

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 11, 2026

## OVERVIEW

Bonnechere Manor, located in the town of Renfrew, is a municipal not-for-profit, long-term care home that provides a safe and caring Home to 180 residents. It is owned and operated by the County of Renfrew and the City of Pembroke and has earned a reputation of providing high quality care to the frail and elderly since 1958. In 1995, residents and staff moved to our new facility located at 470 Albert Street, Renfrew, Ontario. Bonnechere Manor operates under the direction of the Director of Long-Term Care in compliance with the Ministry of Long-Term Care and the Fixing Long Term Care Act, 2021. Our Home governance is led by County Council with strategic and operational recommendations brought forth by the Director of Long-Term Care through Health Committee. Our Management Team, led by the Director of Long-Term Care sets the strategic vision for the Home with input from stakeholders. The Home has an annual budget of approximately \$25M, employs approximately 280 staff and approximately 100 active volunteers, all who, together with our dedicated staff, enhance the quality of life of our residents.

Bonnechere Manor has remained a workplace of choice within Renfrew County. Accreditation Canada has awarded a Four Year Accreditation with Exemplary Standing Award to Bonnechere Manor which has been extended to 2028. This represents the highest award granted by Accreditation Canada. The Accreditation process provides the Home with the opportunity to benchmark our continuous quality improvements. Bonnechere Manor utilizes an evidence-based best-practice approach with respect to delivery of care. Bonnechere Manor is pleased to share our 2026/27 Quality Improvement Plan (QIP) with our residents, families, staff, volunteers and community stakeholders. The annual QIP outlines the key actions we are committed to implementing to ensure

continuous improvement. As in previous years, these quality improvement initiatives are reflective of our broader organizational strategic plan, Ministry initiatives and are closely aligned with our "Our Why":

"To cultivate a compassionate, collaborative, creative and inclusive environment, providing our community with meaningful support and innovative solutions."

"This statement represents the heart of who we are. It's the foundation of our service, our teamwork, and the positive impact we create every day. Welcome to the next step in our journey as a purpose-driven team." — Craig Kelley, CAO

It is important to note that this plan is only one of the many tools used by Bonnechere Manor to identify quality improvement priorities and monitor system performance. Our commitment to the delivery of exceptional care and enhancing the quality of life for our residents is further evidenced by our ongoing quality improvement activities through our Continuous Quality Improvement (CQI) Committee. This QIP represents the top quality improvement priorities that have been committed to at all levels of the organization. The plan outlines new or revised performance targets and new change ideas developed through reflection and evaluation of our quality improvement work in previous years.

## **ACCESS AND FLOW**

Bonnechere Manor has a full team of professionals who collaborate to ensure best possible resident outcomes, as identified through Goals-of-Care meetings, on admissions, annually, and during high risk rounds. Our team consists of medical doctors, a full-time (FT) Nurse Practitioner, a FT Physiotherapist, FT Registered Dietitian, and FT Social Worker. We work closely with other health care agencies to ensure the best care possible. We have recently implemented Clinical Pathways for resident admissions (along with Delirium and Resident and Family-Centered Care) which has improved our admission process and results in a better resident experience. In 2027 will be moving to our next Clinical Pathways: Palliative Care and End of Life.

## **EQUITY AND INDIGENOUS HEALTH**

Our Primary services at Bonnechere Manor are provided to residents 65 years of age or older. The residents are mainly English speaking individuals from rural living, but we also have residents who speak other dialects; however, French is predominantly noted to be the second spoken language in the organization. Some residents also come from the Algonquin's of Pikwakanagan First Nation. Our primary residents often have multiple co-morbidities and may be; frail, elderly, cognitively impaired, developmentally challenged and from a diverse socio-economic background. To help meet these residents' needs, staff are provided with education within the home such as; Cultural Competency and Indigenous Cultural Safety Training. Externally provided in-services through stakeholders such as Geriatric Mental Health, Ontario CLRI (centres for learning, Research and Innovation in Long-Term Care), Prevention of Error Based Transfers and there are also numerous annual training sessions through SURGE learning. We also provide

Gentle Persuasion Approach (GPA) training to all staff through members of our staff who are certified trainers.

