

CONTINUOUS QUALITY IMPROVEMENT (CQI) ANNUAL PLAN April 2025 to March 2026

Goal Area	Goal statement	Steps to Achieve	Most responsible Person (each step)	Completion Aim date (each step)
Safe Care & Services: Emergency Response	Braemar will complete 100% of emergency code drills as per code calendar.	Track progress on CQI Report for Measurement <ul style="list-style-type: none"> • April – Purple • May –Brown • June – Tornado • July – Flooding • August – White • September –Green (timed drill) • October – Blue • November –Explosion • December- yellow • January - White • February - Black • March – Grey Drills to be completed monthly for all shifts	PCC/ ESM	Monthly
Safe Care & Services: Emergency Response	Braemar will complete 100% of fire drills, including an annual mock partial evacuation.	Track monthly progress on CQI Report for Measurement	ESM	Monthly
Staff Culture & Experience: Unhealthy Risk Culture	Braemar will implement an interdisciplinary Diversity, Inclusiveness and Culture Committee	Meet Quarterly and as needed Clear Concise communication of the Mission, Vision and Values Annual Staff recognition & Awards Program Annual Diversity and Inclusiveness education	Committee Committee DOR, Committee PCC, Committee	Monthly Ongoing Sept 2025 Sept 2025

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Staff Culture & Experiences: Performance Appraisals	Braemar Leadership will ensure Performance Appraisals (PA) are completed for all staff.	Compile list of all staff requiring appraisals	BOM	Monthly
		Separate staff list into departments and spread scheduled appraisals over calendar year for larger departments	BOM	Monthly
		Choose appraisal method	Leadership team	Monthly
		Ensure use of universal appraisal tool	Department Leads	Throughout year as per calendar
Staff Culture & Experiences Mandatory Education	Braemar will maintain completion of mandatory education for ALL employees at 100% (including SURGE and required in-person learning)	All annual mandatory required education in surge assigned to each position	PCC	March 1 2026
		Orientation Education – follow the orientation template for assigning staff in the correct education groups	PCC	Ongoing
		Departments Heads to review status reports monthly at their monthly departmental meetings and follow up with individual staff a needed	Department Leads	As education due dates approach
		Education payouts to all with completion – staff that are out of compliance to have documented follow up in file	BOM	As per due dates payout dates
		Mandatory live education planned annually; attendance to be taken	PCC	September 2025

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(QIP)*	Braemar will maintain 100% of staff who have completed relevant equity, diversity, inclusion, and anti-racism education	Home will continue to seek new and innovative ways to support diversity and culture in the workplace amongst staff and residents.		
Safe Care & Services: Incidents resulting in jury (CIS)	Braemar will reduce CIS submissions d/t Incident resulting in resident injury for which resident is sent to hospital by 10% by December 31, 2025.	Review any new CIS at leadership meetings	DOC	As incurred
		Investigate each case and document Ensure adequate follow up	DOC	As incurred
		Review processes for avoidance in building capacity for point of care staff in: <ul style="list-style-type: none"> Falls prevention Pain / palliation Responsive behaviours Dehydration prevention Constipation prevention 	DOC	As incurred
Safe Care & Services: Restraints	Braemar will maintain restraints to below provincial average (3%) throughout 2025.	Monthly committee- for overall review -resident based case review to be on each unit -Annual program evaluation with corrective actions / improvement goals implemented	QI RN/ DOC	ongoing
Safe Care & Services: Falls (QIP) *	Braemar will reduce the percentage of LTC residents who fall within 30 days leading up to their assessment (10%)	Assess falls data and analyze same in an effort to reduce falls	DOC/QI RN	Ongoing
		Post fall huddles will be held after all falls Work with residents, family, staff, various professionals to have personalized falls prevention strategies, or strategies to mitigate the risk of injury, in place for each resident at risk based on residents strengths, abilities and goals of care.	QI RN/ RN	Ongoing

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Safe Care & Services: Antipsychotic medication (QIP) *	Braemar will reduce the percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (18%)	<p>Data related to the use of anti-psychotic usage in the home will be reviewed at least quarterly to seek to identify patterns and trends</p> <p>Maintain a list of residents who have orders for anti-psychotic medications who do not have a diagnoses that meets CIHI criteria</p> <p>Home will continue to attempt to gain full history for new admissions.</p> <p>Committee/physician/pharmacy and others as appropriate will continue to seek opportunities for reduction of anti-psychotic medications in the home.</p>	<p>DOC/BOS Leads</p> <p>BSO Leads</p>	<p>Quarterly/ongoing</p> <p>Ongoing</p>
Safe Care & Services / Resident Experience: Delivered Food Temperatures	Braemar will ensure Hot Food is being served at 60 degrees Celsius or above	<p>Meal temp audits conducted by dietary staff</p> <p>Monthly audit review by dietary manager</p> <p>Annual program evaluation</p> <p>Monthly /departmental meetings</p>	<p>NSM/COOKS</p> <p>NSM</p> <p>NSM/VIDA</p> <p>NSM</p>	Ongoing
Resident Experience:	Braemar will improve the snack experience for resident through use of snack menu & use of service tools	<p>Snack Audit – min twice per month</p> <p>Snack Labels-updated on weekly basis or as per need</p> <p>Snack return tracking tool- returned snack monitored on daily basis</p>	NSM/Dietitian	Ongoing

