The Pines Long-Term Care Home

2026-2027

Continuous Quality Improvement Report

Including:

- Quality Improvement Plan
- Resident & Family Engagement Survey Results
- Resident & Family Engagement Work Plan
- Pines Survey Analysis 2023-2025

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Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 30, 2026

THE PINES
LONG-TERM CARE HOME

Ontario Health

OVERVIEW

The Pines Long-Term Care Home is owned and operated by The District Municipality of Muskoka, alongside its sister home, Fairvern, located in Huntsville. The Pines is home to 160 residents across five home areas and is committed to excellence in care and service for residents and their families. Our team consistently applies evidence-based best practices to ensure care, programs, and services are person-centred, safe, equitable, diverse, and timely.

In 2023, The Pines proudly achieved a three-year accreditation from CARF International, the highest level awarded. The home demonstrated substantial conformance to CARF standards, offering a warm, homelike environment for older adults and those seeking a welcoming place to live. This achievement reflects the dedication of our staff, the strength of our programs, and the positive feedback received from residents, families, and other stakeholders. Respect, teamwork, and a shared commitment to high-quality care are evident throughout the organization. Our team is in the process of preparing for our next Accreditation in the spring of 2026.

The home continues to demonstrate a strong capacity for maintaining and improving its operations, supported by a culture of continuous quality improvement. Despite leadership transitions over the past several years, the current leadership team remains deeply committed to quality. The Continuous Quality Improvement (CQI) Committee—comprised of a multidisciplinary team, including representatives from the Residents' Council—actively identifies opportunities for improvement, establishes baselines, implements interventions, and evaluates outcomes. Quality improvement is discussed monthly at both Residents' Council and Family Council

meetings, with feedback sought on initiatives such as the Resident and Family Engagement Survey and the Quality Improvement Plan (QIP).

A major organizational milestone occurred in 2023 when the District of Muskoka undertook a significant transition project to bring several back-office systems—payroll, scheduling, IT services, human resources, procurement, policies, and records management—back under District oversight after previously being managed through an Extendicare contract. This large-scale quality improvement initiative was successfully completed, with the final components transitioning in early 2024. Work continues to strengthen processes and procedures across all departments.

The Pines' strategic plan is under review at this time with a goal of creating one strategic plan for Long Term Care in the District of Muskoka. Fairvern and the Pines will be working collaboratively to create one strategic plan with work plans for each home. This updated strategic plan will continue to guide operations through to 2029. Departmental work plans align with the QIP, the annual work plan, and the Strategic Plan 2026–2029. A full review of the strategic plan is currently underway and will be finalized by late spring. Leaders are encouraged to collaborate with their teams to identify improvement opportunities that benefit both individual departments and the home as a whole, ensuring residents receive the highest-quality, evidence-based care, and services.

This year's QIP reflects a continued team-based approach to improvement, grounded in the strategic plan and the operational priorities of long-term care. Our team remains committed to applying best practices every day to ensure exceptional quality of care and to uphold the mission and vision of The Pines for the residents we serve.

ACCESS AND FLOW

Our current strategic plan includes a core goal of delivering exceptional, person-centred care, ensuring residents receive the right care at the right time. The Pines remains committed to this goal by integrating a strong palliative care philosophy that prioritizes comfort and quality of life. This commitment is reflected in several key programs and partnerships, including OTN (telemedicine), the CORE program, the Butterfly Program, and the end-of-life committee, as well as ongoing collaboration with the Muskoka and Area Ontario Health Team (MAOHT).

The CORE Committee focuses on identifying residents at higher risk for falls, skin and wound concerns, pain, and continence issues—factors that increase the likelihood of emergency room transfers. The interdisciplinary team reviews residents regularly to ensure early intervention and appropriate in-home supports. OTN continues to be an important tool, allowing residents to receive timely consultations and care without leaving the home.

Our Butterfly Program and end-of-life committee remain central to our approach, supported by strong partnerships with the North Simcoe Muskoka Hospice Palliative Care Network and local hospices. We continue to emphasize caregiver and staff education related to end-of-life care, self-care, and fall prevention. In addition, our in-house lab services—available twice weekly for bloodwork and ECGs—and access to portable X-ray services continue to support timely, on-site care. Our team recently added Jubo for vital sign integration with PointClickCare, as well as a blader scanner to

reduce ED transfers and ensure accurate documentation for residents.

Our relationship with MAOHT has strengthened significantly. The home's Administrator co-chairs the Long-Term Care and Retirement Subcommittee, which brings together local healthcare partners, including the hospital and public health, to improve patient transfers and ensure residents receive care in the most appropriate setting. The Pines also participates in the MAOHT ALC Taskforce, working collaboratively to reduce the number of ALC patients in local hospitals.

To further reduce unnecessary hospital transfers, our nursing team is developing new clinical skills, including IV therapy for hydration and antibiotic administration, with the goal of full implementation by the end of 2026. We have also strengthened our relationship with our physician team, meeting twice annually to discuss medical directives, processes, concerns, and shared feedback. These discussions support consistent, high-quality medical care within the home.

Across all these initiatives, our overarching goal remains the same: to ensure residents receive the care they need within the home whenever possible, enhancing comfort while reducing strain on the local healthcare system.

EQUITY AND INDIGENOUS HEALTH

The Cultural Competency Plan was updated in October 2025 and is included below:
The Pines Long-Term Care Home
Inclusion, Diversity, Equity, and Anti-Racism

Cultural Competency Plan

1. Introduction, Vision, and Values
The Pines Long-Term Care Home is committed to fostering a culture of equity, diversity, inclusion, anti-racism, and multiculturalism across all aspects of its operations. This includes everyone connected to our home—residents and their persons of importance, family members, essential caregivers, employees, and community partners.
This plan presents assessment data and highlights ongoing initiatives that support a welcoming and inclusive environment. It outlines how The Pines recognizes and celebrates the diverse backgrounds, experiences, and contributions of all stakeholders. We aim to build a workplace and care environment where differences are respected and similarities are embraced. Through education, collaboration, and open dialogue, The Pines promotes cross-cultural understanding and encourages all individuals to value each other's beliefs, preferences, and practices.

2. Definitions
Culture refers to the collective experience, beliefs, values, knowledge, economy, and ways of life of a group of individuals who share certain historical and/or present experiences. It means different things to different people.

Diversity refers to an assorted group of individuals from a variety of backgrounds, styles, perspectives, values, visions, and beliefs. The collective similarities and differences of the group are an asset to the teams and organizations they interact with.

Inclusion refers to an individual's sense of belonging and the

comfort they find in an organization to develop their full potential. Inclusion allows an individual to actively participate, encourages the acceptance of differences, etc. An inclusive environment empowers and magnifies:

- Creativity and innovation
- Engaged and diverse team(s)
- Employee productivity
- Attraction, development, and retention of employees
- Engagement and Commitment
- Empowerment of staff, residents, and stakeholders
- Performance and achievements
- More resident-centred focus

3. Diversity with the Pines Resident and Employees

NOTE: All percentages reported in the subsequent tables are based on the total number of respondents associated with the respective question and do not necessarily reflect the total number of residents, staff, or volunteers at The Pines.

Resident Assessment Data (2025)

Age Distribution

- Under 61: 6 residents (4%)
- 61 – 90: 108 residents (68%)
- Over 91: 43 residents (28%)
- Average Age: 84.1 years

Gender Distribution

- Female: 113 residents (72%)
- Male: 45 residents (28%)

Marital Status

- Married: 55 residents (35%)
- Divorced: 19 residents (12%)
- Widowed: 69 residents (44%)
- Never Married/Unknown: 15 residents (9%)

Sexual Orientation

Several residents have self-identified with same-sex preferences in the past few years.

Religious Affiliation (Noted on Admission)

- Agnostic/Atheist/No Religion: 74 residents (47%)
- Anglican: 12 residents (8%)
- Baptist: 5 residents (3%)
- Catholic: 23 residents (15%)
- Christian: 6 residents (4.5%)
- Jehovah Witness: 3 residents (2%)
- Presbyterian: 3 residents (2%)
- Protestan: 4 residents (2.5%)
- Salvation Army: 3 residents (2%)
- United: 17 residents (11%)

Other: 5 residents (3%) [Pentecostal, Lutheran, United Church of Canada, Greek Orthodox, Mormon]

Ethnicity

- Detailed data is not available, but the resident population is largely Caucasian

Languages

English is the dominant language in the home

English as a second language: 4 residents (2.5%) Primary languages:

- Portuguese

• Polish
• German

Veterans
• 2 residents (1.25%)

Staff Assessment Data (2025)
Gender Distribution
• Female: 210 staff (89.74%)
• Male: 24 staff (10.26%)
• Other: 0 staff (0%)
Marital Status • Data Unavailable
Languages • Data Unavailable

Volunteer Assessment Data (2025)
Gender Distribution
The majority of volunteers are female

Age Distribution
There is a large age distribution among volunteers

Languages
Two volunteers are fluent in sign language

4. Cultural Competency Plan Goals and Objectives
All residents receive resident-centered care that accommodates their cultural needs and preferences. All residents and their people of importance, employees, agency staff, volunteers, students, contractors, caregivers, and family members will feel a sense of community at The Pines.

The Pines aims to achieve this goal by pursuing the following objectives:

Persons Served
With appropriate consent, a summary of each resident's "All About Me" information will be compiled upon admission and shared with staff to support personalized care. This summary may include religious or spiritual preferences, cultural background, interests, and other meaningful details, in alignment with Montessori Methods for Dementia Care.
Person-centered care plans will be developed collaboratively with each resident, respecting their choices and preferences. If the resident wishes, this information can also be displayed in their room to help foster meaningful conversations and deepen staff understanding of the residents' identity and values.
The Pines will incorporate data from the Resident & Family Engagement Survey annually to better understand and accommodate cultural preferences, wherever possible.
Ongoing feedback will be actively sought from residents and families to ensure that cultural preferences are respected and reflected in care practices, programs, and services.

Care
The "All About Me" poster will be offered to all residents. Those who are interested will be supported by staff in creating their personalized poster, which helps orient staff, visitors, students, and volunteers by sharing meaningful insights into each resident's preferences, values, and identity.

Processes
To bring The Pines Long-Term Care Home's mission, vision, and

values to life, intentional efforts will be made to embed them within the Cultural Competency Plan. This alignment ensures that our commitment to equity, diversity, and inclusion is reflected in everyday practices and interactions.
The Strategic Plan will be designed to actively support the successful implementation of the Cultural Competency Plan, ensuring that organizational goals and priorities are informed by cultural awareness and inclusive principles.

Pastoral Care
The Pastoral Care Committee will convene as needed to review and respond to the spiritual needs of residents, ensuring that any unmet needs are identified and addressed through thoughtful planning.
When additional support is required, the leadership team will proactively engage with external spiritual and faith-based organizations to help meet the diverse spiritual needs of those we serve.

Palliative Care
The Palliative Care Committee continues to meet regularly to support the needs of residents, their people of importance, essential caregivers, and family members throughout the palliative journey—from admission through to end-of-life care. The committee recognizes that each individual brings a multifaceted identity shaped by factors such as race, ethnicity, religion, gender, sexual orientation, and socioeconomic background. In response, the committee is committed to honoring each resident's unique life story, dignity, and personal wishes.
Development of the end-of-life Butterfly Program remains a priority. This initiative fosters a compassionate, resident-centered environment that offers comfort and support to both residents and their persons of importance. The program emphasizes physical comfort, personalization, privacy, emotional support, open communication, and culturally and spiritually responsive care.

Dietary Team
The Pines will continue to promote a homelike congregate dining experience, including providing a dedicated table for visiting families who wish to share meals with their loved ones.
The residents will have input into tablemates with whom they eat their meals.
The Activities and Dietary Teams will collaborate to create themed dining experiences that reflect holidays and seasonal events, incorporating resident input throughout the planning and implementation process.
Residents' favorite foods will be identified and, where feasible, incorporated into the menu to reflect personal preferences and cultural traditions. Resident feedback will be actively encouraged and gathered through the home's Food Committee, ensuring that dining services remain responsive to residents' needs and preferences.

Life Enrichment
The Pines will ensure that gender-specific preferences are respected and incorporated into care planning by utilizing personal profiles created during admission. These profiles help capture each resident's unique preferences, identity, and values. Special programs will continue to be offered throughout the year to honor Veterans and celebrate relationships of all kinds—including those between spouses, partners, siblings, friends, chosen family, and people of importance—reflecting the diverse ways people connect

and find meaning.

Financial
The Finance Manager and Administrative Clerk will continue to provide education and support regarding the rate reduction process upon request. This service will be offered to all residents and their financial power of attorney (POA) during the admission process to ensure transparency and understanding of available financial options.

Language and Communication
Staff will ensure that residents with disability-related needs receive appropriate assessments and interventions. This includes access to communication supports such as assistive devices and sign language interpreters, when available and appropriate.
The Pines will continue to promote the use of The District's Inclusive Language Guide (developed in 2024), a pocket-sized resource designed to support respectful and inclusive communication. Staff will receive an overview of the guide during general orientation, and copies will be made available throughout the home.
Resident-centered care plans will remain a foundational practice, ensuring that each resident's unique needs, preferences, and identity are reflected in their care.
Where required, The Pines may access French Language Services through the Province's program to support residents whose preferred language is French.

Music Integrations
The Pines will expand its Music & Memories Program to integrate musical programming throughout the home, using each resident's personal background and music preferences to create meaningful experiences. Genres such as country, 1950s classics, rock, and artists like Elvis will be incorporated based on individual interests, fostering connection, comfort, and joy through music.

Nursing Team
The Pines will accommodate residents' preferences for gender-specific care to the greatest extent possible, making scheduling adjustments as needed to support comfort, dignity, and personal choice.

Environment
The Pines remains committed to providing each resident with a private bedroom, supporting dignity, comfort, and personal space. Staff will continue to respect residents' privacy by consistently knocking before entering any resident's room.
An inclusive and welcoming environment will be fostered throughout the home—one where every individual feels a sense of belonging. Staff will ensure that practices align with current legislation and policies, while also supporting the unique abilities, strengths, interests, and wishes of all stakeholders.
In 2024, in collaboration with the Residents' Council, the Chapel was renamed the Multi-Faith & Contemplation Room to better reflect the diverse spiritual and cultural needs of the community and ensure the space is welcoming to all.
The team continues to seek opportunities to enhance the physical environment and make it as home-like as possible. Guided by feedback from the Alzheimer Society and supported by the Pines Support Committee, 32 door decals were added to the Oak Home area to create the appearance of neighborhood-style doors, fostering familiarity and comfort.

Additional improvements include updated furniture, increased greenery inside the home, and expanded gardens outside—all contributing to a warm, calming, and beautiful environment for residents and their loved ones.

Leadership and Education

The Pines is committed to fostering a safe, inclusive, and respectful environment for all. Safer Spaces training will continue to be provided to all staff to enhance awareness of diverse abilities and LGBTQ2SIA+ identities, promote acceptance of diversity, and encourage the use of inclusive language and practices.

Open communication will be encouraged among staff, volunteers, and contractors—particularly those who identify as LGBTQ2SIA+, individuals with disabilities, visible minorities, religious groups, and other underrepresented communities. Their feedback will help inform ongoing efforts to strengthen diversity, equity, and inclusion across the home.

To further support cultural awareness, the team has completed Indigenous Awareness training, reinforcing The Pines' commitment to serving diverse populations with respect and understanding.

Annual training on Respectful Workplace practices will continue to be provided to all staff to reinforce a culture of professionalism and mutual respect. Any concerns related to harassment will be taken seriously and addressed promptly through thorough investigative action, in alignment with organizational policies and values.

Staff at The Pines receive training through an online learning system that includes a four-part series on Cultural Competence and Indigenous Cultural Safety, supporting awareness and understanding of diverse identities and experiences.

With staff consent, pronouns are added to name badges upon hire to promote inclusive communication and affirm individual identity.

The District of Muskoka provides additional training opportunities through the Muskoka IDEA Project, including Safer Spaces and Indigenous Awareness training, as well as other cultural diversity education. (See attached information for details.)

During general orientation, all staff are introduced to The District's Inclusive Language Guide and the inclusive culture that The Pines is actively cultivating within the home. This guide supports respectful communication and helps reinforce The Pines' commitment to equity, diversity, and inclusion in everyday interactions.

Cognitive Impairment (Dementia)

The Pines is committed to increasing knowledge, understanding, and respect for diverse cultural perspectives on cognitive impairment. Staff education and engagement will continue to reflect the importance of cultural sensitivity in supporting residents living with dementia.

The home will continue to support and sustain best practices in Dementia Care and in minimizing responsive behaviours, ensuring that care approaches are compassionate, individualized, and grounded in evidence-based strategies.

As part of this commitment, The Pines is working toward the development of a social model of care—one that prioritizes meaningful relationships, resident autonomy, and a supportive environment tailored to the unique needs of individuals with cognitive impairment.

Staff Appreciation and Events – including resident and family engagement

The Pines will continue to include food items that accommodate vegetarian and gluten-free diets, ensuring that dietary needs and preferences are respected.

Future menu planning will also consider additional dietary restrictions and cultural food preferences to further support individualized care.
Contractors and volunteers will be welcome to participate in staff events whenever possible, fostering a sense of community and inclusion across all roles within the home.
The team at The Pines continues to foster an inclusive environment that values both residents and staff. Events are thoughtfully designed to encourage shared participation, strengthening relationships and building a sense of community within the home.
To further support a positive workplace culture, staff have developed a recognition program that includes a designated area where team members can pick up small tokens of appreciation to share with colleagues. This initiative promotes kindness, gratitude, and team spirit across all roles.

Staffing
Break areas continue to include common spaces in the home, such as the Common Courtyard, Country Kitchen, designated outdoor spaces, and other home areas. Staff members need to continue to ensure that they are respectful of the resident spaces and allow family/visitors to utilize these spaces first. Only after this can the staff utilize them for their breaks.
Our team remains actively engaged with Human Resources to support immigration pathways for prospective staff members.

Care
We continue to actively encourage individuals from all backgrounds and communities to share and apply their unique talents, experiences, and cultural perspectives in the caregiving environment.

Human Resources
Ongoing recruitment and retention initiatives are focused on positioning the home as an employer of choice—one that values diversity, fosters cultural inclusivity, and promotes a comfortable and supportive work environment. For further guidance, please refer to the attached policies

Quality Improvement
The Continuous Quality Improvement (CQI) team is committed to monitoring practices, identifying emerging trends, engaging key stakeholders, and implementing targeted improvement strategies to support the successful implementation and long-term sustainability of the Cultural Competency Plan.

5. Feedback and Improvement
This Plan serves as a guiding framework for employees to engage residents, caregivers, family members, students, people of importance, and other stakeholders in ways that reflect The Pines' commitment to cultural inclusivity and diversity. Through culturally competent, consistent, and respectful interactions, employees will enrich the experiences of all stakeholders and foster meaningful relationships.
To ensure the Plan remains responsive and effective, The Pines will actively seek feedback from stakeholders using engagement surveys and other tools that measure cultural competency, inclusion, and diversity. Insights gathered will inform ongoing adjustments and improvements to the Plan, in collaboration with the Continuous Quality Improvement (CQI) team, Residents' Council, and Family Council.

In 2025 our entire team completed online education related to cultural compentency including From Awareness to Action: Indigenous Cultural Safety, Humility and Anti Racism. This was a six (6) part series that will enhance our team's knowledge surrounding key areas such as key terms, Self-Reflective Practice, Anti-Racist Practice, Creating Safe Health Care Experience, Person Led Care, as well as Strengths-Based and Trauma Informed Practice. Our entire team also completed a module on Building Cultural Competence in Healthcare. The District of Muskoka (District) is committed to being an inclusive workplace that is free from discrimination, hate, and racism, that welcomes and celebrates diversity, and that strives for equity in all practices, programs, and services – both as an employer and service provider. The Inclusive Language Guide was developed to help support this vision and help staff feel confident when working with diverse clients, customers, colleagues, and community members. Inclusive language is the language that is free from words, phrases, or tones that reflect prejudiced, stereotyped, or discriminatory views of particular people or groups. It is also a language that does not deliberately or inadvertently exclude people from feeling respected and accepted. Using inclusive language helps us honor the District's corporate values of Respect, Innovation, Service, and Equity (RISE). It also honors the values that reflect Inclusion, Diversity, Equity, and Anti-racism/Anti-hate (IDEA), which are respect, learning, change, and safety. We feel that this is important to share as we embrace a respectful and inclusive environment in the home. Our team rolled this out across the home to all teams, has made this a part of the general orientation for all staff, and reviewed it with the Residents' Council and Family Council. Our team has copies available for staff, residents, and visitors, and this has been posted on our Staff Portal as well as our Resident and Family Portal to improve access. The guide supports staff in understanding what is appropriate at this time and what might not be. Our team encourages individuals in the home to participate in the District of Muskoka Staff IDEA Advisory Group (SIAG). Over the year, almost all of our leadership team members participated in the Human Library Experience. This increased our knowledge and awareness of many different areas of inclusion and diversity. Our team will continue to look for opportunities like the Human Library. Our administrator is also on a knowledge exchange hosted by AdvantAge Ontario to learn from other care partners in the sector and share the information that is gathered at the meetings. Our team celebrated many meaningful dates throughout the year. One example was October 20, 2025, when the home celebrated Diwali. Residents enjoyed a themed menu, participated in related activities, and received educational information about the significance of the celebration. Another highlight occurred on July 22, when we welcomed members of Muskoka Pride for a special event. They performed songs for residents and staff, engaged warmly with attendees, shared educational insights, and answered questions. The visit created a vibrant and inclusive atmosphere that was enjoyed by all.





PATIENT/CLIENT/RESIDENT EXPERIENCE

Our QIP continues to reflect the voices of many stakeholders, including the Residents' Council and the Family Council. These active committees play an essential role in shaping the quality of care through meaningful feedback and ongoing dialogue. Our CQI committee includes representation from the Residents' Council, and the Family Council receives an open invitation to participate. Throughout 2025, multiple residents attended CQI meetings on a rotating basis.

