

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 25, 2025



## OVERVIEW

Stirling Manor Nursing Home is For-Profit licensed 75-bed home but operate with 56-beds as we were required to eliminate the 3 and 4 bed wards, in the township of Stirling-Rawdon. Our building is older, has 3 floors and one elevator that we use for transporting residents and meal service to the floors. We have been approved to re-build to a 96-bed home, which will remain in Stirling-Rawdon and we have full support of our township. We are Accredited with Commendation from Accreditation Canada in 2023. Stirling Manor Nursing Home operates under the direction of the Administrator and is regulated by the Ministry of Long-Term Care under the Fixing Long-Term Care Act. The Administrator report to the Managing Partner. Our management team and medical team provide guidance and leadership to all of the multidisciplinary team in providing person-centered care including a variety of services to our residents.

Our Mission is to enrich lives and offer new beginnings. That begins with every life we encounter; our employees, our residents and those who love and care for them, the community in which we operate, our stakeholders and those who are yet to become our residents.

Our Vision is “Each day we will strive to make a positive difference in the lives of others by forming meaningful partnerships”.

Our Values Statement - We are:

People who value and demonstrate integrity, respect, collaboration, and inclusiveness

People with energy, enthusiasm, and the courage to lead while embracing challenges

People who build relationships based on doing the right thing

Stirling Manor Nursing Home recognizes that each resident has a different perspective on what their quality of life is and will look like. We strive to build relationships with residents and families as a large part of our culture. We are committed to our residents by listening to what they want for their home, what makes a difference for them, and how we can ensure they receive the best experience possible.

Our IPAC Lead has passed her CIC-LTC exam which is a great benefit for residents, staff and families as her knowledge is over and above others in the home. She works collaboratively with the Southeast IPAC Hub plus every 2 weeks meets with other colleagues in the area.

We are committed to quality improvement initiatives that support Ontario Health and Ministry of Long-Term Care and their priority indicators. We seek feedback from our residents, families, staff and community partners.

## **ACCESS AND FLOW**

We continue to try and recruit an NP for our home in hopes this will decrease transfers to our emergency departments in our area. We believe this will also provide better immediate care for our residents and the NP will be able to provide education to our staff on site at the point in time.

The Administrator is a member of the local Physician Board Committee for Stirling-Rawdon Township. The goal is to bring more physicians and NPs to our growing community. We are in the process of rebuilding our home so hopefully this will also help unite our LTC home with new local physicians/NPs.

We have partnered with Seniors Mental Health, Providence Care and Quinte Health to have supportive transitions for residents with behaviours between sites. In November 2024, we received BSO funding for our home so that we can train a staff member to be a resource for all staff and they too can assist with transitions to the home. We have a good relationship with Loyalist College to bring on PSW and Physiotherapy Assistant students.

We have added more RN and PSW hours to our nursing department which assists with more direct care time for the residents and more time spent focused on the residents care plan to ensure they are receiving the quality care they deserve.

## EQUITY AND INDIGENOUS HEALTH

Being in rural Ontario, the community we serve does not have the diversity that other homes located in larger cities would see. We do not have indigenous people in our home but we do acknowledge the land that we are on and is posted in the main lobby.

The management and staff continue to receive mandatory DEI education yearly, our policy is reviewed annually and posted in the main lobby along with our land acknowledgement for review by anyone that comes into our home. We do employ some staff with different nationalities and respect any of their religious or spiritual beliefs.

Administrator is on the Ontario Health Equity Community of Practice Committee. Meetings occur every other month and topics range from DEI to anti racism, black history and indigenous health. Education is provided at times, discussions on what employers are experiencing and interventions that work. When appropriate, this information is shared with management and staff.

## PATIENT/CLIENT/RESIDENT EXPERIENCE

We have been fortunate to have an active Resident Council within our Home. We work with our Residents Council by providing them suggestions/recommendations for areas of improvement and listen to their thoughts/suggestions in response. A quarterly quality report is provided by the Administrator to the residents' council members to allow them input to quality improvement planning and implementation. With the renovations that were required due to our fire, we did seek input from residents council on paint colours and flooring.

Although we ask our families for interest in creating a Family Council, we have not been successful. We are able to maintain connection with them through regular emails and hosting a Family Information Session twice a year. Our email connection informs families of upcoming events, infection control practices, ministry directives, general policy changes within the home and resident programming.

Every year in the fall we participate with 6 other LTC Homes for the annual satisfaction survey for both residents and families. They have an opportunity to share their thoughts on how the Home is performing. The results of the survey are shared with our residents, and staff. Any result less than 80%, is our focus and we encourage staff and residents to make recommendations to leadership on areas of improvement. The surveys are posted on our website for anyone to view.

We continue to increase our staffing to meet the 4hrs of direct care requirement by March 31, 2025. With these funds we have been able to create a RN Lead role that is direct communication between RN/PSWs and DON/ADON/RAI. This position started in October 2024.

