

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 11, 2026

OVERVIEW

Miramichi Lodge, located in the City of Pembroke, is a municipal (not-for-profit) long-term care home and home to 166 Residents. It is owned and operated by the County of Renfrew and City of Pembroke and has earned a reputation of providing high quality care to the frail and elderly since 1969. In January 2005, Residents and staff moved to our brand new, state-of-the-art facility located at 725 Pembroke Street West. Miramichi Lodge operates under the direction of the Director of Long Term Care in compliance with and the Ministry of Long-Term Care and the Fixing Long Term Care Act, 2019. 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 provides guidance and sets the strategic vision for the Home with input from stakeholders. The Lodge is a non-smoking facility. Miramichi Lodge has an annual budget of approximately \$23M, employs approximately 290 staff and relies on the assistance of volunteers who, together with our dedicated staff, enhance the quality of life of our Residents. Miramichi Lodge has remained a workplace and Home of choice within

Renfrew County for several years running.

Accreditation Canada awarded a Four Year Accreditation with Exemplary Standing Award to Miramichi Lodge in 2023. This represents the

highest award granted by Accreditation Canada. The Accreditation process provides the Home with the opportunity to benchmark our programs and services to national standards and assists in our continuous quality improvements.

Miramachi Lodge utilizes an evidence-based best-practice approach with respect to service

delivery. Miramichi Lodge is pleased to share our 2026/2027 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 of the care and services we deliver. As in previous years, these quality improvement initiatives are reflective of our broader organizational strategic plan, and are closely aligned with our Mission, Vision, and Values.

Mission Statement: With a person-centered approach, Miramichi Lodge is a safe and caring community to live and work.

In 2025, the County of Renfrew revised our corporate vision and values by asking WHY we do what we do. From this collaboration was born a new set of Values that will guide staff going forward.

Our Values in Action

Compassion: We show care for each other and for our community. Whether helping a colleague or a resident, empathy is at the core of our work.

Collaboration: We succeed when we work together across teams, departments, and with community partners.

Creativity: We find new solutions, adapt to challenges, and innovate to better serve our residents.

Our purpose is to cultivate a compassionate, collaborative, creative

and inclusive environment, providing our community with meaningful support and innovative solutions.

It is important to note that this plan is only one of the many tools used by Miramichi Lodge to identify quality improvement priorities, and monitor system performance. Our commitment to the delivery of exceptional care, and enhancing 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 informed through reflection and evaluation of our quality improvement work in previous years.

ACCESS AND FLOW

Miramichi Lodge 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 FT Nurse Practitioner, a FT Physiotherapist, FT Registered Dietitian, and FT Social Worker. Miramichi Lodge has undertaken the RNAO Clinical Pathways and continues on this best practice journey to ensure residents receive a high standard of care. The Home is now utilizing point of care testing technology including portable ultrasound, urinalysis, PCR swabs, and hematology. These diagnostic tools directly impact our ability to care for residents onsite, thus eliminating unnecessary transfers to acute care.

EQUITY AND INDIGENOUS HEALTH

Our Primary services at Miramichi Lodge 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. Some

Residents also come from the Algonquin's of Pikwaknagan First Nation. Our primary Residents often have multiple comorbidities and are frail, elderly, cognitively impaired, developmentally challenged from a diverse socio-economic background.

To help meet these Resident's needs most staff are provided with education from the home. Education may be in: Cultural Competencies and Indigenous Cultural Safety Training, Gentle Persuasive Approach (GPA), Mental Health Disorders. Inservices are provided through internal/external stakeholders such as our own indigenous communities and Champlain Center for Health Care Ethics. There are also numerous mandatory annual training sessions through SURGE learning.

