

Annual Quality Improvement Report

Hyland Crest and Highland Wood

2025/2026



OVERVIEW

Haliburton Highlands Health Services (HHHS), working with partners and accountable to our community, promotes wellness and provides access to essential, high-quality clinical programs including Primary Care, Hospital (Acute Inpatient and Emergency Care at the Haliburton site), Long-Term Care, End-of-Life Care, Mental Health & Addictions Services, Physio, DEN/Gain, and Community Support Services for the residents, cottagers, and visitors of Haliburton County and the surrounding areas.

HHHS manages two Long-Term Care facilities, Hyland Crest in Minden and Highland Wood in Haliburton, that provide evidence-based care for those no longer able to live independently at home.

Daily activities, nutritional meals, and visiting entertainers help to ensure well-rounded events for those who choose to participate, and privacy in the one-and-two room suites offer rest and relaxation for those so inclined. All residents' rooms have a central air-conditioning system.

HIGHLAND WOOD – Our home in Haliburton provides 30 long-term care beds in private and basic rooms. Registered nursing staff are on site 24 hours every day, while Personal Support Workers and Registered Practical Nurses provide care to meet the needs of all residents.



HYLAND CREST – Our home in Minden provides 62 long-term care beds in private and basic rooms. Registered nursing staff are on site 24 hours every day, while Personal Support Workers and Registered Practical Nurses provide care to meet the needs of all residents.







MISSION, VISION AND VALUES



Together – be the model of excellence in rural healthcare

STRATEGIC DIRECTIONS

 <p>Deliver compassionate, high-quality person-centred care.</p>	 <p>Nurture and support a thriving team culture.</p>
 <p>Cultivate partnerships to strengthen care delivery.</p>	 <p>Build the future through sustainable and responsible resource management and innovation.</p>

Note: A large, semi-transparent 'HHHS 2025-2028' watermark is visible in the center of the strategic directions grid.

Optimizing health and wellbeing in Haliburton County through growth and innovation

COMPASSION • ACCOUNTABILITY • INTEGRITY • RESPECT

Introduced in April 2025, our strategic plan is rooted in the belief that everyone deserves access to high-quality care, no matter where they live. Our core values of compassion, accountability, integrity, and respect shape the way we care for the residents of Hyland Crest and Highland Wood, support our team, and connect with our community.

The strategic plan was developed in consultation with members of the community through our Summer and Winter Engagement Series which brought together patients, residents, community members, local leaders, and experts to answer questions and connect with stakeholders.

OUR QUALITY FRAMEWORK



Healthcare Quality is the degree to which health services for individuals and populations achieve positive outcomes, experiences and deliver value.

Per Accreditation Canada, Healthcare Quality is achieved through the use of evidence, best practices, qualitative data and cultural knowledge to inform decision making. This is supported through quality assurance processes (policies, checklists, reporting systems, standardization, monitoring, auditing, etc.), consistent methods of improvement when problems are detected, shared quality goals and objectives with a plan for achieving them. We are striving to create a culture that values and aims for high quality care and service, as well as continuous improvement.

The *Fixing Long Term Care Act (2021)* and *Ontario Regulation 246/22* stipulate that all licensees implement continuous quality improvement initiatives including the establishment of a quality committee, a designated lead, and sets out regular reporting requirements.

Our Quality Framework is, at its essence, a supporting structure. Developed in the latter half of the fiscal year in consultation with stakeholders throughout the organization, it supports an approach to care that is consistent with our mission, vision, values and strategic directions. It supports an approach to quality improvement based on the Quintuple Aim and the Dimensions of Quality set out in the *Excellent Care for All Act (2010)*.