Resident and family perspectives remain central to informed decision-making. Families and residents are encouraged to bring forward concerns to the home's leadership team at any time, and the team works collaboratively with them to identify solutions. The home also provides the MLTC phone number and website for those who wish to voice concerns externally if they feel an issue has not been resolved. The MLTC phone number is posted in the home, and all concerns may be submitted anonymously. The MLTC is expected to follow up on each concern received.

Concerns reported directly to the leadership team are addressed promptly and escalated to the MLTC when required. The home maintains an internal tracking system to identify trends that may require further action.

We continue to strengthen relationships with residents and families by communicating through multiple channels and actively seeking feedback. The 2025 Resident and Family Engagement Survey has been completed and will guide the development of the 2026 annual work plan. In the first quarter of 2026, survey results will be reviewed with both the Residents' Council and the Family Council to

gather additional feedback and support ongoing quality improvement. Our team has already identified potential areas for enhancement and will incorporate these into the 2026 plan.

Recent Initiatives Co-Designed with Residents, Families, and Staff

Infection Prevention and Control Updates

Our team continues to replace carpeting with laminate flooring to support improved cleaning and disinfection practices. In 2025, flooring upgrades were completed in the main areas upstairs, downstairs, and in the elevators. The long-term goal is to replace all carpeting in the home to strengthen infection control processes.

Constant Contact and Resident & Family Portal

Weekly updates continue to be shared through Constant Contact and posted on our online portal for residents and families. The Administrator provides monthly updates to the Residents' Council, which are also added to the portal along with information on capital projects, infection prevention and control, activities, and more. The portal has become a valuable communication tool for keeping families informed and engaged.

World Food Theme Days

The Resident Food Committee requested themed food days during the winter months to bring back the spirit of summer barbecues. Each month, residents select a country to "visit," and the menu and activities are designed around that theme. Recent destinations have included Mexico, Italy, England, and Germany. These events offer residents an enjoyable way to explore new foods and cultures. In the summer, traditional barbecues continue, along with special menus chosen by residents, such as seafood options or chicken on a bun.

Mobile Snoezelen Rovers

Introduced in late 2025, each home area now has a Snoezelen Rover. These mobile sensory units provide therapeutic stimulation that supports emotional, cognitive, and behavioral well-being. They are especially beneficial for residents who may have difficulty engaging in traditional group activities. Because the rovers are mobile, staff can bring sensory experiences directly to residents in their rooms or shared spaces.

Shower Room Renovations

Renovated shower rooms now offer brighter, more modern spaces designed with comfort, safety, and accessibility in mind. The addition of ceiling lifts supports resident care and reflects our ongoing commitment to maintaining a high-quality living environment.

Butterfly Program Enhancements

The Butterfly Program continues to evolve with the launch of The Butterfly Hub—a dedicated space supporting compassionate care. This milestone was made possible through the generous support of the Pines Support Committee. The Hub now houses essential program resources and features redesigned Compassionate Care Carts. These new carts were created in response to feedback that previous versions were too large and difficult to maneuver. The updated carts are compact, easy to move, stocked with meaningful non-perishable items, and designed to reduce waste while maximizing comfort. This initiative reflects our commitment to continuous quality improvement through listening, adapting, and evolving.

Resident Home Area Doors
Thanks to the Pines Support Committee, new decorative resident door decals have been installed. The Oak home area is the first to receive this vibrant enhancement, and the transformation has been warmly received.

Enhancing Outdoor Spaces
This summer, small raised garden beds were added to the outdoor courtyards. These accessible garden beds offer residents opportunities for sensory engagement, reminiscence, social connection, and hands-on activity. They also enhance the beauty of the outdoor spaces and support overall well-being. Residents are encouraged to explore the gardens, enjoy the scents, and participate in planting and tending activities.



Connection Café
In response to a request from the Family Council, the Connection Café was created to support families adjusting to long-term care. With support from the social worker, this peer-driven drop-in group began in 2024 and continues into 2025/2026. Families gather over coffee or tea to share experiences, ask questions, and support one another.





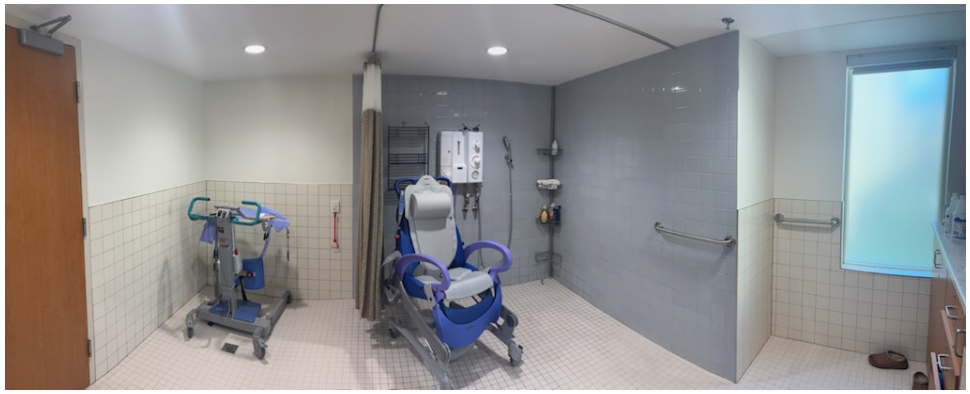


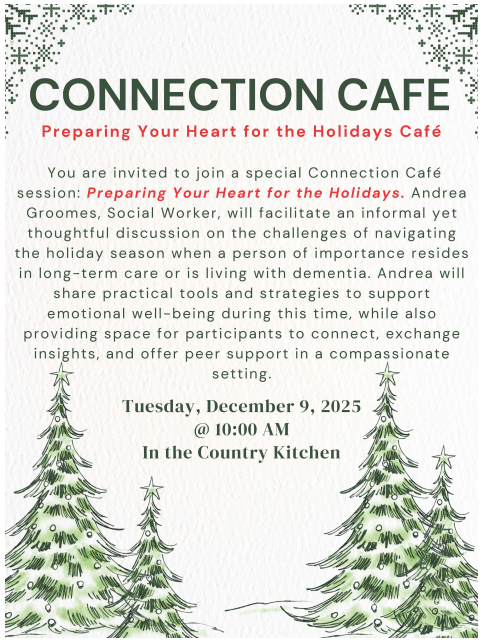


2025 Resident and Family Engagement Survey
Our team completed an engagement survey in the fall/winter of 2025 and is now developing a plan to address the feedback received. We have also heard from residents and family members that there are opportunities for improvement, and our team remains focused on taking meaningful action in these areas.


THE BUTTERFLY HUB
THE BUTTERFLY HUB


The Pines Support Committee
Acknowledges
Donors




CONNECTION CAFE
Preparing Your Heart for the Holidays Café
You are invited to join a special Connection Café session: Preparing Your Heart for the Holidays. Andrea Groomes, Social Worker, will facilitate an informal yet thoughtful discussion on the challenges of navigating the holiday season when a person of importance resides in long-term care or is living with dementia. Andrea will share practical tools and strategies to support emotional well-being during this time, while also providing space for participants to connect, exchange insights, and offer peer support in a compassionate setting.
Tuesday, December 9, 2025
@ 10:00 AM
In the Country Kitchen



PROVIDER EXPERIENCE

The Pines continues to face health human resource (HHR) challenges, many of which were intensified by the events of recent years. Burnout among health care providers, support staff, and volunteers has been recognized as an organizational issue, and our team has worked to create safe spaces for support while actively addressing these pressures.

Several key factors continue to shape our HHR strategy:

Recruitment and Staffing
Recruiting Personal Support Workers (PSWs) and registered staff remains challenging at The Pines, across long-term care, and throughout the province. The District of Muskoka Health Services Division provides dedicated support through a Human Resources Specialist and Human Resources Manager, who work closely with our Communications team to address vacancies and strengthen recruitment efforts.

The Human Resources Specialist has streamlined application, interview, and onboarding processes to improve efficiency and reduce wait times. They have also supported internationally educated nurses and newcomers by assisting with employment opportunities and navigating government programs that promote retention.

To further stabilize staffing, we have strengthened collaboration with our sister home. One of our unions now operates under a shared collective agreement, and work is underway to align the second union. This approach allows staff to work at either home, supporting work-life balance and meeting operational needs. These changes have contributed to significant improvements in recruitment, and we currently have no full-time nursing vacancies and very few part-time vacancies.

Partnerships with Educational Institutions
The Pines continues to partner with colleges and training programs to offer placement opportunities across multiple disciplines. We have expanded contract agreements with several institutions and support educational opportunities such as the community paramedicine program.

In previous years, we partnered with a college to establish an on-site living lab, and we have maintained a dedicated space in the home for this purpose. This allows students to learn in a real-world environment and supports our recruitment pipeline. The District

also assists with the financial costs of education, including supporting staff who wish to upgrade their qualifications or pursue leadership training as part of succession planning.

Scheduling Improvements and Work-Life Balance
In 2024, our team completed a scheduling project with a consulting firm. Staff provided feedback on work-life balance and scheduling needs, which informed a trial of 12-hour shifts for PSWs. The trial was successful, and new schedules were finalized in 2025. Staff were given the opportunity to rebid for lines that better supported their personal and professional needs. Letters of understanding were also developed with unions to support both 12-hour and 10-hour shift options. These changes were implemented to help retain staff and promote healthier work-life balance.

Provincial Staffing Plan and Funding
The MLTC's staffing plan, A Better Place to Live, A Better Place to Work, includes increased provincial investment in long-term care staffing, with up to $1.9 billion allocated in 2024–2025. The Pines continues to review staffing models and work toward achieving the provincial target of four hours of direct care per resident per day, while balancing the financial impact of agency staffing.

Return-to-Work and Health & Safety
The Ministry of Labour continues to monitor long-term care procedures, including return-to-work practices. Early return to work following an injury supports both staff recovery and home operations. Staff recovering from injuries—whether work-related or not—are encouraged to return as soon as possible with modified duties as needed. This approach promotes a supportive environment and helps staff transition back to full duties. The District's Manager of Health, Safety, and Wellness provides guidance throughout this process.

Accountability and Compliance
The Pines is accountable to both Ontario Health (Central Region) and the Ministry of Long-Term Care (MLTC). We continue to follow the Long-Term Care Home Service Accountability Agreement (LSAA), which outlines planning, funding, integration, and performance monitoring requirements. Staff are responsible for meeting reporting expectations under the agreement. The MLTC ensures compliance with the Fixing Long-Term Care Act, 2021 through inspections, enforcement, and performance reviews.

Staff Recognition and Wellness
The Staff Recognition Program allows team members to acknowledge colleagues by selecting appreciation items from a recognition bin. We continue to celebrate successes both individually and as a team through themed days, appreciation events, and prize draws that support retention and morale. Our team looks for opportunities to engage both staff and residents in activities.

The Pines promotes the use of online health and wellness resources, including the Employee and Family Assistance Program. Several managers are trained in Mental Health First Aid, and their certification is displayed in their office windows so staff can easily identify available support.

Engagement, Feedback, and Professional Growth
We believe that an engaged workforce is a stronger workforce. Staff understand the impact their work has on resident experience and

quality of care. Opportunities for staff input are embedded throughout the home, including regular resident home area meetings, team meetings, and quality improvement discussions.

The Pines participates in the District of Muskoka's employee satisfaction survey and uses the results to identify areas for improvement. We also conduct an annual education survey to determine training priorities for the coming year. Working with Human Resources, we are expanding leadership development opportunities for Registered Nurses and other staff who demonstrate leadership potential. Supporting internal growth remains a key strategy for strengthening our team and enhancing care.

SAFETY

The primary focus of service at The Pines is to provide person-centered care in an environment that feels like home. This philosophy is embedded in our daily practice through excellent medical, nursing, and personal care delivered in a supportive, respectful setting. A wide range of programs and services ensures that residents' nutritional, social, and recreational needs are met, and that they live in a well-maintained, clean, stimulating, and safe environment. Infection prevention and control (IPAC) standards are monitored closely and met or exceeded each day.

The Pines includes a secure 32-bed home area designed for residents living with Alzheimer's disease and/or dementia who are at risk of elopement. This environment allows residents to wander safely with reduced risk of exiting the home. A roam-alert bracelet system provides an additional layer of safety for residents who require it. The home will also be upgrading the nurse call system to incorporate new technology that enhances resident safety and improves communication tools for staff.

Nutrition and Safety
Nutritional safety is supported through MenuSuite instant ordering. Staff take residents' meal selections at the dining table, and orders are transmitted immediately to the servery. Dietary staff receive accurate information—including diet textures and allergy alerts—reducing the risk of errors. Nursing staff have re-educated team members on the Falling Leaf Program and reinforced call-bell safety expectations, particularly during new staff orientation. These efforts support fall prevention by ensuring timely response to resident needs.

In 2025, the home will trial under-bed lighting for residents at highest risk of falls to evaluate whether this intervention reduces fall rates. Technology continues to be integrated into care to support resident safety.

Psychosocial and Behavioral Support
Social workers play a key role in supporting residents and families with psychosocial well-being. They lead programs that address emotional health and oversee the Responsive Behaviours Program, which identifies residents at highest risk for behavioral challenges and ensures appropriate interventions and resources are in place. This proactive approach supports the safety and well-being of all residents.

Technology and Medication Safety
In 2025, the home will introduce technology that integrates vital signs and weights directly into PointClickCare, improving accuracy

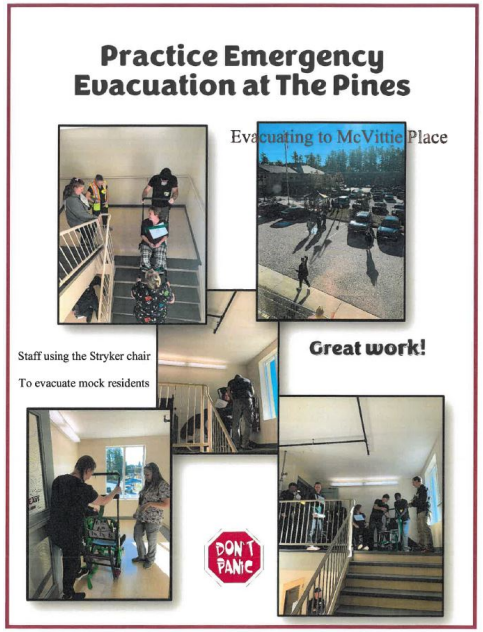
and reducing documentation time. Upon admission, the nursing team activates the BOOMR program, which ensures medication safety through pharmacy-led reconciliation. Pharmacists review all new prescriptions and provide recommendations as needed. Additional pharmacy-supported technology will be implemented in 2025 to further enhance medication safety.

High-Risk Resident Review and Clinical Programs
The leadership team meets regularly to review residents identified as high-risk and determine whether additional supports or resources are required. Technology such as OTN, high-intensity needs funding, and short-stay external programs are used when appropriate.

Several committees and programs meet regularly to review high-risk clinical areas, including the CORE Program (falls, pain, skin and wound, continence), the Responsive Behaviours Committee, and the Palliative Care Committee. The nursing leadership team is currently recruiting a Skin and Wound Champion to strengthen this program. With strong fall and continence programs already in place, the focus will shift to enhancing other clinical areas while maintaining existing successes.

Infection Prevention and Control (IPAC)
The home continues to strengthen IPAC practices to reduce the risk of outbreaks and infections. This includes early identification of symptoms, ongoing education for staff, residents, and families, and environmental improvements. From 2024 through 2026, carpeting is being replaced with laminate flooring to support IPAC-friendly cleaning practices. In 2025, the IPAC Lead introduced an IPAC Champion Program and implemented enhancements such as improved IPAC carts.

Emergency Preparedness
Emergency evacuation procedures are reviewed regularly to ensure resident safety. All staff participate in annual hands-on training covering key emergency response areas. Every three years, the home conducts a full evacuation exercise to test readiness and identify opportunities for improvement. The 2025 exercise highlighted the need for updated evacuation equipment, which will be explored in 2026.



PALLIATIVE CARE

Our home's strategic plan includes a commitment to delivering exceptional, person-centered care, ensuring that every resident receives the right care at the right time. The Pines continues to uphold this commitment by embedding a palliative care philosophy

that prioritizes comfort, dignity, and quality of life.

Over the years, our palliative care program has evolved significantly. Our End-of-Life Committee remains a central focus within the home, guiding improvements and supporting best practices. We continue to collaborate closely with the North Simcoe Muskoka Hospice Palliative Care Network (NSMHPCN) and maintain strong relationships with our local hospices.

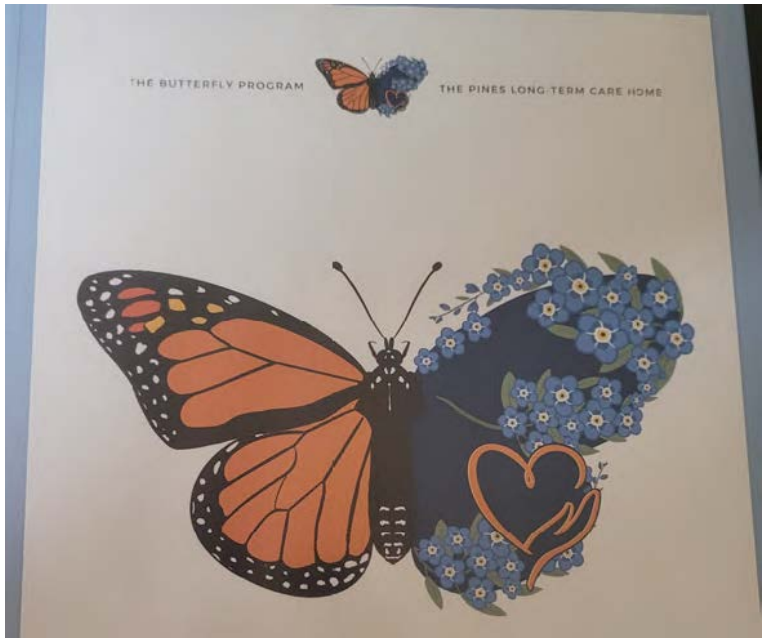
In 2025, we placed particular emphasis on caregiver and staff education related to end-of-life care and self-care. Our social worker has played an essential role in elevating the program and supporting both residents and families through this journey.

One of our key initiatives is the Butterfly Program, developed by our team to provide consistent, compassionate support during end-of-life care. The program includes a comprehensive resource binder for staff and a new hub that continues to expand. The binder outlines processes, tools, and resources that staff may need. When a resident is identified as being at end of life, all team members are notified, and a butterfly symbol is placed on the resident's door to signify this stage.

We also provide comfort items for families—such as food, beverages, music, and sleeping arrangements—based on feedback from those who have experienced this journey with their loved ones. If a family or resident requires something we do not have on hand, we make every effort to source it.

Following a resident's passing, we honour their life through our Walk of Life process. A registered nurse notifies the home, and, if the family wishes, staff, residents, and loved ones line the hallways as the resident is escorted from the home. Families have contributed to this meaningful ritual by walking with their loved one or playing music. The feedback has been overwhelmingly positive.

Looking ahead to 2026, our team will focus on enhancing pain management and hydration practices as needs arise. Education continues to be a priority, beginning at general orientation. NSMHPCN participates in orientation sessions to introduce palliative care principles and the communication scale used to identify end-of-life stages. This year, we have further strengthened orientation by incorporating additional teaching from our social worker alongside NSMHPCN.









POPULATION HEALTH MANAGEMENT

Our team is continually seeking partnerships and programs that enhance the quality of life for our residents by bringing specialized services directly into the home. Below are several programs we have successfully implemented to support resident care.

Spasticity Management Program
In 2025, our home introduced a spasticity management program designed to support residents experiencing spasticity—a condition in which muscles become stiff or overactive, often following spinal cord damage or brain injury such as a stroke. Without treatment, spasticity can worsen and make daily activities such as toileting, grasping objects, and dressing increasingly difficult.

Through this program, a specialist visits our home to provide

treatment at no cost to residents or families. The therapy involves injecting medication into the affected muscle(s) to relax hyperactive muscles, reduce contractions, increase range of motion, and improve overall comfort and quality of life, including pain reduction.

Muskoka and Area Ontario Health Team (MAOHT) and Ontario Health Central Region
Our team is an active participant in the Muskoka and Area Ontario Health Team (MAOHT). We attend the Steering Committee as a guest, contribute to the developing ALC Task Force, and our Administrator serves as co-chair of the Long-Term Care and Retirement Committee subgroup. Through this work, we collaborate with other long-term care and retirement homes to strengthen relationships across the healthcare sector in Muskoka.

The LTC and Retirement committee meets quarterly with partners such as local hospitals, Ontario Health atHome, and Public Health. We also attend monthly Steering Committee meetings to stay informed and provide input on issues affecting long-term care. Each fall, our team participates in a readiness exercise with Ontario Health to prepare for the upcoming respiratory season.

The ALC Task Force—led by MAOHT and the District of Muskoka—focuses on reducing ALC (Alternate Level of Care) pressures in local hospitals. Our team is committed to supporting this initiative and looks forward to continued collaboration in 2026.

In addition, our Administrator sits on the newly established Ontario Health Central Long-Term Care Advisory Table. This group aims to improve communication and information sharing during transfers between long-term care homes and emergency departments, as well as enhance coordination of discharge and care planning for residents who visit the ED. The table provides expertise to support integrated LTC planning across the Central Region, offers leadership on implementing Ontario Health priorities, and identifies opportunities for LTC working groups to contribute as subject-matter experts.

Telemedicine Program (OTN)
We continue to use telemedicine to bring specialized care directly to residents, reducing the need for transfers whenever possible. Through the Ontario Telemedicine Network (OTN), residents can access services such as geriatric psychiatry, Tele-MSK follow-up after orthopedic procedures (such as hip surgery), dermatology consultations, and other virtual supports. These programs have been highly successful, and we remain committed to expanding telemedicine use whenever it benefits residents.

