Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 18, 2026

Ontario Health

OVERVIEW

Pioneer Ridge is operated by the Municipality of the City of Thunder Bay in partnership with the Ministry of Long Term Care. We are Accredited through Accreditation Canada. We are home to 150 residents and we employ approximately 260 full and part time staff. Under the Pioneer Ridge umbrella you will also find Jasper Place Supportive Housing, the municipal Meals on Wheels program and Homemaking Program. Also located within the Pioneer Ridge building is Grace Remus, a City of Thunder Bay Day Care Program.

Our primary goal is the well-being of each resident by providing quality services, programs and facilities as well as a skilled and caring staff. The promotion and protection of each resident's dignity, privacy, independence and self-determination is a top priority. All residents are treated equitably and fairly in an environment of compassion and care, consistent with our Resident Bill of Rights.

We have worked to align our operational plan with the City of Thunder Bay's vision, values and strategic initiatives, which include:

* Relationships and Reconciliation;
* Safety & Wellbeing; and
* Growth and Sustainability.

We also work closely with our community partners to provide services to a large demographic area with a highly concentrated population. Partnerships include other LTC Homes, Supportive Housing, community organizations, NW Ontario Health Team, Nurse Led Outreach teams, BSO, Hospice Northwest, AdvantAge Ontario and many more. Together with these partners we strive to meet

SAFETY

The safety of our residents and our staff is our highest priority. We continue to ensure that:

- Mandatory Abuse training for all staff, students and volunteers is done upon hire and annually;
- Staff know the process of reporting safety concerns or incidents;
- Staff receive training to perform the duties of their job safely, including any use of equipment;
- Medication safety initiatives such as medication incident review and medication room audits are completed regularly;
- We have an Emergency Preparedness Plan and we hold regular drills for all emergency codes;
- We hold debrief meetings after a safety incident occurs to identify areas for improvement (not to assign blame);and

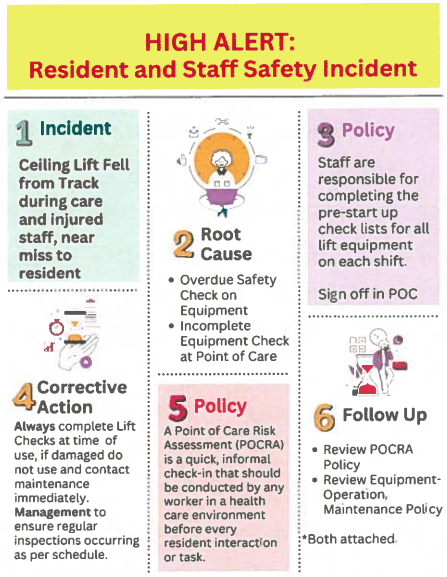
- We complete an annual review and evaluation of all programs that support resident care and services.

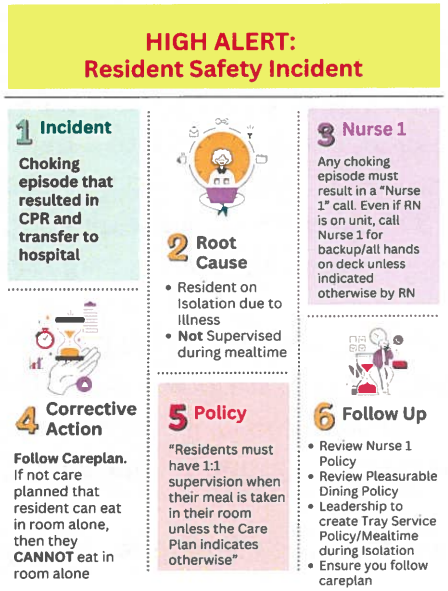
However, we do acknowledge that many of our safety responses are reactive and we are trying to shift to a more proactive safety culture. Some of the things we have implemented in 2025 are:

- Created "near miss" categories in the Risk Management Tool in Point Click Care. This encourages staff to report incidents that they may previously not have reported. This allows us to provide education, change processes or eliminate/correct safety hazards or equipment concerns before a true incident occurs.

