



2026- 2027 CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT

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| Quality Improvement Lead in the Home | Kate Faria, RPN - Quality Improvement Coordinator Corrie VanHeeswyk - Executive Director |
| Priority Areas for Quality Improvement | <p>Sprucedale Care Centre is committed to continuous quality improvement and our interdisciplinary teams have been actively engaged to collaborate closely with the residents, their families, and external partners since the outset of 2026. Our Vision is to create a community of trust and fulfillment for our team members and residents. Quality improvement is the foundation of our home as it contributes to our core values of; Kindness, Progressive, Integrity and Community. Our home has undertaken comprehensive initiatives aimed at enhancing performance across all departments and has formulated multiple quality improvement initiatives to effectively pursue the home’s established goals and objectives encompassed in our Annual Program Evaluations, Home Operational Plan, Annual HQO Quality Improvement Plan (QIP), Resident Satisfaction & Team Survey Action Plans.</p> <p>Within the aforementioned plans, Sprucedale Care Centre has placed significant emphasis on the following key areas:</p> <ul style="list-style-type: none"> ● Annual HQO Quality Improvement Plan (QIP) <ul style="list-style-type: none"> ○ <u>Access</u>: Reducing the percentage of potentially avoidable emergency department visits for residents ○ <u>Resident Experience</u>: A focus on improved communication; Do the residents feel they have a voice and are listened to by staff? Do the residents feel they can speak up without fear of consequences? ○ <u>Equity</u>: Provide education to all the staff about equity, diversity, inclusion, and anti-racism ○ <u>Safety</u>: <ul style="list-style-type: none"> ○ Reduce the percentage of residents that have fallen ○ Reduce the percentage of residents without a diagnosis of psychosis who were given antipsychotic medications ○ Reduce the percentage of residents with worsening Stage 2 to 4 Pressure Ulcers ● Resident Satisfaction Survey Action Plan <ul style="list-style-type: none"> ○ 1. <u>“I enjoy some of my favourite foods”</u> <u>Action Plan:</u> <ol style="list-style-type: none"> 1. Our residents are able to give their feedback and suggestions in order to improve or make changes to the menu during the monthly dining enhancement meetings. |

- 2. “When I need help, I get it right away”

Action Plan:

1. Auditing phones that receive the call alerts from Residents by the NCL position first thing in the morning and evening to ensure staff have them turned and up to receive calls and that the battery is in working condition.
2. We are working with the head office to receive a new nurse call system that needs to replace the current aging system. This is in review and should be done this year.

- 3. “Staff have enough time for me”

Action Plan:

1. The new Nursing Care Lead (NCL) position will help with education response times talking with residents about any concerns they may have. NCL will review any complaints along with the Director of Care (DOC) about time management.

- **Team Member Satisfaction Survey Action Plan**

- 1. When I do an excellent job, my accomplishments are recognized

Action Plan:

S:Increase the submission submitted through the Connected with Kindness staff recognition program . As well as overall staff feeling like they are not being recognized.

M:A minimum of 10 recognitions submitted each month.

A: Managers will prompt families and staff to submit.Managers to submit or facilitate at least 2 recognitions per month.

R:Recognition improves: Staff Morale, engagement increase.

T: Starting February 1, 2026 To be reviewed May 1st for number of submission of recognition.

1. Managers to ensure 2 recognitions per month. Highlight these individuals at department meetings as special mention.

2. Connected with Kindness poster to be placed on Evoke in weekly Newsletter.

3.Staff Appreciation every other month and highlight the good things the different departments have been doing.

4. Ensure Managers are encouraging their departments/staff to submit and help recognize each other for a job well done.

- #2: I see professional growth and career development opportunities for myself here.

Action Plan:

1. Increase employee engagement to ensure conversations are had at the time of Performance appraisals and or touch points every year with employees by their direct supervisor. Improve Diversity, Equality and Inclusivity and belonging with one to one conversation with Staff

2. Prepare teams now for possible future jobs, Examples such as leadership training. In house opportunities such as PSW

programs.

3. Survey to ask team members what education opportunities they would like to see-(Educational Needs Assessment)

4. Review Surge Learning to see if there are any opportunities for On Line Events -Education Opportunities.

- #3: Have you ever felt uncomfortable or excluded because of your background or identity?