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Safe Care and services / Resident Experience: Cleanliness	Braemar will ensure resident rooms and common spaces are maintained in a clean and safe manner and in good repair.	Review Resident/ Family Satisfaction Survey results regarding cleanliness and implement any corrective actions.	PCC/DOR	Annual
		Ensure regular monthly auditing of common spaces to identify areas in need of maintenance/repair.	ESM/PCC	Ongoing
		Ensure regular monthly audits of resident rooms to ensure they are maintained in a clean, uncluttered manner and any repair/maintenance needs are identified.	ESM/PCC	Ongoing
		Maintain record of all audits	ESM	Ongoing
		Promptly address any items brought forward for maintenance (WorxHUB) and maintain records of same.	ESM/Maintenance Help	As incurred

SATISFACTION SURVEY ACTION PLAN April 2025 to March 2026

Goal Area	Goal statement	Steps to Achieve	Most responsible Person (each step)	Completion Aim date (each step)
Staff Satisfaction	Braemar will increase to 80% for Job satisfaction for <i>all departments worked.</i>	Opportunities for improved communication flow between depts. Facilitate regular weekly huddles	Leadership	Ongoing
Staff Satisfaction	Braemar will increase to 75% for <i>I have a manageable amount of work- related stress</i>	Work towards ensuring staffing is full on the floor to help alleviate stress.	Leadership	Ongoing

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Saff Experience: Staff Satisfaction	Braemar will increase to 75% for "opportunities for personal Growth and Development"	Ask Staff What education they would like attend/ interested in. Work towards Cross training Staff in various departments	Leadership	Ongoing
Saff Experience: Staff Satisfaction	Braemar will increase to 70% for "Positive Recognition" at work.	Recognition can be verbal, written, formal (awards), or informal (a quick "thank you"). Random Act of Kindness- (Pizza, coffee etc)	Leadership	Ongoing
Saff Experience: Staff Satisfaction	Braemar will decrease to 20% for staff who responded they feel some staff are given preferential treatment\	Ask staff to clarify what area's they feel preferential treatment are given. Ensure processes are being followed across the board as per organizational policy. Be more present on the floor and engage/acknowledge all staff	Dept. leads Dept. Leads Dept. Leads	February 2024 Ongoing Ongoing
Saff Experience:	Braemar will increase to 90% satisfaction for <i>my department provides all the equipment,</i>	Ask staff if there is any equipment, supplies, or resources they need and don't have access too.	Dept. leads	Feb 2024

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Staff Satisfaction	<i>supplies, and resources necessary for me to do my duties</i>	Review/ Revise job roles/routines Monthly staff meetings to ensure opportunity for staff to address what they need	Dept. leads Dept. leads	June 2024 monthly

RESIDENT SURVEY ACTION PLAN April 2025 to March 2026

Goal Area	Goal statement	Steps to Achieve	Most responsible Person (each step)	Completion Aim date (each step)
Resident Satisfaction Survey	Braemar will increase to 50% for "I am given the help that I require for eating"	Collaborate with Dietary Department Residents' Care Experience Provide Survey at time of care conference	DOR/ FNM	Ongoing
Resident Satisfaction Survey	Braemar will increase to 3.00 for <i>I know the names of the people who care for me</i>	Ask resident feedback on how to improve during resident's council	PPC/DOR	April 2026
Resident Satisfaction Survey	Braemar will increase resident response to 30% in 2025	Provide opportunity to complete survey during resident care conference Provide Survey at time of care conference	DOR	ongoing

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		Collaborate with all Departments to complete survey with Residents via Paper or online.		
Resident Experience: Resident & family Satisfaction	Braemar will maintain Resident and Family experience to above 90% satisfaction.	Review 2025 survey results and seek identified areas of improvement	Committee	March 1 2026
		Provide Survey at time of care conference	DOR	April 1 2026
Resident Experience: Resident & family Satisfaction (QIP) *	Braemar will maintain percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (100%)	Residents' Care Experience Braemar will Educate and train team members on how to work respectfully and effectively with residents, families and/or caregivers with diverse cultural backgrounds, religious beliefs, and care needs. Increase education for staff on Diversity and Inclusion	PPC/ DOR	October 2025
Resident Experience: Resident & family Satisfaction (QIP) *	Braemar will increase percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?". (Target 90%)	Adjust Survey to include the specific question Home will seek new ways to encourage participation in survey for a more accurate and representative picture of resident perspectives	PCC/DOR	March 1 2026