- Created "high alert safety incident" posters following near miss incidents as a communication and educational tool for staff.

- Point of Care Risk Assessment training and policy creation. Point of Care Risk Assessments had been referred to within many of our policies, but it became clear that many staff were unsure what that meant, or how to do it. We created a specific policy/procedure outlining its purpose and how it's done. We also found a Youtube video to support our policy. Both the policy and video have been added to our Surge Learning, and are assigned to all staff on hire and annual review. Staff on 2 of our home areas also received in person training as part of Lifts, Transfers and Falls training and the plan is to continue this in-person session for staff on our other 2 home areas in 2026.





PALLIATIVE CARE

Palliative and end-of-life care has been a longstanding focus at Pioneer Ridge, well before its inclusion in the Fixing Long-Term Care Act. We are committed to supporting residents to remain and receive care in the place they know as their home, where they experience comfort, familiarity, and dignity at the end of life. (Quality Statement 11)

In addition to providing compassionate, resident-centered care, we offer education and emotional support to families throughout the journey. We offer education sessions to families and caregivers through our "Pioneer Talks" education sessions and via our external partners (i.e. Hospice Northwest). We also connect families with supports through Hospice Northwest for palliative/end-of-life support as well as grief/bereavement counselling. (Quality Statement 8)

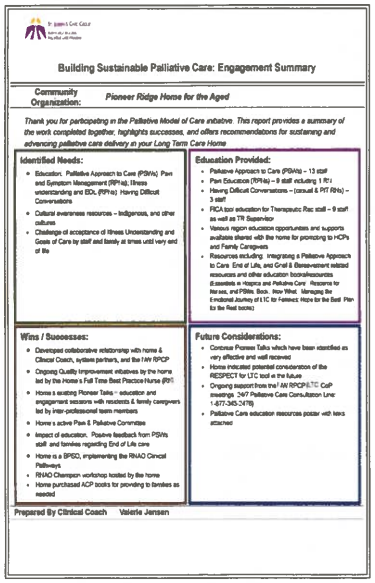
One of the ways we integrate palliative care into care along the illness trajectory is through the use of RNAO's Clinical Pathways. This is currently completed using the Admission Clinical Pathway, and in 2026 we will open the Pain, Palliative and End of Life Pathways, which will ensure comprehensive identification and assessment of needs and identification of goals of care. (Quality Statement 1 and 4)

All care plans are developed with input from the resident and caregivers, with the support of the best practice guidelines. On Admission, we provide the families with a Spiritual Assessment Questionnaire. These responses support and enhance the palliative and EOL trajectory. Our Therapeutic Recreationists include the answers from this questionnaire in the BSO "My Personhood Assessment" which all staff to have access to. (Quality Statement 5)

Our Resident Counsellor is accessible to both residents and their families/caregivers to provide or coordinate access to psychosocial supports to address their mental, emotional, social, cultural, and spiritual needs. (Quality Statement 7)

Our Best Practice Clinician facilitates regular Pain and Palliative Care Committee meetings, providing an opportunity for staff to review complex cases, discuss concerns, and learn about best practices related to pain management and end-of-life care. Our Physician and Nurse Practitioner play an active role in supporting timely pain assessment, medication review, and comfort-focused care planning. This collaborative approach strengthens staff confidence, promotes consistent use of evidence-informed practices, and helps ensure residents receiving palliative care experience optimal comfort, dignity, and quality of life. (Quality Statements 6 and 12)

We participated in the "Palliative Model of Care initiative" led by our Regional Palliative Care Clinical Coach. We worked together to assess gaps and determine what education or practice changes were required. In March 2025, we also hosted our 4th "Palliative Care for Front Line Workers" training event delivered by CERAH (The Centre for Education and Research on Aging and Health). This 2 day education had been recently updated and was open to staff from LTC homes in the region. In October, we sent 10 staff to CERAH's annual conference, "Aging Across the Life Cycle", which focused on 4 key areas: Aging in Place, Dementia and Seniors' Mental Health, Indigenous Peoples' Health & Aging, and Palliative Care. (Quality Statement 13)



