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

Prepared by:

Joanna Johnson, Resident Care Manager IPAC/Quality

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

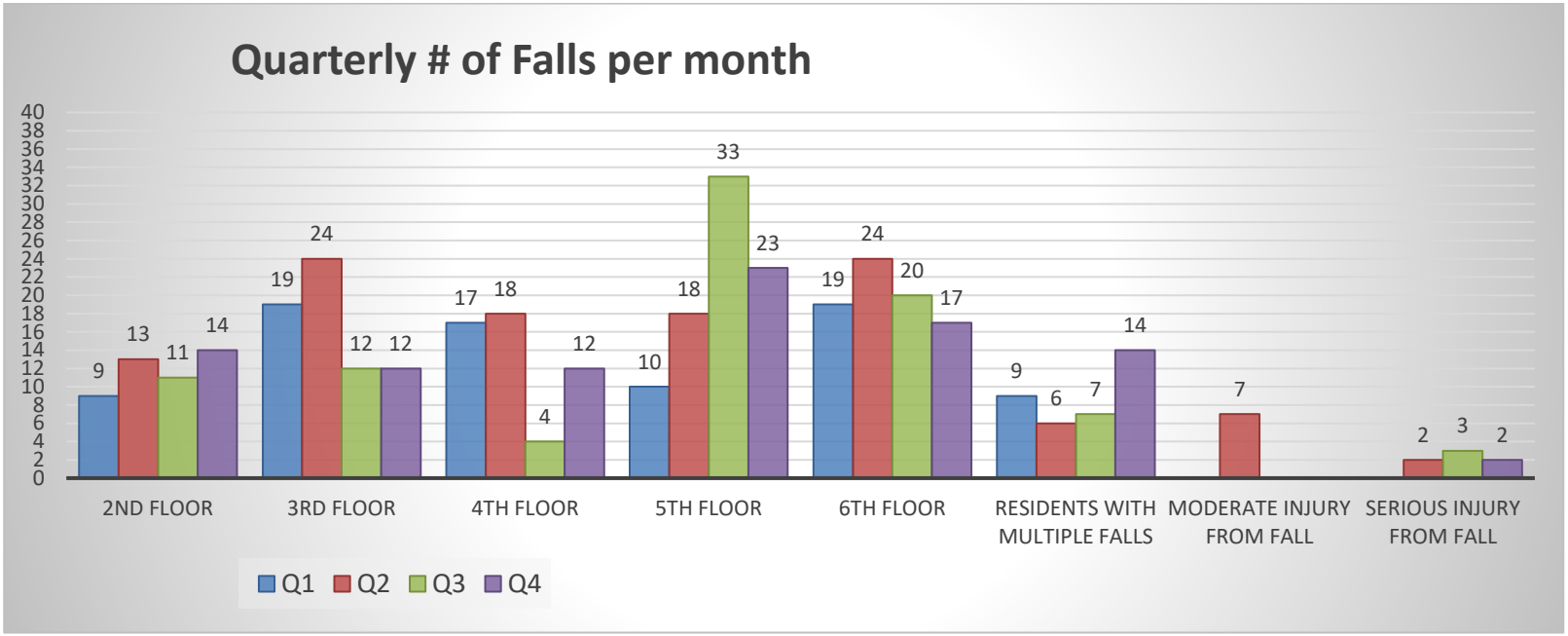
OVERVIEW

INDICATOR or STATISTIC		Target/ Benchmark	Facility Trend	Q1 APR-JUN 2025	Q2 JUL-SEP 2025	Q3 OCT-DEC 2025	Q4 JAN-MAR 2026	Annual Avg 2025-2026	Last Annual Avg 2024-2025
Falls	*% Residents who fell in last 30 days	CIHI 16.7%	↓	13.3	13.3	13.9	15.5	**14%**	**17.5%**
	*Total number of Falls (Quarter)	Experience	↓	82	97	80	79	**85**	**119.75**
	# of Moderate injuries from fall	Experience	↓	3	8	0	0	**5.5**	**n/a**
	# of Serious Injuries from falls	Experience	↓	0	2	3	2	**1.75**	**n/a**
# Residents using Restraints	# PASD (point in time)	Experience	↑	31	32	34	38	**33.75**	**23.25**
	# Physical Restraints (point in time)	CIHI 4.9%	↑	8 res. (5.5%)	8 res (5.5%)	8 res (5.5%)	9 res (6.1%)	**8.5 res (5.7%)**	**5.5%**
Incidence of new or worsening SVNH Acquired Pressure Injury		NS 2.2%	↓	2.0%	1.3%	0.8%	0.7%	**1.2%**	**1.4%**
Infection Rate per 1000 resident bed days (Monthly)		IPAC 2.5	↑	2.1	5.3	3.4	3.9	**3.7**	**1.99**
Medication error rate per 1000 resident bed days (Monthly)		Experience	↓	1.35	0.23	0.7	0.48	**0.69**	**1.08**
*Antipsychotic Use		FACILITY TOTAL CIHI 15%	↑	18.5%	22.6%	21%	15.6%	**19.4%**	**16.75%**

*New formula to measure and benchmark in 2024.

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

FALLS MANAGEMENT



Residents in long-term care are frail, have multiple chronic illnesses, cognitive impairment, and tend to use more prescription medications. For these reasons, either alone or in combination can increase the risk of falls. SVNH has a multidisciplinary falls program which includes a comprehensive review of risk factors, such as falls history, gait, balance, vision and continence status, medications and footwear.

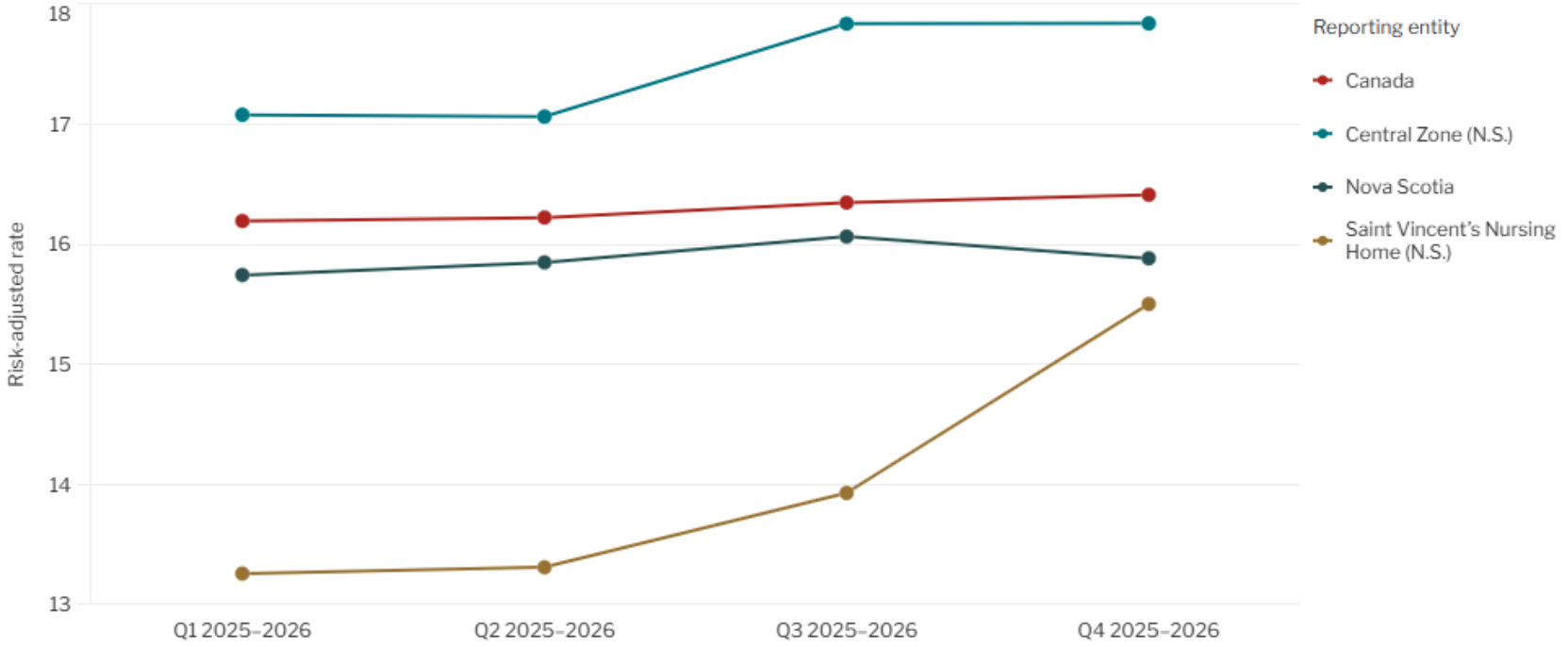
Actions

- Multi-disciplinary team huddles are held regularly for those deemed high risk for falls
- Frequent and continuous rounding and resident safety checks.
- Scott Fall Assessments completed on admission, every 6 months and with a change in resident's health status
- Fall Prevention interventions include: hourly checks, crash mats, wheelchair/bed alarm, motion sensor in rooms, mattress sensor etc
- Careplans are updated on a minimum of a quarterly basis
- All new employees have a mandatory education with PT/OT prior to their unit orientation with regards to safe lifts and transfers, along with the type of equipment they may encounter on the unit