CONTACT INFORMATION/DESIGNATED LEAD

Jennifer Ridgley, RN BScN Administrator 705-645-4488 ext. 4877 or jennifer.ridgley@muskoka.on.ca

SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan on

_____

_____

Board Chair / Licensee or delegate

_____

Administrator /Executive Director

_____

Quality Committee Chair or delegate

_____

Other leadership as appropriate

_____

Access and Flow | Efficient | Optional Indicator

	Last Year		This Year		
Indicator #5 Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (The District Municipality of Muskoka – The Pines Long Term Care Home)	**26.47** Performance (2025/26)	**23** Target (2025/26)	**19.40** Performance (2026/27)	**26.71%** Percentage Improvement (2026/27)	**16** Target (2026/27)

Change Idea #1 ☐ Implemented ☐ Not Implemented ☑ In Progress

Implementing new technologies in the home to support more acute conditions and reduce the need for transfer to hospital for assessment and treatment.

Process measure

- Number of technologies implemented by the end of 2025

Target for process measure

- Two (2) implemented by end of June 2025 and last two (2) by December 2025

Lessons Learned

The team has implemented new technologies over the course of the year, but we still have more that the team is in the process of implementing, so this one we will continue to work on in 2026

Change Idea #2 ☐ Implemented ☑ Not Implemented ☐ In Progress

Utilizing NLOT (Nurse Practitioner Lead Outreach Team) to support capacity building for new technologies that are being introduced to the team over the course of the year.

Process measure

- Number of staff educated by NLOT team related to new technologies.

Target for process measure

- 75% of registered staff to have training with NLOT team related to implementing new technologies.

Lessons Learned

NLOT was unable to continue supporting our home, and therefore, the program was cancelled. We will be utilizing other resources for education when required.

Change Idea #3 ☑ **Implemented** ☐ **Not Implemented** ☐ **In Progress**

Ensuring nursing equipment is updated in the home to support the care for residents and reduce the need for transfer to ER for assessment and treatment. This will include items such as suction machines, air mattresses, etc.

Process measure

- Number of pieces of equipment assessed by the Nursing Team by the end of 2025

Target for process measure

- 75% of all equipment to be reviewed for upgrade in the home.

Lessons Learned

Our team has purchased new equipment throughout the year to meet the needs of the residents and will continue to do so in 2026.

Comment

Our team will be looking at further interventions to support the reduction of falls, which will in turn reduce the number of transfers to ED. We are continuing to implement new technologies, such as IV pumps and CADD pumps, to help support the reduction of ED transfer. We continue to work closely with our physician group and meet with them twice annually to discuss areas of concern, improvement, and collaborate on concerns.

Equity | Equitable | Optional Indicator

Indicator #4

Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (The District Municipality of Muskoka – The Pines Long Term Care Home)

Last Year		This Year		
89.27	**95**	**100.00**	**12.02%**	**100**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

Complete online education related to cultural competency including Indigenous Cultural Safety, Humility and Anti Racism, which will enhance our team's knowledge surrounding keys areas such as key terms, self reflection, creating safe health care experience and strengths based and trauma informed practice.

Process measure

- Number of staff members that complete the Education Series.

Target for process measure

- 75% of staff to complete the training by the end of 2025, with the ultimate goal of 100% of staff.

Lessons Learned

100% of staff completed education in 2025; our team will continue to do so in 2026.

Change Idea #2 ☐ Implemented ☐ Not Implemented ☑ In Progress

Ensure staff members have the information to support the culturally diverse environment within the home.

Process measure

- Number of General orientations in 2025 that review the information.

Target for process measure

- 100% of general orientations to be provided with the education and information.

Lessons Learned

Our team is working on ensuring all staff feel that they are a part of the diverse environment in the home. We will continue to work on this in 2026.

Change Idea #3 ☑ Implemented ☐ Not Implemented ☐ In Progress

All managers to participate in at least one session of the Human Library in 2025 (if they have not participated yet).

Process measure

- # of Managers that participate in the Human Library in 2025

Target for process measure

- 100% of managers that have not participated in Human Library will participate.

Lessons Learned

This is an excellent learning opportunity that we will continue.

Change Idea #4 ☑ Implemented ☐ Not Implemented ☐ In Progress

To support continued education and information sharing around IDEA the SIAG committee through the District of Muskoka has started a newsletter that will be started with staff throughout the year.

Process measure

- Number of newsletters shared

Target for process measure

- 100% of newsletters will be added to the Staff Portal, printed and placed in the staff room as well as reviewed at the RHA closest to the release of the newsletter.

Lessons Learned

Our team continues to share and support the SIAG committee through the District of Muskoka.

Comment

Our team will continue to explore opportunities to ensure inclusion from the moment staff start with the home. We are looking for opportunities to incorporate both staff and residents into theme days, events and any other opportunity possible to ensure everyone feels included in the home.

Experience | Patient-centred | Optional Indicator

Indicator #3

Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (The District Municipality of Muskoka – The Pines Long Term Care Home)

Last Year		This Year		
CB	**95**	**83.87**	**--**	**90**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

Our team completed a resident and family engagement survey in the fall/winter of 2024. Based on the results from the survey we have captured areas for improvement related to their feedback.

Process measure

- Number of goals met in 2025

Target for process measure

- 75% of goals achieved in 2025 with the remaining in 2026

Lessons Learned

We implemented the plan and continued to work through it throughout the year. We completed another survey in the fall/winter of 2025

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

It is important for residents and family members to understand the residents' bill of rights and our whistleblowing policy as it directly applies to this indicator. Our team will ensure that education is provided.

Process measure

- Number of education sessions completed

Target for process measure

- To be reviewed twice in the year

Lessons Learned

This information is provided to residents and family members on a regular basis. We use different avenues to communicate the information.

Change Idea #3 ☑ Implemented ☐ Not Implemented ☐ In Progress

Education is key for family members, residents, and staff. Therefore we will ensure that staff also receive the education to improve their knowledge and understanding of the resident bill of rights and whistleblowing policy.

Process measure

- number of sessions per year including at orientation

Target for process measure

- two sessions this year and 100% of staff at general orientation

Lessons Learned

This information is provided to residents and family members on a regular basis. We use different avenues to communicate the information.

Change Idea #4 ☑ Implemented ☐ Not Implemented ☐ In Progress

Communication is key to ensuring that resident feel that they are being heard. Our team will continue to look for opportunities to communication with residents and seek their feedback.

Process measure

- Number of meetings attended in 2025

Target for process measure

- at least 8 meetings attended in 2025

Lessons Learned

We continue to seek feedback whenever possible to ensure that we are providing quality care to residents in the home. We ensure that all residents and family members understand they can reach out at any time for support. We share contact information for all departments on a regular basis.

Change Idea #5 ☑ Implemented ☐ Not Implemented ☐ In Progress

Activities team will be meeting with residents and have invited family members to attend on a regular basis to gather their input into activities that interest them.

Process measure

- Number of meetings in the year

Target for process measure

- meetings to take place every other month in 2025

Lessons Learned

The activities team are completing these meetings on a regular basis to seek feedback and ensure that we are providing a variety of activities that all residents would like to participate in.

Comment

Our team asks two different questions related to this.
Q8: Administrator/leaders present and approachable: positive responses 2024-66.3% 2025-82.5% change +16.2% between the two years.
Q9: Concerns and feedback welcomed: 2024-73.0% 2025-81.0% +8.0% between the two years.

Safety | Safe | Optional Indicator

Indicator #2

Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (The District Municipality of Muskoka – The Pines Long Term Care Home)

Last Year		This Year		
8.27	**7.27**	**12.50**	**-51.15%**	**11**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

Completing targeted meetings around antipsychotic medications with the goal or reducing, ensuring proper diagnosis, and eliminating if able. Ensuring appropriateness of medications.

Process measure

- Number of residents reviewed each meeting

Target for process measure

- 20 residents at each meeting

Lessons Learned

The team continues to have targeted meetings, and with the last QIP, made a significant change in performance. We are not shocked to see that there was an increase in the home data, as the drop was significant last time, and many residents are being admitted with these medications in place. Our team needs to get the time to allow the resident to settle in and then work with the pharmacist and team to reduce the medications.

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

Education is a critical component to managing responsive behaviours. If behaviours can be managed then often medications don't need to be added.

Process measure

- Number of education sessions completed in 2025

Target for process measure

- at least 10 sessions to be completed in 2025

Lessons Learned

Education remains a critical component, and there are many opportunities with the support of BSO to ensure that team members are receiving education that is relevant and supportive of residents with responsive behaviours.

Change Idea #3 ☑ Implemented ☐ Not Implemented ☐ In Progress

Reviewing residents with responsive behaviours as an interdisciplinary team can be helpful in determining interventions that might be helpful to the residents including non-pharmacological and/or pharmacological interventions.

Process measure

- Number of residents reviewed on a monthly basis at responsive behaviours committee meeting.

Target for process measure

- 100% of residents working with Behaviour Support Ontario team to be reviewed on a monthly basis.

Lessons Learned

This is completed every month at the Responsive Behaviours Committee meetings. Team members come together to discuss and ensure that all interventions are in place or trialed as appropriate.

Change Idea #4 ☑ Implemented ☐ Not Implemented ☐ In Progress

Reviewing residents with responsive behaviours as an interdisciplinary team can be helpful in determining interventions that might be helpful to the residents including non-pharmacological and/or pharmacological interventions.

Process measure

- Number of residents reviewed who had DOS completed or observed and documented behaviour changes

Target for process measure

- 100% of residents each month

Lessons Learned

This is completed every month at the Responsive Behaviours Committee meetings. Team members come together to discuss and ensure that all interventions are in place or trialed as appropriate.

Change Idea #5 ☐ Implemented ☐ Not Implemented ☑ In Progress

The District of Muskoka's Long Term Care Division will be determining a dementia care model of care.

Process measure

- model to be determined by end of 2025 and environmental changes to be started by fall of 2025

Target for process measure

- 25% environmental changes to be in place by end of 2025 and model to be determined

Lessons Learned

This is a work in progress. The Pines and Fairvern will be working together to determine this model. The leadership team has had two meetings so far in 2025 to discuss what team members feel this model needs to encompass. Administrators from both homes will be working together to develop the model and then looking for feedback from stakeholders to ensure we have the model right. We will be rolling the model out in late 2026.

Comment

The Pines and Fairvern will be working together to determine a social model of care to further support responsive behaviours, as well as providing residents with meaning and purpose when living in long term care. The leadership team has had two meetings so far in 2025 to discuss what team members feel this model needs to encompass. Administrators from both homes will be working together to develop the model and then looking for feedback from stakeholders to ensure we have the model right. We will be rolling the model out in late 2026.

Indicator #1

Percentage of LTC home residents who fell in the 30 days leading up to their assessment (The District Municipality of Muskoka – The Pines Long Term Care Home)

Last Year		This Year		
27.53	**22.28**	**20.09**	**27.03%**	**19**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

CORE team will continue to meet at least quarterly to review residents that are high risk to assist with interventions and care planning with the interdisciplinary team.

Process measure

- number of residents reviewed at CORE Committee

Target for process measure

- All residents who fell in the 30 days leading up to their assessment will be reviewed.

Lessons Learned

An interdisciplinary team coming together to review was helpful, as you would get all perspectives and feedback/suggestions to support residents at high risk

Change Idea #2 ☐ Implemented ☐ Not Implemented ☑ In Progress

The focus for the team continues to be to prevent injury for the residents that are prone to falling. Balance the residents safety and right to risk. Education is an important part of this change idea.

Process measure

- Number of education sessions complete in 2025

Target for process measure

- at least one session for the family meeting and one for residents' council

Lessons Learned

Education was started, but needs to be a bigger focus, and therefore, this will be continued and adjusted in the next QIP

Change Idea #3 ☐ Implemented ☐ Not Implemented ☑ In Progress

The team has recognized that delirium could be contributing to falls for residents.

Process measure

- Number of assessments complete

Target for process measure

- 40 assessments in 2025

Lessons Learned

The BSO team is coming to complete education around delirium. Delirium is a focus for the home, not just in falls, but in responsive behaviours, etc. Will adjust and make this part of the next QIP.

Change Idea #4 ☐ Implemented ☐ Not Implemented ☑ In Progress

The focus for the team continues to be to prevent injury for the residents that are prone to falling. Balance the residents safety and right to risk. Education is an important part of this change idea.

Process measure

- Number of education sessions on the fall guide

Target for process measure

- All general orientation sessions and RHA twice in 2025

Lessons Learned

Education was started, but needs to be a bigger focus, and therefore, this will be continued and adjusted in the next QIP

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1, 2024, to September 30, 2025 (Q3 to the end of the following Q2)	19.40	16.00	We made a significant improvement in these areas; performance for 2025/2026 was 26.47, and our target was 23. We passed the target and therefore want to ensure that we are realistic in the next target.	

Change Ideas

Change Idea #1	Continued implementation of new technologies in the home to support more acute conditions and reduce the need for transfer to the hospital for assessment and treatment.		
Methods	Process measures	Target for process measure	Comments
Nursing leadership team continue with implementation of IV hydration and medication treatments, CADD pumps to support hydration and pain management.	Number of technologies implemented by the end of the year	Two (2) implemented by the end of the year	

Change Idea #2	Ensuring nursing equipment is updated in the home to support the care for residents and reduce the need for transfer to ER for assessment and treatment. This will include items such as suction machines, air mattresses, etc.		
Methods	Process measures	Target for process measure	Comments
Continue to review the equipment in the home to confirm if upgrades are needed or not. If updates are needed, reach out to a medical supplier to obtain options for equipment in the home	Number of pieces of equipment assessed by the Nursing Team by the end of 2025	100% of the equipment assessed as needing to be replaced will be.	

Change Idea #3	Review of ED visits to ensure appropriateness of transfer with hopes so reducing the transfers if able to.		
Methods	Process measures	Target for process measure	Comments
Track and discuss ED visits at the CORE committee to ensure residents on the list have items in place to reduce the likelihood that the resident will be transferred again.	Number of meetings that ED visits are reviewed	75% of meetings to 2026 will have a review complete	

Equity

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	100.00	100.00	All of our employees have completed training in 2025, and we plan on continuing training in 2026 for all staff, including newly hired staff.	

Change Ideas

Change Idea #1 Complete online education related to cultural competency, including Cultural Competence and Indigenous Cultural Safety, which will enhance our team's knowledge surrounding key areas.

Methods	Process measures	Target for process measure	Comments
In 2026, our entire team will be completing online education related to cultural competency, including Cultural Competence and Indigenous Cultural Safety. This is a four (4) part series which will enhance our team's knowledge surrounding key areas.	Number of staff members that complete the Education Series.	100% of staff will complete in 2026	We will be utilizing our online learning management system- SurgeLearning to complete.

Change Idea #2 Ensure staff members have the information to support the culturally diverse environment within the home.			
Methods	Process measures	Target for process measure	Comments
As part of general orientation, the District of Muskoka's Inclusive Language Guide, the home's cultural competency plan updated in 2025, and the "Inclusion Starts with 'I'" video will be reviewed to support the Culturally Safe work environment that our team wants to achieve. The team will also be provided with education regarding the District of Muskoka Staff IDEA Advisory Group (SIAG) and the ability to join initiatives.	Number of General Orientations in 2026 that review the information	100% of general orientation to be provided with the education and information	

Change Idea #3 Seek out opportunities for education related to IDEA, including sessions such as the Human Library.			
Methods	Process measures	Target for process measure	Comments
The leadership team is to share information when available regarding educational opportunities, including the Human Library experience, with all managers. Managers are to sign up for a session if they have not already participated in one. Managers are encouraged to participate as many times as they would like.	# of Managers that participate in Educational opportunities	75% of managers participated in an extra educational opportunity.	

Change Idea #4 To support continued education and information sharing around IDEA, the SIAG committee, through the District of Muskoka, any information available will be shared with staff.			
Methods	Process measures	Target for process measure	Comments
Our team will ensure that this information is available on the Staff Portal as well as through RHA, so that all staff have access to the information to continue to improve knowledge.	Number of communications shared with staff	100% of communications will be added to the Staff Portal and shared at RHA meetings with staff in the home.	

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	83.87	90.00	The team is working on getting more residents and family members to complete the survey this year. There was a drop in the number of completions, which has had an impact on the data. Our team would like to ensure that residents feel heard, as this is a sign of respect and dignity. Our goal is 90% with a positive response. Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences" will be included within this.	

Change Ideas

Change Idea #1 Our team completed a resident and family engagement survey in the fall/winter of 2025. Based on the results from the survey we have captured areas for improvement related to their feedback.

Methods	Process measures	Target for process measure	Comments
Our team has developed goals from the survey results, and many of the goals are related to listening to residents, engaging with them and gathering their feedback.	Number of goals met in 2026/2027	75% of goals achieved in 2026, with the remaining in 2027	Total Surveys Initiated: 63

Change Idea #2	Residents and family members need to understand the residents' bill of rights and our whistleblowing policy as it directly applies to this indicator. Our team will ensure that education is provided.		
Methods	Process measures	Target for process measure	Comments
Our team will continue to focus on this aspect of the survey and work to improve the percentage further by providing education about the resident bill of rights, as well as the whistleblowing policy, to residents and family members. Ensuring that residents and family members are aware that they can express their opinions without fear of consequences.	This will be measured by the number of communications per year to the residents' council and family members through the family update, as well as the family portal.	We will ensure that this is communicated at least twice a year	Our response rates with the 2025 Resident and Family Engagement Survey remained low. The numbers dropped from 2025, even after feedback from the residents' council and family council as to how to get more responses. Our team will be seeking feedback from both committees again in 2026 to determine ideas to improve the number of responses received for the survey.

Change Idea #3	Education is key for family members, residents, and staff. Therefore, we will ensure that staff also receive the education to improve their knowledge and understanding of the resident bill of rights and whistleblowing policy.		
Methods	Process measures	Target for process measure	Comments
Our team will educate staff during general orientation regarding the resident bill of rights as well as the whisteblowing policy to ensure they understand the importance of listening as well as treating residents with dignity and respect.	Number of general orientation sessions attended	100% of general orientation sessions will have this information reviewed	

Change Idea #4	Education is key for family members, residents, and staff. Therefore we will ensure that staff also receive the education to improve their knowledge and understanding of the resident bill of rights and whistleblowing policy.		
Methods	Process measures	Target for process measure	Comments
Education sessions for staff during the year regarding this information	number of education sessions per year	2 sessions- one through RHA and the other during our fall mandatory education session.	

Change Idea #5	Communication is key to ensuring that residents feel that they are being heard. Our team will continue to look for opportunities to communicate with residents and seek their feedback.		
Methods	Process measures	Target for process measure	Comments
Our administrator or designate will attend the residents' council to provide the group with a monthly update of what is happening in the home, including any ministry updates, education. This will ensure that residents are kept up to date and can provide their feedback during the meeting to the administrator or staff liaison.	Number of meetings attended in 2026	At least 8 meetings attended in 2026	All meetings will be provided with an update; at times, meetings might be cancelled related to outbreaks, and therefore, the information will be shared with the council for review.

Change Idea #6	Activities team will be meeting with residents and have invited family members to attend on a regular basis to gather their input into activities that interest them.		
Methods	Process measures	Target for process measure	Comments
The activities team will meet regularly with residents and invite family members to seek feedback on planning activities for the residents. The team will take the feedback to their team planning meetings to incorporate.	Number of meetings in the year	Meetings to take place every other month in 2026	

Safety

Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	20.09	19.00	Our team remains focused on falls, but with the main focus being to reduce injury rather than the number of falls. Our team wants to ensure that our target isn't out of reach.	

Change Ideas

Change Idea #1	The CORE Team will continue to convene at least quarterly to conduct comprehensive reviews of residents who have been identified as high risk for clinical decline, including those at heightened risk for skin breakdown, wounds, falls, or other complex care needs.		
Methods	Process measures	Target for process measure	Comments
During these meetings, the team will collaboratively assess each resident's current condition, evaluate the effectiveness of existing interventions, and identify opportunities to strengthen individualized care plans. This process will include input from all relevant members of the interdisciplinary team to ensure a holistic, resident-centred approach. Through proactive monitoring, timely intervention planning, and coordinated decision-making, the CORE Team aims to support optimal health outcomes, reduce preventable complications, and enhance overall quality of care across the home.	Number of residents reviewed at the CORE Committee meeting.	All residents who fell in the 30 days leading up to their assessment will be reviewed.	

Change Idea #2	The team remains focused on preventing injuries among residents who are at increased risk of falling. This involves carefully balancing resident safety with each individual's right to autonomy and acceptable risk. A variety of equipment and assistive devices are available to help reduce fall risk, and the team continues to explore their appropriate use based on each resident's needs.		
Methods	Process measures	Target for process measure	Comments
New and advanced fall-prevention technologies continue to emerge on the market, and the team will remain informed about these developments to ensure that residents benefit from evidence-based, innovative solutions that support both safety and quality of life.	Number of pieces of equipment purchased and trialed in 2026.	Two (2) new pieces of equipment will be purchased and trialed in the home.	

Change Idea #3	The team remains committed to preventing injuries among residents who are at increased risk of falling, while carefully balancing resident safety with each individual's right to autonomy and acceptable risk.		
Methods	Process measures	Target for process measure	Comments
Staff will assess the bed height for each resident who is at risk of self-transferring to ensure the bed is positioned at the appropriate level when the resident is out of bed. To support consistency, a yellow piece of tape will be placed on the wall to indicate the correct bed height, providing staff with a clear visual reference.	Number of residents assessed quarterly for bed height requirements	Seventy-five (75%) percent of residents who are at risk of self-transferring will be assessed, have individualized care plans developed, and have a yellow tape marker placed on the wall to indicate the correct bed height.	
Change Idea #4	The team remains focused on preventing injuries among residents who are prone to falling, while ensuring an appropriate balance between resident safety and each individual's right to risk. Education is a key component of this initiative, supporting staff in understanding best practices and reinforcing consistent, evidence□based approaches to fall prevention.		
Methods	Process measures	Target for process measure	Comments
Education will be provided to staff on the Fall Guide developed by our Clinical Lead to ensure consistent understanding and application of fall-prevention best practices.	Number of education sessions on the fall guide in 2026.	All general orientation sessions and RHA twice in 2026.	