Bonnechere Manor supports a Pastoral Care Committee who identify and help facilitate resident's spiritual needs. We have also recently recruited a full-time social worker to work with residents and their families. If any sociodemographic needs are identified the social worker will help individuals navigate the system for available supports. Bonnechere Manor has a high functioning Resident Council and Family Council where residents and families are able to speak freely and identify any issues they are experiencing and ask for support. Finally, we have Care Conferences which provide a forum for the interdisciplinary team to identify and discuss any barriers residents may be facing while offering avenues of support to overcome these barriers.

## **PATIENT/CLIENT/RESIDENT EXPERIENCE**

Recognizing that the annual Quality Improvement Plan drives quality initiatives, the leadership team, front-line staff and support staff at Bonnechere Manor embrace a resident-centered philosophy in the quality improvement process. Valuable feedback is received through annual resident and family satisfaction surveys along with quarterly Resident and Family Council meetings to drive both formal and informal quality improvement activities. Bonnechere Manor enjoys a productive partnership with our active and engaged Resident Council. Resident and Family Councils are represented on the Continuous Quality Improvement (CQI) Committee, as well as active participation in a variety of formal and informal working groups.

Throughout 2025 Bonnechere Manor implemented the Butterfly Approach Program which aims to improve resident experience by providing meaningful care. We are pleased to announce that in January of 2026, after our assessment, we became certified with Butterfly. We are now looking to adapt the Butterfly Program to the remaining home areas through 2026.

## PROVIDER EXPERIENCE

The health care provider experiences in our current environment is similar to that experienced across the long-term care sector. Recruiting new staff to meet new direct care hours outlined in the Fixing Long-Term Care Act, 2021, (FLTCA) posed a challenge; however, we are pleased to note that we have reached the goal of four hours of care per day. The Home has hired 20 international workers. These international workers began to arrive in February 2024. This recruitment initiative has now completed and we are pleased to note that 14 remain staff members in the Home. These recruitment efforts are also used to retain staff by improving the quality of care provided. These new employees will help to deliver care, share knowledge and encourage professional growth which will improve job satisfaction. The Home has also revised schedules, reached out to internal and external stakeholders for input via rounding/unit meetings and encouraged collaboration with local unions. The Wellness Committee has also been very active to engage employees in improving their workplace.

## SAFETY

Patient Safety is paramount at Bonnechere Manor. There is an active Joint Health and Safety Committee (JHSC) consisting of employees and management who review employee incident reports monthly and ensure corrective actions are taken to mitigate risks to residents and employees. Monthly workplace inspections are also completed by the JHSC to identify any potential risks within the building. Hazard Identification Risk Analysis (HIRA) reports are completed by the JHSC and management levels. Safety huddles take place in the moment with staff after each incident on resident home areas (RHAs) to ensure appropriate actions are taken. Risk Management assessments are completed and documented in Point Click Care (PCC) to ensure interventions are initiated and reviewed after an incident. Regular code exercises are completed with staff which include a debrief after the code exercise. Bonnechere Manor supported two of its managers (Environmental Services Supervisor and Director of Care) in the completion of the Incident Management System training to be better prepared for any possible emergency. Accreditation also drives change for health and safety plans within the home ensuring best practice guidelines are reviewed and implemented regularly. Finally, Bonnechere Manor also have regular staff meetings as a platform for resident and staff safety concerns.

## PALLIATIVE CARE

Bonnechere Manor prides itself in providing exceptional Palliative and End-of-Life Care to residents in their own rooms, where they have lived since admission. FLTCA requires that each resident careplan covers all aspects of care, including a palliative approach to care. At Bonnechere Manor, our care team meets with residents/families within six weeks of admission to start these conversations and develop a care plan that supports resident rights and wishes going forward. The Home promotes a philosophy of Living Well Until Death which is person-centered and driven by the residents in our care. At the time that end-of-life symptoms present, family will be advised and further supported by staff. A family overnight suite is available for families who wish to remain close by during this very important time. Our active Palliative Care Committee meets regularly to review our program and have introduced such strategies as a post death survey for families who have received palliative care as well as an honour guard at time resident passes. We will also be implementing the next phase of our RNAO Clinical Pathways journey with implementing their Palliative Care and End of Life Pathways. This will ensure our program is based in best practices and ensure we are functioning to our highest level.