When sociodemographic needs are identified, the Home's social worker will help Residents navigate the system for available supports. Miramichi Lodge has a high functioning Resident Council where residents are able to speak freely and identify any issues there are experiencing and ask for support. Finally, we have resident 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 Miramichi Lodge embrace a person-centered philosophy in the quality improvement process. Valuable feedback received through annual resident and family satisfaction surveys along with monthly Resident Council meetings drives both formal and informal quality improvement activities. Miramichi Lodge maintains a 8.5/10 score for Residents feeling heard and for Residents feeling safe in speaking out when they have concerns.

Miramichi Lodge enjoys a productive partnership with our active and engaged Resident Council and less formally, Residents enjoy the ability to connect directly with frontline staff or managers with concerns in the moment, allowing for timely resolution and improved CQI initiatives.

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.

PROVIDER EXPERIENCE

The health care provider experiences across the sector have been relatively stable at Miramichi Lodge. Recruiting new staff to meet increased direct care hours outlined in the FLTCA has been stable.

A variety of Ministry funding envelopes has been utilized to support the recruitment of a full-time social worker,

a full-time physiotherapist and full-time a nurse practitioner. 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 re-established to engage employees in improving their workplace.

SAFETY

Patient Safety is paramount at Miramichi Lodge. There is an active Joint Health and Safety Committee (JOHSC) consisting of employees and management who review employee incident reports monthly and ensure corrective actions are taken to mitigate risks to residents and employees. Safety huddles take place in the moment with staff after each incident on resident home areas 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 emergency code exercises are completed with staff which include a debrief after the code exercise. Miramichi Lodge maintains a regular resident care conference schedule with prioritizing resident/POA attendance and this has been an extremely effective method of obtaining critical feedback on safety concerns as well. Miramichi Lodge conducts regular High Risk Resident Rounds with all professional staff in attendance; review of all high risk areas (e.g. Falls, Wound Management, IPAC, Responsive Behaviors, Pain, Delirium) is completed at each meeting and changes made the each Resident plan of care as required. Accreditation also drives change for health and safety plans within the home ensuring best practice guidelines are reviewed and implemented regularly.

PALLIATIVE CARE

Miramichi Lodge prides itself in providing exceptional Palliative and End-of-Life Care to Residents in their own rooms, where they have lived since admission. The Home is completing RNAO Clinical Pathways related to Palliative and End of Life care in 2026. FLTCA requires that each Resident careplan covers all aspects of care, including a palliative approach to care. At Miramichi Lodge, our care team meets with Residents/Families within six weeks of admission to start these conversations and develop a careplan 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 Resident 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.

POPULATION HEALTH MANAGEMENT

Director of Long Term participates as member of Ottawa Valley Ontario Health Team (OVOHT) Steering Committee. As member of the OVOHT Long Term Care Network DLTC collaborates with participating Long Term Care Homes Leadership and various enabler group toward improved care access for seniors. Home Administrator / DOC is an active participant of Algonquin College / University of Ottawa Health Sciences Program Advisory Committee. This provides an opportunity for curriculum content input toward health care graduates meeting population health needs. Miramichi Lodge has embraced best practices with the RNAO Clinical Pathways and has implemented the Admission, Delirium, Resident and Family Centered Care, Pain, and Falls Clinical Pathways programs in conjunction with Point Click Care. This will further improve our standard of care and improve Resident outcomes.

CONTACT INFORMATION/DESIGNATED LEAD

Nancy Lemire RN, GNC
Administrator (Acting)
725 Pembroke Street West
Pembroke ON K8A 8S6
(p) 613-735-0175 ext. 216
(f) 613-735-8061
nlemire@countyofrenfrew.on.ca

Allison Lepack, BScN
Director of Care(Acting)
725 Pembroke St West
Pembroke ON K8A 8S6
(p)613-735-0175 ext. 121
(f)613-735-8061
alepack@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, Nancy Lemire, Administrator (Acting) / Dean Quade, Director of Long-Term Care (Acting), Allison Lepack, Director of Care (Acting), Quality Committee Chair, and Craig Kelley, Chief Administrative Officer

Safety

Measure - Dimension: Safe

Indicator #1	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	21.05	15.01	Improve to provincial average of 15.01%	Bonnechere Manor, Registered Nurses Association of Ontario

Change Ideas

Change Idea #1 Successful implementation of RNAO Falls Clinical Pathways in November 2025.

