



Quality Improvement Plan 2025: Updated to October 23, 2025

Survey	Owner	Timeline	Key notes
Workforce Survey on Well-Being, Quality and Safety	Admin Assistant	January	Annual Accreditation survey
Family & Resident Satisfaction Survey	Admin Assistant	January	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	Actual	Target
1.	To complete the Workforce Survey on Well-Being, Quality and Safety by November , 2025		Nov. 2025
			Staff Development Coordinator in place – in conversation with Accreditation Canada regarding next steps
Family and Resident Satisfaction Survey: Delivered by:			Completion Date:
	Improvement Statement / Owner	Actual	Target
1.	I am familiar with the palliative care process – defining what palliative care means as “palliative” is not just end of life. Lee	35%	90%
			1) Leslie Hirst May 26, 2025, has been recruited to present SPA-LTC to staff and Board ✓ 2) Schedule Family Council presentation– Family council invited to meet with Leslie Hirst on May 29, 2025. ✓ 3) Discussed at general staff meeting ✓

				4) Clarify Resident Support Facilitator role in promoting SPA-LTC ✓ 5) Implement the SPA LTC platform – defining Res. Supp. Facilitator role in leading the palliative approach - target date October - 2025
Board Dashboard		Delivered by:		Completion Date:
	Improvement Statement / Owner	Actual	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 complete ✓ 2) Review IPAC impact on isolation requirements Complete ✓ 3) Review quarterly data of staff with 9% and/or 3 or more incidents of sick calls 2024 complete ✓ 4) # Of Staff that maxed sick time in 2024 compared to 2019 (review Sick Stat annual reports) comp ✓ 5) Presented to SL & Staff complete May/25 ✓ 6) Review contract governing sick time requests and Vacation requests Complete April & May changes in New Contract ✓ 7) Follow up re: requirements for Attendance Program with Hans Lawyer & part of personnel file – ongoing – October 2025 8) Follow up meeting with SL for action: ie. Attendance Program <i>renovations</i>
2.	To follow up on hand washing rates ensuring staff compliance Nolan	83%	➤ 90%	1) Update staff on handwashing and reassess handwashing survey in Q1 dashboard - OG
3.	To reduce the number of resident responsive behaviors Lee	64	TBD	1) Initiate Project Charter addressing resident responsive behaviors Initiated
Licensing				
	Improvement Statement / Owner	Actual	Target	Action / Evidence
1.	To secure a one year license to operate a LTC facility - Terry	9 months	12 months	1) License for 9 months – Sept. 1/25 – May 31 st – 2026 ✓
Risk Management				
	Improvement Statement / Owner	Actual	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 – ✓ Awaiting draft of new Travanna contract for review - OG
2.	<p>Polypharmacy: To explore the impact of polypharmacy and the increase interventions in 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>	High	Low	<ul style="list-style-type: none"> Exploring impact of polypharmacy on FTE capacity (1.1 care hours per licensed staff per resident in 24 hours) OG 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. ✓ (captured in CIHI pilot initiative with Province) Working with Medical Director and our Pharmacy consultant to address number of resident prescriptions - monitoring resident prescriptions per day. OG- update # of prescriptions/ resident with Shoppers pharmacy consultant Implement polypharmacy resource tool kit influenced by Dr. Steeves in collaboration with Dalhousie University. OG - distributed to care areas for all nurses to have as a resource. Follow up with charge nurses and supervising RNs to ensure its utilization... follow up regarding impact / utilization

Accreditation

	Improvement Statement / Owner	Actual	Target	Action / Evidence
1.	To ensure regular exercising of emergency plans and disaster preparedness plans are carried out, for both day and night shifts - Terry	Gaps	100%	<ul style="list-style-type: none"> Contacted Accreditation Canada to secure up to date standards for emergency planning - OG Developing a macro-agenda to capture all required emergency / disaster plans exercises as per Licensing and Accreditation OG

Family Council

	Improvement Statement / Owner	Actual	Target	Action / Evidence
1.	Cleanliness in resident bathroom not being cleaned on a regular basis - Lee	N/A	100%	<ul style="list-style-type: none"> • Currently have a team working on this, with a deep clean happening with support from our LTCA staff - OG • Infection Prevention and Control Nurse along with our Housekeeping Supervisor have developed education for all CCA staff - OG • Developed processes, checklists and monthly audit to ensure accountability - OG • Clarified Supervising RN role – daily checklist checks – ✓ • Monthly Housekeeping audits are submitted to the Director of Clinical Services for signage - OG
2.	Inadequate staff training in regards to assisted dining No name tags at each resident table to support placing resident at the correct/appropriate table - Lee	N/A	N/A	<ul style="list-style-type: none"> • CARE Q message - Where a visiting family member is witness to a concern, please report it to the Charge RN/LPN or the Supervising RN in real time - OG • Dentures: there are no service providers in the local area to reassess denture fitting ✓ • All staff who assist residents in dining have undergone dining education ✓ • Name tags on tables - we support residents to sit where they like and are comfortable – they decide and staff are very aware of who sits where ✓
3.	Cottages – staff member asleep - Lee	N/A	N/A	<ul style="list-style-type: none"> • CARE Q message - Where a visiting family member is witness to a concern, please report it to the Charge RN/LPN or the Supervising RN in real time - OG
4.	Visitor Support Cabinets ... needs a content list and be regularly updated - Kim	N/A	N/A	<ul style="list-style-type: none"> • Cabinets are reviewed seasonally ✓ • Comment document will be included in the cabinet for any suggested resources OG • Care Q to families & SURGE message to staff – as a reminder that the Resource Cabinets are available for residents, families, & staff OG

				<ul style="list-style-type: none"> • And a review of the Visitors Support Cabinets to the orientation checklist for staff OG • Signage to be added to the resource cupboards to increase visibility OG • Accessibility of cupboards added to each care area monthly hazard inspection (eg. wheelchairs storage) - OG <p>RK Visitors Handbook reviewed.</p>
--	--	--	--	--

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