At HHHS, the tools we use to drive Quality Improvement include:

- Our Annual Quality Improvement Plan
- Accreditation Canada Surveys and adherence to their standards
- Long Term Care and Hospital Legislation and Regulations
- Participation in Communities of Practice and Regional Workgroups
- Patient, Resident and Client Experience Surveys
- Regular care reviews and point of care audits
- An Interdisciplinary Quality Improvement Committee and Long-Term Care Quality Improvement Committee
- A Safety Incident and Feedback reporting system (RL6)
- Partnership with an independent third party for Whistleblower reporting
- Opportunities for continuous education for staff and community partners
- Community partnerships and stakeholder engagement

Within the context of long-term care, the following meetings and committees are in place at Hyland Crest and Highland Wood to drive quality:

- Annual Mandatory Education Planning Meeting
- Annual Program Evaluation
- Mandatory Education Registered Staff
- Mandatory Education Non-Registered Staff
- Pharmacy and Therapeutics
- Resident Safety Committee Meetings
- Resident Council
- Family Council
- Weekly Staff Huddles
- Registered Staff Meetings
- Long-Term Care Quality Improvement Committee

2025/26 Key Accomplishments

Initiative	Actions Taken	Impact/Outcome
RNAO Gap Analysis Completed	Completed gap analysis to identify priority improvement areas	Supported strategic planning and quality priorities
Comfort Care Rounding Committee Established	Established interdisciplinary committee and implementation planning	Improved focus on resident-centred care and safety
PCC & Mandatory Education	Ongoing staff education in PointClickCare and annual mandatory education	Improved documentation consistency and staff compliance
LTCF/interRAI Rollout	Implemented LTCF/interRAI processes and education	Enhanced resident assessment and care planning
PCC Skin & Wound App and Module	Implemented new skin and wound documentation application	Enhanced wound assessment and tracking processes to support earlier identification and improved monitoring of skin concerns
'There's No Place Like Home'	Continued environmental enhancements, furnishings, paint projects, GPA trainer development	Strengthened resident-centred, home-like environment
Resident Experience Survey	Conducted resident satisfaction surveys	Feedback used to guide quality priorities
Family Experience Survey	Conducted family satisfaction surveys	Supported family engagement and communication improvements

Quality Improvement Plan (QIP) Indicators

Resident acuity and clinical complexity continue to increase across Ontario long-term care homes. HHHS continues to prioritize evidence-based falls prevention and skin/wound care initiatives to support resident safety and quality of life.

HHHS Focus on Resident Outcomes

- Improved responsiveness to resident needs
- More home-like environments
- Increased staff education in dementia care
- Enhanced communication with families
- Proactive rounding to improve comfort and safety

Indicator	2024/25	2025/26	Comments
Falls	HW - 20.7 HC - 19.6	HW - 11.5 (Q3)** HC - 13.0	Ongoing falls prevention initiatives.
Pressure Injuries	HW - 5.0 HC - 3.9	HW - 7.3 (Q3)** HC - 4.1	Monitoring through wound care initiatives.
Resident Satisfaction	HW - 81.82 HC - 83.33	HW - 81.82 HC - 81.82	Focus on resident-centred care.

****Implementation of LTCF interRAI in January 2026 has delayed the availability of accurate Q4 data.**

Reportable Matters & Compliance

LONG-TERM CARE REPORTABLE MATTERS 2025/26


HHHS long-term care homes maintain a strong culture of safety, accountability, and mandatory reporting. During 2025/26, required reportable matters were reviewed and managed in accordance with the *Fixing Long-Term Care Act, 2021*. These included resident safety incidents, outbreaks, and other events requiring Ministry notification. All matters were investigated and addressed through follow-up actions, education, and quality improvement processes.

PROACTIVE COMPLIANCE INSPECTION REPORTS


On March 2nd, inspection teams presented to both Highland Wood and Hyland Crest to complete the annual proactive compliance inspections at each home. This is the first time both homes have been inspected simultaneously.

Ontario long-term care homes undergo rigorous unannounced inspections to support resident safety, quality care, and regulatory compliance. HHHS views inspections as an important opportunity to identify strengths, address opportunities for improvement, and strengthen resident-centred care practices.