Building Sustainable Palliative Care: Engagement Summary

Community Organization: *Pioneer Ridge Home for the Aged*

Thank you for participating in the Palliative Model of Care initiative. This report provides a summary of the work completed together, highlights successes, and offers recommendations for sustaining and advancing palliative care delivery at your Long Term Care Home

Identified Needs:

- Education: Palliative Approach to Care (PSWs); Pain and Symptom Management (RPNs); Illness understanding and BDs (RPNs); Having Difficult Conversations
- Cultural awareness resources – Indigenous, and other cultures
- Challenge of acceptance of Illness Understanding and Goals of Care by staff and family at times until very end of life

Education Provided:

- Palliative Approach to Care (PSWs) – 13 staff
- Pain Education (RPNs) – 9 staff including 1 RT
- Having Difficult Conversations – (consult & PIT RNs) – 3 staff
- PICA tool education for Therapeutic Rec staff – 9 staff as well as TR Supervisor
- Various region education opportunities and supports available shared with the home for promoting to HCPs and Family Caregivers
- Resources including: Integrating a Palliative Approach to Care End of Life, and Grief & Bereavement related resources and other education tools/resources (Essentials in Hospice and Palliative Care: Resource for Nurses, and PSWs; Book: How Wise: Managing the Emotional Journey of LTC for Families; Hope for the Best: Plan to the Real books)

Wins / Successes:

- Developed collaborative relationship with home & Clinical Coach, system partners, and the IWK RPCP
- Ongoing Quality Improvement initiatives by the home led by the Home's Full Time Best Practice Nurse (RPN)
- Home's existing Pioneer Talks – education and engagement sessions with residents & family caregivers led by inter-professional team members
- Home's active Pain & Palliative Committee
- Impact of education: Positive feedback from PSWs, staff and families regarding End of Life care
- Home is a BPSO, implementing the RNAO Clinical Pathways
- RNAO Champion workshop hosted by the home
- Home purchased ACP books for providing to families as needed

Future Considerations:

- Continue Pioneer Talks which have been identified as very effective and well received
- Home indicated potential consideration of the RESPECT for LTC tool in the future
- Ongoing support from the IWK RPCP/LTC CoP meetings 24/7 Palliative Care Consultation Line: 1-877-345-2478)
- Palliative Care education resources poster with links attached

Prepared By Clinical Coach Valerie Jensen

Pioneer Ridge

Spiritual Assessment Questionnaire

Family members: Please fill out this questionnaire and bring with you to the social care conference (scheduled for 6 weeks after admission) this document is imperative for us to know how best support you at end of life

1. Are you Spiritual? If so, what church are you affiliated with? _____
2. Would you like us to inform your priest/pastor to come in for visitation or to offer last rights? (Anglican/Roman Catholic/ Lutheran only for last rights) _____
3. Would you be interested in a smudging ceremony (would need to be approved by the Administrator) _____
4. What services could we provide for you when end of life is near?
   a) Bedside music – what type would you prefer? _____
   b) Family and Friends visit one at a time or in groups? Would you prefer daytime or evening only? _____
   c) Would you like us to provide a sleeper lounge chair for your family to rest in? _____
   d) Would you want one of our staff to read short stories or poems to you? _____
   e) Would you want one of our staff to sit at the bedside with you? _____
   f) Would you want one of our staff to help you look at family photos or dictate your thoughts (if you so choose to want to provide them) _____
   g) Would you want one of our staff to reminisce with family members of all the things you participated in during your time here at Pioneer Ridge? _____
   h) Would you prefer open or closed window curtains? _____
   i) Would you want us to open the window upon passing so your spirit can be free? _____
5. Would you like us to put your picture on our communication station for all family members and residents to be aware of your passing? _____

CONTACT INFORMATION/DESIGNATED LEAD

Tanya Baker, Supervisor of Quality, Education and Business Services. tanya.baker@thunderbay.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 20, 2026

Board Chair / Licensee or delegate

Administrator /Executive Director

Tanya Baker

Quality Committee Chair or delegate

Other leadership as appropriate