SOUTHBRIDGE HEALTH CARE LP

Continuous Quality Improvement Initiative Annual Report

Annual Schedule: May 2026

HOME: Hillside Manor LTC

People who participated in the Evaluation of this report

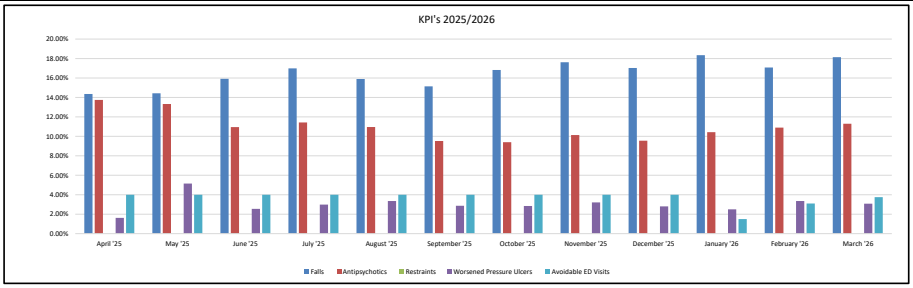
	Name and Designation	Date of Evaluation
Quality Improvement Lead	Shannon Balasso - ED	26-May-26
Director of Care	Sandra Blacklock - DOC	26-May-26
Executive Directive	Shannon Balasso - ED	26-May-26
Nutrition Manager	Vacant	N/A
Programs Manager	Janet Good - PM	26-May-26
Clinical Consultant	Jaclyn Goss/Mackenzie Thiessen	5-Jun-26
Resident Council Representative	Marlene Kitchen	19-Jun-26
Family Council Representative	Maya Liechti	19-Jun-26
Medical Director	Dr. Kalra	19-Jun-26
Other	Laura Roy - ADOC	26-May-26
Other	N/A	N/A

Summary of the Home's priority areas for quality improvement, objectives, policies, procedures and protocols from previous year (2025/2026): What actions were completed? Include dates and outcomes of actions.

Quality Improvement Objective	Policies, procedures and protocols used to achieve quality improvement	Outcomes of Actions, including dates
Improve the quality of care from physicians. I am satisfied with the care from Physicians. 55.9% Oct 2024	A new attending physician and nurse practitioner were throughout the year. Communication to residents and families when physician onsite scheduled hours has changed is an area identified for continued improvement. Residents and families provided notification in advance when Physician's are off on vacation. Enhanced privacy during Physician's rounds/assessments by assisting residents back to their rooms on Physician's day for assessment. Standing agenda items added on Residents Council to discuss any concerns. Name tags provided for Physician's to wear on rounds.	89.53% Oct 2025 We have shown a 33.63% increase in satisfaction. Hired full time on-site nurse practitioner in 2025, new attending physician engaging with residents with a consistent schedule has increased resident satisfaction with care.
Satisfied with scheduled religious and spiritual care programs 57.60% Oct 2024	Religious and Spiritual programming is on the calendar, and will be highlighted in green. Feedback obtained at Resident and Family Councils. Education was provided to residents on spiritual wellness. Spiritual programing reviewed with residents at residents council to determine the times and services of their choosing. Residents are asked about their religious denominations on admission and offered to participate in spiritual and religious services.	84.94% Oct 2025 We have shown a 27.34% increase in satisfaction. Our commitment to engaging residents in spiritual and religious services has led to this increase in satisfaction. Involving residents in choosing the services offered and the timing was the main contributor to increasing satisfaction.
Input into Recreation Programs available 57.6% Oct 2024	Continued with calendar planning monthly. Resident requested programs are put on calendar in a different color to identify what they chose. Resident choice programs are highlighted on the calendar. Resident programs are discussed in Resident Care Conferences and we ask for their input. Calendar planning is done monthly with the residents input.	85.91% Oct 2025 We have shown a 28.31% increase in our satisfaction of input into recreation programs. By engaging residents in program planning, residents feel that we take their input into account and act on what they want to see in the home.
2024 Resident Satisfaction Survey: Top Opportunities 1. I am satisfied with the temperature of my food and beverages - 47.2% 2. I have input into the recreation programs available - 48.3% 3. Staff take the time to chat with me - 58.3%	1. ensure steam cart is plugged in at each meal. temperature sheets to be maintained and documented. Conduted random food temperature audits and food quality audits 3x per week. Seek feedback from residents in the dining room about the meal service. Discussed resident choice meal once a month at resident council and food committee meetings. 2. Implemented calendar planning program, started to offer more exercise programs based on resident feedback, and engaged residents in creating one new program each quarter. 3. Identified 2 residents per floor each week in huddles who would benefit from staff visits, managers take time during daily walkabouts to chat with	2025 Resident Satisfaction Survey Results: 1. 63.64% 2. 85.91% 3. 70.31%
2024 Family Satisfaction Survey: Top Opportunities 1. Resident has input into the recreastion programs available 35.3% 2. I have an opportunity to provide input on food and beverage options 45.5% 3. I am satisfied with the variety of spiritual care services 52.6%	1. Sent out survey questions every 6 months to families for input into recreational program offerings, promoted enrollment in activity pro, continued to discuss programs during care conference and ask for family input, monthly emails sent to families with updates on home activity and food calendars. 2. discussed food concerns and preferences during care conferences, placed suggestion box near visitor ipad for families to add food related suggestions and reviewed on a monthly basis, food added as a standing agenda item to family council meetings. 3. program manager reached out to families to ask if they have a preferred minister, reached out to local churches for ministers, and restarted rosary program.	2025 Family Satisfaction Survey Results: 1. 83.04% 2. 89.62% 3. 79.32%

