



Quality Improvement Plan 2025: Updated to April 10, 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.				
Key: ✓ = task has been completed OG = either “ongoing” or “Oh God”				
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.	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 and Director of Clinical Services to sit in on next Care Conferences ✓ 3) Resident Support Facilitator job description clarifying role in hosting care conferences - no staff present – own office / safe space / family focus. ✓

2.	I am familiar with the palliative care process – defining what palliative care means as “palliative” is not just end of life.	35%	90%	1) Leslie Hirst May 26, 2025, has been recruited to present SPA-LTC to staff and Board ✓ 2) Schedule Family Council presentation OG 3) Discussed at general staff meeting ✓ 4) Clarify Resident Support Facilitator role in promoting SPA-LTC OG
3.	I am familiar with how lost/damaged eye glasses, dentures or hearing aids are addressed - Terry	25%	90%	1) Reviewed and updated Missing Damaged Personal Items policy ✓ 2) Forwarded policy to Family Council for feedback at March family council meeting ✓ 3) Addition to the admission package ✓ 4) Post policy to our website OG
4.	I know where/how to get a cup of team/coffee - Cathy	23%	90%	1) Draft and post a Family Care Q messages outlining where to get a cup of tea / coffee OG
Board Dashboard Delivered by: Completion Date:				
	Improvement Statement / Owner	Current	Target	Action / Evidence
1.	To explore sick time data to better understand increasing sick time as indicated on Attendance Mgt Program (2019 5.49%)- Jacqueline <ul style="list-style-type: none"> • Assumption is increased sick time is being driven by isolation requirements for contagious diseases. • Understanding the unknown reasons for sick • Staff maxed sick time and are requesting pay out of Vac or Hol banks (sick np) • Dr. supported Sick note • Aging workforce, mom caring for kids 	11.68%	9%	1) Employee Survey by Apr 9/25 ✓ 2) Review IPAC impact on isolation requirements OG 3) Review quarterly data of staff with 9% and/or 3 or more incidents of sick calls OG 4) # of Staff that maxed sick time in 2024 compared to 2019 (review Sick Stat annual reports) OG 5) Review contract governing sick time requests and Vacation requests ✓
2.	To ensure calculations for Fall Rate / 1000 days is accurate amongst contributors to the dashboard - Michelle		100%	1) Review data and re-calculate for fall rate / 10-00 days for Q4 2023-24 and Q1 and Q2 2024-25 NEW
Licensing				
	Improvement Statement / Owner	Current	Target	Action / Evidence

1.	Audit CCA flow charts to ensure completion - Lee	N/A	100%	<ul style="list-style-type: none"> • Audits in place for reporting after Q4 ✓
2.	Audit documentation in nursing progress notes to ensure following practice standards - Lee	Gaps (PPCA)	100%	<ul style="list-style-type: none"> • 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- Lee	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 – ongoing by supervising RN's. ✓ • Wound care meeting February 19, 2025. ✓ • Monthly reports on prevalence and incidents are reported to SLTC. ✓
4.	Audit care plans to ensure they are resident specific and comprehensive and capturing the residents voice - Lee	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 ✓ • 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- Lee	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- Lee	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) ✓ Reallocation of nursing hours to station a charge RN in each care area to ensure accountability. March 14th one RN started in Cottages. ✓
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 Service expertise ✓ RK contract review initiated – OG Reviewing services switch to Lucas Technology versus renewing a 1 year contract with Travanna – change would be costly financially and HR wise IT risk assessment scheduled for April - OG
2.	Financial: The necessity to utilize travel care staff at a higher cost / hour than regular care staff causing cost overruns - Lee	Moderate	Low	<ul style="list-style-type: none"> Submitting vacancy report to SLTC for Oct – Dec. requesting coverage for travel staff costs. Denied RPL program and international hires will reduce travel nurse compliment. ✓ RN FTE's are full. Two temporary FTE for LPN's and 8 CCA vacancies (7 positions are mat leaves, LTD and LOA ... therefore can't offer them as full time positions ✓
3.	Admin. Staff: The RK administrative staff is experiencing “commitment exceeding my capacity” resulting in diminishing job satisfaction and potential departure - Terry	Moderate	Low	<ul style="list-style-type: none"> Job posting for .5 FTE Finance ✓ Social Worker – Resident Support Worker hired ✓ Software program kick-off hosted March 6th OG Applied to Capital Equip for software costs OG
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) OG

	<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 - monitoring resident prescriptions per day. OG • Implement polypharmacy resource tool kit influenced by Dr. Steeves in collaboration with Dalhousie University. OG
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"> • Contacted Accreditation Canada to secure up to date standards for emergency planning ✓ • Developing a macro-agenda to capture all required emergency / disaster plans exercises as per Licensing and Accreditation ✓

File: Directors (T) Drive: Quality/QIP 2025/QIP 2025