## POPULATION HEALTH MANAGEMENT

The Director of Long-Term Care participates as a member of Ottawa Valley Ontario Health Team's (OVOHT) Steering Committee. As a member of the OVOHT Long Term Care Network, the DLTC collaborates with participating long-term care homes leadership and various enabler groups toward improved care access for seniors. The Home Administrator/Director of Care are active participants of Algonquin College/University of Ottawa Health Sciences Program Advisory Committee. This provides an opportunity for curriculum content input toward health care graduates meeting our population health needs.

## CONTACT INFORMATION/DESIGNATED LEAD

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Dean Quade RN, MSN, COHN Administrator/Director of Long-Term Care (Acting), Bonnechere Manor 470 Albert Street Renfrew, ON K7V 4L5 613-432-4873 ext 1247 FAX:(613)432-7138 [dquade@countyofrenfrew.on.ca](mailto:dquade@countyofrenfrew.on.ca)

Quin Leury RN, MN Director of Care 470 Albert Street Renfrew, ON K7V 4L5 613-432-4873 ext 1060 FAX:(613)432-7138 [qlleury@countyofrenfrew.on.ca](mailto:qlleury@countyofrenfrew.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 March 25, 2026.

Original signed by Warden Jennifer Murphy, County of Renfrew, Dean Quade, Administrator/ Director of Long-Term Care (Acting), Quin Leury, Director of Care, Quality Committee Chair, Craig Kelley, Chief Administrative Officer

**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)	20.18	20.18	Remain below provincial average	Miramichi Lodge, Pharmacy

**Change Ideas**

Change Idea #1 Reduce the number of potentially avoidable ED visits thru early nursing assessment and reporting to the practitioner (NP or physician) for symptoms of treatable conditions.

Methods	Process measures	Target for process measure	Comments
<p>1. Registered staff on the completion of a head to toe (comprehensive) assessment to detect and be able to identify treatable conditions earlier. 2. Integrate new medical devices and processes to allow for early identification and treatment. 3. Update medical directives to allow for guided medication administration. 4. Coordinate with County of Renfrew Paramedics for diagnostic support.</p>	<p>1. Residents who have been transferred to ER should have supporting documentation that is evident of the nursing assessment including a comprehensive head to toe assessment. 2. Implementation of POCT multiplex/intravenous pump/vein visualizer/antibiograms tool. 3. Obtain physician approval and update PointClickCare templates. 4. Implementation of Community Paramedic diagnostic support in the home</p>	<p>1. 100% of registered staff are educated by nursing management team and nurse practitioner by December 31, 2026. Indicator data will be reviewed at Professional Advisory Committee quarterly. Any unnecessary transfers will be flagged by the NP for review with the Nursing staff. 2. All new devices will be implemented by July CQI meeting. 3. Medical directives will be updated by October CQI meeting. 4. Will aim to have process in place by December 31, 2026</p>	

## Safety

### Measure - Dimension: Safe

Indicator #2	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	17.96	15.01	Meet provincial average	Miramichi Lodge, pharmacy

### Change Ideas

Change Idea #1 The Resident Care Coordinator (RCC) or designate (Lead Falls Champion) will educate families, residents and staff on fall reduction strategies.

Methods	Process measures	Target for process measure	Comments
<p>1. The Resident Care Coordinator (RCC), lead for falls or designate will educate all registered staff regarding the process for management of falls, importance of safety huddles, medication review for frequent falls, review of interventions and their effectiveness, and individual care plans. 2. RCC or falls team lead will provide family education sessions quarterly, based on feedback the education will be provided virtually to support access at variable times.</p>	<p>1. Percentage of completed education sessions. 2. Families receive the opportunity for quarterly education sessions.</p>	<p>1. 100% of current registered staff and personal support workers will receive falls education. 2. Families show an interest and attend the training.</p>	

Change Idea #2 Bonnechere Manor will monitor resident fall statistics through Point Click Care Documentation.