Key Performance Indicators

KPI	April '25	May '25	June '25	July '25	August '25	September '25	October '25	November '25	December '25	January '26	February '26	March '26
Falls	14.36%	14.43%	15.92%	16.99%	15.89%	15.14%	16.82%	17.62%	17.03%	18.34%	17.08%	18.14%
Antipsychotics	13.74%	13.33%	11%	11.43%	10.96%	9.52%	9.40%	10.13%	9.55%	10%	11%	11%
Restraints	0.00%	0%	0.00%	0.00%	0.00%	0.00%	0.00%	0%	0.00%	0.00%	0.00%	0.00%
Worsened Pressure Ulcers	2%	5%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
Avoidable ED Visits	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	1.50%	3.10%	3.75%



How Annual Quality Initiatives Are Selected

The continuous quality improvement initiative is aligned with our mission to provide quality care and services through innovation and excellence. The home has a Continuous Quality Improvement Committee comprised of interdisciplinary representatives that are the home's quality and safety culture champions. An analysis of quality indicator performance with provincial benchmarks for quality indicators is completed. Quality indicators below benchmarks and that hold high value on resident quality of life and safety are selected as a part of the annual quality initiative. Emergent issues internally are reviewed for trends and incorporated into initiative planning. The quality initiative is developed with the voice of our residents/families/POA's/SDM's through participation in our annual resident and family satisfaction survey and as members of our continuous quality improvement committee. The program on continuous quality improvement follows our policies based on evidence based best practice.

Summary of Resident and Family Satisfaction Survey for Previous Fiscal Year

Date Resident/Family Survey Completed for 2024/25 year:	The 2025 resident and family surveys were conducted from October 1st to October 31st 2025.
Results of the Survey (*provide description of the results*):	The 2025 resident and family surveys were conducted from October 1st to October 31st 2025. Residents expressed the most satisfaction with the quality of care they receive from their physician at 89.53%. Residents feel comfortable raising concerns to the staff and leadership team 88.91%. Residents feel they can choose what time to go to bed at night 88.30%. Residents are satisfied with continence care products available 86.92% and Residents feel they have friends in the home 86.65%. 85.66% of the residents and 86.00% of family members would recommend this home to others.

How and when the results of the survey were communicated to the Residents and their Families (including Resident's Council, Family Council, and Staff)	Survey results were shared with staff verbally during at the time the results were released to the home in February 2026. The results were posted and accessible to staff, residents and visitors on the Quality Board located on the 2nd floor. Survey results were shared with residents in Resident Council on February 25, 2026 and were shared with families in Family Council on February 10, 2026. The results were shared in our Quality/PAC meeting on April 28th 2026.

Client & Family Satisfaction	Resident Survey				Family Survey				Improvement Initiatives for 2026
	2026 Target	2025 (Actual)	2024 (Actual)	2023 (Actual)	2026 Target	2025 (Actual)	2024 (Actual)	2023 (Actual)	
Survey Participation	100.00%	80.49%	100.00%	90.00%	100.00%	58.93%	30.20%	52.80%	Residents will continue to be consulted on the format they wish to receive the survey. Utilizing technology for QR code scanning access to survey and email links will be utilized.
Would you recommend	95.00%	85.66%	85.30%	88.90%	95.00%	86.00%	87.50%	85.70%	Increasing daily resident engagement and celebrations in the home. Transparent and timely communication with residents and families.
If I have a concern, I feel comfortable raising it with the staff and leadership	100.00%	88.91%	82.40%	83.30%	100.00%	80.83%	87.50%	86.90%	Review the Concern process in the home on admission and during annual care conference. 2) Review of the Whistleblower policy. 3) Medical Team, completing wellness checks with residents.

Summary of quality initiatives for 2026/27: Provide a summary of the initiatives for this year including current performance, target and change ideas.