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

Residents Who Fell in the Last 30 Days

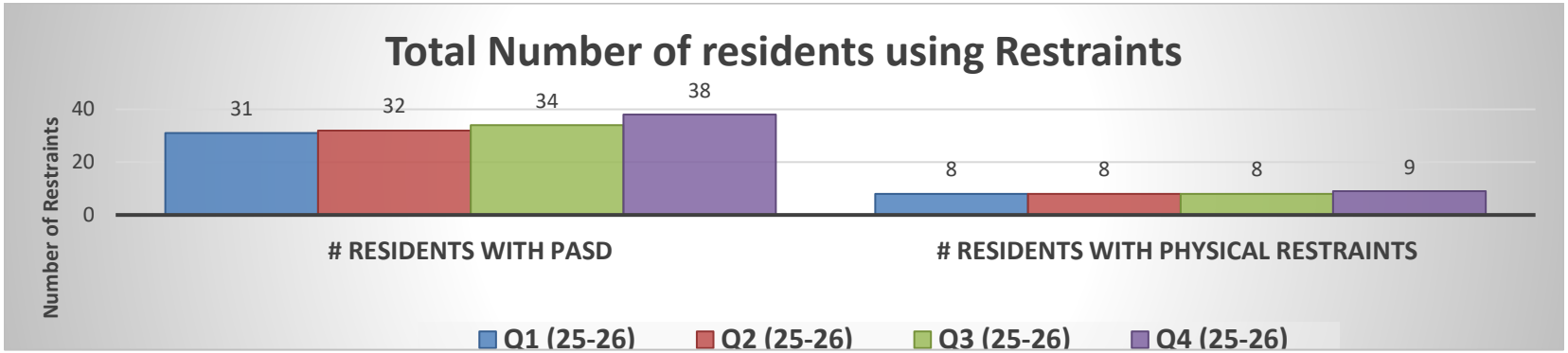
Risk-adjusted rate, trend for selected locations, Q1 2025–2026 to Q4 2025–2026

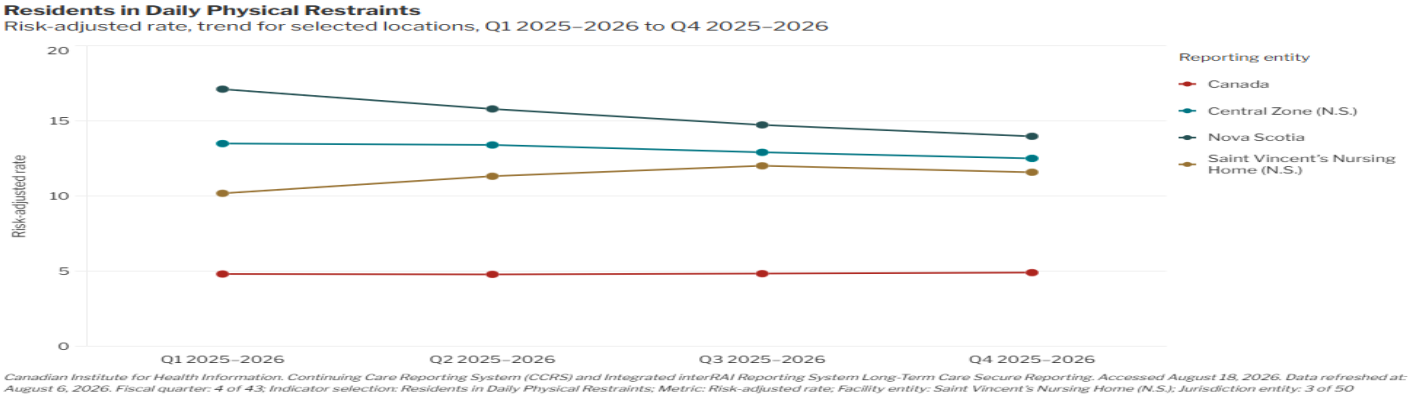


Canadian Institute for Health Information. Continuing Care Reporting System (CCRS) and Integrated interRAI Reporting System Long-Term Care Secure Reporting. Accessed August 18, 2026. Data refreshed at: August 6, 2026. Fiscal quarter: 4 of 43; Indicator selection: Residents Who Fell in the Last 30 Days; Metric: Risk-adjusted rate; Facility entity: Saint Vincent's Nursing Home (N.S.); Jurisdiction entity: 3 of 50

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

LEAST RESTRAINTS



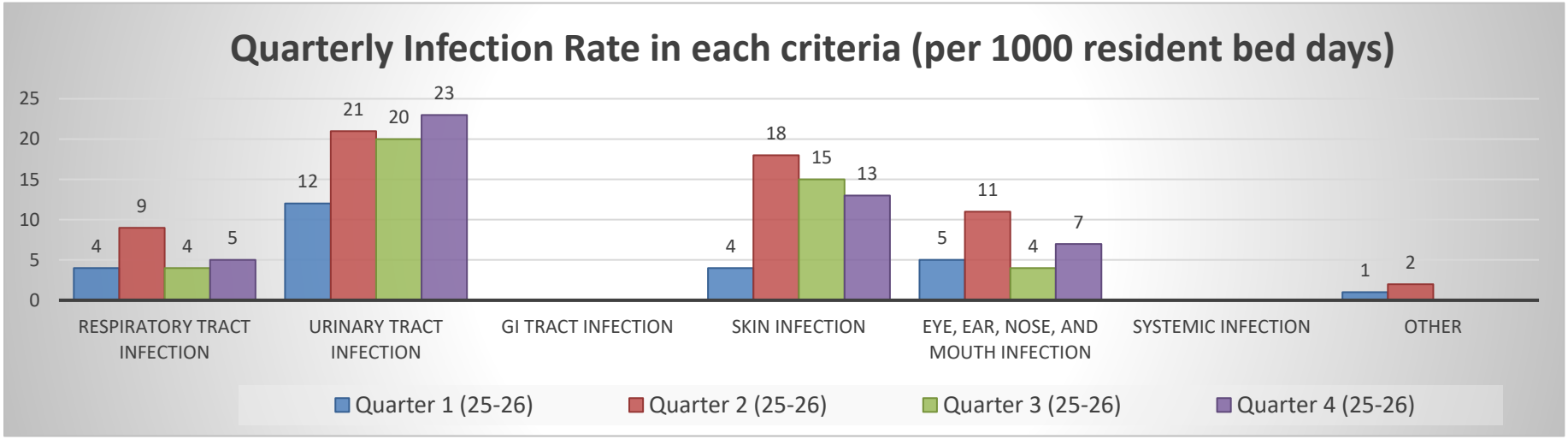


Actions

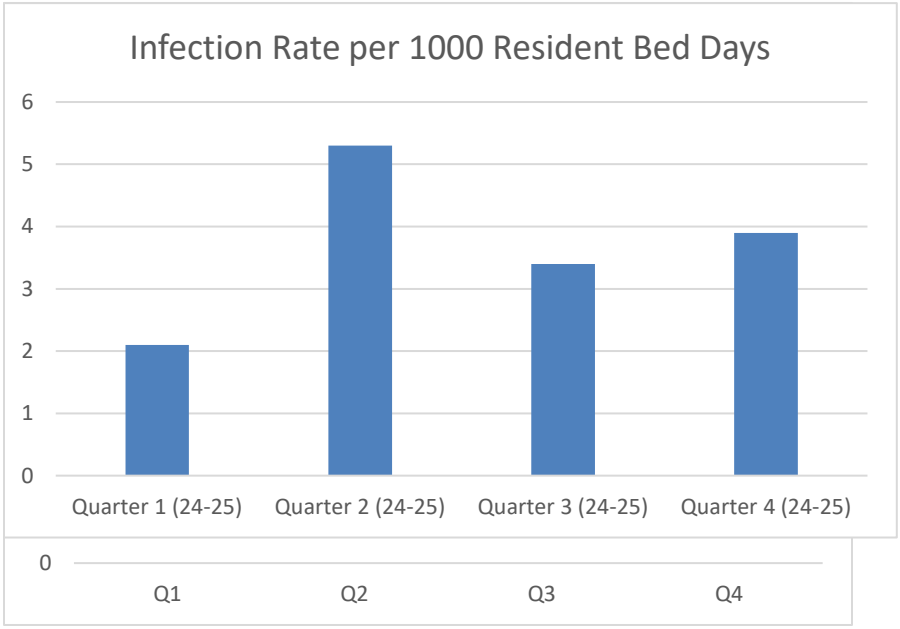
- Care plans continue to be updated for residents using restraints or a PASD. Care plans include Type of restraint/PASD and reason for use.
- Monitoring of the resident's response to the device.
- Frequent safety checks
- Releasing/repositioning the restraint/PASD every 2 hours

- Toileting plan/ Incontinence checks
- Ongoing audits, along with quarterly audits by RCMs/PT/OT to ensure policy compliance and assessments are completed