Change Idea #5	The team remains focused on preventing injuries among residents who are prone to falling, while maintaining an appropriate balance between resident safety and each individual's right to risk. The use of appropriate equipment can further support these efforts by enhancing safety and reducing fall related hazards.		
Methods	Process measures	Target for process measure	Comments
Our team is currently in the process of replacing the nurse call system within the home to better support residents' ability to contact staff when assistance is required. This modernization initiative is an important component of our fall-prevention strategy, as timely access to help is a critical factor in reducing the likelihood of unsafe self-transfers and subsequent injuries. The upgraded system will provide residents with enhanced functionality, including improved call-point accessibility and increased portability. These features will allow residents greater independence and ease of use, ensuring they can reliably reach staff from various locations within their room or living environment. The added flexibility offered by the new technology is expected to reduce delays in communication and minimize situations in which residents may attempt to stand, walk, or transfer without support. In addition, the new nurse call system will enable staff to receive alerts more efficiently, improving response times and helping to ensure that residents' needs are addressed promptly. This contributes not only to resident safety but also to overall quality of care, resident comfort, and staff workflow.	Percentage of resident rooms where the new nurse call hardware has been fully installed.	100% \by the end of 2026 new nurse call system will be in place and being utilized for improved resident safety.	By investing in improved technology and communication tools, the organization is reinforcing its commitment to proactive fall prevention, resident-centred care, and the creation of a safer and more supportive living environment.

Change Idea #6	The team remains focused on preventing injuries among residents who are at increased risk of falling. This involves carefully balancing resident safety with each individual's right to autonomy and acceptable risk. A variety of equipment and assistive devices are available to help reduce fall risk, and the team continues to explore their appropriate use based on each resident's needs.

Methods	Process measures	Target for process measure	Comments
The Clinical Lead, or their designate, will complete an audit of fall-prevention equipment for each resident to ensure that the appropriate interventions and equipment are in place and being used as intended.	Number of audits completed in 2026.	10 audits will take place in 2026.	

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	12.50	11.00	Our team made a significant improvement in this area in 2024/2025- performance was 18.26 and the target was 17. We will continue to work on reducing this further. We did have an increase from the last current performance at 8.27, but we continue to focus on this area.	

Change Ideas

Change Idea #1	Conducting targeted meetings to review the use of antipsychotic medications with the goals of reducing use where appropriate, confirming proper diagnoses, and discontinuing therapy when clinically feasible. These meetings will focus on ensuring the ongoing appropriateness, effectiveness, and safety of all antipsychotic medications prescribed to residents.		
Methods	Process measures	Target for process measure	Comments
These antipsychotic reviews will involve the Assistant Director of Care, the pharmacist, and the physician (when available). Key findings, recommendations, and any medication changes identified during these reviews will be reported to the Responsive Behaviours Committee for further discussion and follow-up.	A review of residents receiving antipsychotic medications will be conducted each month.	Approximately 20 residents are reviewed at each meeting.	

Change Idea #2	Ensuring that residents' medications—including antipsychotic therapies—are reviewed regularly is essential to maintaining safe and effective care. As residents' conditions, needs, and behaviours can change over time, conducting focused and ongoing medication reviews is critical to ensuring appropriateness, minimizing potential risks, and supporting high□quality, resident□centred care.		
Methods	Process measures	Target for process measure	Comments
The physicians will complete a comprehensive medication review for all residents in the home to ensure that each individual's medication regimen remains appropriate, effective, and aligned with their current health status and care goals. This review includes evaluating the continued need for each medication, assessing potential side effects or interactions, considering deprescribing opportunities, and ensuring that all therapies—particularly high-risk medications such as antipsychotics—are clinically justified. Regular physician-led medication reviews support safe medication practices, promote resident well-being, and contribute to the overall quality of care within the home.	Quarterly review of all medications, including antipsychotic medications.	100% of residents will have their quarterly review completed in 2026.	

Change Idea #3	Advocating for systemic change in the healthcare sector regarding the use of antipsychotic medications in the geriatric population is critically important, and our team is actively contributing to this effort. By promoting evidence□informed prescribing practices, supporting deprescribing initiatives, and ensuring thorough medication reviews, we are helping to influence a broader shift toward safer, more appropriate, and person□centred approaches to managing behavioural and psychological symptoms in older adults. Our ongoing work reflects our commitment to improving resident outcomes while supporting larger provincial and national strategies aimed at reducing unnecessary antipsychotic use in long□term care.

Methods	Process measures	Target for process measure	Comments
The Administrator of the home serves as a member of the Ontario Health Long-Term Care Advisory Table for the Central Region, providing an important opportunity to contribute to system-level discussions and strategic planning. Through participation at this table, the Administrator helps bring forward issues related to antipsychotic medication use, resident-centred care, and other sector-wide priorities that impact long-term care homes. This involvement ensures that the perspectives and experiences of residents, families, and frontline staff within our home are represented at a broader regional forum where policy direction, quality improvement strategies, and best-practice initiatives are shaped. By advocating for improvements in prescribing practices, enhanced support for behavioural health, and the adoption of evidence-informed care models, the Administrator plays a key role in influencing meaningful change across the long-term care system.	Number of meetings attended in 2026	4 meetings attended in 2026	This engagement strengthens our home's ability to align with provincial goals, stay informed of emerging trends, and contribute to collaborative solutions that support safer, more effective care for older adults across the region.

Change Idea #4	Reviewing residents with responsive behaviours through an interdisciplinary team approach is essential for identifying effective interventions. Collaborative assessment supports the development of individualized strategies that may include non□pharmacological approaches, pharmacological treatments, or a combination of both. This comprehensive review process ensures that interventions are tailored to each resident's unique needs and promotes safer, person□centered care.

Methods	Process measures	Target for process measure	Comments
Responsive Behaviours meetings and Behavioural Supports Ontario (BSO) education are critical components of the home's responsive behaviours program. These initiatives support a coordinated, person-centred approach to care, with a strong focus on reducing the use of antipsychotic medications and promoting Gentle Persuasive Approaches (GPA) techniques. Through enhanced staff education and interdisciplinary collaboration, the program aims to better understand residents' unmet needs, apply effective non-pharmacological strategies, and ensure compassionate, individualized support for residents living with responsive behaviours.	Number of meetings and collaborative education sessions completed in 2026	10 meetings and sessions will be completed to support resident care and the reduction of antipsychotic medications in 2026.	

Change Idea #5 The District of Muskoka's Long Term Care Division will be determining a dementia care model of care.

Methods	Process measures	Target for process measure	Comments
The Pines and Fairvern will jointly establish the social model of care for the District of Muskoka Long-Term Care division. The Pines will continue to enhance and adapt home environments to support this model, while also reviewing and refining programming to promote resident autonomy, engagement, and meaningful daily experiences.	The model will be fully developed and prepared for presentation to the District of Muskoka's Health Services Committee by the end of 2026. This work will include establishing the guiding principles, defining the core components of the social model of care, outlining expected resident outcomes, and identifying the environmental and programmatic changes required to support successful implementation. As part of this process, The Pines and Fairvern will collaborate to ensure that the proposed model reflects best practices, aligns with organizational values, and supports the unique needs of residents across the Long-Term Care division. The final model presented to the Committee will include recommendations, implementation considerations, and an overview of anticipated benefits for residents, staff, and the broader community. This milestone represents a key step in advancing a more resident-centred, relationship-focused approach to care within the District of Muskoka.	Model developed and implementation started by the third quarter of 2026.	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care residents whose stage 2 to 4 pressure ulcer worsened	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as reporting quarter for the rolling 4-quarter average	3.12	2.75	Our team is in the process of forming a team related to wound care, and therefore it will take some time to establish and make a change in the wound care in the home.	

Change Ideas

Change Idea #1 Enhance the home's wound tracking processes to ensure timely and consistent treatments and assessments, while enabling the early identification of trends that could increase risk, improving overall resident safety.

Methods	Process measures	Target for process measure	Comments
Wound care leads redeveloped tracking sheets, separating pressure incidences from other wounds in the home to improve tracking.	number of wounds tracker on the new sheet each month	100% of all wounds being tracked on the new sheets each month	

Change Idea #2 Education is key for staff to understand the risks associated with residents related to skin care and pressure wounds. Therefore, we will ensure that PSW staff receive the education to improve their knowledge and understanding of proper skin care, reduce the risk of pressure wounds, turning and repositioning, etc.

Methods	Process measures	Target for process measure	Comments
Education for PSW staff by the wound care leads related to changes in skin, skin care, turning and repositioning, etc.	Number of PSW education sessions completed	8 educations in 2026 for PSW staff by the wound care leads at monthly PSW meetings	

Change Idea #3	Education is key for staff to understand the risks associated with residents related to skin care and pressure wounds. Therefore, we will ensure that registered staff receive the education to improve their knowledge and understanding of proper skin care, wound assessments, reduce the risk of pressure wounds, turning and repositioning, etc.		
Methods	Process measures	Target for process measure	Comments
Registered staff will receive targeted education from the wound care leads related to topics relevant to their role in the home.	Number of education session completed in the year	8 education sessions for registered staff by the wound care leads in the monthly registered staff meetings	

Change Idea #4	Increased monitoring of wounds using auditing to ensure proper identification, treatment and equipment in place to treat and prevent further wounds or deterioration of wounds.		
Methods	Process measures	Target for process measure	Comments
Quarterly review of skin and wound program - audit conducted by skin and wound leads to ensure that assessments have been completed on those residents with wounds, including from when the wound was developed, treatments implemented, through to when the wound resolves.	Number of residents reviewed each quater	75% of residents with wounds in the home will be assessed each quarter	

Change Idea #5	Ensuring residents are on the correct pressure relieving surface is critical to preventing wounds from worsening, supporting optimal healing, and minimizing the risk of new wounds developing.		
Methods	Process measures	Target for process measure	Comments
Surface assessments will be completed by the wound care leads to ensure each resident is placed on the appropriate support surface. The lead will consult the physiotherapist when needed, and the BRADEN Scale will be used to determine when a resident may safely discontinue the use of a specialized surface.	Number of resident's assessed by the lead for a surface and to discontinue their surface.	100% of residents with wounds will have their surface assessed as indicated.	

Change Idea #6	Reviewing the information at CORE committee meeting will assist with determining trends in the wounds in the home and help with focus for education and improves in wound care practices in the home.		
Methods	Process measures	Target for process measure	Comments
Wounds will be reviewed at the CORE committee meeting using the new tracking sheets that have been developed.	Number of meetings in which the wound tracking is reviewed.	75% of monthly meetings will have the wounds reviewed.	

Change Idea #7	Education is key for staff to understand the risks associated with residents related to skin care and pressure wounds. Therefore, we will ensure that selected staff members receive advanced training and education to improve their knowledge and understanding of proper skin care, wound assessments, reduce the risk of pressure wounds, turning and repositioning, etc.		
Methods	Process measures	Target for process measure	Comments
Our team will utilize funding from the Ministry of Long Term Care to send multiple staff members through advanced wound care training for both the registered staff and the PSW staff to support the reduction and treatment of wounds in the home.	Number of staff sent to advanced education sessions related to wound/skin care	at least 5 registered staff and 12 PSW staff to complete advanced education	

Change Idea #8	Ensuring we have the right equipment to prevent and treat wounds is critical to supporting resident care. By maintaining a consistent and proactive approach to supply management, Wound Care Leads will help promote optimal wound prevention practices, reduce the risk of wound development or deterioration, and support the delivery of comprehensive, resident centred wound care across the home.

Methods	Process measures	Target for process measure	Comments
Wound Care Leads will conduct thorough, regularly scheduled evaluations of all wound-related equipment, products, and clinical supplies to ensure that the organization maintains adequate, high-quality resources required to support safe, effective, and evidence-based resident care. This review process will include assessing current inventory levels, identifying gaps or deficiencies, verifying product suitability for various wound types, and ensuring timely replenishment of essential items.	Number of times the equipment is reviewed and purchased	Quarterly review and then a purchase of equipment if needed	

2025 Resident and Family Engagement Survey Results Workplan
Dates of Survey: October 24, 2025 to December 5, 2025

Planning Goals	Departments/Areas Involved and Benefits	Action Plan: who, what, where, when, how	Goal Date	Completed	Comments
Resident-focused mealtimes: Address concerns related to mealtimes feeling rushed and residents not having time to socialize Residents being gathered too soon for meals Speak so resident can hear and wait	All Staff including, Nursing Team and Leadership Team	Our team is developing a social model of care, and this will be a component of the model. Our team is working with Fairvern LTC to develop this program which will focus on resident preference and emotional intelligence. We will need champions in the home to support this model Improved Home-like atmosphere and purposeful spaces - Country kitchen updated with functional art space - Oak Home area with custom doors - Oak Furniture replacement to occur and update of paint colours - Addition of purposeful spaces in the Oak home area - Once Oak complete- will move to another home area - To be developed and started with staff by the end of 2026	End of 2026 End of 2026	Done- early 2026 Done	Oak doors – Done Oak furniture and paint – in progress

HEALTH SERVICES DEPARTMENT
Long-Term Care Services
70 Pine Street, Bracebridge, ON P1L 1N3
Phone: 705-645-2100 **Toll-Free:** 1-800-461-4210 (within 705)
Fax: 705-645-5319
Email: healthservices@muskoka.on.ca
Website: www.muskoka.on.ca

THE PINES
Long-Term Care Home
98 Pine Street, Bracebridge, ON P1L 1N5
Tel: 705-645-4488
Fax: 705-645-6857

More variety in activities, including pet visiting, and evening programming	Life Enrichment Team	Continue to provide resident feedback meetings to determine resident interests March feedback meetings will be opened up to both family and residents	Bi-Monthly March 31/26		
Expanding on the residents involved in activities	Life Enrichment Team	Regular reviews of the lists of residents who are attending outings, special events and meal programs - Review attendance in Activity Pro - Regular reminders to staff during update meetings - Social Worker to provide education at staff meeting on equity vs equality for residents - Developing meaningful programs for male residents	Monthly Bi-monthly March Monthly		Programming will change monthly dependent on residents in the home
Exercise-based activities	Life Enrichment Team	- Implement a walking club indoors in the winter or during inclement weather. Outdoors in the warmer months - Implement special events or programming that encourages dancing - Implement programming that provides light exercises or stretches i.e.	March – Cedar April for all other home areas April Monthly		Has begun in Cedar and will be implemented for all home areas Some dancing programs have begun but will be expanded

		balloon toss, stretching, ball toss, various physical games, drumming			
Sign-in system at the front door	Administration	Explore alternative ways of signing in at the home Look at the PCC marketplace for integrated technology Add paper sign-in for those who struggle with technology	Look at partnering with Fairvern	Done	Working on this now Marketplace- done- nothing available
Improved compliance with PPE and Hand hygiene	IPAC Lead, IPAC Champions, and Leadership Team	Can we use some technology for this at the sign-in area On unit suggestions?- Will add to Screencloud when we have it up and running Prompts at front door to wash hands (when integrating technology) Reminders from front desk admin staff/complete audits Coaching in moment/reminders	Will be investigating- unsure of time line		
Continue to enhance spaces in the home; upgrade the curtains in the residents rooms	Environmental Services Team and Leadership Team	See above- this will be incorporated with the social model of care. Areas will continue to be looked at and adjusted Family room- looking at a new sound system to support special ceremonies and activities	Continuing to work on this in 2026 and following years		

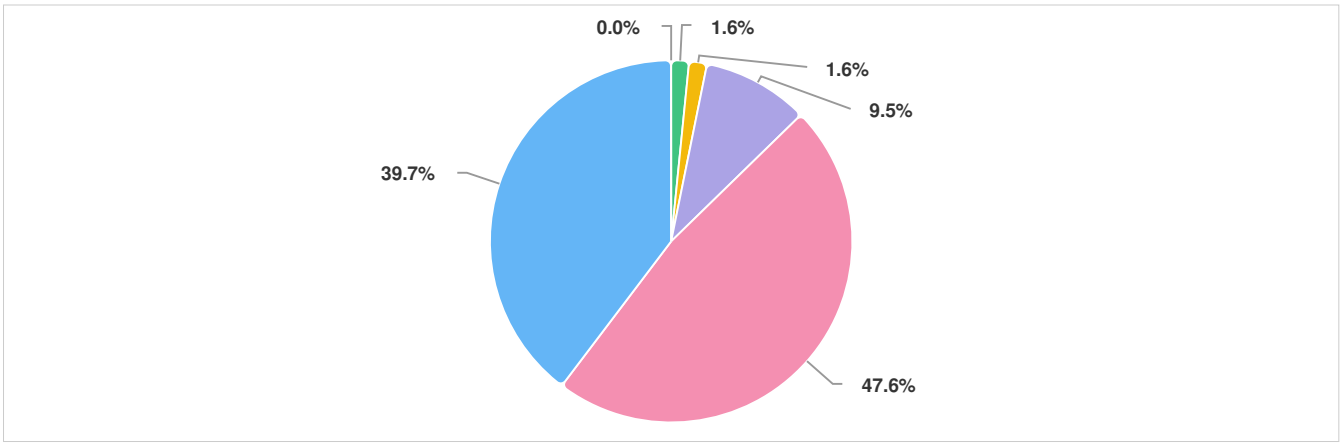
2025 Resident and Family Engagement Survey

SURVEY RESPONSE REPORT
06 February 2019 - 30 March 2026

PROJECT NAME:
The Pines Resident & Family Portal

GRANICUS

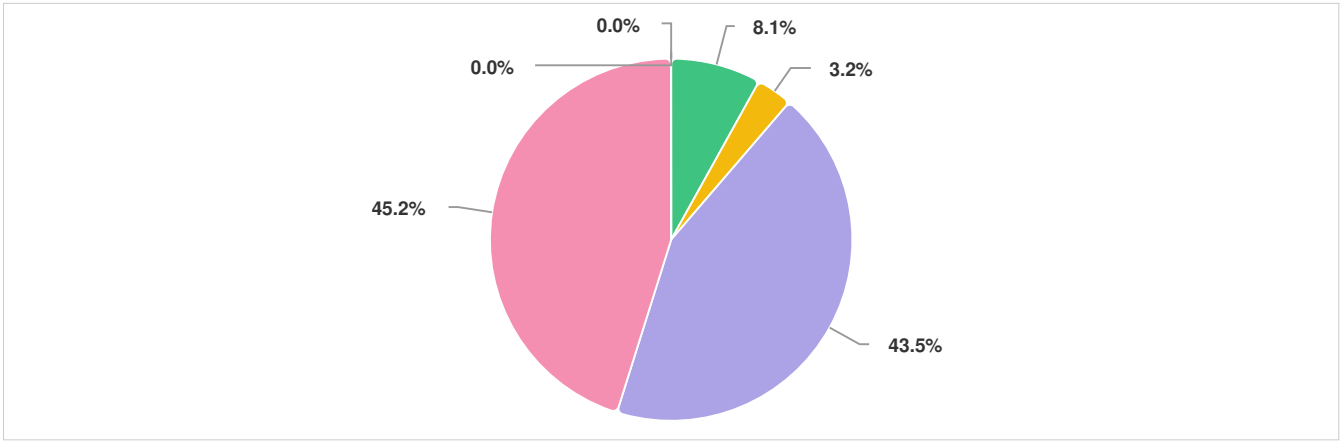
Q1. I feel a strong sense of belonging by being included, welcomed, and encouraged to be involved in the home because of caregivers and residents. As the person of importance to the resident, this statement is true.



Question options	responses	%
0 - Not Applicable	1	1.6
2 - Disagree	1	1.6
3 - Neutral	6	9.5
4 - Agree	30	47.6
5 - Strongly Agree	25	39.7
1 - Strongly Disagree	0	0.0

Optional question · 63 responses · 0 skipped
Question type : Radio Button Question

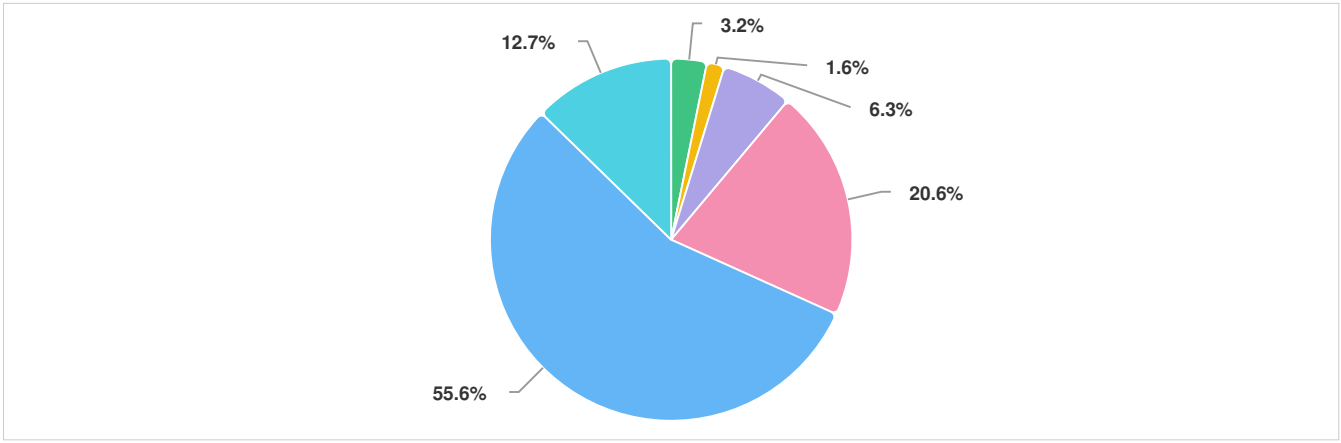
Q2. My room offers a cozy private atmosphere, and I have the freedom to personalize it according to my taste. As the person of importance to the resident, this statement is true.



