

## Access and Flow

### Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1st 2022 to September 30th 2023 (Q3 to the end of the following Q2)	25.64	23.50	Our target performance has been set to the achieve a target closer to the provincial average of 20 potentially avoidable visits to the ED.	NLOT Nurse Lead Outreach Team

### Change Ideas

#### Change Idea #1 Improve communication to support conversations on alternatives to transfer

Methods	Process measures	Target for process measure	Comments
Nurse Practitioner will train registered staff on SBAR tool with follow up support and guidance by Nursing Management Team.	Total number of registered staff trained on SBAR.	100% of registered staff trained on SBAR.	

#### Change Idea #2 Improve communication with residents and families on avoidable transfers to hospital and how the can provide inhome care and procedures.

Methods	Process measures	Target for process measure	Comments
Nurse Practitioner will provide education and information to residents and families.	Total number of residents and families attending education.	At least one information session held and minimum of 30 attendees.	

Change Idea #3 Increase skills of registered staff and competency and confidence in providing IV Therapy, PICC Line therapy, Hypodermoclysis, Doppler and Bladder Scanner use and Suprapubic Catheter changes.

Methods	Process measures	Target for process measure	Comments
Nurse Practitioner will train staff and inhome trainers will provide ongoing instruction, training, guidance and support.	Total number of registered staff trained on these procedures.	100% of designated staff for each procedure will be trained.	

## Equity

### Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	CB	CB	The home will strive for 100% performance of this indicator.	

### Change Ideas

Change Idea #1 Education and QI Lead will review education opportunities for training that address gaps in knowledge.

Methods	Process measures	Target for process measure	Comments
Review online education and training platforms for options.	Number of staff trained.	Increase number of staff trained on diversity to 100%.	

Change Idea #2 Provide leadership team with focused training and education on diversity, inclusion, anti racism and equity.

Methods	Process measures	Target for process measure	Comments
Explore options for focused training.	100% of leadership staff trained.	To increase the number of leadership staff trained to 100%.	

## Experience

### Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	60.00	80.00	The target will be 80% with a goal of 100%.	

### Change Ideas

Change Idea #1 Gather information to assist with analyzing the results of survey.

Methods	Process measures	Target for process measure	Comments
Attend Resident Council meetings to obtain information, speak one to one with residents.	Number of residents survey discussed with.	To increase the number of residents who rate question 8 or above.	Total Surveys Initiated: 30 Total LTCH Beds: 122

Change Idea #2 Utilize information gathered about responses to develop an action plan to ensure residents feel that staff listen to them.

Methods	Process measures	Target for process measure	Comments
Provide staff education and training on communication and resident focused care and approach.	Number of staff who were provided training and education.	To achieve 80% of residents who feel staff listen to them.	

### Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	86.67	100.00	The target justification is 100%. The homes question was a yes or no response for this question. The home had 30 responses with 26 stating yes to the question. The target will be 100% positive response.	

### Change Ideas

Change Idea #1 Change survey question responses to align with QIP coding.

Methods	Process measures	Target for process measure	Comments
Work with Accreditation Canada and Corporate office to change survey wording for 2024 survey.	To achieve 100% positive responses.	100% of residents surveyed respond with a positive rating.	Total Surveys Initiated: 30 Total LTCH Beds: 122

Change Idea #2 Gather information to assist with analyzing results of survey.

Methods	Process measures	Target for process measure	Comments
Attend Resident Council meetings, discuss at Quality Improvement committee meetings and discuss one to one with residents.	Provide information sessions on Resident Abuse and Neglect, Bill of Rights, Complaints and Concerns. Discuss results with staff at QI meetings and develop a plan to increase % of residents who feel they can express their opinion without fear of consequences.	100% of residents will respond with a positive rating.	

## Safety

### Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	18.07	16.50	The goal target justification is improvement with a goal to achieve the provincial average of 15.54%.	

### Change Ideas

Change Idea #1 Complete implementation of RNAO Best Practice Fall Prevention with Go Live date July 2024.

Methods	Process measures	Target for process measure	Comments
Registered staff will complete Fall Risk assessment for all newly admitted residents, a post fall assessment and Post Fall Huddle with all residents following a fall.	All registered staff will be trained on enhanced assessments, care planning and documentation.	100% of registered staff trained on RNAO Best Practice Fall Prevention program.	

Change Idea #2 Training and education with staff on fall prevention.

Methods	Process measures	Target for process measure	Comments
Provide education via online education platform and in person tabletop case studies and inservices. Train staff on benefits of post fall huddles.	All Staff trained on their role in and importance of fall prevention.	100% of staff provided education.	

Change Idea #3 Explore implementation of purposeful rounding to assist with fall prevention.