INFECTION CONTROL



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

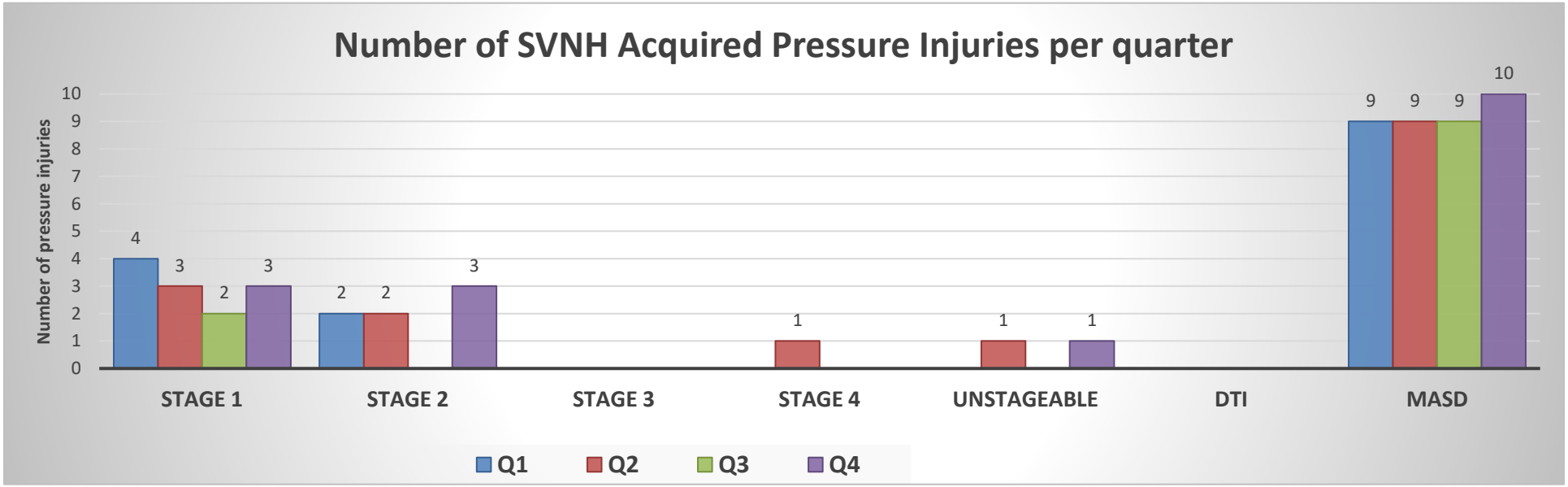


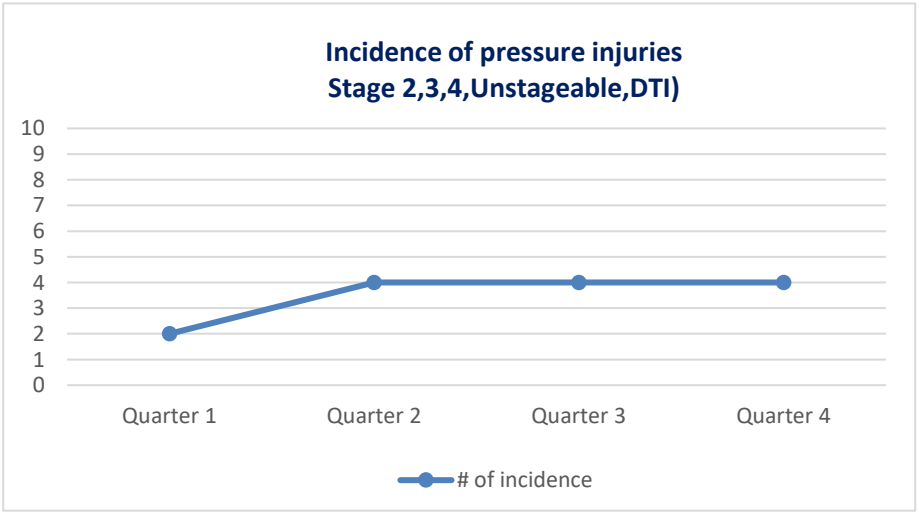
Actions

- Ongoing education regarding UTIs, as we have several residents who have chronic UTIs, and are on prophylactic antibiotics, but still require a different type of antibiotic to treat the infection
- Respiratory and GI PPE protocols in place during outbreaks
- Hand Hygiene and nail clipper audits are conducted monthly
- Immunization program in place to ensure all residents who provide consent are up to date on their RSV, Pneumococcal, Shingles, COVID and Influenza
- Increased daily cleaning of high touch areas continues.
- Education from our pharmacist regarding UTIs, and Influenza to our staff

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

PRESSURE INJURY





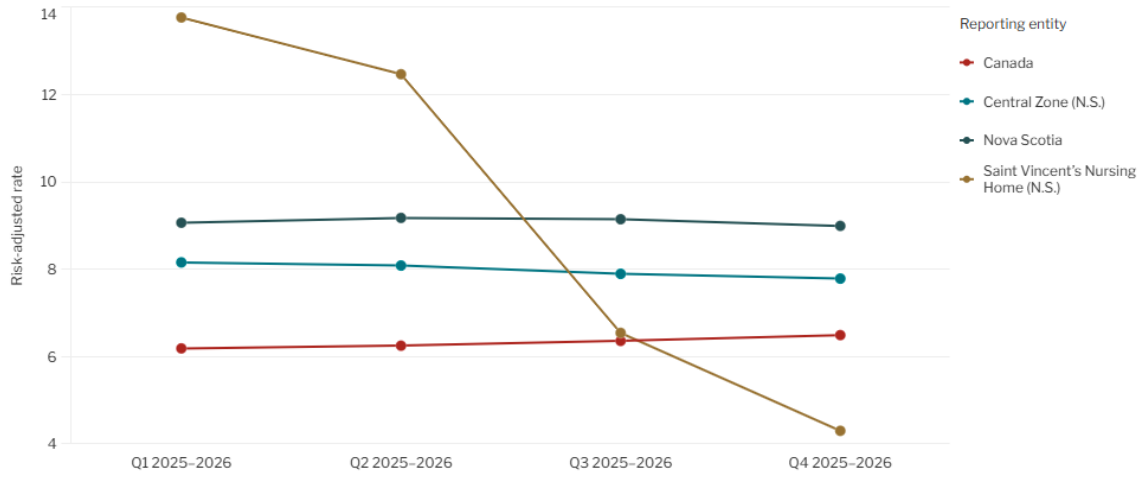
Actions (Completed)

- 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.
- 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

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

Residents With a Stage 2 to 4 Pressure Ulcer

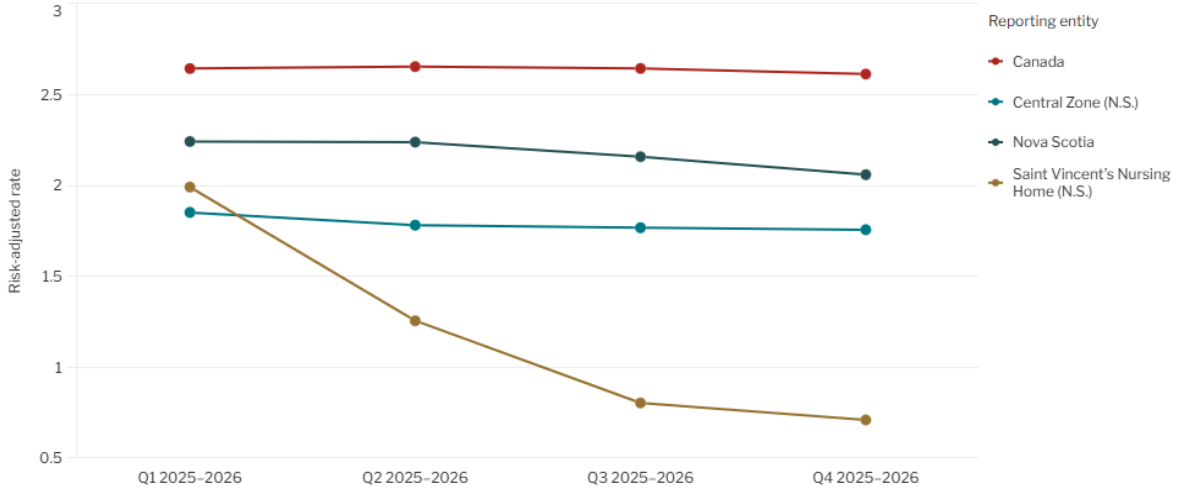
Risk-adjusted rate, trend for selected locations, Q1 2025–2026 to Q4 2025–2026



Canadian Institute for Health Information. Continuing Care Reporting System (CCRS) and Integrated interRAI Reporting System Long-Term Care Secure Reporting. Accessed August 19, 2026. Data refreshed at: August 6, 2026. Fiscal quarter: 4 of 43; Indicator selection: Residents With a Stage 2 to 4 Pressure Ulcer; Metric: Risk-adjusted rate; Facility entity: Saint Vincent's Nursing Home (N.S.); Jurisdiction entity: 3 of 50