Question options	responses	%
2 - Disagree	5	8.1
3 - Neutral	2	3.2
4 - Agree	27	43.5
5 - Strongly Agree	28	45.2
0 – Not Applicable	0	0.0
1 - Strongly Disagree	0	0.0

Optional question · 62 responses · 1 skipped
Question type : Radio Button Question

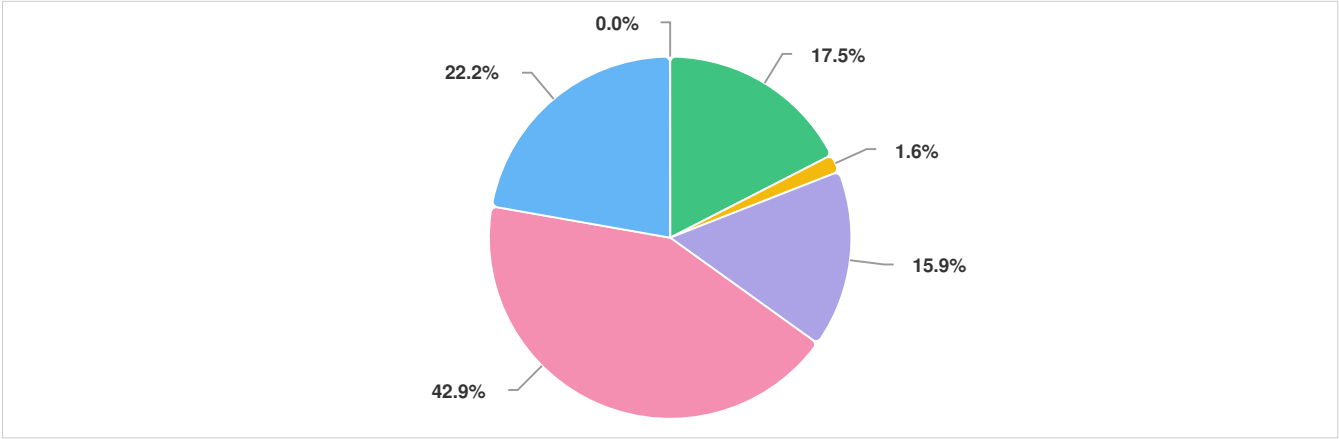
Q3. The activities provide me with a sense of purpose and accomplishment. As the person of importance to the resident, this statement is true.



Question options	responses	%
0 – Not Applicable	2	3.2
1 - Strongly Disagree	1	1.6
2 - Disagree	4	6.3
3 - Neutral	13	20.6
4 - Agree	35	55.6
5 - Strongly Agree	8	12.7

Optional question · 63 responses · 0 skipped
Question type : Radio Button Question

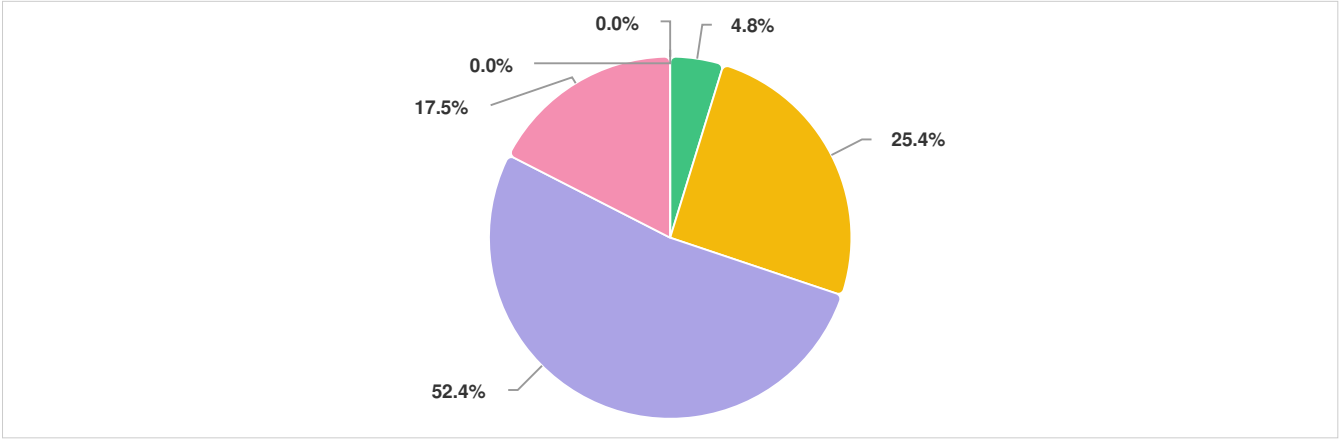
Q4. There are opportunities here for me to practice the religious and spiritual beliefs or values I chose. As the person of importance to the resident, this statement is true.



Question options	responses	%
0 – Not Applicable	11	17.5
2 - Disagree	1	1.6
3 - Neutral	10	15.9
4 - Agree	27	42.9
5 - Strongly Agree	14	22.2
1 - Strongly Disagree	0	0.0

Optional question · 63 responses · 0 skipped
Question type : Radio Button Question

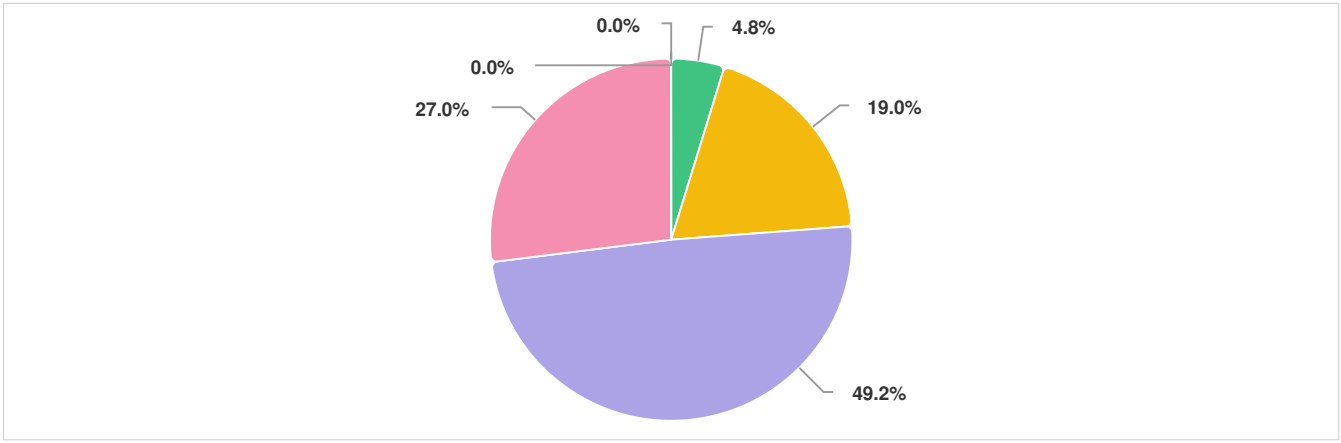
Q5. I enjoy being in the dining room at mealtimes with my tablemates. As the person of importance to the resident, is this statement is true.



Question options	responses	%
2 - Disagree	3	4.8
3 - Neutral	16	25.4
4 - Agree	33	52.4
5 - Strongly Agree	11	17.5
0 – Not Applicable	0	0.0
1 - Strongly Disagree	0	0.0

Optional question · 63 responses · 0 skipped
Question type : Radio Button Question

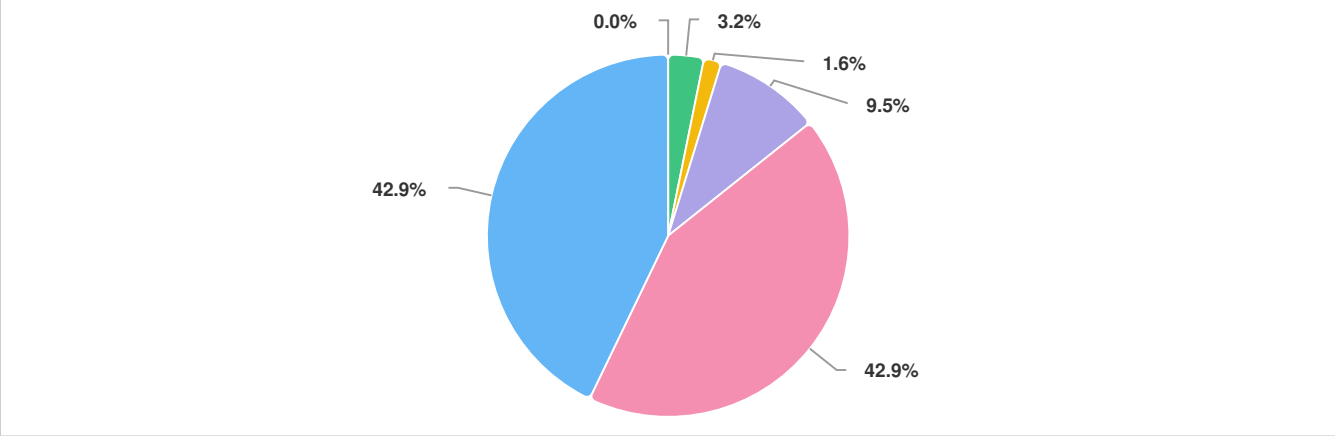
Q6. My food is served at an acceptable temperature. As the person of importance to the resident, this statement is true.



Question options	responses	%
2 - Disagree	3	4.8
3 - Neutral	12	19.0
4 - Agree	31	49.2
5 - Strongly Agree	17	27.0
0 – Not Applicable	0	0.0
1 - Strongly Disagree	0	0.0

Optional question · 63 responses · 0 skipped
Question type : Radio Button Question

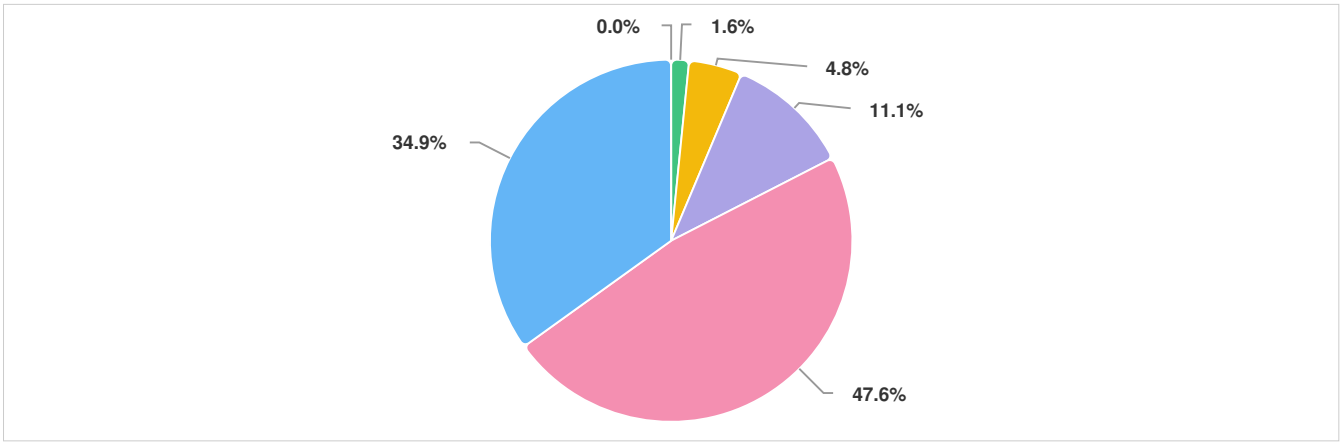
Q7. There are always two (2) choices for every meal that consider my likes and dislikes. The meals meet my dietary requirements. As the person of importance to the resident, this statement is true.



Question options	responses	%
1 - Strongly Disagree	2	3.2
2 - Disagree	1	1.6
3 - Neutral	6	9.5
4 - Agree	27	42.9
5 - Strongly Agree	27	42.9
0 - Not Applicable	0	0.0

Optional question · 63 responses · 0 skipped
Question type : Radio Button Question

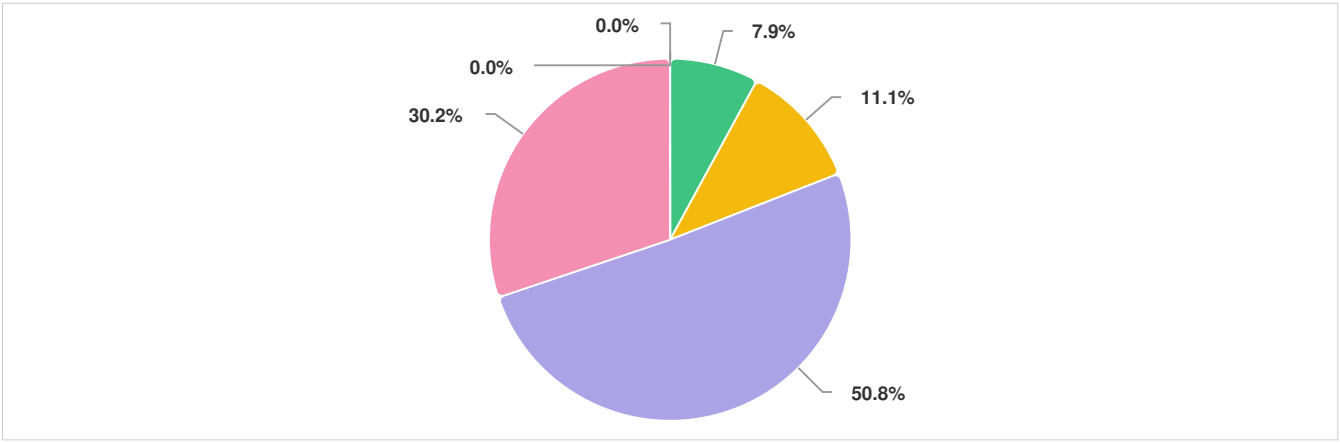
Q8. The Caregivers and Leadership Team are approachable, open and willing to hear my needs. Everyone considers my needs and attempts to resolve the issues. As the person of importance to the resident, this statement is true.



Question options	responses	%
1 - Strongly Disagree	1	1.6
2 - Disagree	3	4.8
3 - Neutral	7	11.1
4 - Agree	30	47.6
5 - Strongly Agree	22	34.9
0 - Not Applicable	0	0.0

Optional question · 63 responses · 0 skipped
Question type : Radio Button Question

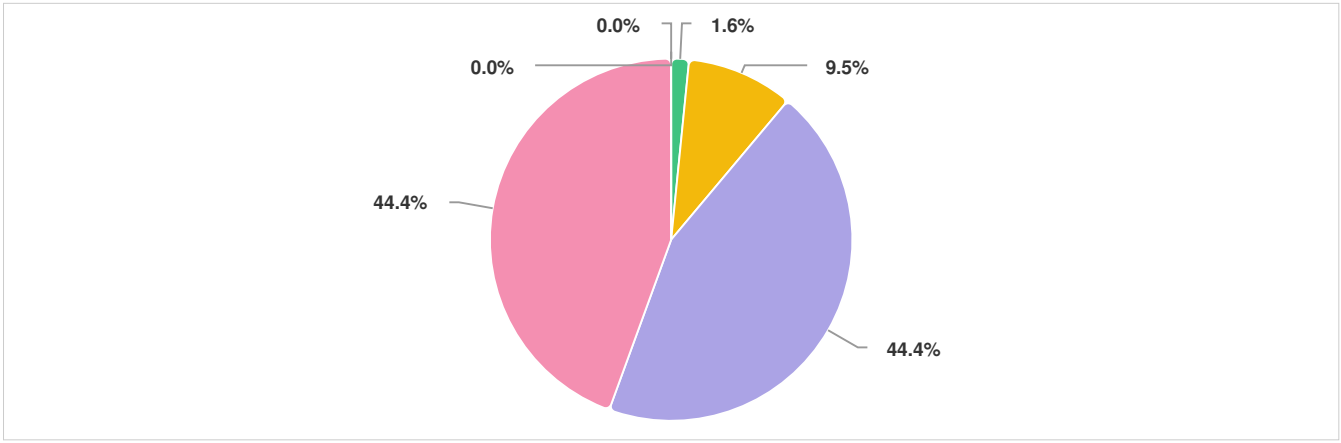
Q9. My concerns and feedback are welcomed and responded to. As the person of importance to the resident, this statement is true.



Question options	responses	%
2 - Disagree	5	7.9
3 - Neutral	7	11.1
4 - Agree	32	50.8
5 - Strongly Agree	19	30.2
0 – Not Applicable	0	0.0
1 - Strongly Disagree	0	0.0

Optional question · 63 responses · 0 skipped
Question type : Radio Button Question

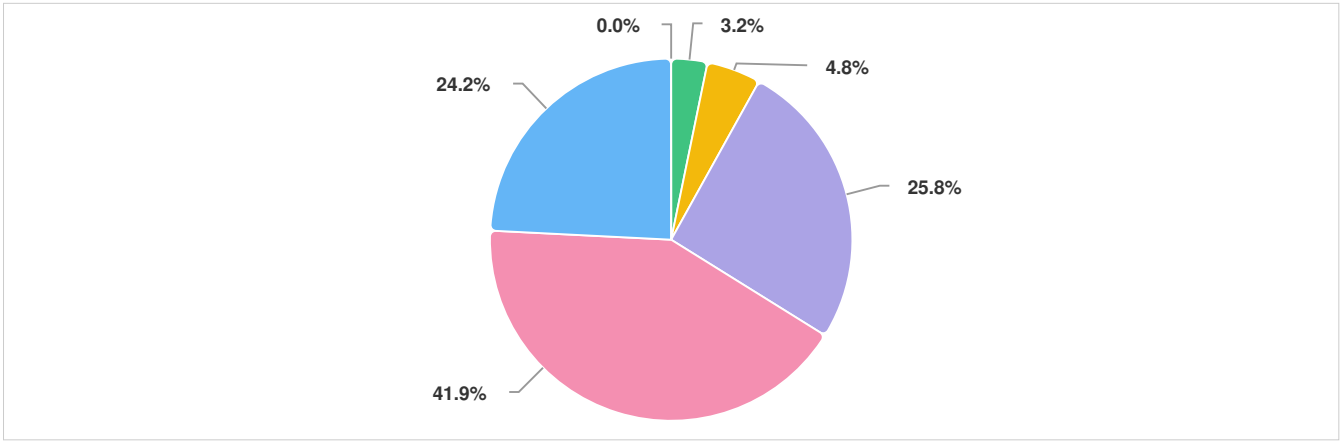
Q10. Caregivers, leadership, and others treat me with respect and dignity. As the person of importance to the resident, this statement is true.



Question options	responses	%
2 – Disagree	1	1.6
3 – Neutral	6	9.5
4 – Agree	28	44.4
5 - Strongly Agree	28	44.4
0 – Not Applicable	0	0.0
1 - Strongly Disagree	0	0.0

Optional question · 63 responses · 0 skipped
Question type : Radio Button Question

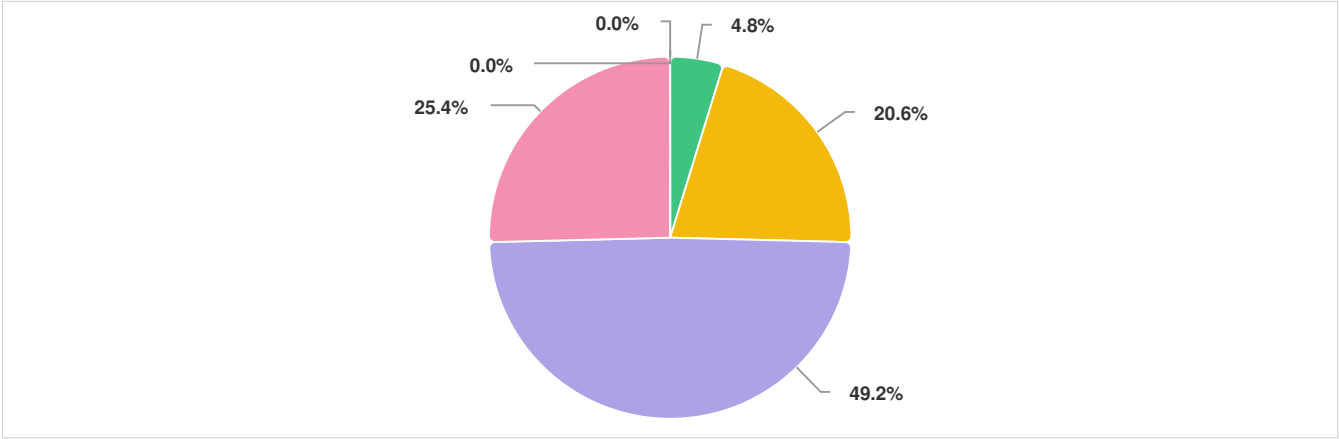
Q11. I am involved in planning care and services for my needs. As the person of importance to the resident, this statement is true.



Question options	responses	%
0 – Not Applicable	2	3.2
2 – Disagree	3	4.8
3 – Neutral	16	25.8
4 – Agree	26	41.9
5 - Strongly Agree	15	24.2
1 - Strongly Disagree	0	0.0

Optional question · 62 responses · 1 skipped
Question type : Radio Button Question

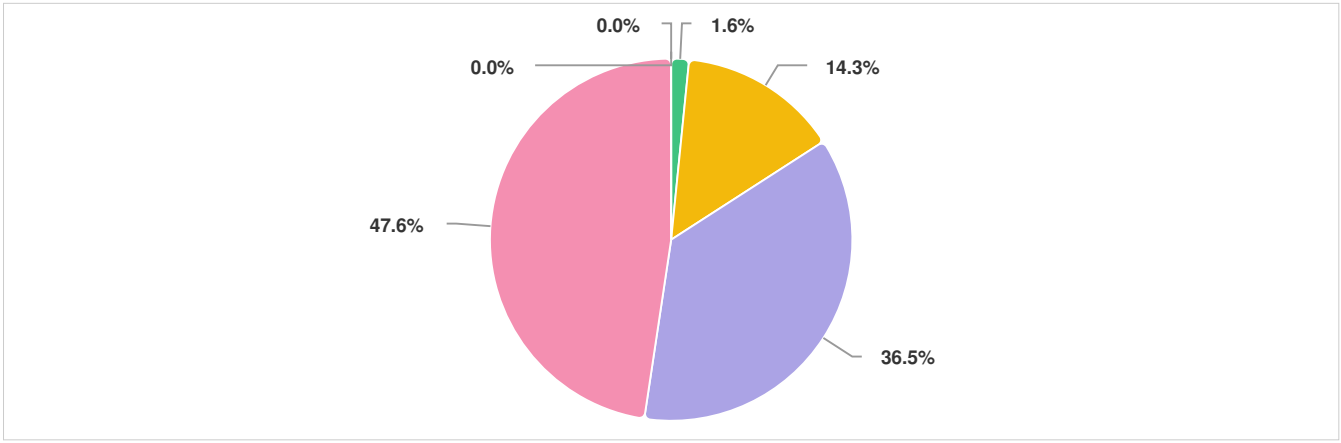
Q12. I receive care and services according to my life history, personal preferences, and goals. As the person of importance to the resident, this statement is true.