We have utilized the Ontario Health PSW Initiative in our home by hiring 2 graduate PSWs. These 2 PSWs are working full-time for one year through this initiative. With our addition to direct hours of care staffing, we have been able to surpass the 4hrs of direct care prior to the deadline of March 31, 2025.

## PROVIDER EXPERIENCE

Throughout 2024, the use of agency staff has decreased significantly. This is great news for our staff and residents as there is a more continuity of care and service. We continue to recognize our staff by having staff appreciation days, purchasing a massage chair for the staff room, purchased Stirling Manor clothing for staff and gift cards at the end of 2024 calendar year.

Stirling Manor encourages all staff to engage in education whether it is paid by the Home or free. We have sent our H&S committee members on education to maintain their certification or to certify new members. We have provided IPAC Champion education in 2024 to all levels of staff to assist with better understanding of infection control practices. When we have a resident that has an unfamiliar diagnosis, we seek information on the diagnosis and get education for the staff so they can care for the resident effectively.

In 2024, we implemented several of the RNAO BPG Clinical Pathways. Initially, we added the Admission/RFCC pathway that provided us with improved admission documentation and we were able to enhance resident-centered care. Later in the year, we were able to put the Pain and Falls pathways into practice which allowed us to enhance documentation, monitoring and prevention strategies. We look forward to implementing further Clinical Pathways in 2025 that will allow us to enhance the quality of care provided to our residents.

## SAFETY

Stirling Manor had the unfortunate situation in March 2024 of a fire starting in a closet on the third floor of the building. The sprinkler system was initiated and thankfully put the fire out in the closet

before it could spread to other areas of the Home. The fire occurred at the start of dinner, the staff and managers that were in the building at the time responded amazingly by moving residents to a safe area. Once the fire department arrived on site, the fanout system was initiated and all residents were evacuated from the home safely without injury. The sprinklers in the Home caused extensive water damage to all 3 floors of the building. Residents were able to return inside the building and only one resident had to be displaced from their room due to water damage.

The Home completes regular fire drills 3x/month, but one is never sure what will happen in the event of a real fire. That evening was proof that all the education that is done regularly with staff, education that is provided yearly and updating of safety plans did have a positive result. During a debrief with the fire department a few days later, they commended staff on their quick response, knowledge and maintaining composure during the evacuation process.

Creating a safe and secure home environment for our residents remains a priority. This is accomplished through transparency during investigations. Any incidents involving resident abuse are investigated by the nursing leadership team. Anything that is learned through the investigation is shared with staff.

Workplace violence is not tolerated in the Home. All residents, staff, families and visitors are informed of this by posting the policy and statement posters are posted visually throughout the building. When required, we will use a third-party investigator to complete these investigations to ensure that they are done correctly for everyone involved.

Through medication safety inspection with our pharmacy provider and the DON, we have installed a camera in the medication room for additional security measures.

## **PALLIATIVE CARE**

Stirling Manor is currently in the process of implementing RAO Best Practice Pathways for Palliative Care and End of Life Care. Our goal is to enhance our existing program to be inline with best practices to support our residents and families physical, psychological, social, spiritual and practical needs at time of admission (or at time of life limiting diagnosis) through end of life.

Our initial stages include completing a gap analysis by end of March 2025 to determine areas of growth as well as developing a team for implementation, our current team includes our DON, RAI Supervisor, RN Program Lead and PSW Lead.

Next we will be reviewing/updating and creating policies and procedures as well as introducing new comprehensive assessment tools. Before we go live with the RAO pathways, resident discussions will occur with residents council for input and education, then education for all nursing staff will be conducted.

## **POPULATION HEALTH MANAGEMENT**

We have a resident who is hearing impaired and is on our residents council. We have reached out to the hearing society and have someone attend residents council with the resident that way she can be aware of what is happening at the meeting and she can contribute and feel a part of the resident team. We have also utilized this person when having any pertinent meetings with the physician or discussing her care.

The Administrator is on the Stirling-Rawdon Medical Board to help recruit a Nurse Practitioner for the Township. This is beneficial to both the Township and our Home as we will be rebuilding so hopefully we will be able to have a connection with the newly hired NP.

In the fall of 2024, we had Hastings County Paramedics come to our home to give flu vaccines to the staff in our Home. This was well received and we are now investigating an agreement with them which would have them come into the home to do some diagnostics on our residents which would assist with decreasing resident transfers to hospital.

**CONTACT INFORMATION/DESIGNATED LEAD**

Charmaine Jordan - Administrator  
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Ginny Nault - Director of Nursing  
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Melanie Cannons - Quality Improvement Lead  
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**SIGN-OFF**

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan on **March 25, 2025**

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**Manny Simon**, Board Chair / Licensee or delegate

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**Charmaine Jordan**, Administrator /Executive Director

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**Melanie Cannons**, Quality Committee Chair or delegate

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**Ginny Nault**, Other leadership as appropriate

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