Methods	Process measures	Target for process measure	Comments
<p>1. Review data at High Risk Rounds, quarterly at the Professional Advisory and Continuous Quality Improvement Committee meetings. 2. Review internal falls statistics, specifically frequent fallers and the context of their falls. 3. The registered staff will receive education on falls documentation and care planning annually by the falls team lead or RCC.</p>	<p>1. Nursing staff will review resident care plans at high risk rounds to ensure that all required interventions are in place to prevent resident falls. 2. Frequent fallers will be identified and a visual identifier will be posted on their transfer logo to alert staff of risk. 3. To ensure we are monitoring fall statistics with accuracy, the falls team lead and RCC will audit risk managements and care plans with falls to ensure documentation is completed in entirety as per the annual education.</p>	<p>1. Will see evidence of decrease resident falls. 2. Each fall will be tracked with a goal in reducing the numbers of frequent fallers post intervention. 3. Each fall will be tracked and care planned with any changes required.</p>	

**Measure - Dimension: Safe**

Indicator #3	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	19.23	18.99	Meet provincial average	Miramichi Lodge, Pharmacy, Geriatric Mental Health (GMH)

**Change Ideas**

Change Idea #1 Reduce inappropriate antipsychotic use in long-term care by implementing a “Non-Pharmacological First” approach aligned with Choosing Wisely Canada recommendations

Methods	Process measures	Target for process measure	Comments
1. BSO nurse will ensure an antipsychotic medication review is completed in each quarter for all residents who are prescribed antipsychotics. Outcomes with suggestion for reduction will be discussed with physician and/or NP. 2. Registered staff will follow current process measures for using a non-pharmacological first approach strategy prior to consideration of administering a PRN antipsychotic for behaviour management	1. BSO nurse will complete antipsychotic reviews as per internal process in each quarter with documented discussions of recommendations with physician and/or NP. 2. Assessing for reversible cause (pain, constipation, delirium (follow decision tree), infection, environment, etc.) Non-pharm interventions will be used as first line as per current BSO plans	1. 100 % of residents receiving antipsychotics will have an antipsychotic medication review completed in each quarter with gradual dose reduction attempts where appropriate. 2. 100% of residents will have non pharm approach used as first line management prior to administration of PRN antipsychotic.	

**Measure - Dimension: Safe**

Indicator #4	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	5.78	3.30	Meet provincial average	Miramichi Lodge, Renfrew Victoria Hospital

**Change Ideas**

Change Idea #1 A reduction in pressure wounds will be evidenced quarterly through ongoing assessment, documentation and collaboration with internal and external partners.

Methods	Process measures	Target for process measure	Comments
<p>1. Registered staff will photograph any wounds and utilize the measuring tool when taking the photo. The photo will be uploaded to the residents chart and assessed regularly. 2. Continuing education will be supported for two full time registered staff to become Advanced Wound Care Champions (AWC) as recognized by Wound Canada. 3. Education will be provided to PSWs related to using appropriate products such as creams and preventative skin care to avoid skin integrity issues.</p>	<p>1 (a). Registered staff will be able to assess and provide treatment to all wounds. 1 (b). Medline AWC Clinical Resource Specialist to provide education. 2. Send out expression of interest and register two registered staff for the education. 3. PSW staff will utilize the proper product for preventative skin care measures.</p>	<p>1. 90 % of registered staff will receive education to assess wounds. 2. Two registered staff will hold AWCCP certification by 2027 3. 75 % of PSWswill receive education on preventative skin care measures.</p>	

**Measure - Dimension: Safe**

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care residents in daily physical restraints	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	0.30	0.30	Remain below provincial average	Miramichi Lodge, Pharmacy

**Change Ideas**

Change Idea #1 Restraint use data will be collected from assessments and clinical documentation, monitored monthly, and reviewed through Quality Improvement processes to identify trends, support restraint reduction strategies, and ensure appropriate use and documentation.

<p><b>Methods</b>                  1. Ensure Compliance with Standards and Regulations, align policy with updated clinical guidelines, accreditation standards, and regulatory requirements.                  2. Close monitoring of resident restraint data at the bi-weekly High Risk Resident Rounds.</p>	<p><b>Process measures</b>                  1. The Least Restraint Program will be reviewed and updated by December 1, 2026. 2(a). 100% of bi-weekly High Risk Resident Rounds will include review and close monitoring of resident restraint data 2(b). 100% of PASD usage will be reviewed quarterly at Resident High Risk Rounds.</p>	<p><b>Target for process measure</b>                  1. 100% of direct care staff will obtain annual education on Least Restraints. 2. Interdisciplinary team review of restraint use within the home at High Risk Rounds.</p>	<p><b>Comments</b></p>
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