



## **2025/26 Continuous Quality Improvement (CQI) Initiative Report**

### **Community Demographics:**

#### **The Grove Nursing Home (Arnprior Regional Health)**

274 Ida Street North, Arnprior, Ontario, K7S 0J2

Phone Number: 613-623-6547

Redeveloped in 2022

**Quality Lead:** Jen Powley, VP Seniors Care, LTC and Community Programs

### **2024-25 Priority Areas for Quality Improvement**

The Grove's 2024/25 Quality Improvement Plan (QIP) submitted to Health Quality Ontario prioritized the reduction of falls in a 30-day period and reduction of stage 2 to 4 pressure ulcers. The Grove also identified Person Centre Care as another priority for the 2024/25 fiscal year but was not included in the QIP submission.

The Grove's falls program was able to reduce the number of falls from 21.8% to 17.8% based on CIHI (Canadian Institute for Health Information) data. Part of the change ideas included increasing the monitoring of residents in the corridor by implementing computer kiosks in the resident corridor. Improving the post fall huddles to focus on interventions for the prevention of falls. Re-evaluating the falling stars program and providing additional education on the program.

The Grove's stage 2 and 4 pressure ulcers were reduced from 6% to 1.9% (based on the CIHI data). The change ideas initiated included implementing a

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new skin and wound application which helped with better monitoring and staging/assessment of the wounds. The team was able to identify, and train wound care champions to help assist with the assessment and prevention recommendations.

### **Friends and Family Council & Resident Council:**

The Grove worked closely with the Friends and Family Council (FFC) to partner and collaborate on the Person Centred Care initiative. The Grove's Resident Council was also involved with the change ideas.

### **Person Centred Care**

<b>Change Ideas Implemented in 2024/25</b>	
Enhance home like atmosphere	<ul style="list-style-type: none"><li>• Residents selected door skins/covers for their room door.</li><li>• Additional artwork hung throughout the different resident home areas.</li><li>• Spa rooms – additional decorating has taken place.</li><li>• Landscaping in resident courtyard and front entrance.</li></ul>
Improve communication to family members and residents	<ul style="list-style-type: none"><li>• All staff have been provided a new name tags. (Larger font)</li><li>• Communication boards installed with menu; resident council and food committee minutes.</li><li>• New team boards are implemented to show who is working each shift.</li><li>• Implemented a new communication app to provide updates to family members.</li></ul>
Choices – participate in choosing bedtime; what I wear; staff respect my likes and dislikes	<ul style="list-style-type: none"><li>• Emphasizing to all staff the importance to ensure residents have a choice of when they wake up and go to bed and what they wear.</li></ul>

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Continuity of care implemented	<ul style="list-style-type: none"> <li>PSW new master schedule implemented to ensure home area assignment. RPN master schedule updated in May to reflect resident home area assignment.</li> </ul>
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### Resident and Family Survey (overall satisfaction) comparison of 2024 vs 2025.

In March of 2024 the Grove undertook the completion of the Resident and Family Survey. Both groups completed the same survey with overall participation of 50 people compared to 43 in 2023. In 2024/25 we achieved our goal to separate the resident and family surveys into two separate surveys to ensure the needs of each group are addressed. In 2024 we had 50 participants that completed the survey in 2025 we had 96 responses.

	2024 (Strongly Agree/Agree)	2025 (Strongly agree/Agree) *	2025 Target
I am satisfied with the overall care and services	81.2%	<b>96%</b> (88.4%)	> 85%
I would recommend this home to family and friends	84.1%	<b>89.8%</b> (92.9%)	>87%
I am aware of the process to submit a complaint or concern with the home	59.7%	<b>70.8%</b> (65.1%)	75%

\*Resident results in bold and family & friends results in red.

Efforts will continue to provide guidance on the process for submitting a concern or complaint within the home. The other area of focus in the coming year will be on the residents feeling that they are not being listened to.

### 2025 Priority Areas for Quality Improvement:

With the input of the Continuous Quality Improvement Committee, the priority for the coming year will remain to enhance the Grove's Person Centred Care approach with the focus on education and training for the front-line team members. A team member survey was completed and the members asked for additional education on end-of-life care; behavioral support and meeting the needs of people with Dementia. Additional education will provide the team members with knowledge and tools to ensure a resident centred approach to care and services.

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## **POLICIES, PROCEDURES and PROTOCOLS THAT GUIDE CONTINUOUS QUALITY IMPROVEMENT**

### **Policies:**

The Grove continues to follow new policies related to their Quality and Risk Management program. The policies will guide the home through continuous quality improvement activities with the focus on resident care, safety and services. The Grove provides regular updates to the Arnprior Regional Health Board of Directors and Quality Committee of the Board. The goal is to build sustainability and positive outcomes in care and services for the residents we serve.

### **Accreditation:**

Arnprior Regional Health currently has exemplary standing with Accreditation Canada. The accreditation process for ARH includes the Hospital, The Grove and our Community Programs. Based on the workload related to implementing several key upgrades to the electronic medical record and scheduling/payroll platform a request was submitted and accepted to defer ARH Accreditation until the fall of 2027. Our goal will continue to be to ensure involvement and engagement of our residents, family members, community partners and our staff in the process.

### **Continuous Quality Improvement Committee**

The very first Continuous Quality Improvement Committee meeting took place in March of this year. The committee was comprised of members from the Resident Council, Family & Friends Council and team members. The committee developed goals for the coming year based on the results of the Resident and Family Survey, Team Member Survey and the quality indicators. Goals and targets were established and will be reviewed at the next meeting in the fall.