This was scored low however all comments were favorable, the company addresses these issues, and they are confident etc. I have created a one question survey monkey to ask staff yes or no question to support the misunderstanding. Question- I am confident that the company takes reports of discrimination seriously, scoring 88% doesn't make sense with this question. 73% said they did not witness verbal or physical sexual in the workplace. Action steps are to gain more knowledge and interpretation of question

- **Annual Program Evaluations and Goals for 2026**
include improvement strategies targeting the following topic areas; Continence & Bowel Management, Falls Prevention, Pain & Palliative Care, Responsive Behaviours, Restraint & PASD, Skin & Wound Care, Emergency Department Transfers, Restorative Care Philosophy: Approaches & Nursing Restorative, Nursing & Personal Support Services, Medical Services, Emergency Drug Supply & Medication Management, Medical Equipment Calibration & Cleaning, Dietary Services, Nutrition & Hydration, Prevention of Abuse and Neglect, Staff Development, Staffing Plan, Health & Safety Networking, Emergency Plan, Resident's Council and Quality improvement
- **Operational Plan**
 - Enhance communication between the home and team members through the use of the NUIZ app
 - Enhance the tub/shower room decor to create a more spa-like atmosphere
 - Enhance communication with families and residents through "Evoke"
 - Encourage educational collaborative opportunities through clinical placements
 - TRIOS hybrid program
 - Create a Community Emergency Management Plan
 - Replace our two garbage bins with earth bins
 - Home expansion to include the addition of 32 beds
 - Upgrade the aged nurse call system
 - Upgrade Hickory Heights eyewash station to include upper flush hardware
 - Enhance onsite diagnostic capabilities to enable timely assessments and reduce non-emergent hospital transfers through use of the NLOT & Paramedicine teams
 - Utilize the resident care lead to enhance processes in the home such as orientation of new staff and auditing current processes for areas of improvements
- **Strategic Plan**
 - Sprucedale is currently working on a Strategic plan specifically with the new 32 bed addition.

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| <p>Process to Identify Home Priority Areas</p> | <p>On January 20, 2026, our interdisciplinary team consisting of member representatives including residents council, family council, direct care team members PSW, RPN, RN, volunteers, leadership and external stakeholders gather to collaborate and complete our Annual Program Evaluations, Home Operational Plan, and HQO Quality Improvement Plans (QIPs). Together we identify and address gaps in practice and explore new initiatives to improve upon.</p> <p>During the completion of these evaluations and planning, we review and analyze multiple resources including; the previous year's goal targets, quarterly evaluations, meeting minutes from our various internal committees, quality indicator performance data, internal and external audits and reports, action plans and satisfaction survey results. With this information, the team collaboratively sets a list of goals as priorities to improve upon for the upcoming year.</p> |
| <p>Process of Monitoring & Measuring Quality Improvement Initiatives</p> | <p>It is one thing to set goals for improvement, although without action, monitoring, and measurement, it would be impossible to continue improving and celebrate our successes. Our team ensures that when our goals are identified, they are specific, measurable, achievable, relevant, and timebound.</p> <p>Vigorous audits are completed and relevant data is collected on priority areas across all departments and tracked monthly (<i>including critical incidents, complaints, focused audits, and results of varied assessments including the Long term care Facilities (LTCF)/Integrated interRAI Reporting System (IRRS) , etc.</i>).</p> <p>To identify if we are on target to meet our goals and are fostering quality-focused care, we monitor our progress in our quality indicator percentages and feedback from our team through satisfaction survey results and discussion in our internal committee meetings.</p> <p>To ensure all of our goals are monitored and measured, we compile a summary for each goal during relative care team or committee meetings and review them on a monthly or quarterly interval with the team. Input and feedback from our interdisciplinary team; inclusive of resident and family representatives, is encouraged during each review. Collaboratively we evaluate the current state and effectiveness of actionable items. Where needed, the team generates ideas for amendment to existing goals, interventions or targets (<i>ex; if we identify a goal is no longer attainable, intervention is no longer effective, etc.</i>).</p> <p>The home prioritizes transparent communication, actively sharing successes, outcome measures, and quality improvement initiatives throughout the home. Updates on our performance and QIPs are shared regularly with Resident & Family Councils and additionally with team members at Town Halls or at the related care team or committee meetings.</p> |
| <p>SURVEY – Written Record</p> | <p>The Resident Satisfaction Survey was conducted during the month of September - October 2025 and completed either in person with each resident or mailed to family members of residents who were unable to provide feedback on their own.</p> <p>The survey results and related action plan were shared with the Residents Council on January 6, 2026 and with the Family Council on January 22, 2026. These results were also posted on to the Resident Council Board in centre</p> |

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| | <p>court for easy viewing access for all residents, family, visitors and team members.</p> <p>Survey results and related action plans were shared with the Team Members on January 15, 2026</p> |
| Report Completion DATE | March 31, 2026 |