Residents With a Worsened Stage 2 to 4 Pressure Ulcer

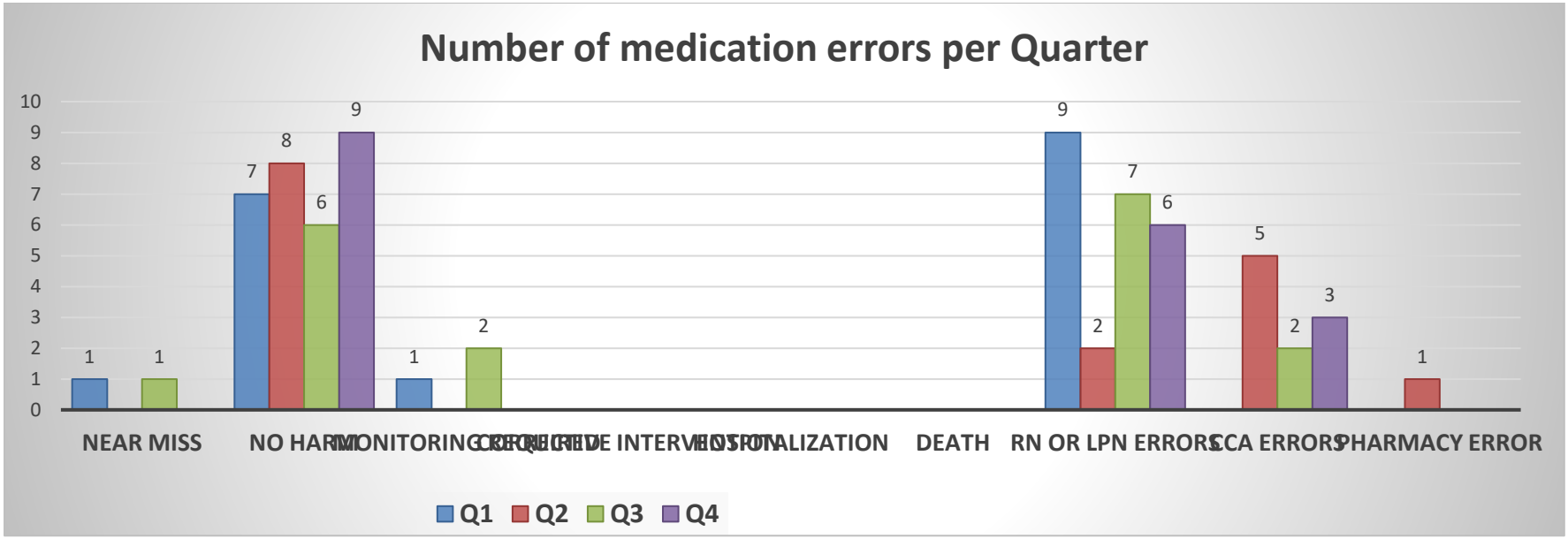
Risk-adjusted rate, trend for selected locations, Q1 2025–2026 to Q4 2025–2026

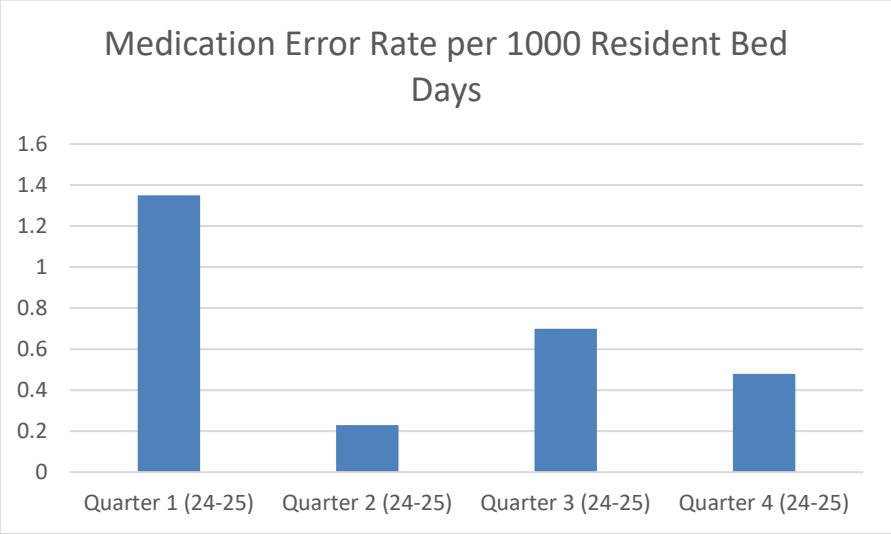


Canadian Institute for Health Information. Continuing Care Reporting System (CCRS) and Integrated interRAI Reporting System Long-Term Care Secure Reporting. Accessed August 19, 2026. Data refreshed at: August 6, 2026. Fiscal quarter: 4 of 43; Indicator selection: Residents With a Worsened Stage 2 to 4 Pressure Ulcer; Metric: Risk-adjusted rate; Facility entity: Saint Vincent's Nursing Home (N.S.); Jurisdiction

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

MEDICATION MANAGEMENT



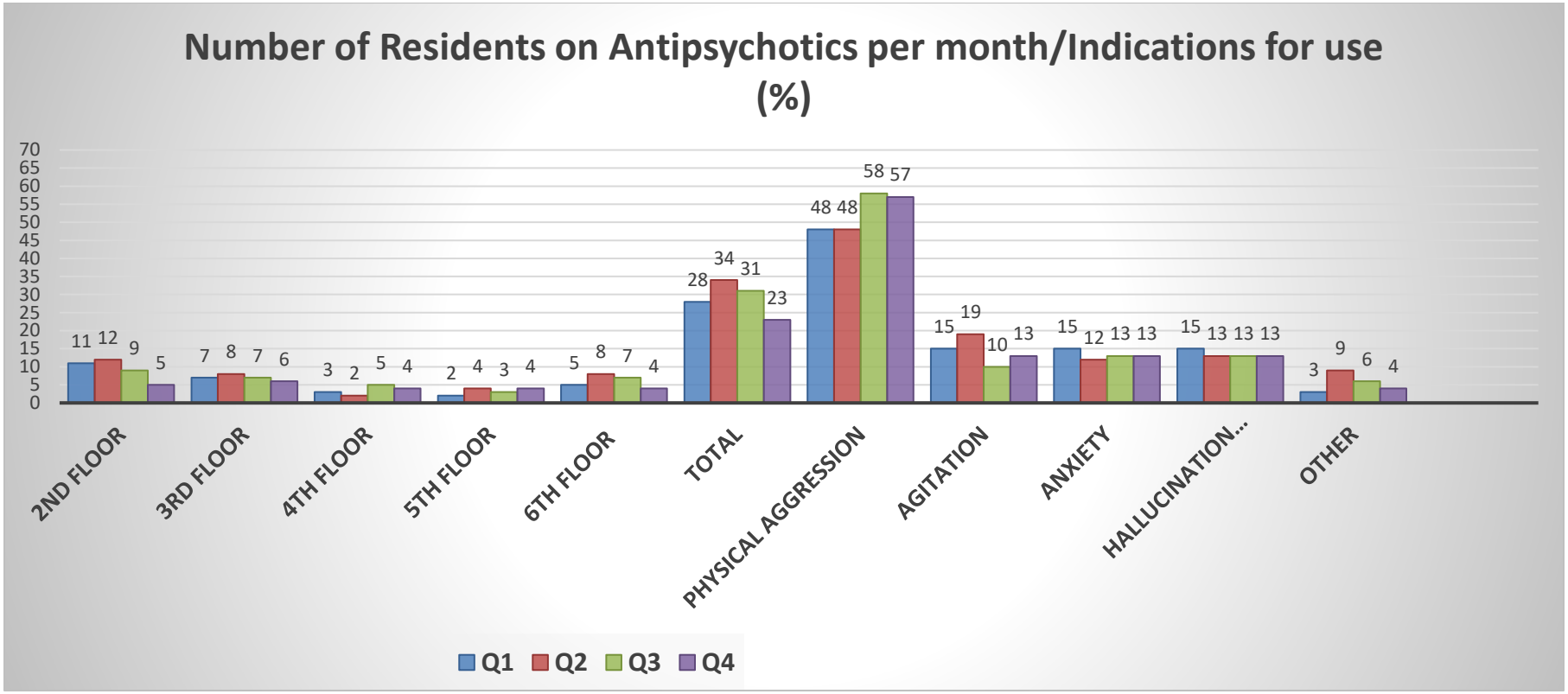


Actions

- 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.

