



Quality Improvement Plan 2025: Updated to January 17, 2025

Survey	Owner	Timeline	Key notes	
Workforce Survey on Well-Being, Quality and Safety	Admin Assistant	January - 2025	Annual Accreditation survey	
Family & Resident Satisfaction Survey	Admin Assistant	January - 2025	Annual Licensing Requirement	
Licensing: Long-Term Care Program Requirements	Department HW	April / Nov.	Bi-annual onsite survey	
Risk Management	CEO	April	Annual Assessment & prn	
Board Dashboard	Senior Leaders	Quarterly	Quarterly Quality Improvement Plan	
Resident and Staff Safety Dashboard	Senior Leaders	Quarterly	Quarterly Quality Improvement Plan	
Owners: are responsible for survey delivery, identifying required actions plans, providing status of the action plan on a quarterly bases and record the evidence of completion.				
Workforce Survey on Well-Being, Quality and Safety: Delivered by:			Completion Date:	
	Improvement Statement / Owner	Current	Target	Action / Evidence
1.				Scheduled for 2025
Family and Resident Satisfaction Survey: Delivered by:			Completion Date:	
	Improvement Statement / Owner	Current	Target	Action / Evidence
1.	I can make choices around my daily food menu - Kalli	25%	75%	TBD
2.	My food is always at a good temperature - Kalli	24%	75%	TBD
3.	My voice and or my resident family member's "voice" is heard at care conferences - Lee	77%	90%	1) agenda review to ensure resident voice is heard 2) CEO to sit in on next Care Conferences 3) invitation review to clarify resident/family does the talking

4.	I am familiar with the palliative care process - Lee	35%	90%	1) Develop a palliative care power point 2) Schedule family presentation – see #5
5.	I am familiar with how lost/damaged eye glasses, dentures or hearing aids are addressed - Terry	25%	90%	1) Develop a power point presentation – see #4 2) Schedule family presentation
6.	I know where/how to get a cup of team/coffee - Cathy	23%	90%	1) To the afternoon agenda for #5
Board Dashboard				
Delivered by:		Completion Date:		
	Improvement Statement / Owner	Current	Target	Action / Evidence
1.	To explore sick time data to better understand increasing absenteeism - Jacqueline	11.68%	9%	1) Survey of employee's 2) Review IPAC impact on isolation requirements 3) Review quarterly data of staff with 9% and/or 3 or more incidents of sick calls
Licensing				
	Improvement Statement / Owner	Current	Target	Action / Evidence
1.	Audit CCA flow charts to ensure completion - Lee	N/A	100%	• Audits in place for reporting after Q4
2.	Audit documentation in nursing progress notes to ensure following practice standards - Lee	Gaps (PPCA)	100%	• Audits in place for reporting after Q4– NSCN guidelines reviewed and education provided to all licensed staff.
3.	Wound care audit to monitor compliance with wound care practices- Michelle	Gaps (PPCA)	100%	<ul style="list-style-type: none"> • Licensed staff education day focusing on best practices in wound care • Pressure Injury Treatment and Prevention Policy updated • Working with HANS Practice consultant and NP on practice updates (wound care policies, assessments and documentation) and support for resident with wounds • Revised Wound Care Team Terms of reference as per licensing recommendations • Audits in place to monitor compliance
4.	Audit care plans to ensure they are resident specific and comprehensive and capturing the residents voice - Michelle	Gaps (Licensing)	100%	<ul style="list-style-type: none"> • Transitioned all care plans on to Momentum • Resident personal care plan transitioned to Activities of Daily living plan

				<ul style="list-style-type: none"> Licensed staff education for use of care plan platform. Licensed staff education day focusing on best practices in care planning Audits in place to monitor compliance
5.	Implementation of eMARS to ensure accurate documentation in alignment with standards of practice- Michelle	N/A	Full Implementation	<ul style="list-style-type: none"> Ongoing implementation meetings and action plans with Point Click care and pharmacy for implementation date March 2025
6.	Monitoring of admission assessments and care plan development to ensure alignment with Licensing requirements- Michelle	Gaps (Licensing)	100%	<ul style="list-style-type: none"> Process in place for Supervising RN's to monitor admission assessments and care plan development be completed in required time frame (2 weeks)

Risk Management

	Improvement Statement / Owner	Current	Target	Action / Evidence
1.	IT: The RK has not undertaken an onsite IT risk assessment resulting in our actual risks being unknown.- Terry	High	Low	<ul style="list-style-type: none"> Secured IT consultant Notified Travanna of cancellation of our existing contract Drafting a Request For Information (RFI) on meeting on our IT Service needs
2.	Financial: The necessity to utilize travel care staff at a higher cost / hour than regular care staff causing cost overruns - Danielle	High	Low	<ul style="list-style-type: none"> Submitting vacancy report to SLTC for Oct – Dec. requesting coverage for travel staff costs Implementing Staff Recruitment strategy to reduce usage of travel staff
3.	Admin. Staff: The RK administrative staff is experiencing “commitment exceeding my capacity” resulting in diminishing job satisfaction and potential departure - Terry	High	Low	<ul style="list-style-type: none"> Addition of four new FTE's and recognition of a Human Resources FTE frees up additional support in Food Services
4.	Polypharmacy: To explore the impact of polypharmacy and the increase interventions in	High	Low	<ul style="list-style-type: none"> Exploring impact of polypharmacy on FTE capacity (1.1 care hours from licensed staff per resident in 24 hours)

	<p>managing increased acuity on resident well- being and on staff workload - Lee</p> <p><i>Source: RN/ LPN feedback from education day Licensed staff fear making errors, and could lead to discipline or loss of license.</i></p>			<ul style="list-style-type: none"> • The acuity of our residents exceeds our funding for licensed staff. (i.e. residents being treated more acutely in the home) • Development of a weight of care monitoring system. • Working with Medical Director and our Pharmacy consultant to address number of resident prescriptions - Ongoing monitoring of resident prescriptions per day. • Alignment with best practices for people living in long term care.
Accreditation				
	Improvement Statement / Owner	Current	Target	Action / Evidence
1.	To ensure regular exercising of emergency plans and disaster preparedness plans are carried out, for both day and night shifts - Mark	Gaps	100%	<ul style="list-style-type: none"> • Developing a macroagenda to capture all required emergency / disaster plans exercises

File: Directors (T) Drive: Quality Improvement Plan / 2025