Initiative	Target/Change Idea	Current Performance
2025 Resident Satisfaction Survey, Top Opportunities for Improvement: 1)I am satisfied with the temperature of my food and beverages. 2) I am satisfied with the food and beverages served to me. 3) I have input into Spiritual Care Services 61.61% 4) I am updated regularly about any changes in the home 57.58% 5) I am satisfied with the quality of care from social worker	1) Audit to ensure temperatures are taken and in range weekly and randomly. Ensure ranges for temperatures are accessible on serving carts. Re educate Dietary Staff on the process for taking food temperatures. ED/FSM routine audit meal temperatures. Temperature danger zone information has been added to all serving carts. 2) Hold regular food committee meetings. Hold resident choice meals once a month and rotate amongst residents who submit feedback. Rotate flavour of juices throughout the day. 3) Include in Resident Council as a standing agenda. Discuss at calendar planning program. Review Spiritual Care at care conferences. 4) Post a monthly home news poster on the recreation board. Executive Director to attend Resident Council meetings quarterly and share updates. Rotate manages to join Resident Council meetings. 5) Recruit for a dedicated Social Worker. Target for all initiatives is to achieve satisfaction score above 65% in 2026.	Current performance score from Satisfaction Survey Oct 2025 1) 63.64% 2) 62.88% 3) 61.61% 4) 57.58% 5) 0%
2025 Family Satisfaction Survey, Top Opportunities for Improvement: 1) I am satisfied with the variety of spiritual care services 2) I am satisfied with the quality of laundry services for personal clothing. 3) The resident has access to hairdresser when needed. 4) I am aware of the spiritual care services offered in the home. 5) I am satisfied with the timing and schedule of spiritual care services.	1) Recreation Manager will reach out to Spiritual leaders in the Community Education to families on what spiritual care means. 2) Including information on laundry services to families via email newsletters. Twice a year display unclaimed items for families to assess and inform families we have a designated lost and found located on each floor. Include details in the newsletter regarding the display of unclaimed items and any other important information about laundry. 3) Recruit for a dedicated hairdresser . Communicate hairdressing schedule to families and families. Post schedule and hours on the door of the Salon. 4) Religious care services will be highlighted on a different color on the calendar. Education to families on what spiritual care means. 5) Educate families on what Spiritual care programs are currently available. Recruit for more religious care providers. Target for all initiatives is to achieve satisfaction score above 80% in 2026.	Current performance score from Satisfaction Survey Oct 2025 1) 79.32% 2) 79.21% 3) 78.62% 4) 74.66% 5) 70.32%
Reduce potentially avoidable Emergency Department visits	1) To reduce unnecessary hospital transfers, through the use of onsite NP. 2) Build capacity and improve overall clinical assessment skills of registered staff through education supported by NP. 3) During care conferences discuss with families, regarding advanced care planning. 4) Develop an IV program in the home. The home already exceeds provincial average, goal to improve by 2 %.	12.86% as of March 2026
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	1) During admission process, review with resident and history of falls, and interventions implemented. 2) Injury prevention - review of FRS, ensure appropriate medication prescribed for prevention of bone density loss. Target to get below 15%.	15.35% as of March 2026
Percentage of long-term care residents whose stage 2 to 4 pressure ulcer worsened	1) Prompt Identification and documentation of worsening pressure injuries. 2) Identification of residents at risk for alteration in skin. 3) Conducting audit of resident surface (bed/w/c), for the appropriate surface for pressure relieving. 4)Wound care champion holding biweekly wound rounds on the floors to connect with front line staff. Education is planned for both registered staff and PSW's. Target to get below 2%	2.35% as of March 2026
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	1) BSO admission process, responsive expressions, the initiating of the DOS to establish baseline, (review the Behavioural assessment, completed team huddle prior to admission), BSO team to co-ordinate review of related antipsychotic medication. 2) Residents who are prescribed antipsychotics for the purpose of management of Responsive expressions, will have a quarterly review, for the potential of reduction or the discontinuation of medication. Utilization of tracking tool (antipsychotic). 3) Medical Team, NP, wellness checks. Target to get below 9%.	9.94% as of March 2026

Process for ensuring quality initiatives are met

Our quality improvement plan (QIP) is developed as a part of our annual planning cycle, with submission to Health Quality Ontario. The continuous quality team implements small change ideas using a Plan Do Study Act cycle to analyze for effectiveness. Quality indicator performance and progress towards initiatives are reviewed monthly and reported to the continuous quality committee quarterly.

Participants of Evaluation Name and Signatures:	*Print out a completed copy - obtain signatures and file.*	Date Signed:
Quality Improvement Lead	Shannon Balasso	26-May-26
Executive Director	Shannon Balasso	26-May-26
Director of Care	Sandra Blacklock	26-May-26
Nutrition Manager	Vacant	N/A
Programs Manager	Janet Good	26-May-26
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