If non-compliance is identified, an Inspector or Director considers 3 factors to determine the appropriate action to take under the Act: a home's compliance history, the scope, and severity of the non-compliance. Actions can include:




Written Notification




Compliance Order



Director Referral



Administrative Monetary Penalty



Non-compliance Remedied

PROACTIVE COMPLIANCE INSPECTIONS OUTCOMES		
Highland Wood	NCR: Accommodation services WN: Plan of care WN: Maintenance program evaluation	Public Inspection Report-Manager Approved-Mar-09-2026-3:54PM-EDT.pdf
Hyland Crest	WN: Plan of care WN: Skin and wound care WN: Safe storage of drugs	Public Inspection Report-Manager Approved-Mar-10-2026-2:46PM-EDT.pdf

NCR – Non-Compliance Remedied
WN – Written Notification

Annual Resident and Family Experience Surveys

Resident and family experience surveys are an important part of our continuous quality improvement process. Each year, we invite residents and families to share honest feedback about the care, services, communication, environment, and overall experience within our home. This feedback helps us better understand what we are doing well and where we have opportunities to improve.

Highlighted below are the priority areas for improvement based on resident and family feedback. The information gathered from these annual surveys provides valuable insight into the lived experiences of those we serve and helps guide our priorities, action plans, and decision-making moving forward.

RESIDENT EXPERIENCE 2025/26

Resident Experience Survey ACTION PLAN

Priority Area	Opportunity Identified	Actions
Improve Communication and Resident Engagement	Some residents reported not always feeling listened to or knowing who to contact with concerns	<ul style="list-style-type: none"> Reinforce expectation for staff to introduce themselves and engage residents during care Implement leadership rounding to proactively identify concerns Educate staff on person-centred communication during huddles and education sessions Ensure residents and families know who to contact with concerns
Enhance Dining Experience and Mealtime Environment	Some residents reported concerns with dining experience and food temperature	<ul style="list-style-type: none"> Reinforce pleasurable dining expectations with all staff Monitor food temperature and timeliness of meal service Conduct mealtime observations and audits Encourage staff presence and assistance during meals
Improve Responsiveness to Resident Needs	Feedback identified concerns related to call bells, behavioural responses, and timeliness of care	<ul style="list-style-type: none"> Reinforce prompt response expectations during shift huddles Monitor call bell response times Review responsive behaviour care plans and interventions Support staff through education and leadership presence

FAMILY EXPERIENCE 2025/26

Family Experience Survey ACTION PLAN

Area	Question	Responses	Action
Food and Meal Time	I feel my resident/family member enjoys the meals provided	4/25	Meal Service feedback question period during Resident's Council to gather feedback on enjoyment of meals provided.
Communication	I am familiar with how lost/damaged eyeglasses, dentures or hearing aids are addressed	13/25	Send out local resources for repair/service in the billing annually/reminder annually at Resident and Family Council about policy regarding valuables.
Care Provision	I feel I receive adequate support and communication from my loved one's physician	7/25	Education to residents and families during Family Council on how to communicate with physician - leave message with nursing staff for physician to call POA.
Home Environment and Services	I feel the grounds of the facility are well maintained	2/25	Home environment discussion occurs at Resident and Family Council. Tickets are submitted to maintenance immediately following meeting as well as a notification to manager.

