

				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	11.68%	9%	1) COMPLETE
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.	Polypharmacy: To explore the impact of polypharmacy and the increase interventions in managing increased acuity on resident well- being and on staff workload - Lee	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)

	Source: RN/ LPN feedback from education day Licensed staff fear making errors, and could lead to discipline or loss of license.			<ul style="list-style-type: none"> 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 – implemented Dec 2025 Infection Prevention and Control Nurse along with our Housekeeping Supervisor have developed education for all CCA staff – completed Developed processes, checklists and monthly audit to ensure accountability - completed Clarified Supervising RN role – daily checklist checks – ✓ Monthly Housekeeping audits are submitted to the Director of Clinical Services for signage – OG
2.	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

				<ul style="list-style-type: none"> • Care Q to families & SURGE message to staff – as a reminder that the Resource Cabinets are available for residents, families, & staff OG • 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