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

USE OF ANTIPSYCHOTIC DRUGS

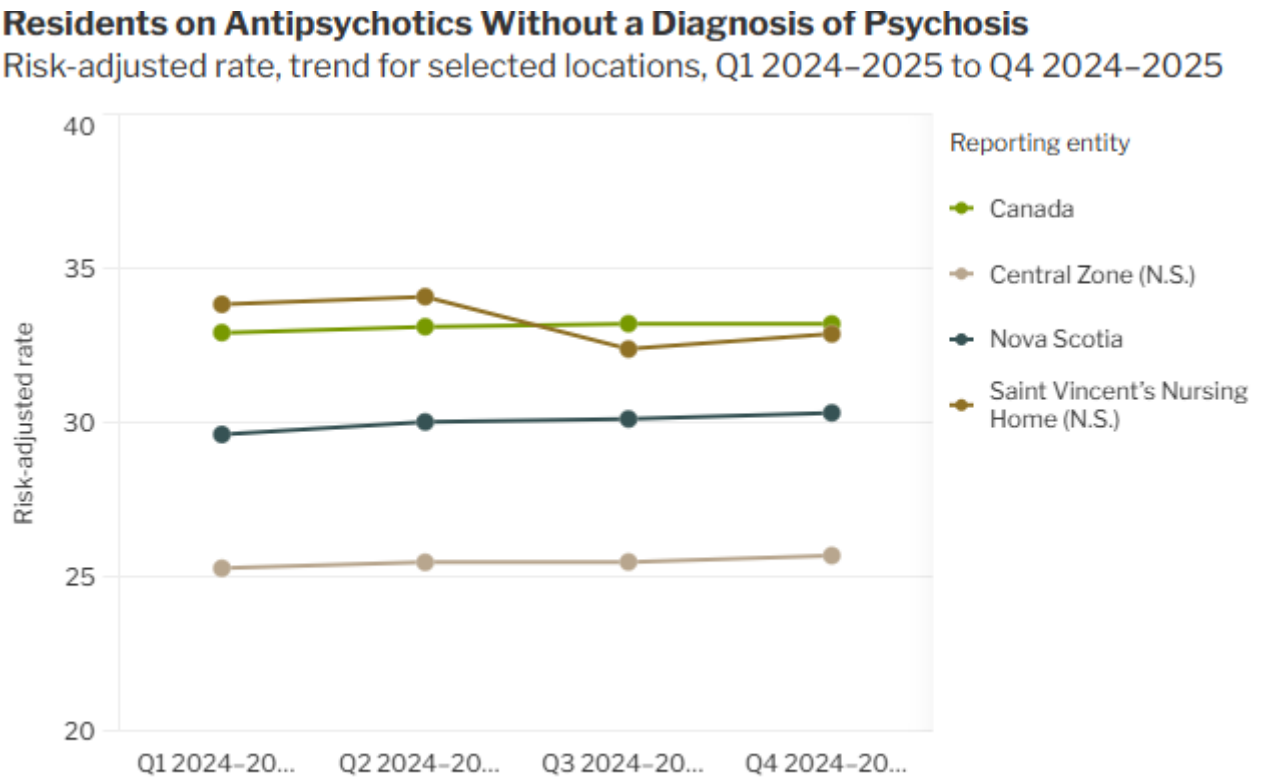


Analysis: Antipsychotics are indicated for psychosis, schizophrenia, Huntington's disease and bi-polar disorder. They are sometimes also used to control agitation, anxiety, depression and dementia-related behavioural problems, including aggression. Antipsychotics may be an appropriate course of treatment in times of severe distress or imminent risk of physical harm to self or others for example. However, they can increase the risk of falls and fractures, stroke and death for elderly people with dementia. When prescribing antipsychotic medication, we talk with the resident and family about risks, monitor each resident for potential side effects and try multiple interventions in keeping with a comprehensive care plan. Our preference is to use options without medication where possible

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

Actions

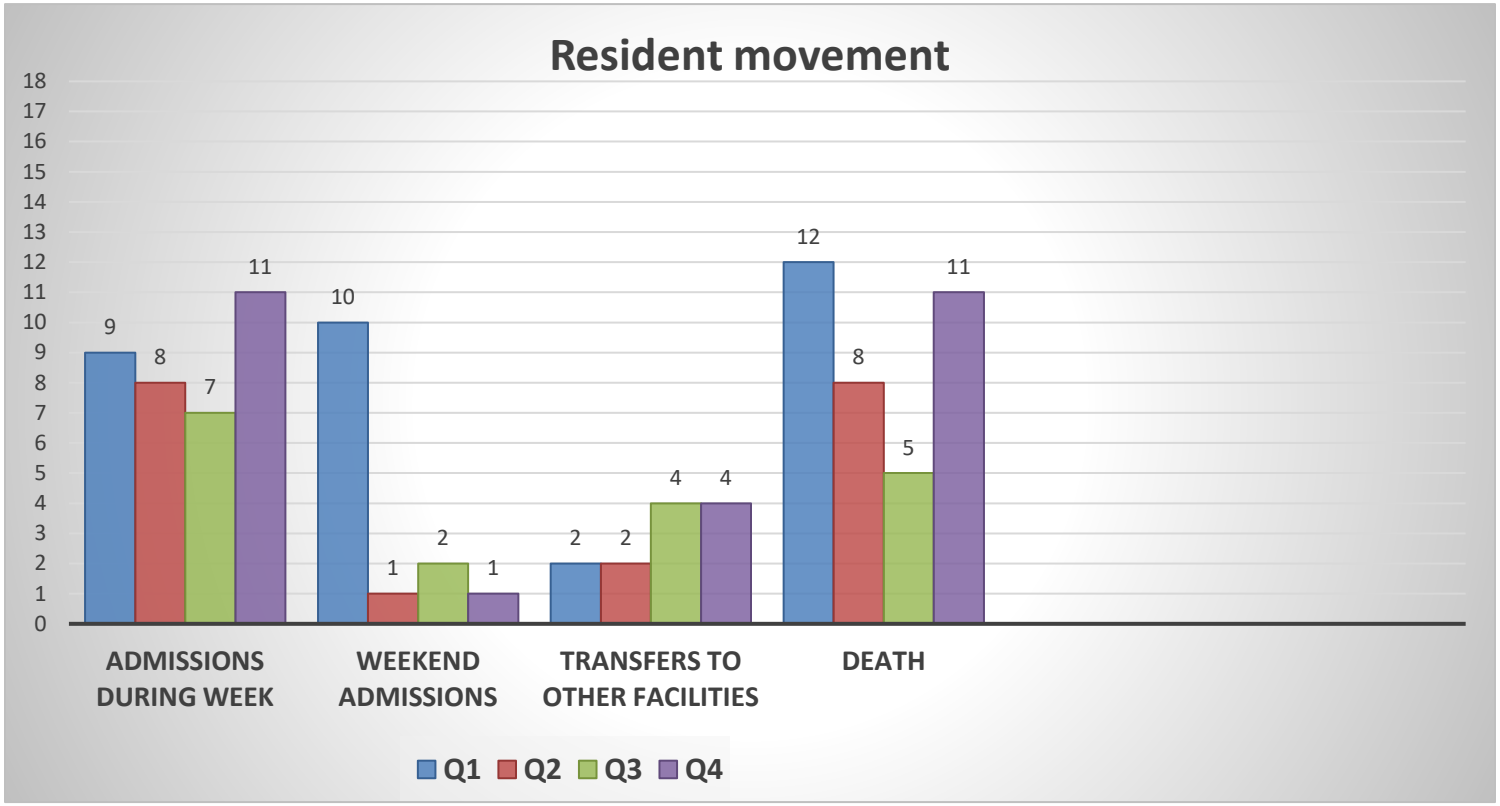
- Unit team huddles held to review care plans including non-pharmacological interventions for residents with responsive behaviors.
- Workplace Violence Prevention Program shared with staff through unit meetings and JOHS newsletter.
- Staff to document in progress notes in addition to using the DOS tool 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
- One of our Recreational Therapists, as well as, a Resident Care Manager is trained in GPA (Gentle Persuasive Approach) and will be educating staff in house to this concept. To date there have been 34 staff trained to this concept.
- Clinical RNs are educated in PIECES, and Monthly PIECES meeting held to discuss challenging residents