Question options	responses	%
2 – Disagree	3	4.8
3 – Neutral	13	20.6
4 – Agree	31	49.2
5 - Strongly Agree	16	25.4
0 – Not Applicable	0	0.0
1 - Strongly Disagree	0	0.0

Optional question · 63 responses · 0 skipped
Question type : Radio Button Question

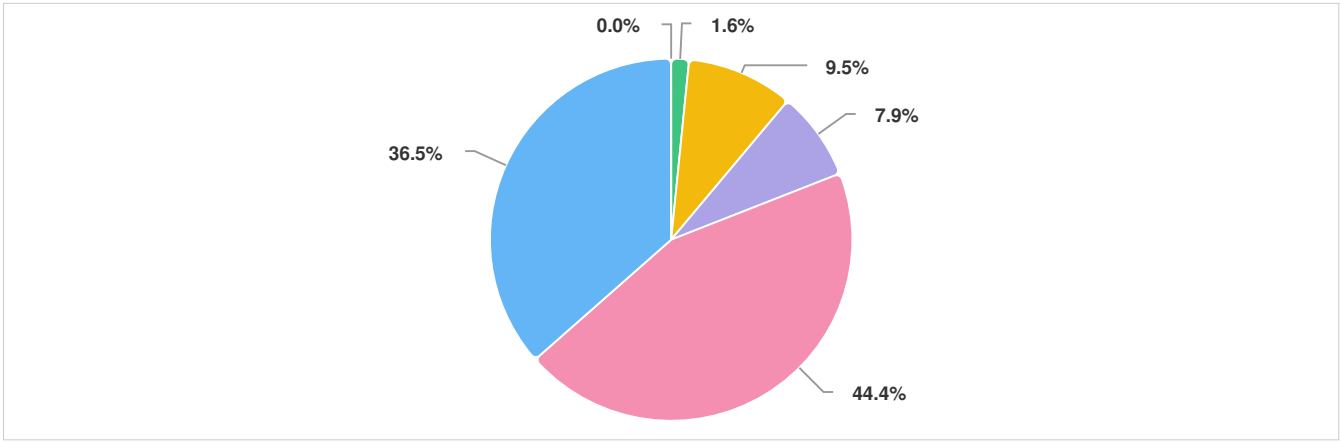
Q13. The caregivers are caring and compassionate. As the person of importance to the resident, this statement is true.



Question options	responses	%
2 – Disagree	1	1.6
3 – Neutral	9	14.3
4 – Agree	23	36.5
5 - Strongly Agree	30	47.6
0 – Not Applicable	0	0.0
1 - Strongly Disagree	0	0.0

Optional question · 63 responses · 0 skipped
Question type : Radio Button Question

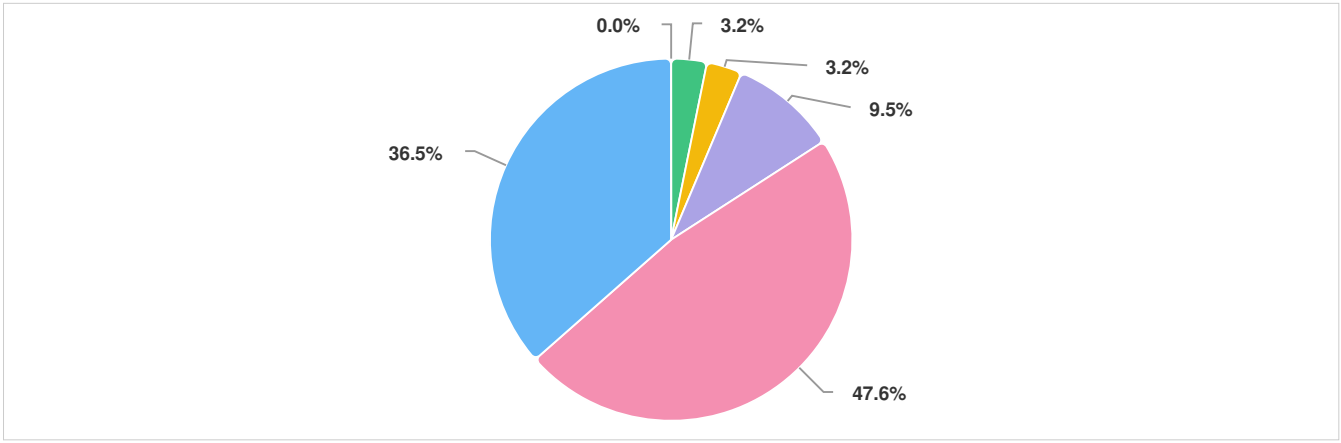
Q14. My doctor is responsive and addresses my questions/concerns. As the person of importance to the resident, this statement is true.



Question options	responses	%
0 – Not Applicable	1	1.6
2 – Disagree	6	9.5
3 – Neutral	5	7.9
4 – Agree	28	44.4
5 - Strongly Agree	23	36.5
1 - Strongly Disagree	0	0.0

Optional question · 63 responses · 0 skipped
Question type : Radio Button Question

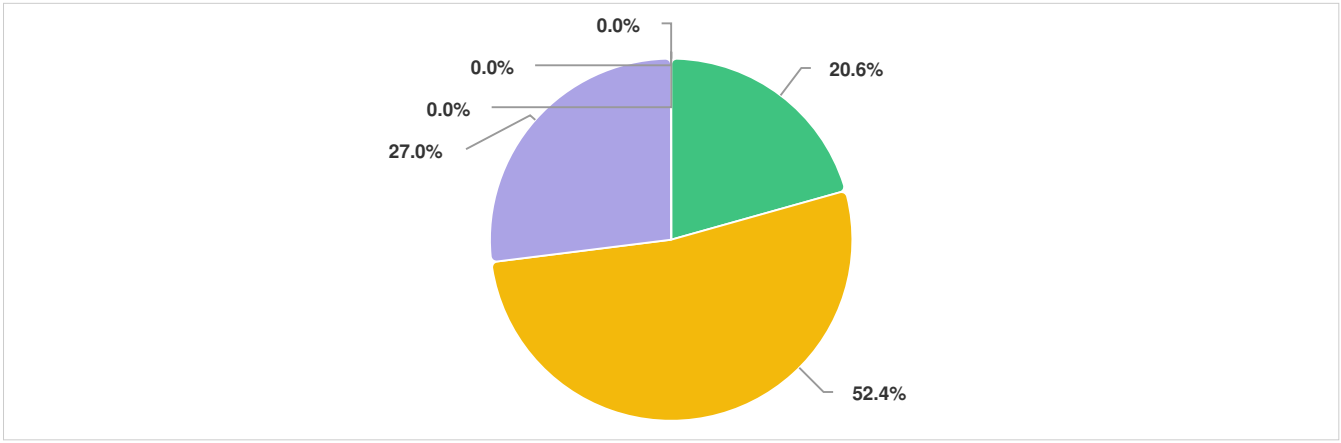
Q15. When I am in pain or discomfort, caregivers take steps to relieve it. As the person of importance to the resident, this statement is true.



Question options	responses	%
0 – Not Applicable	2	3.2
2 – Disagree	2	3.2
3 – Neutral	6	9.5
4 – Agree	30	47.6
5 - Strongly Agree	23	36.5
1 - Strongly Disagree	0	0.0

Optional question · 63 responses · 0 skipped
Question type : Radio Button Question

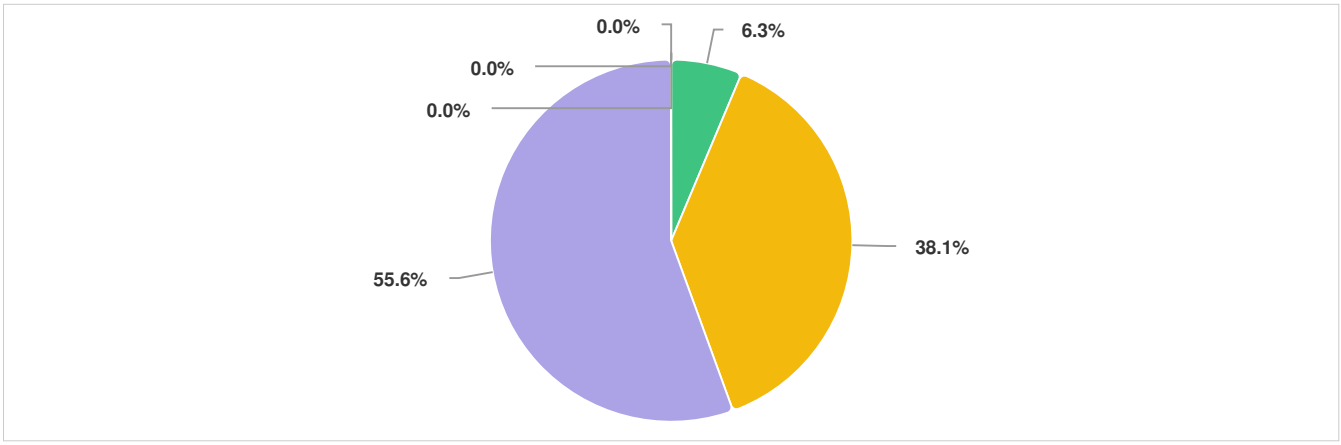
Q16. I understand the importance of hand hygiene, and caregivers support me with this. As a persons of importance, I understand infection control practices to support the residents.



Question options	responses	%
3 – Neutral	13	20.6
4 – Agree	33	52.4
5 - Strongly Agree	17	27.0
0 – Not Applicable	0	0.0
1 - Strongly Disagree	0	0.0
2 – Disagree	0	0.0

Optional question · 63 responses · 0 skipped
Question type : Radio Button Question

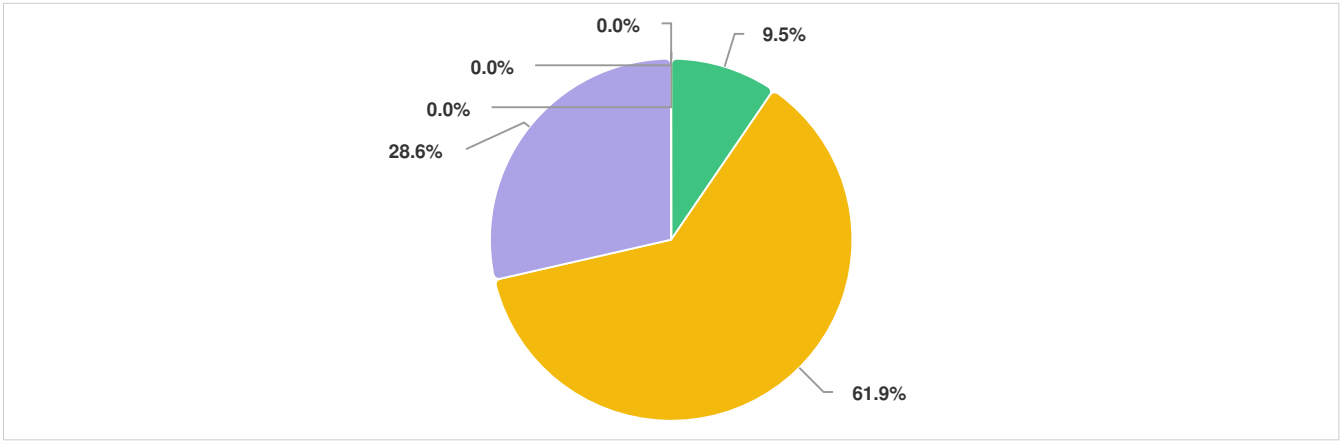
Q17. The building is clean. As the person of importance to the resident, this statement is true.



Question options	responses	%
3 – Neutral	4	6.3
4 – Agree	24	38.1
5 - Strongly Agree	35	55.6
0 – Not Applicable	0	0.0
1 - Strongly Disagree	0	0.0
2 – Disagree	0	0.0

Optional question · 63 responses · 0 skipped
Question type : Radio Button Question

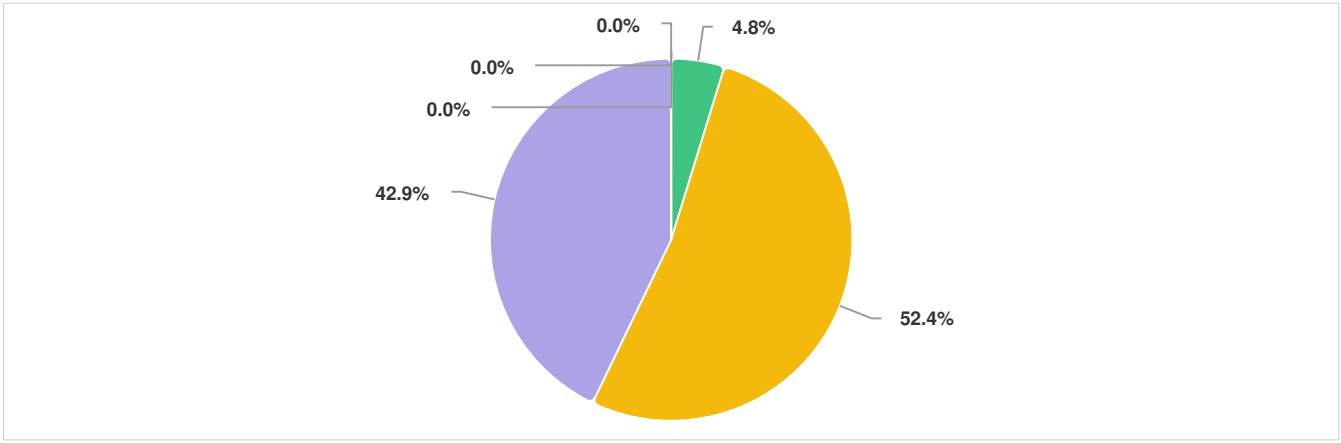
Q18. Caregivers assist me if I am too hot or cold. As the person of importance to the resident, this statement is true.



Question options	responses	%
3 – Neutral	6	9.5
4 – Agree	39	61.9
5 - Strongly Agree	18	28.6
0 – Not Applicable	0	0.0
1 - Strongly Disagree	0	0.0
2 – Disagree	0	0.0

Optional question · 63 responses · 0 skipped
Question type : Radio Button Question

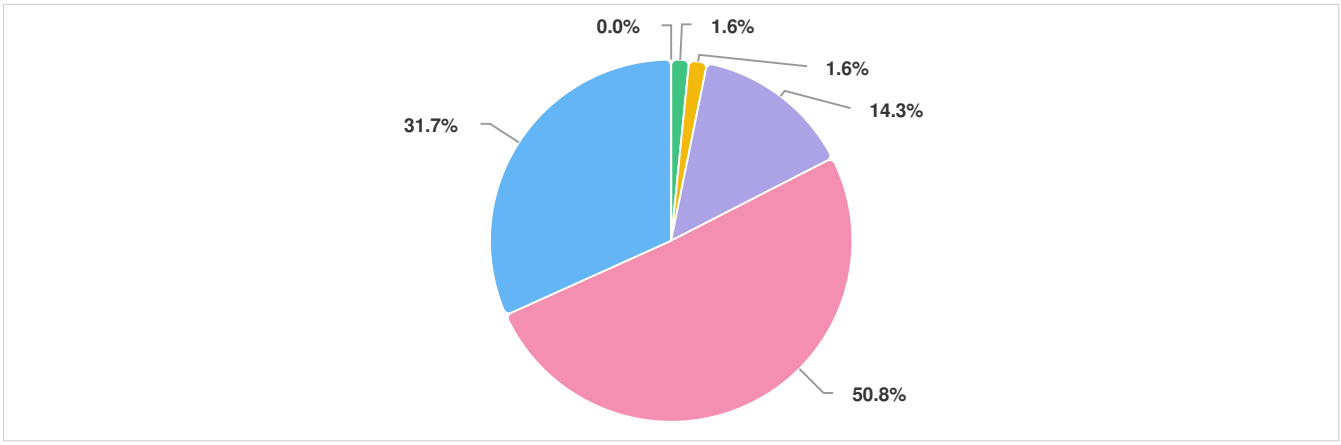
Q19. Laundry is returned in good repair and in a timely manner. As the person of importance to the resident, this statement is true.



Question options	responses	%
3 – Neutral	3	4.8
4 – Agree	33	52.4
5 - Strongly Agree	27	42.9
0 – Not Applicable	0	0.0
1 - Strongly Disagree	0	0.0
2 – Disagree	0	0.0

Optional question · 63 responses · 0 skipped
Question type : Radio Button Question

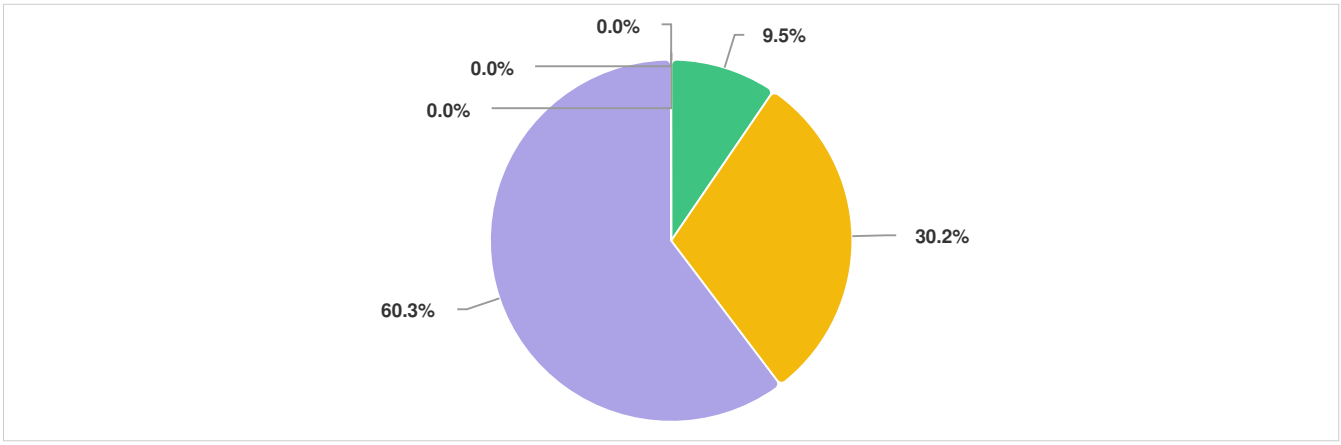
Q20. Communication from the home is timely and, in a manner, I can understand.



