

## Quality Improvement Action Plan 2025

Area where improvement is needed	What is the planned improvement?	What are the action steps for implementing the improvements?	Responsible Person(s)	Target start date	Target completion date	Task Status	Comments
Behavioural Supports	Improving the identification and assessment of residents at risk of or currently exhibiting responsive behaviours	Education for staff DON mentoring BSO staff	DON – Kim BSO RPN – Brittany BSO PSW – Sue S	May 15/25	Ongoing		
Skin & Wound	100% of residents have a skin assessment completed on readmission from absence > 24 hours 100% of residents with a new wound have a wound referral completed 100% of Weekly Wound Assessments are completed Quarterly Pressure ulcer and skin tear incidence <3%	Implementing Wound Resource Nurse Auditing process implementation	NP – Stacey DON - Kim RN – Shelby	May 15/25	Ongoing		Using PPC Skin & Wound Module New wound resource nurse working 1 day q 2 weeks currently
Medical Services	Improve access to external resources to meet resident needs	Build relationships with community partners Research resources available	NP – Stacey DON – Kim Restorative Lead - Alex	May 15/25	Ongoing		
Palliative /EOL	100% of residents have PPS completed on admission	Newly developed PACT (Palliative Approach to	NP – Stacey DON - Kim	Jan 1/25	Ongoing		Using Nursing Advantage Module for Palliative/EOL – due to go live in July/25

	100% of residents have Goals of Care discussed at Care Conferences	Care Team) team NP attending all nursing care conferences Capacity building with registered staff to be comfortable with difficult conversations					
Pain	Decrease the number of residents experiencing pain	Enhance policies Ensure all assessments are being completed Staff education	DON – Kim Registered Staff	May 15/25	Ongoing		Using Nursing Advantage Module for screening and assessment
Falls	See QIP						