Methods	Process measures	Target for process measure	Comments
The nursing staff will receive education on the best practices for the management of resident falls, including safety huddles post fall. Risk factors such as medications, hydration level, mobility changes, and environmental factors will be considered after each fall occurs.	Mandatory education will be assigned to all frontline staff.	100% of nursing staff will receive annual education in falls prevention strategies by December 30, 2026.	

Measure - Dimension: Safe

Indicator #2	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	22.33	16.97	Maintain average below provincial average of 18.99%	Medisystem, Bonnechere Manor

Change Ideas

Change Idea #1 Continuance with quarterly medication reviews with emphasis on opportunity for antipsychotic medication de-prescribing on a case-by-case basis. Continue with Biweekly Behaviour Supports meetings to ensure proper assessments and follow up are taking place.

Methods	Process measures	Target for process measure	Comments
Engage Geriatric Mental Health outreach team, Behaviour supports Ontario, Medical Staff, Nurse Practitioners, Registered Nurses and Pharmacy in addressing challenging responsive expressions. Education for direct care staff on non-pharmacological strategies to address responsive expressions. Home will continue to provide education to all staff on emotion based care. Butterfly Homestead 1A continues to follow best practice in dementia care, Home is expanding philosophy of care to Resident Home Area 1B in 2026.	Antipsychotic use statistics/trends and mitigation strategies will be analyzed at quarterly Quality Improvement Committee meetings. BSO meetings will be held biweekly to ensure non-pharmacological strategies are implemented for resident responsive expressions. BSO team will lead direct care staff in proper use of BSO tools.	100% of direct care staff will receive education annually by December 30, 2026.	

Measure - Dimension: Safe

Indicator #3	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	3.65	3.30	Maintain or improve to provincial target of 3.3%	Bonnechere Manor, Registered Nurses Association of Ontario

Change Ideas

Change Idea #1 The Home will be formalizing Skin & Wound Clinical Pathways through RNAO. Ensure compliance with FLTCA 2021. Resident fall data will be reviewed at biweekly high risk round to identify gaps based on individual resident need.

Methods	Process measures	Target for process measure	Comments
Staff education with emphasis of accurate staging documentation and optimizing wound product for wound type. Continuing education for two	Registered staff will be able to assess and provide treatment to all wounds. PSWs will report any skin issues in a timely manner to ensure preventative	100% of Registered staff will receive education on skin and wound best practices by December 30, 2026. Continue to submit nQuire data to	
nurses to become Advanced Wound Care Champions as recognized by Wound Canada. Frontline PSWs will receive education on best practices and preventative skin care to avoid skin integrity issues.	care measures can be implemented sooner, thus taking a more proactive approach to preventing worsening skin issues.	maintain clinical pathway obligations. two nurses will be wound care champions by March 31, 2027.	

Measure - Dimension: Safe

Indicator #4	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	0.00	0.00	Remain at 0% physical restraint usage.	

Change Ideas

Change Idea #1 Policy review on an annual basis will be completed and all existing staff will receive education on least restraints at orientation.

Methods	Process measures	Target for process measure	Comments
Ensure compliance with Fixing Long Term Care Act (2021) regulations. Close monitoring of Resident restraint data at biweekly resident rounds.	Least restraint policy will be reviewed by June 1, 2026. A review of all resident restraints and Personal Assistance Service Devices (PASDs) in use will occur at interdisciplinary high risk rounds twice monthly	100% of direct care staff will receive education related to least restraints and PASDs by June 1, 2026. 100% of new staff will receive education on least restraint and PASD policy	

