

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 16, 2026



OVERVIEW

Stirling Manor Nursing Home is For-Profit licensed 75-bed home but operate with 56-beds, 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. Our management team collaborates with our medical team to 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 continues to collaborate with residents, staff, families, and with the Southeast IPAC Hub.

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

Our Nurse practitioner provides immediate care for our residents and provides education to our staff on site. The nurse practitioner works closely with our residents family/SDM to ensure resident and family centered care is at the center of our care plan.

We have partnered with Seniors Mental Health, Providence Care and Quinte Health to have supportive transitions for residents with behaviours between sites. In July of 2025 we hired a BSO lead, they assist with providing resources for staff and residents, as well as increasing our staff knowledge/education on BSO topics to aid in better supporting our residents in their home. We have been able to more efficiently assist residents with behaviours in their transition from community to LTC.

We work collaboratively with our local hospitals to advocate for our residents, this is to ensure they receive the right level of care, at the right time. We aim to be flexible with bed hold days for residents admitted to the hospital to ensure they receive the care they need without fear of losing their place in LTC.

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.

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 5 other LTC Homes for the annual resident satisfaction survey and family/care partner satisfaction survey. 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.

All concerns brought up during residents council/family information sessions, and from the surveys are thoroughly investigated, and corrective action taken. The results are then shared back with the residents/council/family information session.

PROVIDER EXPERIENCE

Throughout 2025, 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, spirit wear, and gift cards for excellence in attendance.

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 2025 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.

Our home is continuously integrating the RNAO best practice pathways. In 2025 we implemented both the Palliative care, and End of Life care pathways within our home. As part of this implementation we provided all staff with further education, and developed a Palliative care team within our home to better support our residents and their families/SDMs. We continue to seek feedback from residents council about the integration of these pathways.

SAFETY

The Home completes regular fire drills 3x/month, with a least 1 of these drills being an audible drill. Drills occur during all shift types to ensure all staff are prepared, and given the opportunity to ask questions during the drill debrief.

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.

Resident safety information sheets are posted at each nursing station, these are used as a quick reference guide to ensure residents have the correct equipment in place (ex: fall mats, chair alarms, PPE requirements). These lists are updated weekly and PRN.

PALLIATIVE CARE

In 2025 Stirling Manor implemented the RNAO Best practice pathways for Palliative and End of Life.

During this implementation, a gap analysis was conducted, then an education plan was completed. This aided the home in updating existing policies and creating new policies. All policies were updated to be in line with the best practice standards.

All staff received education on palliative approach to care and end of life care. The home developed a new relationship with Heart of Hastings hospice through a clinical care coach initiative. The clinical coach was/is able to come into the home and provide general education for all staff, and as assisted in providing funding for specialised education for the palliative care team members.

New policies/procedures were brought to residents council and reviewed. with feedback from residents council and from families during care conferences new EOL packages are being developed for better support families in making the best care decisions for their loved one.

We have implemented a palliative care "cart" which is brought to a residents room near end of life, this is stocked with supplies they residents and family members may need. We have also received a dignity quilt from the community to utilize when a resident is leaving our facility after death.

POPULATION HEALTH MANAGEMENT

We have two resident who are hearing impaired, one of whom 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, and similar organizations when having meetings/discussions with these residents related to their care.

Our home is participating in the community paramedicine program. The paramedics are able to come into the home and provide some further assessments and tests in home to determine if a ER transfer is necessary or if they can be supported in home. They have been utilized for assistance such as urine analysis and urgent ECG requests.

We support a team based BSO model consisting of RPNs/RNs/PSWs. It is our hope that this model will help to foster expanded / deeper conversations and engagement across the teams to support a person centered approach to resident care.

Collaborative Care Team Meetings provide an excellent opportunity for staff to engage with various specialists, including the Seniors Mental Health team, psychogeriatric outreach team, MRT, and pharmacists, ensuring a comprehensive approach to care.

Palliative care clinical coach from Heart of Hastings hospice helps to further support and sustain our palliative and end of life programs.

Stirling Manor is actively involved with the RNAO, and implementing many of the best practice pathways.

CONTACT INFORMATION/DESIGNATED 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 16, 2026**

Manil Simon, Board Chair / Licensee or delegate

Charmaine Jordan, Administrator /Executive Director

Melanie Cannons, Quality Committee Chair or delegate

Ginny Nault, Other leadership as appropriate