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 on Antipsychotics Without

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

RESIDENT ADMISSIONS/DISCHARGES/TRANSFERS

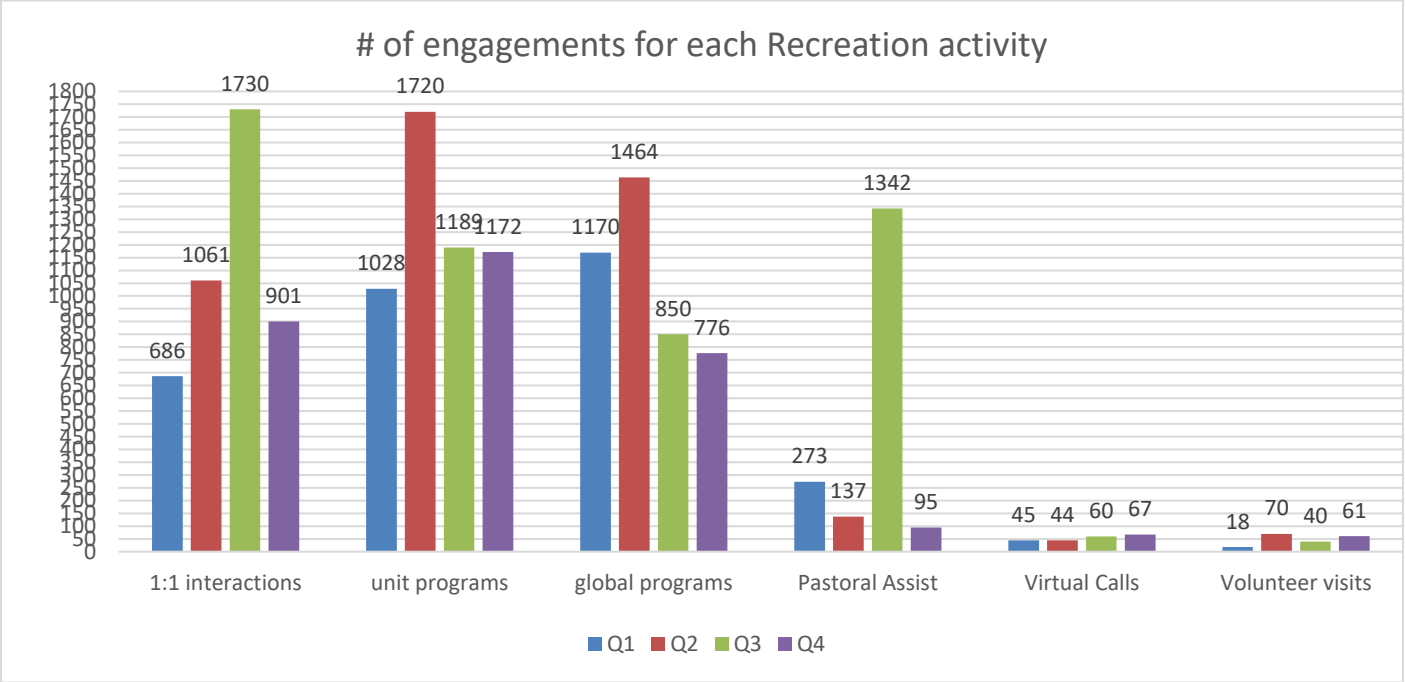


Actions

- April 1st the mandate from Department of Seniors was to have 7 day a week admissions to LTC facilities. This resulted in the turn around time for a vacancy from 5 business days to 48 hours
- If a resident is being admitted from hospital on the weekend, then the hospital is asked to send over 72hrs worth of medications.
- Admissions from community are Monday thru Friday due to pharmacy supplies

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

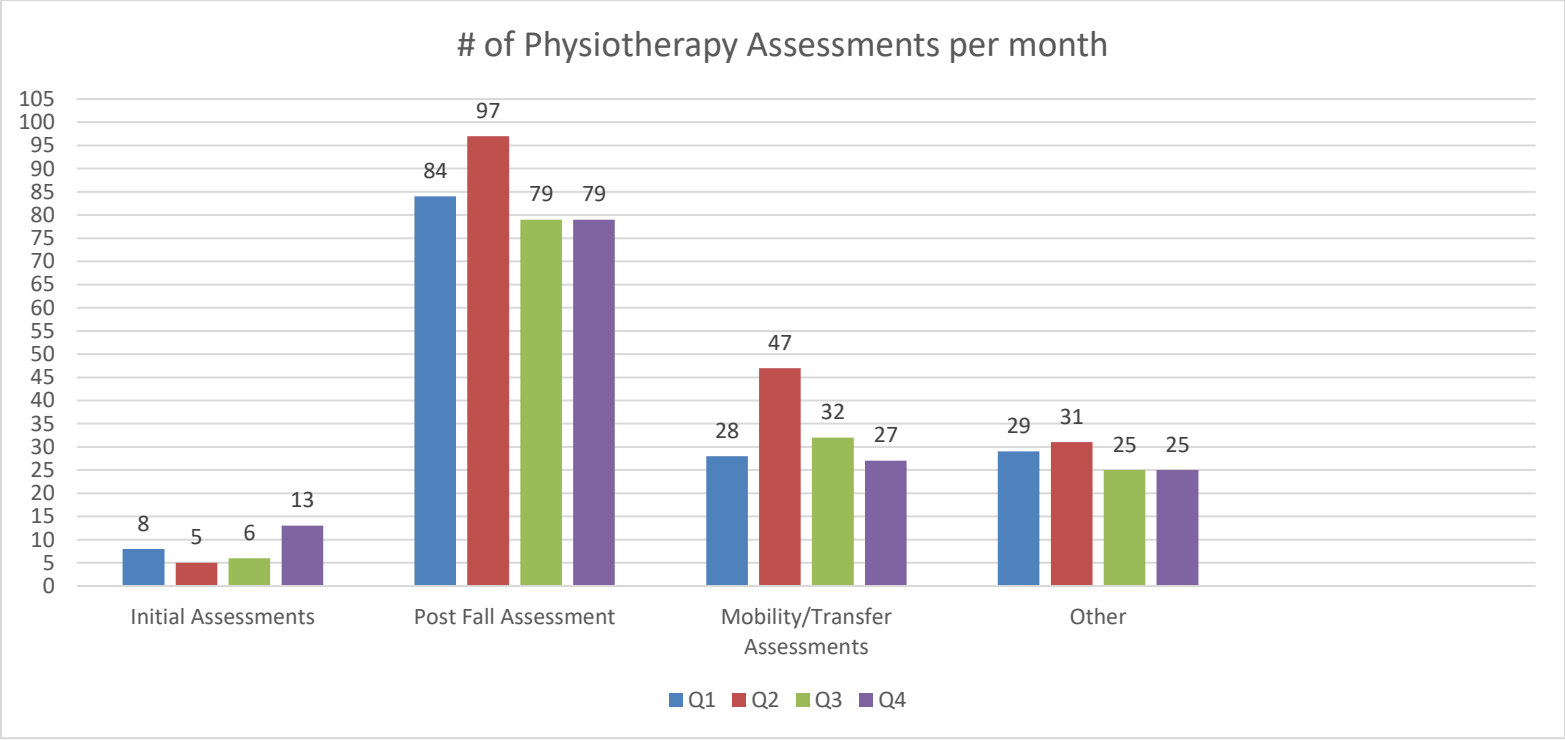
RESIDENT RECREATION INTERACTIONS



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, along with a Resident Care Manager is trained in GPA (Gentle Persuasive Approach) and will be educating staff in house to this concept. So far X staff have received inhouse training.
- Monthly PIECES meeting held to discuss challenging residents
- Total Number of Recreation Engagements were: April-710; May-1362; June-1148; July-1955; August-1855; September-1435; October-1670; November-1230; December-1461; January-1169; February-869;March-1229

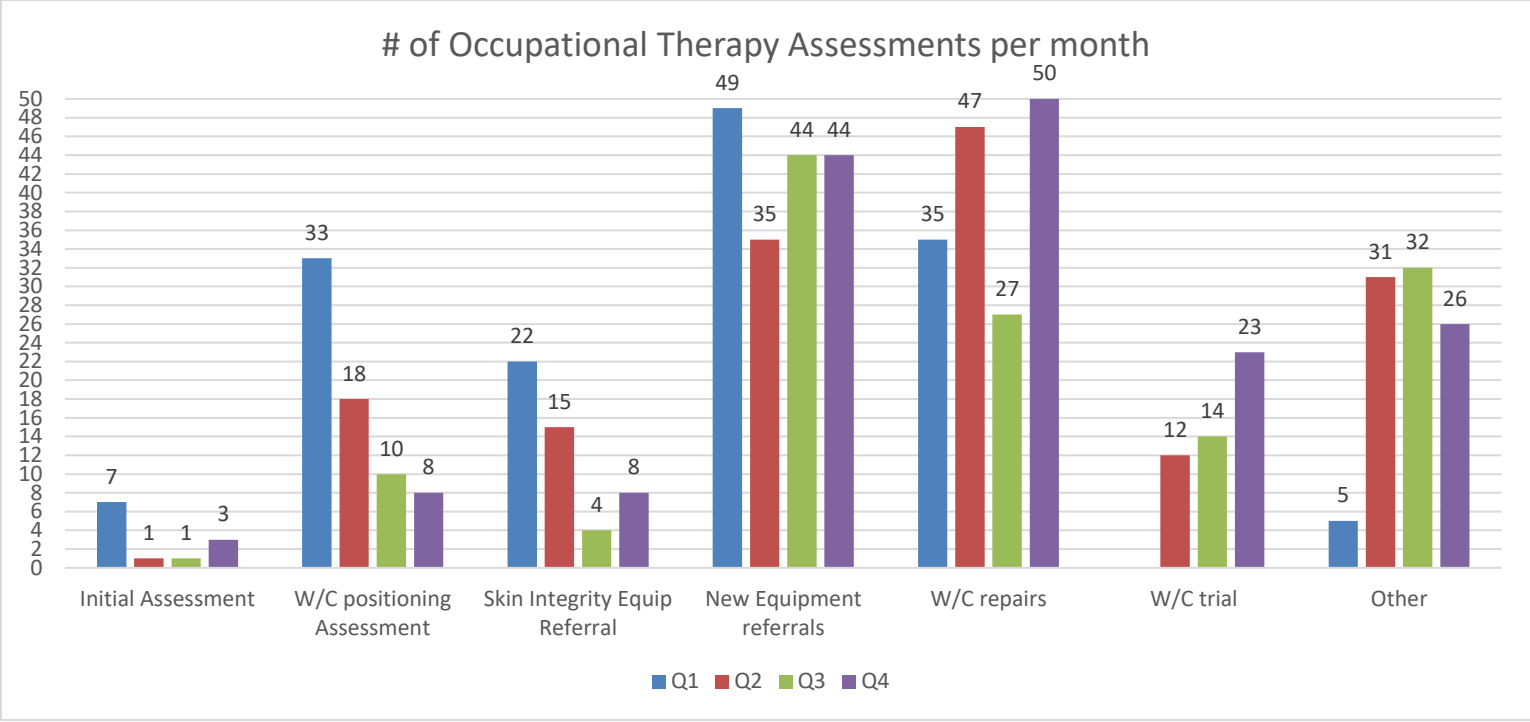
PHYSIOTHERAPY and OCCUPATIONAL ASSESSMENTS