Question options	responses	%
0 – Not Applicable	1	1.6
2 – Disagree	1	1.6
3 – Neutral	9	14.3
4 – Agree	32	50.8
5 - Strongly Agree	20	31.7
1 - Strongly Disagree	0	0.0

Optional question · 63 responses · 0 skipped
Question type : Radio Button Question

Q21. I would recommend the Pines to others



Question options	responses	%
3 – Neutral	6	9.5
4 – Agree	19	30.2
5 - Strongly Agree	38	60.3
0 – Not Applicable	0	0.0
1 - Strongly Disagree	0	0.0
2 – Disagree	0	0.0

Optional question · 63 responses · 0 skipped
Question type : Radio Button Question

Q22. Please share with us what you feel the Pines does well

Anonymous 10/24/2025 01:04 PM	
Anonymous 10/24/2025 03:20 PM	I welcome calls from the Pines in terms of what my husband needs or wants. His personal care workers treat him with loving care. I am always kept up to date and consulted when anything is needed
Anonymous 10/24/2025 04:30 PM	
Anonymous 10/24/2025 06:13 PM	Staff very friendly
Anonymous 10/24/2025 06:40 PM	Keeping my mom moving and active …she loves all the events
Anonymous 10/24/2025 07:26 PM	
Anonymous 10/25/2025 10:09 AM	A continual presence so I don't feel alone .. Everyone that passes by my room says hello
Anonymous 10/29/2025 06:16 AM	
Anonymous 10/31/2025 05:27 PM	
Anonymous 10/31/2025 07:15 PM	Take great care of the residents making them feel that this is their home and their care is the utmost concern of everyone
Anonymous 10/31/2025 09:19 PM	Communications are excellent. Everyone who works at the Pines is friendly and welcoming.
Anonymous 11/01/2025 07:32 PM	Provide compassionate and effective care to the residents.
Anonymous 11/03/2025 07:44 AM	Friendliness, welcoming, clean
Anonymous 11/06/2025 12:20 PM	If I have any problems the staff are willing to help me.
Anonymous 11/07/2025 11:52 AM	
Anonymous 11/08/2025 04:19 AM	It’s a clean, safe, well organized, and heathy environment, where my mother appears to be well cared for, by professional, caring staff.
Anonymous 11/08/2025 08:54 AM	Staff in general are friendly, helpful and accommodating. The residence smells good and is very clean. Always very grateful for the pines.
Anonymous 11/14/2025 05:31 PM	The staff we now have do an excellent job. They are all special people. The courtyards are inviting and pleasing to use.
Anonymous 11/14/2025 08:18 PM	The decorating and ceremonies for holidays and special dates are well done
Anonymous 11/14/2025 08:39 PM	I like the way family and guest feel welcome

Anonymous 11/16/2025 04:32 PM	Everything; the food is thoughtfully prepared and served, the activities are engaging and interesting, the care from both psws and nursing staff is thorough and compassionate. Communication is open and encouraged by all staff from the laundry crew to the office crew at any time.
Anonymous 11/17/2025 09:14 PM	It has a warm atmosphere. The decor is homey. The decorations are always welcoming. Majority of the staff are friendly and helpful, caring and compassionate.
Anonymous 11/21/2025 06:48 AM	Everything, I'm proud to others where my wife is residing
Anonymous 11/21/2025 08:42 PM	Staff always friendly and helpful to my father who is in Oak. The rpn and rn are very helpful with any questions that we have. The psw staff do an amazing job
Anonymous 11/22/2025 07:29 AM	The staff is great, they try to relate to the residents and treat them with dignity
Anonymous 11/24/2025 10:47 AM	Clean and meals
Anonymous 11/24/2025 12:06 PM	The Pines is a place I would and have recommended.
Anonymous 11/29/2025 07:02 AM	Compassion and Including individuals for activities
Anonymous 12/02/2025 01:25 PM	Cares for the residents. Activities are great
Anonymous 12/06/2025 07:29 AM	
Anonymous 12/06/2025 09:30 PM	Leigh Ball was very supportive when we arrived at The Pines and releived much stress. Andrea Groomes has been a great help to me through this time with monthly counsel. All the workers in Oak section are exceptional people always cheerful and positive.
Anonymous 12/09/2025 05:35 PM	Enrichment activities are fabulous. Communication with me regarding my loved one is good. Communication about events is good. My loved one is happy which tells me she is well cared for within the Pines.
Anonymous 12/15/2025 04:03 AM	Very compassionate and helpful PSW's
Anonymous 12/17/2025 12:26 PM	Has compassionate care for all residents.
Anonymous 12/18/2025 08:01 AM	Seeing my wife when she was alive. They helped us be together
Anonymous 12/18/2025 08:02 AM	Everything
Anonymous 12/18/2025 08:25 AM	What they say they do. Caregivers follow through with their words
Anonymous 12/18/2025 08:26 AM	
Anonymous 12/18/2025 08:42 AM	
Anonymous 12/18/2025 08:51 AM	

Anonymous 12/18/2025 09:02 AM	N/A
Anonymous 12/18/2025 09:15 AM	Not sure
Anonymous 12/18/2025 10:00 AM	
Anonymous 12/18/2025 11:28 AM	Everything
Anonymous 12/18/2025 11:39 AM	
Anonymous 12/18/2025 12:14 PM	She loves her room and view out the window
Anonymous 12/18/2025 12:34 PM	
Anonymous 12/18/2025 12:41 PM	Understanding people
Anonymous 12/18/2025 12:51 PM	
Anonymous 12/18/2025 01:21 PM	
Anonymous 12/18/2025 01:25 PM	
Anonymous 12/18/2025 01:29 PM	
Anonymous 12/18/2025 01:44 PM	
Anonymous 12/19/2025 08:43 AM	Activities
Anonymous 12/19/2025 08:52 AM	Well, look at this and we'll work and we play and have fun. That's the best thing in the world.
Anonymous 12/19/2025 03:05 PM	Caring staff. Plenty of activities. Cleanliness
Anonymous 12/19/2025 03:22 PM	
Anonymous 12/19/2025 05:16 PM	I think the Pines does a wonderful job of entertaining and having outings for the residents. The services like the food,laundry and special things like the coffee cart, I never hear complaints about.
Anonymous 12/21/2025 08:13 PM	
Anonymous 12/22/2025 08:49 AM	Caregivers treat me with respect
SherylB 12/25/2025 05:42 AM	Pines is doing everything right. Staff care so much!

Anonymous 12/29/2025 09:03 AM	
Anonymous 12/31/2025 10:45 AM	Caring staff. Activity staff are encouraging and try hard to keep residents busy.

Optional question · 42 responses · 21 skipped

Question type : Essay Question

Q23. What 1 or 2 things would you like to see change?

Anonymous 10/24/2025 01:04 PM	
Anonymous 10/24/2025 03:20 PM	I would like to see his family photos out on display and his bureau a little neater
Anonymous 10/24/2025 04:30 PM	
Anonymous 10/24/2025 06:13 PM	
Anonymous 10/24/2025 06:40 PM	Nothing,staff are doing a fantastic Job
Anonymous 10/24/2025 07:26 PM	
Anonymous 10/25/2025 10:09 AM	Nothing at the moment ...I am fairly new here
Anonymous 10/29/2025 06:16 AM	
Anonymous 10/31/2025 05:27 PM	
Anonymous 10/31/2025 07:15 PM	More variety in activities to participate in.
Anonymous 10/31/2025 09:19 PM	It can be very hot in my mom's room.
Anonymous 11/01/2025 07:32 PM	I would like a reply when I leave a phone message for a member of the leadership team. I do this rarely, but have yet to get a reply. Fortunately, the lower-level staff are very responsive and my concerns have been addressed.
Anonymous 11/03/2025 07:44 AM	Proactive "patrols" of the home area, to make sure all residents are safe and comfortable More physiotherapy and restorative
Anonymous 11/06/2025 12:20 PM	
Anonymous 11/07/2025 11:52 AM	
Anonymous 11/08/2025 04:19 AM	1. I’m told that my mother receives physio assistance twice per week, i.e. help to get out of her wheelchair and walk with her walker. She tells me that is not happening, regularly, or consistency. She would like to walk again but I feel that I will have to hire outside physio services to help make that happen. 2. The food is ok, according to my mother, but not great.
Anonymous 11/08/2025 08:54 AM	Maybe more fresh produce for meals?
Anonymous 11/14/2025 05:31 PM	Sign in system really accomplishes next to nothing, sporadically used and no where near accurate I am certain .

Anonymous 11/14/2025 08:18 PM	I would like to see more walking, yoga or exercise program
Anonymous 11/14/2025 08:39 PM	More outings or bus rides ie fall colours
	Community Program like adopt a senior matching community volunteer with senior that don’t have regular family visits or are alone Similiar to big brother big sister program It would be nice to have interaction with grade school students
Anonymous 11/16/2025 04:32 PM	No changes,keep doing what you are doing
Anonymous 11/17/2025 09:14 PM	Consistent staff coverage Improvement in mask wearing and hand hygiene.
Anonymous 11/21/2025 06:48 AM	Food services, bread product is often dry and pasta meals often lack sufficient tomato sauce
Anonymous 11/21/2025 08:42 PM	
Anonymous 11/22/2025 07:29 AM	Communication between shifts and to caregivers needs to improve
Anonymous 11/24/2025 10:47 AM	Actually cities
Anonymous 11/24/2025 12:06 PM	I would love to see my mom be included in things. I am sure when she is asked, she says no. But with some convincing I believe she would enjoy.
Anonymous 11/29/2025 07:02 AM	Laundry. Not sure what happens to clothing, even with names on it. Personal items that go missing never to be recovered.
Anonymous 12/02/2025 01:25 PM	The TV in lounges uses the regular wifi but this doesn't work and the connection buffers and therefore Netflix, utube etc is not available for the residents. This should be rectified.
Anonymous 12/06/2025 07:29 AM	
Anonymous 12/06/2025 09:30 PM	
Anonymous 12/09/2025 05:35 PM	It would be nice to have the sign in process on the tablets changed to something more simple and reliable. They're often not working and it is time consuming.
Anonymous 12/15/2025 04:03 AM	We need a mechanism by which PSW's can be recognized for their hard work
Anonymous 12/17/2025 12:26 PM	
Anonymous 12/18/2025 08:01 AM	More air circulation in summer
Anonymous 12/18/2025 08:02 AM	Waiting awhile for equipment. When residents are sick have them in isolation
Anonymous 12/18/2025 08:25 AM	N/A

Anonymous 12/18/2025 08:26 AM	No
Anonymous 12/18/2025 08:42 AM	
Anonymous 12/18/2025 08:51 AM	
Anonymous 12/18/2025 09:02 AM	N/A
Anonymous 12/18/2025 09:15 AM	Meals sometimes are not acceptable for taste
Anonymous 12/18/2025 10:00 AM	
Anonymous 12/18/2025 11:28 AM	More heat in temperature of the pines
Anonymous 12/18/2025 11:39 AM	More active care in the evenings Unsecured room for privacy at night residents come in and she's scared
Anonymous 12/18/2025 12:14 PM	She doesn't like that she can't go back to bed when she wants or eat when she wants.
Anonymous 12/18/2025 12:34 PM	
Anonymous 12/18/2025 12:41 PM	
Anonymous 12/18/2025 12:51 PM	Private room
Anonymous 12/18/2025 01:21 PM	
Anonymous 12/18/2025 01:25 PM	
Anonymous 12/18/2025 01:29 PM	
Anonymous 12/18/2025 01:44 PM	
Anonymous 12/19/2025 08:43 AM	The awnsers
Anonymous 12/19/2025 08:52 AM	
Anonymous 12/19/2025 03:05 PM	Involve residents more in outings
Anonymous 12/19/2025 03:22 PM	
Anonymous 12/19/2025 05:16 PM	For people who are still capable of doing things to stay fit, when they see another resident being led through personal exercises and the resident asks for exercise to stay in shape, I would like to see something come of that. This is only 2nd information that I have not checked into.

Anonymous 12/21/2025 08:13 PM	
Anonymous 12/22/2025 08:49 AM	More personal care from the doctor
SherylB 12/25/2025 05:42 AM	Nothing
Anonymous 12/29/2025 09:03 AM	
Anonymous 12/31/2025 10:45 AM	Real mashed potatoes, not from a box. Meals served on time. Residents are gathered for each meal too soon and then they have a long wait for the meal to be served. More consistency in the PSW assignment.

Optional question · 38 responses · 25 skipped
Question type : Essay Question

Q24. What would make the Pines feel more like your own home?

Anonymous 10/24/2025 01:04 PM	
Anonymous 10/24/2025 03:20 PM	Nothing, you are doing a great job
Anonymous 10/24/2025 04:30 PM	
Anonymous 10/24/2025 06:13 PM	Much has been done to make feel like a caring home. The good care makes it feel like home.
Anonymous 10/24/2025 06:40 PM	Maybe have Ottaman stools in sitting TV areas so legs can be elevated due to swollen legs
Anonymous 10/24/2025 07:26 PM	
Anonymous 10/25/2025 10:09 AM	I can't think of anything
Anonymous 10/29/2025 06:16 AM	
Anonymous 10/31/2025 05:27 PM	
Anonymous 10/31/2025 07:15 PM	
Anonymous 10/31/2025 09:19 PM	More plants.
Anonymous 11/01/2025 07:32 PM	
Anonymous 11/03/2025 07:44 AM	
Anonymous 11/06/2025 12:20 PM	
Anonymous 11/07/2025 11:52 AM	
Anonymous 11/08/2025 04:19 AM	Animal visits perhaps. Someone who walks a dog on a leash to pay visits to residents on occasion, for example.
Anonymous 11/08/2025 08:54 AM	Not sure.
Anonymous 11/14/2025 05:31 PM	
Anonymous 11/14/2025 08:18 PM	Pets
Anonymous 11/14/2025 08:39 PM	It would be nice to have rocking chairs or gliders in common area

Anonymous 11/16/2025 04:32 PM	
Anonymous 11/17/2025 09:14 PM	Nothing.
Anonymous 11/21/2025 06:48 AM	I can't answer this one
Anonymous 11/21/2025 08:42 PM	
Anonymous 11/22/2025 07:29 AM	Nothing
Anonymous 11/24/2025 10:47 AM	
Anonymous 11/24/2025 12:06 PM	
Anonymous 11/29/2025 07:02 AM	No change
Anonymous 12/02/2025 01:25 PM	We need a spot for coats, boots on first floor when visitors come in ie. Cloak RM or rack
Anonymous 12/06/2025 07:29 AM	
Anonymous 12/06/2025 09:30 PM	
Anonymous 12/09/2025 05:35 PM	Upgraded or lighter paint and decor/curtains in the rooms.
Anonymous 12/15/2025 04:03 AM	
Anonymous 12/17/2025 12:26 PM	
Anonymous 12/18/2025 08:01 AM	
Anonymous 12/18/2025 08:02 AM	Partner live with them
Anonymous 12/18/2025 08:25 AM	Strict on how many times the resident wears clothes. Is told to have clothing washed often but some clothing items shouldn’t be washed all the time - such as wool sweaters
Anonymous 12/18/2025 08:26 AM	
Anonymous 12/18/2025 08:42 AM	
Anonymous 12/18/2025 08:51 AM	
Anonymous 12/18/2025 09:02 AM	N/A
Anonymous 12/18/2025 09:15 AM	Don’t know

Anonymous 12/18/2025 10:00 AM	
Anonymous 12/18/2025 11:28 AM	N/A
Anonymous 12/18/2025 11:39 AM	
Anonymous 12/18/2025 12:14 PM	A two part lock on my door to keep people out at night
Anonymous 12/18/2025 12:34 PM	
Anonymous 12/18/2025 12:41 PM	
Anonymous 12/18/2025 12:51 PM	
Anonymous 12/18/2025 01:21 PM	More privacy in my room. Be able to lock my door at night
Anonymous 12/18/2025 01:25 PM	
Anonymous 12/18/2025 01:29 PM	
Anonymous 12/18/2025 01:44 PM	
Anonymous 12/19/2025 08:43 AM	Pet
Anonymous 12/19/2025 08:52 AM	Pet to share
Anonymous 12/19/2025 03:05 PM	
Anonymous 12/19/2025 03:22 PM	
Anonymous 12/19/2025 05:16 PM	I can”t think of anything. The room is individual to the resident - oh yes! Maybe a better mattress.
Anonymous 12/21/2025 08:13 PM	
Anonymous 12/22/2025 08:49 AM	
SherylB 12/25/2025 05:42 AM	
Anonymous 12/29/2025 09:03 AM	
Anonymous 12/31/2025 10:45 AM	Nothing I can think of.

Optional question · 26 responses · 37 skipped
Question type : Essay Question

Q25. Do you have any additional comments, feedback, or concerns that you would like to share (someone/thing you'd like to recognize, suggestions around menu/meals, technology to help, etc.)

Anonymous 10/24/2025 01:04 PM	
Anonymous 10/24/2025 03:20 PM	
Anonymous 10/24/2025 04:30 PM	
Anonymous 10/24/2025 06:13 PM	I feel that folks are paired up well at meal times. I am glad for this careful consideration.
Anonymous 10/24/2025 06:40 PM	No..Excellent Job done by all staff..Keep up the great work!!!
Anonymous 10/24/2025 07:26 PM	
Anonymous 10/25/2025 10:09 AM	The atmosphere is different than I was thinking...in a really good way...I am happy to be here. Love the staff and am thankful for each one
Anonymous 10/29/2025 06:16 AM	
Anonymous 10/31/2025 05:27 PM	
Anonymous 10/31/2025 07:15 PM	A better sign in system for visitors would be greatly appreciated. Lately I have noticed most people DON'T USE HAND SANITIZER STATIONS not helpful with flu and virus season getting worse. How often are iPads wiped to prevent germs from spreading?
Anonymous 10/31/2025 09:19 PM	
Anonymous 11/01/2025 07:32 PM	
Anonymous 11/03/2025 07:44 AM	
Anonymous 11/06/2025 12:20 PM	
Anonymous 11/07/2025 11:52 AM	
Anonymous 11/08/2025 04:19 AM	Generally, I think you're doing a great job caring for my mother and my family feels very fortunate to have her in The Pines. Thank you to the entire staff for all you do!
Anonymous 11/08/2025 08:54 AM	Charging the residents phone/tablet and hearing aids I think is done but more frequently would be helpful.
Anonymous 11/14/2025 05:31 PM	

Anonymous 11/14/2025 08:18 PM	The staff try their best but at times they are over worked and would need more assistance especially on the OAKs
Anonymous 11/14/2025 08:39 PM	
Anonymous 11/16/2025 04:32 PM	A special shout out to Ashley for taking Edith under her wing! We are grateful for everyone who helps Edith maintain her humour, her independence, her dignity. Knowing she is so well looked after gives us tremendous peace of mind and allows us to just be her family and not her caretakers for these last few years we get to share with her. Thank you
Anonymous 11/17/2025 09:14 PM	More diabetic options.
Anonymous 11/21/2025 06:48 AM	No
Anonymous 11/21/2025 08:42 PM	
Anonymous 11/22/2025 07:29 AM	
Anonymous 11/24/2025 10:47 AM	
Anonymous 11/24/2025 12:06 PM	I am really looking forward to being able to FaceTime with my mom when I am in Arizona. We have tried, but have faced obstacles. I have spoken to the “activity” girls, and I think we have everything in place for next Sunday. Cannot wait.
Anonymous 11/29/2025 07:02 AM	The fact that as a family we are included in decision making is a plus.
Anonymous 12/02/2025 01:25 PM	Yes, when the PSWs offer mom her meal choice they talk fast and she doesn't understand everything they say. They need to slow down, everything is always a rush. Same when they stand at her door even just to say hello. They talk too fast and are in a rush.
Anonymous 12/06/2025 07:29 AM	
Anonymous 12/06/2025 09:30 PM	
Anonymous 12/09/2025 05:35 PM	All the staff within the Maple wing deserve recognition. The residents we know and see are happy and well looked after. Our loved one exhibits trust and a genuine interest in the staff. This means a lot to us. Thank you
Anonymous 12/15/2025 04:03 AM	I would like more help in assisting my wife to stand up and walk. it is a 2 person task.
Anonymous 12/17/2025 12:26 PM	
Anonymous 12/18/2025 08:01 AM	
Anonymous 12/18/2025 08:02 AM	Resident doesn’t enjoy the food options sometimes. Doesn’t like when both options are limited to condition

Anonymous 12/18/2025 08:25 AM	Appreciate the help the staff have with other residents
Anonymous 12/18/2025 08:26 AM	
Anonymous 12/18/2025 08:42 AM	
Anonymous 12/18/2025 08:51 AM	
Anonymous 12/18/2025 09:02 AM	N/A
Anonymous 12/18/2025 09:15 AM	Don’t know
Anonymous 12/18/2025 10:00 AM	
Anonymous 12/18/2025 11:28 AM	No
Anonymous 12/18/2025 11:39 AM	
Anonymous 12/18/2025 12:14 PM	Feels like there’s preferential treatment if the staff and residents know you.
Anonymous 12/18/2025 12:34 PM	
Anonymous 12/18/2025 12:41 PM	
Anonymous 12/18/2025 12:51 PM	
Anonymous 12/18/2025 01:21 PM	
Anonymous 12/18/2025 01:25 PM	
Anonymous 12/18/2025 01:29 PM	
Anonymous 12/18/2025 01:44 PM	
Anonymous 12/19/2025 08:43 AM	No
Anonymous 12/19/2025 08:52 AM	
Anonymous 12/19/2025 03:05 PM	
Anonymous 12/19/2025 03:22 PM	

Anonymous 12/19/2025 05:16 PM	I think everyone I encounter is very helpful and hard working for the residents. People really do seem to love what they do. I have interacted with people in all aspects of the Pines; laundry, cleaners, maintenance, activities, nurses, psws, and admin. I have met all the key people several times and I love that new people make themselves known at functions such as Tiny Tim's Tea. I attend as many as I can. I think it is great that the staff will send a recording of our resident remi di g me of a functiin.
Anonymous 12/21/2025 08:13 PM	
Anonymous 12/22/2025 08:49 AM	
SherylB 12/25/2025 05:42 AM	Hats off to the Oak wing for caring for my friend Barb Foell so well. They all are amazing, so kind and so suited for this job.
Anonymous 12/29/2025 09:03 AM	Mom has been in Maple Woods for 2+ years and she/we are very happy with the Pines.
Anonymous 12/31/2025 10:45 AM	I like most of the PSWs. Specifically, Benjamin is always a joy. Avril is wonderful and caring. Maria, Lex, and Joelle are great too. Some of the PSWs say your private details too loudly (yelling about bathroom topics out into the hallways).

Optional question · 26 responses · 37 skipped
Question type : Essay Question

Three-Year Resident and Family Engagement Survey Analysis (2023-2025)

Year-Over-Year Comparative Report

Executive Summary

The Pines Long-Term Care Home in Bracebridge, Ontario, has demonstrated meaningful improvement in resident and family satisfaction over the three-year period from 2023 to 2025, with overall positive responses increasing from 73.8% to 81.7% (+7.9 percentage points). This analysis examines 21 core survey questions measuring dimensions of care quality, operational excellence, and resident experience across three successive annual surveys.

The facility achieved notable gains in several strategic areas—particularly meal personalization (+23.0%), physician responsiveness (+19.6%), and community belonging (+15.9%)—while experiencing modest declines in two areas: caregiver compassion perception (-5.7%) and mealtime enjoyment (-1.5%). Survey participation peaked in 2024 with 87-89 responses but declined to 62-63 responses in 2025, representing a 29% drop that may warrant further investigation regarding engagement strategy.

Key Performance Indicators (2025):

- Highest satisfaction domain: Environment & Operations (93.2%)
- Most improved domain: Health & Safety (+11.0% over three years)
- Overall recommendation rate: 90.5% (up from 81.8% in 2023)
- Average positive sentiment: 81.7% (up from 73.8% in 2023)

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Methodology and Survey Evolution

Survey Structure and Participation

The Pines conducted annual engagement surveys across three successive years, maintaining consistency in core questions while introducing methodological refinements. All surveys employed a 5-point Likert scale (1=Strongly Disagree to 5=Strongly Agree), with 2024 and 2025 adding a "Not Applicable" option to reduce forced responses on questions irrelevant to certain respondent categories.

Response Volumes:

Year	Response Range	Change from Prior Year
2023	73-77 responses	Baseline
2024	87-89 responses	+17% increase
2025	62-63 responses	-29% decrease

The 2025 participation decline may warrant further investigation, as robust response rates are essential for valid longitudinal analysis and may signal survey fatigue, timing issues, or demographic shifts in the resident population.

Question Comparability

While the core 21 questions remained substantively consistent, several underwent rewording in 2025 that affects direct year-over-year comparison and renders certain metrics not fully comparable. Question 7 (meal preferences) and Question 8 (administrator approachability) were significantly reworded in 2025, which may account for substantial changes in response patterns. Changes in question wording should be considered when interpreting year-over-year trends for these specific items.

