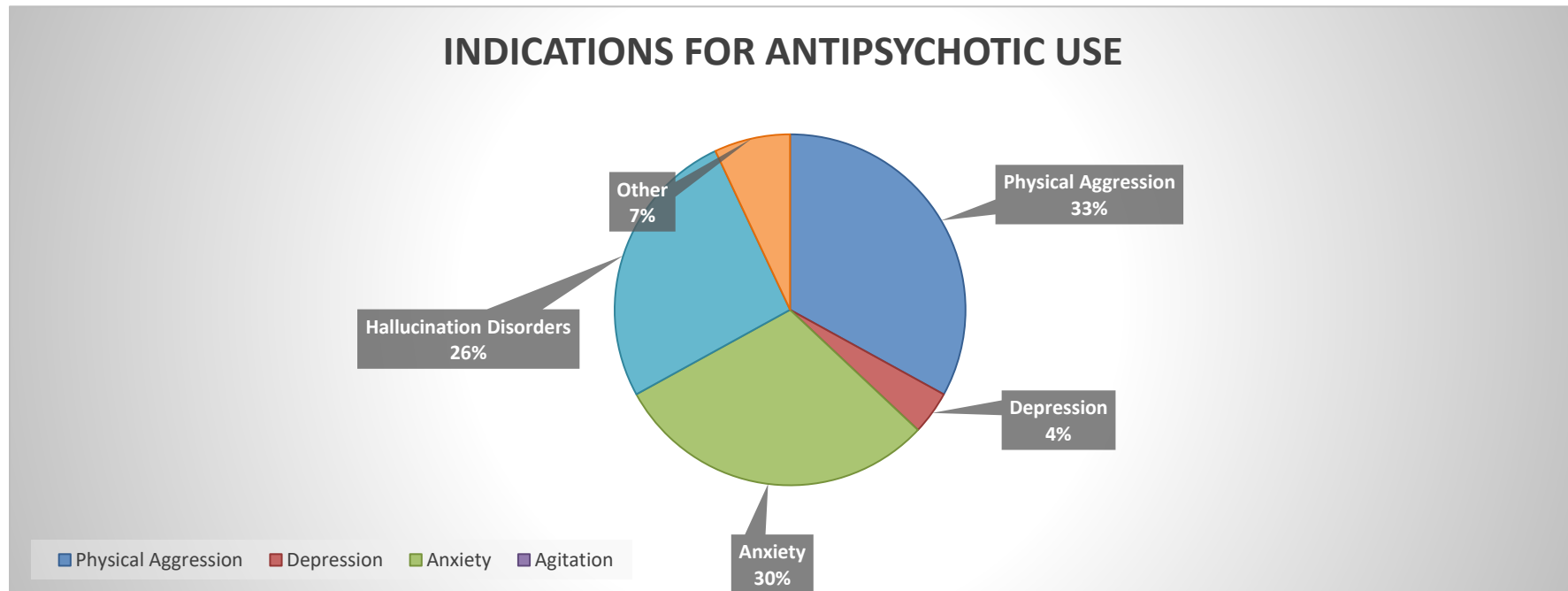


Actions

- Medication reconciliation is completed on admission and upon return from hospital admission
- Continued review of medication management, policies and procedures.
- Pharmacy continues to educate their staff on minimizing errors.
- Unit audits to ensure every resident has a current photo which accurately identifies the resident, and each resident is wearing an ID bracelet as per policy.
- RCMs discuss pharmacy audit results at Nsg/Pharm meeting, RN/LPN meeting.

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USE OF ANTIPSYCHOTIC DRUGS



Analysis: As of March 31, 2025, 27 residents (18.5%) receive antipsychotics required for symptoms of hallucination disorders and/psychosis secondary to medical diagnosis (such as schizophrenia, Parkinson's, bipolar, and other diagnosis that can cause psychosis symptoms such as depression, dementia, traumatic brain injury and substance abuse).