Actions

- Residents are assessed 24 hours after admission by our physiotherapist to determine their transfer and mobility status. Goals are set during the initial meeting, and reviewed on a quarterly basis and as status changes.
- "Other" can include: pain assessments and treatment such as hot pack use;
- **Exercises encounters: April-42; May-77; June-79; July-261 ; August-; September-259; October 259; November 200 ; December 197; January-204; February-149; March-184**

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

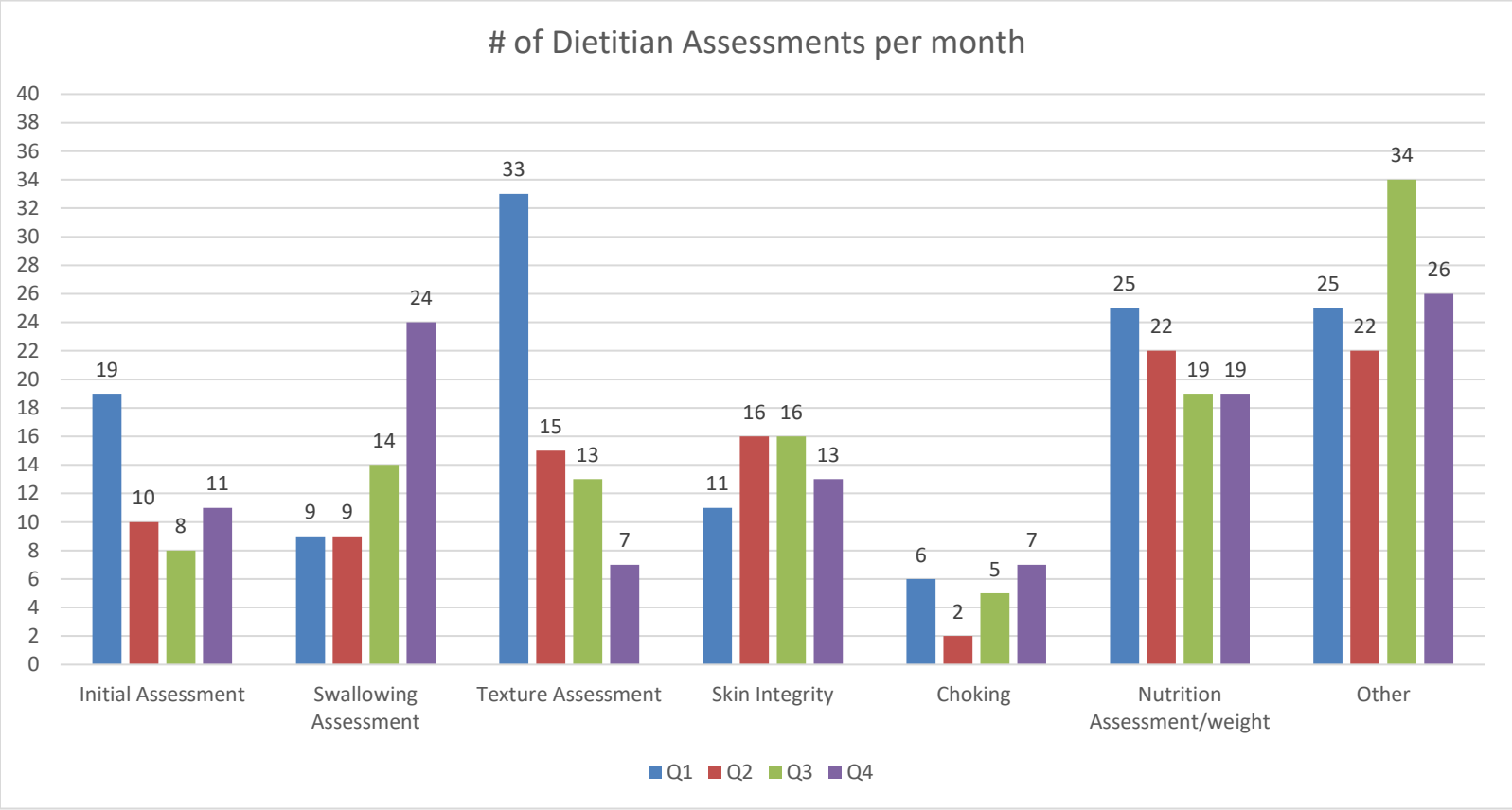


Actions

- Residents are assessed 24 hours after admission by our occupational therapist to determine if the resident requires any equipment such as specialized mattress, wheelchairs etc. Goals are set during the initial meeting, and reviewed on a quarterly basis and as status changes.
- New Equipment referrals include: New wheelchairs; mattresses; splints etc.
- All equipment was audited in October and November by the OT department
- "Other" can include: pain assessments and treatment such as hot pack use; educating staff on proper placement of cushions etc.