Overall Satisfaction Trajectory

Three-Year Performance Overview

The Pines achieved consistent improvement in aggregate satisfaction, with positive responses (Agree + Strongly Agree) advancing from 73.8% in 2023 to

81.7% in 2025. The improvement trajectory shows modest gains in the first interval (2023-2024: +1.8%) followed by substantial acceleration in the second interval (2024-2025: +6.0%), indicating strengthening performance momentum.

Metric	2023	2024	2025	Total Change
Average Positive Response	73.8%	75.6%	81.7%	+7.9%
Recommendation Rate (Q21)	81.8%	87.6%	90.5%	+8.7%
Average Negative Response	10.1%	7.1%	3.6%	-6.5%
Average Neutral Response	16.1%	13.3%	13.2%	-2.8%

The reduction in negative sentiment (-6.5 percentage points) and neutral responses (-2.8 percentage points) indicates stronger opinion polarization toward positive assessment, with previously uncertain respondents increasingly expressing satisfaction. This shift demonstrates meaningful progress in resident and family confidence.

Detailed Question-by-Question Analysis

Complete Three-Year Response Distribution

The following table presents comprehensive response distributions for all 21 survey questions across the three-year period, showing positive response percentages and year-over-year changes.

Question	2023 Positive	2024 Positive	2025 Positive	Change 2023-2024	Change 2024-2025	Total Change
Q1: I feel a sense of belonging here	71.4%	74.1%	87.3%	+2.7%	+13.2%	+15.9%
Q2: My needs for private space are met	87.0%	84.3%	88.7%	-2.7%	+4.4%	+1.7%
Q3: The activities are meaningful to me	65.7%	60.2%	68.3%	-5.5%	+8.1%	+2.6%
Q4: Religious/spiritual opportunities	55.4%	54.0%	65.1%	-1.4%	+11.1%	+9.7%

Q5: Mealtimes are pleasant and enjoyable	71.4%	70.8%	69.9%	-0.6%	-0.9%	-1.5%
Q6: Food served at acceptable temperature	71.4%	67.8%	76.2%	-3.6%	+8.4%	+4.8%
Q7: Meals consider my likes and dislikes	62.8%	67.0%	85.8%	+4.2%	+18.8%	+23.0%
Q8: Administrator/leaders present and approachable	70.5%	66.3%	82.5%	-4.2%	+16.2%	+12.0%
Q9: Concerns and feedback welcomed	72.7%	73.0%	81.0%	+0.3%	+8.0%	+8.3%
Q10: Staff treat me with respect and dignity	88.5%	91.0%	88.8%	+2.5%	-2.2%	+0.3%
Q11: Involved in planning my care	55.1%	66.3%	66.1%	+11.2%	-0.2%	+11.0%
Q12: Care according to life history/preferences	64.5%	78.7%	74.6%	+14.2%	-4.1%	+10.1%
Q13: Caregivers are caring and compassionate	89.8%	84.3%	84.1%	-5.5%	-0.2%	-5.7%
Q14: Doctor is responsive	61.3%	64.0%	80.9%	+2.7%	+16.9%	+19.6%
Q15: Pain relief steps taken	76.0%	84.3%	84.1%	+8.3%	-0.2%	+8.1%
Q16: Infection control protocols adequate	74.0%	77.5%	79.4%	+3.5%	+1.9%	+5.4%
Q17: The building is clean	94.9%	94.4%	93.7%	-0.5%	-0.7%	-1.2%
Q18: Temperatures are comfortable	75.3%	77.6%	90.5%	+2.3%	+12.9%	+15.2%
Q19: Laundry returned in good repair/timely	82.7%	90.9%	95.3%	+8.2%	+4.4%	+12.6%

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Q20: Communication is timely and understandable	78.2%	74.2%	82.5%	-4.0%	+8.3%	+4.3%
Q21: Would recommend The Pines	81.8%	87.6%	90.5%	+5.8%	+2.9%	+8.7%

Areas of Exceptional Improvement

Five questions demonstrated improvements of 12% or greater over the three-year period, reflecting strategic focus areas where The Pines invested resources and achieved measurable impact:

1. Q7: Meals Consider Likes and Dislikes (+23.0%)

This metric achieved the largest improvement across all survey questions, advancing from 62.8% to 85.8%. The 2025 survey question was reworded to emphasize meal choice and dietary requirements, which may have influenced response patterns and renders this metric not fully comparable to prior years. Nonetheless, the substantial increase suggests enhanced personalization in dining services or improved communication about meal options. This question also showed a high "Not Applicable" response rate in the corrected data, indicating possible changes in how families perceive their involvement in meal planning.

2. Q14: Doctor Responsiveness (+19.6%)

Physician responsiveness improved dramatically from 61.3% to 80.9%, representing the second-largest gain. This improvement occurred primarily in the 2024-2025 interval (+16.9%), suggesting recent enhancements in physician-family communication protocols or scheduling accessibility. Given that this metric was among the lower-performing questions in 2023, the turnaround represents a significant achievement in clinical care coordination.

3. Q1: Sense of Belonging (+15.9%)

This metric improved substantially from 71.4% to 87.3%, with the majority of gains occurring in 2025 alone (+13.2%). Qualitative feedback consistently highlighted staff friendliness, inclusion in activities, and the welcoming atmosphere as key strengths. The 2025 survey reframed this question to

emphasize "being included, welcomed, and encouraged to be involved," which may better capture community integration dimensions.

4. Q18: Temperature Comfort (+15.2%)

Temperature comfort advanced from 75.3% to 90.5%, with negative responses declining from 15.6% to 0.0%. The 2025 survey reframed this question from facility infrastructure ("temperatures are comfortable") to staff responsiveness ("caregivers assist me if I am too hot or cold"), which may account for some of the improvement and renders direct comparison challenging.

5. Q19: Laundry Service Quality (+12.6%)

Laundry service satisfaction reached 95.3% in 2025, advancing from 82.7% in 2023. Negative responses dropped from 4.0% to 0.0%, demonstrating consistent operational excellence in a domain that significantly affects daily quality of life and family satisfaction.

6. Q8: Administrator/Leadership Approachability (+12.0%)

Leadership visibility improved from 70.5% to 82.5%, with the entire gain occurring in the 2024-2025 interval (+16.2%). The 2025 question was reworded to reference "caregivers and leadership team" rather than specifically "administrator and other leaders," which may have broadened the scope of evaluation and contributed to higher ratings. This metric is not fully comparable across years due to wording changes.

Areas Warranting Continued Attention

Modest Declines in Perception of Care Qualities

Two questions related to staff interaction qualities experienced modest declines over the three-year period, though both remain at relatively high absolute satisfaction levels.

1. Q13: Caregiver Compassion (-5.7%)

Perception of caregiver caring and compassion declined from 89.8% to 84.1%, representing the largest decrease among all survey questions. The decline occurred primarily between 2023 and 2024 (-5.5%), with performance stabilizing

in 2025 (-0.2%). While the absolute satisfaction level of 84.1% remains strong, the downward trend may warrant further review to understand contributing factors, which could include:

- Staffing pressures affecting time available for relationship-building
- Increased reliance on agency staff who may be less familiar with residents
- Changes in resident acuity requiring more task-focused care delivery
- Evolution of family expectations regarding interpersonal dimensions of care

Qualitative feedback across all three survey years consistently praised individual staff members by name for exceptional compassion, while also noting concerns about agency staff quality and workload constraints that limit individualized attention.

2. Q5: Mealtime Enjoyment (-1.5%)

Satisfaction with pleasant and enjoyable mealtimes declined modestly from 71.4% to 69.9%. This represents relative stability with minimal change. Notably, this metric contrasts with substantial improvements in related dining dimensions: food temperature (+4.8%) and meal personalization (+23.0%). The pattern suggests that while food quality and customization have improved, the social or environmental aspects of dining may benefit from additional focus.

3. Q17: Building Cleanliness (-1.2%)

Cleanliness satisfaction experienced a minor decline from 94.9% to 93.7%, though it remains among the highest-performing metrics overall. This minimal change likely reflects performance stability at near-ceiling levels, where further improvement faces natural limitations.

Thematic Category Analysis

To identify systemic patterns, the 21 questions were grouped into nine thematic categories representing core operational and care domains.

Category Performance Rankings

Category	2023 Avg	2024 Avg	2025 Avg	3-Year Change	Performance Status
Environment & Operations	84.3%	87.6%	93.2%	+8.9%	Exemplary
Overall Satisfaction	81.8%	87.6%	90.5%	+8.7%	Exemplary
Respect & Dignity	89.2%	87.6%	86.4%	-2.7%	Strong
Leadership & Communication	73.8%	71.2%	82.0%	+8.2%	Strong Improvement
Health & Safety	70.4%	75.3%	81.5%	+11.0%	Most Improved
Belonging & Community	71.3%	70.8%	80.4%	+9.1%	Strong Improvement
Food & Dining	68.5%	68.5%	77.3%	+8.8%	Strong Improvement
Person-Centered Care	59.8%	72.5%	70.4%	+10.5%	Improved
Activities & Engagement	65.7%	60.2%	68.3%	+2.6%	Modest Improvement

Environment & Operations: Exemplary Performance (93.2%)

The Pines achieved outstanding marks in facility cleanliness (93.7%), temperature comfort (90.5%), and laundry services (95.3%). These operational fundamentals create the foundation for resident comfort and family confidence. Qualitative feedback consistently praised cleanliness, facility maintenance, and the welcoming physical environment, including seasonal decorations and courtyard enhancements.

Strategic Consideration: Maintain current standards while documenting best practices for potential replication in other domains.

Health & Safety: Most Improved Category (+11.0%)

The Health & Safety category—comprising physician responsiveness, pain relief, and infection control—improved from 70.4% to 81.5%, representing the largest categorical gain. Physician responsiveness showed exceptional improvement (+19.6%), pain management advanced meaningfully (+8.1%), and infection

control protocols maintained steady positive trajectory (+5.4%). This category demonstrates successful focus on clinical care coordination and family communication regarding medical matters.

Strategic Consideration: Continue monitoring clinical care metrics and sustaining physician-family communication enhancements that contributed to these improvements.

Person-Centered Care: Improved but Below Average (70.4%)

Person-centered care (involvement in care planning and alignment with preferences) improved substantially (+10.5 percentage points) but remains below the facility's 81.7% overall average. The category showed strong initial gains (2023-2024: +12.7%) followed by modest decline (2024-2025: -2.2%). The pattern suggests successful implementation of new approaches that may benefit from refinement to sustain momentum.

Strategic Consideration: Review care conference invitation protocols and family preference documentation practices to identify opportunities for strengthening family partnership perception.

Respect & Dignity: Strong but Declining (-2.7%)

Respect and dignity metrics (staff respect and caregiver compassion) remain among the highest absolute scores (86.4%) but experienced modest three-year decline (-2.7 percentage points). This category warrants monitoring to ensure sustained excellence in interpersonal care dimensions.

Strategic Consideration: Investigate factors contributing to perception changes, including workload impacts on relationship-building time and consistency of staffing assignments.

Negative Sentiment Analysis

Overall Negative Response Trends

Average negative responses (Strongly Disagree + Disagree) declined substantially from 10.1% in 2023 to 3.6% in 2025, representing a 6.5-percentage-point reduction. This improvement indicates that areas of dissatisfaction have been meaningfully addressed across most survey dimensions.

Questions with Increased Negative Sentiment

Only three questions experienced increases in negative responses over the three-year period:

Question	2023 Negative	2025 Negative	Change
Q3: Activities are meaningful	5.2%	7.9%	+2.7%
Q2: Private space needs met	6.5%	8.1%	+1.6%
Q9: Concerns welcomed/responded to	7.8%	7.9%	+0.1%

The modest increase in activities-related concerns, while overall positive sentiment also grew substantially, suggests diversification in resident needs or programming accessibility challenges for certain populations.

Questions with Eliminated or Near-Eliminated Concerns

Fourteen questions achieved complete or near-complete elimination of negative sentiment in 2025, including:

- Q17: Building cleanliness (1.3% → 0.0%)
- Q18: Temperature comfort (15.6% → 0.0%)
- Q19: Laundry service (4.0% → 0.0%)
- Q21: Would recommend (3.9% → 0.0%)
- Q16: Infection control (3.9% → 0.0%)

These achievements demonstrate that systematic attention to operational and environmental factors can effectively resolve longstanding concerns.

Qualitative Insights from Open-Ended Responses

Consistent Strengths Identified Across All Three Years

Staff Quality and Compassion:

Respondents consistently recognized individual staff members by name across all three survey years, highlighting personal support workers, nurses, and unit-specific teams. Comments emphasized genuine caring relationships, familiarity with resident preferences, and going "above and beyond" standard duties. Specific units (Oak, Cedar, Maple, Birch) all received commendations for team excellence.

Representative comments:

- "The PSWs are absolutely wonderful! In particular, Michelle, Kelly, Payal, Kathleen, just Julie!" (2023)
- "My husband's PSW are so caring and lovely. They fuss over him and he feels special." (2024)
- "All the staff we now have do an excellent job. They are all special people." (2025)

Communication Excellence:

Families valued proactive, transparent communication regarding resident status, facility events, and policy changes. The weekly newsletter and unit-level staff updates were specifically mentioned as valuable touchpoints that help families feel connected and informed even when not physically present.

Representative comments:

- "Weekly communication by email. Listens to family and answers questions" (2023)
- "Excellent communication with family" (2024)
- "Communications are excellent. Everyone who works at the Pines is friendly and welcoming." (2025)

Activities Programming:

Activity staff received recognition for encouraging participation without pressure, meeting residents at their cognitive level, and providing diverse programming options. Special events, outings, music programs, and social gatherings were frequently mentioned as highlights that enhance quality of life.

Representative comments:

- "The myriad of activities run and opportunities for residents to be stimulated" (2024)
- "Enrichment activities are fabulous" (2025)
- "I am always busy and enjoy that" (2024)

Facility Quality:

The physical environment received consistent praise for cleanliness, maintenance, welcoming atmosphere, and aesthetic enhancements such as seasonal decorations and courtyard improvements.

Representative comments:

- "It's a clean, safe, well organized, and healthy environment" (2025)
- "The courtyards are inviting and pleasing to use" (2025)
- "The decor is homey. The decorations are always welcoming." (2025)

Persistent Themes for Consideration

Staffing Adequacy:

Across all three survey years, respondents noted that while staff are compassionate and skilled, workload constraints can limit individualized attention and response times. Wait times for assistance with activities of daily living were mentioned as areas where additional staffing would enhance care quality.

Representative comments:

- "More staff required to give care, comfort, and time. Residents are waiting long periods of time for care." (2023)

- "The staff try their best but at times they are over worked and would need more assistance especially on the OAKs" (2024)

Agency vs. Regular Staff Consistency:

The use of agency staffing was noted across multiple years as affecting care continuity and relationship quality. Families valued regular staff who know residents' preferences and communication patterns, while agency staff were perceived as less familiar with individual needs.

Representative comments:

- "Hire consistent staff. Some of the agency staff were good but most lacked empathy" (2023)
- "Most Agency staff are not good" (2024)
- "Sadly the agency staff do not provide the same level of care as the regular staff" (2024)

Dining Experience Individualization:

While food quality received generally positive feedback, some families requested quieter dining environments for residents with sensory sensitivities, more patient communication during meals, and enhanced variety in fresh produce and special diet options.

Representative comments:

- "The dining experience is very difficult...my mom is confused and needs help with her meals. I'd like to see her in a more quiet atmosphere" (2023)
- "When the PSWs offer mom her meal choice they talk fast and she doesn't understand...they need to slow down" (2025)
- "More diabetic options" (2025)

Staff Communication Pacing:

Several comments across years noted that some staff communicate quickly when providing care or information, which can be challenging for residents with hearing loss or cognitive processing delays.

Representative comment:

- "When the PSWs offer mom her meal choice they talk fast and she doesn't understand everything they say. They need to slow down, everything is always a rush." (2025)

Strategic Considerations

Based on this comprehensive three-year analysis, the following areas may warrant leadership consideration:

Sustaining Excellence in High-Performing Domains

Environment & Operations (93.2%) and **Overall Satisfaction (90.5%)** represent exemplary performance that creates competitive advantage. Leadership may wish to:

- Document operational best practices for knowledge transfer
- Recognize and celebrate housekeeping, laundry, and maintenance teams
- Maintain current investment levels in facility aesthetics and infrastructure
- Consider case studies or site visits for peer learning opportunities

Building on Strong Improvement Momentum

Health & Safety (+11.0%), **Person-Centered Care (+10.5%)**, and **Food & Dining (+8.8%)** all achieved substantial improvement. To sustain and extend these gains:

- Continue physician-family communication protocols that contributed to responsiveness improvements
- Review care conference structures to maintain person-centered care momentum
- Monitor meal personalization processes that drove Q7 improvement
- Celebrate successes with staff teams responsible for these advances

Addressing Modest Declines

Respect & Dignity (-2.7%) experienced small but consistent decline, primarily driven by caregiver compassion perception (-5.7%). This may reflect:

- Workload pressures affecting time for relationship-building
- Staffing mix changes (agency vs. regular staff)
- Evolution in family expectations
- Changes in resident acuity requiring more task-focused approaches

Leadership may wish to explore staff scheduling practices, recognition programs for compassionate care excellence, and workload assessment to understand contributing factors.

Survey Participation Strategy

The 29% decline in 2025 participation (89 responses → 63 responses) may warrant investigation. Potential considerations include:

- Survey timing relative to family events or facility activities
- Survey length or format accessibility
- Communication about survey purpose and impact
- Demographic shifts in resident/family population
- Survey fatigue or competing priorities

Understanding participation patterns may help ensure future surveys capture representative perspectives.

Question Comparability for Future Surveys

Several questions underwent wording changes in 2025 that limit year-over-year comparability (particularly Q7, Q8, and Q18). For future survey cycles, leadership may wish to:

- Maintain question consistency to enable reliable trend analysis
- When wording changes are necessary, consider running parallel questions for one cycle to establish comparison baselines
- Document rationale for question modifications to aid interpretation

- Consider formal question validation with resident/family focus groups before implementation

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Limitations and Considerations

This analysis is subject to several methodological considerations that should inform interpretation:

Survey Evolution: Question rewording between years—particularly for Q7 (meal preferences), Q8 (administrator approachability), and Q18 (temperature comfort)—renders these metrics not fully comparable across the three-year period. High "Not Applicable" response rates on certain 2024-2025 questions suggest these dimensions may not be universally observable or relevant to all respondent types, particularly family members completing surveys on behalf of residents.

Participation Decline: The 29% drop in responses from 2024 to 2025 raises questions about survey representativeness. If particular subgroups (e.g., highly satisfied or highly dissatisfied families) disproportionately declined to participate, results may not fully represent the entire resident/family population.

Respondent Composition: The surveys do not consistently distinguish between resident vs. family responses, making it impossible to isolate resident voice from family perception. The 2025 questions explicitly addressed "person of importance to the resident," suggesting heavy family participation, which may not fully capture resident experience, particularly for residents with communication challenges.

Causation vs. Correlation: While this analysis identifies performance trends, it cannot definitively attribute changes to specific organizational interventions without supplementary process data linking initiatives to outcomes. External factors (e.g., regional healthcare system changes, pandemic recovery dynamics, broader societal trends) may also influence results.

Qualitative Data Depth: Open-ended responses, while valuable, represent a self-selected subset of engaged respondents and may not capture the perspectives of less vocal families or residents without active family advocates.

Conclusion

The Pines Long-Term Care Home has achieved substantial progress in resident and family satisfaction over the 2023-2025 period, with overall positive sentiment increasing 7.9 percentage points to 81.7%. The facility demonstrates exemplary operational excellence in environmental services, sustained strong performance in respect and dignity dimensions, and notable improvements across health and safety, leadership communication, and food service domains. The recommendation rate of 90.5%—an 8.7-percentage-point improvement—signals strong family confidence in the facility's care quality.

The three-year trajectory shows accelerating improvement momentum, with the 2024-2025 interval (+6.0%) substantially exceeding the 2023-2024 interval (+1.8%). This pattern suggests that strategic initiatives implemented during this period are gaining traction and producing measurable results. Eight of nine thematic categories showed improvement, with only Respect & Dignity experiencing modest decline (-2.7%), primarily attributable to caregiver compassion perception changes that may warrant further review.

Operational fundamentals are strong, family relationships are valued, and the physical environment inspires confidence. The facility has successfully addressed clinical care coordination challenges, enhanced leadership visibility, and strengthened meal personalization—all areas where 2023 performance indicated opportunity for improvement. These achievements demonstrate organizational capacity for responsive adaptation based on stakeholder feedback.

Looking forward, sustaining excellence in high-performing domains while addressing the modest decline in compassion perception and investigating survey participation patterns may support continued improvement. The qualitative feedback across all three years consistently recognizes individual staff members for exceptional caring relationships, suggesting that the foundation for person-centered care excellence exists and may benefit from systematic reinforcement through workload management, staffing consistency, and recognition of relationship-building as a core care competency.

The Pines has established a clear trajectory of improvement and demonstrated responsiveness to resident and family priorities. Continued monitoring of these metrics through both annual surveys and interim feedback mechanisms will support sustained excellence and early identification of emerging opportunities for enhancement.

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References

[1] 2025 Resident and Family Engagement Survey Results, The Pines Long-Term Care Home, Bracebridge, Ontario (Survey period: February 6, 2019 - January 5, 2026)

[2] 2024 Resident and Family Engagement Survey Results, The Pines Long-Term Care Home, Bracebridge, Ontario (Survey period: September 1, 2024 - December 16, 2024)

[3] 2023 Resident and Family Engagement Survey Results, The Pines Long-Term Care Home, Bracebridge, Ontario (Survey period: November 1, 2023 - February 5, 2024)

Report Prepared: January 30, 2026
Data Sources: The Pines Resident and Family Engagement Surveys (2023, 2024, 2025)
Analysis Period: November 2023 - January 2026
Total Survey Questions Analyzed: 21
Total Respondents Across Three Years: 228-231 participants
Intended Audience: Senior Leadership Team, The Pines Long-Term Care Home