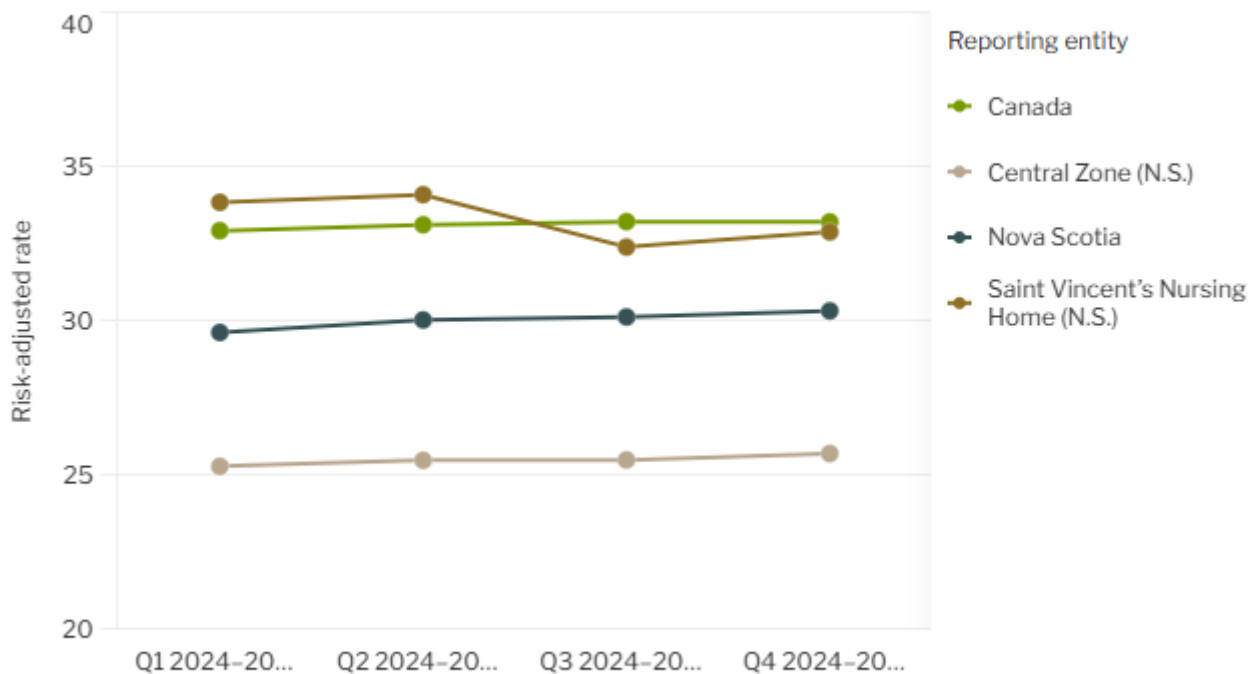
Actions

- Unit team huddles held to review care plans including non-pharmacological interventions for residents with responsive behaviors.
- Workplace Violence Prevention Program shared with staff through unit meetings and JOHS newsletter.
- Staff to document in progress notes in addition to using the DOS tool when observing responsive behaviours.
- Team to review use of "prns". Consider discontinuing those that have not been used for several weeks.
- Referral to Seniors Mental Health and Challenging Behaviour Consultant as needed
- Clinical RNs are educated in PIECES
- One of our Recreational Therapists is trained in GPA (Gentle Persuasive Approach) and will be educating staff in house to this concept
- Monthly PIECES meeting held to discuss challenging residents

Total # of residents receiving an antipsychotic is measured as of the last day of the month.

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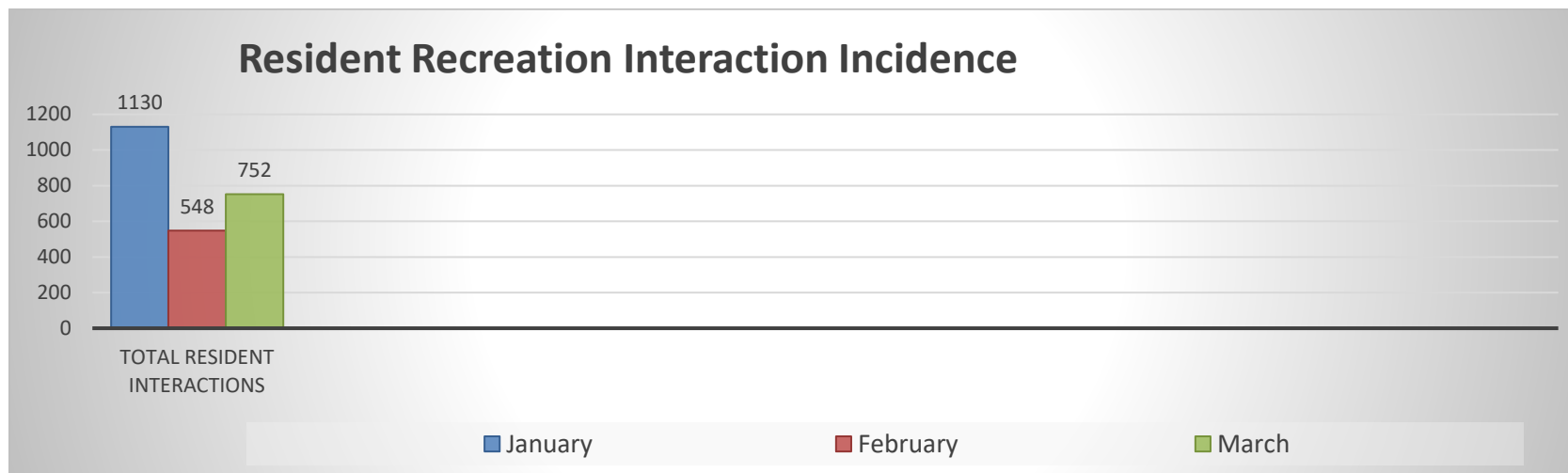
Residents on Antipsychotics Without a Diagnosis of Psychosis
Risk-adjusted rate, trend for selected locations, Q1 2024–2025 to Q4 2024–2025



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Resident Recreation Interactions



Actions

- All residents have an Initial Assessment with Recreation to determine what activities the resident prefers to participate in, and are appropriate for the resident
- Careplans are developed for each resident based on the assessment and reviewed on a quarterly basis
- Recreation Team Members are asked to participate in Unit team huddles held to review care plans including non-pharmacological interventions for residents with responsive behaviors and falls
- One of our Recreational Therapists is trained in GPA (Gentle Persuasive Approach) and will be educating staff in house to this concept
- Monthly PIECES meeting held to discuss challenging residents