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

DIETITIAN ASSESSMENTS

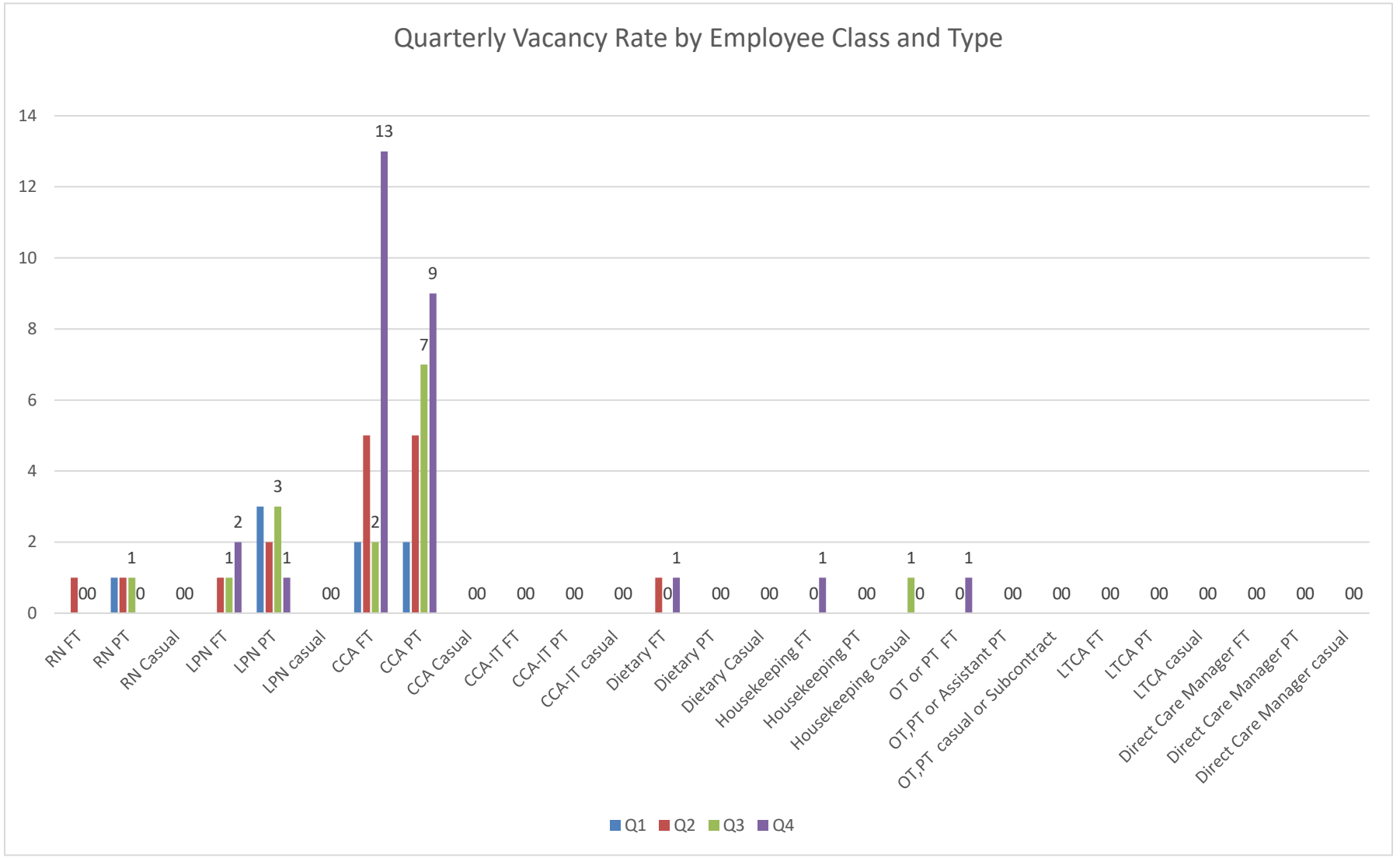


Actions

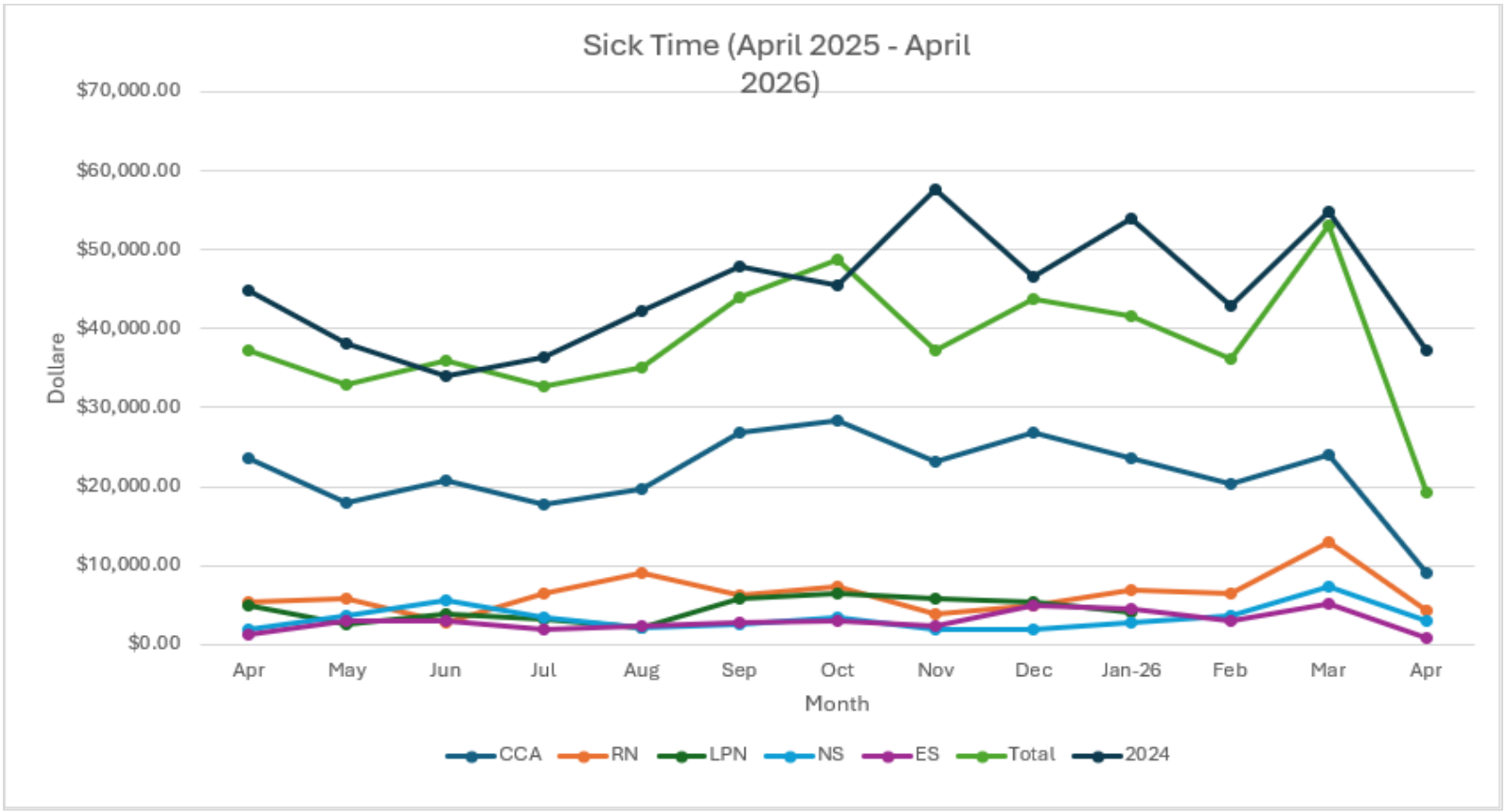
- Residents are assessed within 24 hours after admission by our Registered Dietitian to determine diet preferences and restrictions; swallowing abilities and determine nutritional goals
- Residents weights are monitored every three months
- "Other" assessments can include: specialized equipment for feeding such as weighted utensils/rimmed plates; food allergies; changes to food preferences; weight changes etc.

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

Our Valuable Team

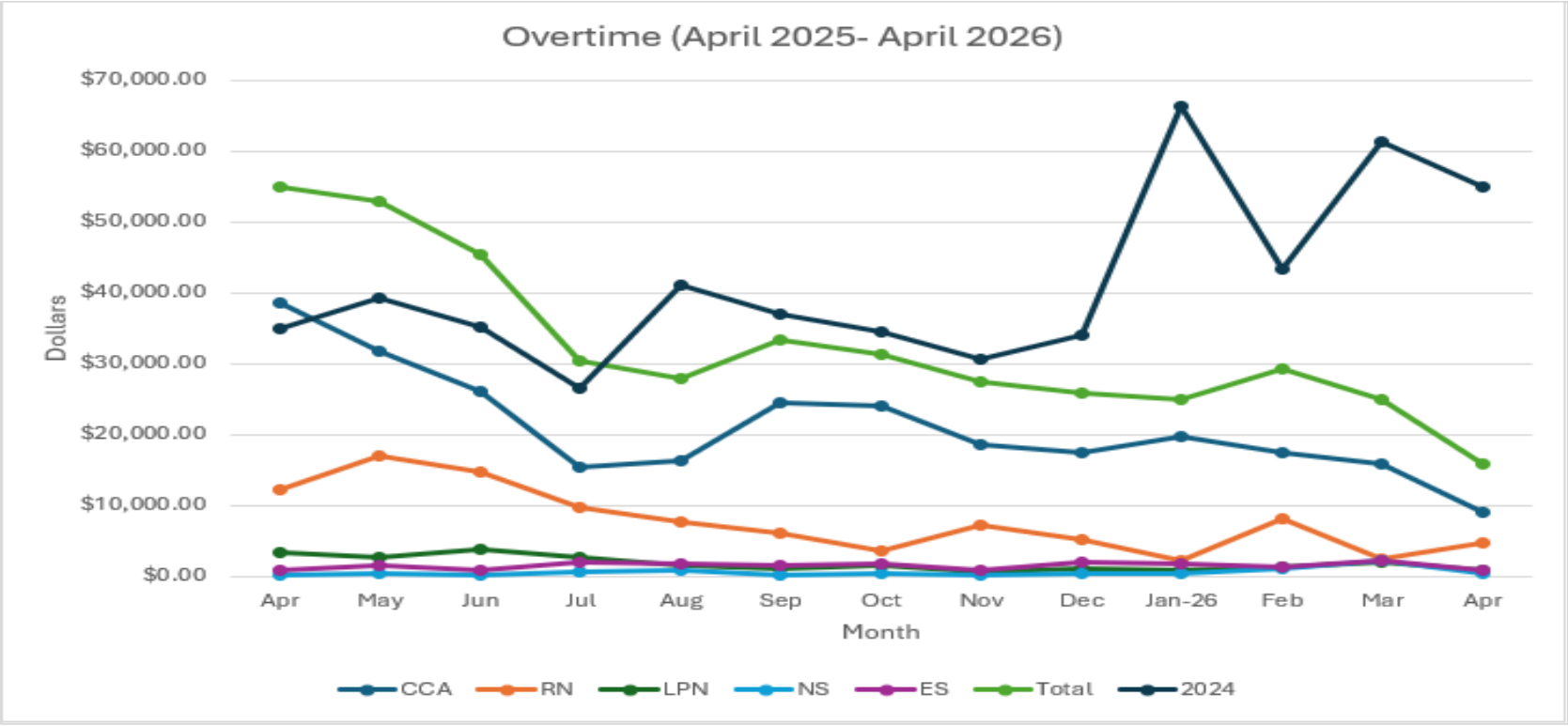


SAINT VINCENT'S NURSING HOME– ANNUAL QUALITY CARE REPORT 2025-2026



Sick time is reported as the actual cost of paid sick time. Efforts to reduce sick time include an attendance management program and a newly formed team of front line employees and management to address issues that are leading to higher sick time.

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



Overtime costs reported are the total cost of the replaced shift. The Department of Seniors and Long-Term Care does fund shift replacement but at regular time. As a result, a portion of the total cost is funded until sick time replacement reaches our funding level for replacement ($109,855). Anything above that is unfunded.

Efforts are being made to decrease overtime by addressing sick time, hiring more casuals to fill vacant shifts, and recruiting new employees into vacant positions.