Staff Education & Development

- This year in long-term care we strengthened our commitment to staff and leaders by enhancing access to education.
- Registered staff and leaders participated in hands on learning with educators from PointClickCare, enabling the team members to engage in relevant practices in resident care and increase utilization of the electronic health record.
- We also introduced the Skin and Wound module within PointClickCare, a new tool designed to improve the consistency, accuracy, and monitoring of wound documentation, supporting better clinical outcomes and communication across the interdisciplinary care team.
- Long-term care also prioritized collaboration with community partners during this year's annual education sessions, working closely with the Ontario Provincial Police to increase awareness, prevention, and response to elder abuse.
- In addition, education on Dementia Care using a Gentle Persuasive Approach has been expanded and will be ongoing throughout the year with our newly trained BSO facilitators.
- Implementing the Comfort Care Rounding rollout, enhancing resident-centred care through consistent, proactive check-ins and improved responsiveness to individual needs.
- Introduction of new lounge furniture in both homes, removal of nursing stations, directly supporting the 'No Place Like Home' initiative and creating more welcoming, home-like environments for residents and families.
- Successfully secured funding to enhance resident care and safety through the acquisition of essential clinical equipment, including vital signs monitors, air mattresses, wheelchair weigh scales, new beds, and pressure-relief mattresses—directly supporting improved health outcomes, comfort, and alignment with the organization's strategic priorities for quality care and resident well-being.

Quality, Safety & Compliance Priorities for 2026/27

HHHS long-term care homes prioritize quality and safety activities through audits, education, and compliance monitoring.

2025-26 Priority Areas for Quality Improvement at Highland Wood and Hyland Crest Long-Term Care Homes use Ontario Health's QIP to identify and prioritize quality improvement initiatives. This year, we have selected Resident Experience, Falls, and Pressure Injuries as focus areas for improvement. These priorities are also reflected in our organization's operational plan. HHHS long-term care homes strive to continuously monitor and improve resident satisfaction and staff engagement year over year. Comfort care rounding, falls prevention, wound care, and resident-centred initiatives remain priorities.

Purposeful Rounding (Comfort Care Rounding) is our primary focus this year and has been identified as a change idea to support improvements in many areas of Quality Improvement such as prevention of pressure injuries, reducing falls, and improving resident satisfaction.

Recommendation 5.3 of the **RNAO Best Practice Guideline on Preventing Falls and Reducing Injury from Falls (Fourth Edition)** discusses the value of rounding to prevent falls:

Rounding, the act of checking in on residents in person on a regular basis (e.g., hourly) to proactively meet their needs, was found to contribute to reducing the number of falls in hospital settings (Hicks, 2015; Mitchell, Lavenberg, Trotta, & Umscheid, 2014). Rounding allows health-care providers to address individual needs that may contribute to falling—for example, by determining whether the person requires repositioning and whether belongings are within reach, by assessing the person's pain, and assisting with toileting if necessary. It also ensures that the environment is checked regularly for safety issues.

Regular rounding can be considered an approach for comprehensive care and has other potential benefits, such as reduced pressure injuries (Hicks, 2015), reduced call-light use, improved patient satisfaction, and improved patient perception of staff responsiveness to needs (Mitchell et al., 2014). However, as it can potentially disrupt sleep or meals (Manojlovich, Lee, & Lauseng, 2016), efforts should be made to address possible unintended negative effects.

It is important to maintain a regular schedule for rounding in order to establish a trusting relationship between the person and the interprofessional team (Manojlovich et al., 2016).

Registered Nurses' Association of Ontario. (2017). Preventing Falls and Reducing Injury from Falls (4th ed.). Toronto, ON: Author.

MASTER PLANNING – THE FUTURE OF CARE



Expanded Long-Term Care
Increase long-term care capacity to add an additional 68 new beds, bringing the total to a minimum of 160 long-term care beds in one location.

Our Master Plan explores various options to increase long-term care capacity, with a preferred approach to add an additional 68 new beds, bringing the total to 160 long-term care beds in one location. Long-term care at HHHS would be expanded and modernized, bringing services, teams, and administration together under one larger roof.

Our vision is to collaborate with our residents, families and community to create a home-like, resident-centred care environment. We are designing innovative spaces that cater to residents with diverse needs, including those with behavioural challenges, without resorting to locked units.

Conclusion

Resident-centred care remains the foundation of our approach, guiding us to deliver compassionate, respectful, and individualized support each day. Ultimately, our goal is to create a supportive community where residents feel heard, valued, empowered, and truly at home. HHHS remains committed to continuous quality improvement.

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