Methods	Process measures	Target for process measure	Comments
Determine if purposeful rounding is achievable and how home could implement successfully.	Implementation achieved or unable to implement.	To decrease number of falls.	

### Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	24.73	22.50	To achieve improvement in performance with a goal to reduce antipsychotic medication use to provincial average.	Silver Fox Pharmacy, NLOT, Seniors Mental Health

### Change Ideas

Change Idea #1 Implement medication review of residents taking antipsychotic medications monthly.

Methods	Process measures	Target for process measure	Comments
Collaborative Care Team will review residents who are receiving antipsychotic medication at monthly collaborative care meetings and provide recommendations to physicians.	Number of residents reviewed.	To increase to 100% medication reviews being completed at least bimonthly at Collaborative Care Meetings.	

Change Idea #2 Provide education to registered staff on provincial average and strategies to reduce use.

Methods	Process measures	Target for process measure	Comments
Pharmacist and Nurse Leadership team to assist with education.	100% of registered staff receive education.	All Registered Staff attend education.	

Change Idea #3 Develop with Medical Directors, Pharmacist, Nurse Practitioners, Corporate Lead and Nursing Leadership team a comprehensive program to reduce antipsychotic use.

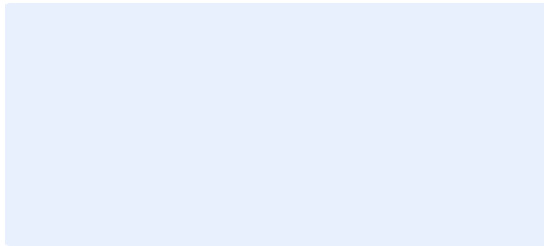
Methods	Process measures	Target for process measure	Comments
Medical Directors and Pharmacist will provide education and best practices to reduce percentage. Indicator data will be reviewed monthly with pharmacist and physicians.	Number of residents receiving antipsychotics will be reduced by end of Q3 by 2% with ongoing reduction by end of Q4.	100% of residents coded to indicator will be reviewed at monthly collaborative care meetings and recommendations discussed with physician, pharmacist monthly.	



Let's Make Healthy  
Change Happen.



## Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



4/4/2024

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

[ontario.ca/excellentcare](https://ontario.ca/excellentcare)

## Overview

Crown Ridge Place is a 122 bed long term care home, family owned and operated home. Crown Ridge Place added a 32 bed resident home area in 2009 with all preferred accommodation. In 2016, our home began redevelopment of the other home areas and finished renovations in 2018. Our home also has a 26 bed secure resident home and a female short stay room which is steadily utilized by the community. Crown Ridge Place has and continues to be very involved within the community, sponsoring and supporting many local initiatives including the Alzheimer Society events, Hospice Quinte, local hospitals and providing space within the home for community organizations to hold meetings or group events.

Crown Ridge Health Care Services Inc. and Crown Ridge Place are committed to "Embracing Life's Journey" -which is the homes mission statement. Our Quality Improvement Plan is developed to support the home's mission and values statements. The values are:

C - Creative - seek creative opportunities to enrich life experiences for everyone in our family

R - Respectful - engage in activities that are respectful of everyone's rights

O - Outstanding - aim to deliver outstanding service in all that we do

W - Welcoming - strive to provide a welcoming and safe environment for all

N - Nurturing - develop nurturing relationships for living and working

The Quality Improvement plan is developed through our continuous quality improvement program, ensuring resident, family, staff, community partners input.

Crown Ridge Place is an accredited home with Accreditation Canada with an "exemplary standing" rating.

Our organization continues to work closely with our residents, families and employees to promote a culture of inclusion and diversity while being respectful of individual needs and safety.

In 2024/25, we plan:

- Continued enhancement of our In 2024/25 our objectives will continue to be focused on improvement of resident safety, resident care and services and communication. Performance management and monitoring is a key part of our quality improvement program; always striving to be proactive and responding to inquiries or suggestions in a very timely manner.

The COVID pandemic changed a lot of things in our personal lives as well as in our long term care homes including almost daily protocol changes, limited socialization and interaction with others, changes to programs and the way we do a lot of things. Therefore over the past year and into 2024/25, our organization is committed to boosting resident, family and staff engagement, staff morale, teamwork and support of one another, "giving back" and helping each other, offering support resources and employee assistance programs and enhancing communication within and outside of the organization.

- Enhance the home's falls reduction and prevention program which assesses fall risks and promotes the use of multidisciplinary falls prevention strategies. This is an ongoing focus and priority.

- We will continue to review antipsychotic drug use to ensure the appropriate use of antipsychotic medication and further appropriate reduction.

- Enhance the homes behavioural support program which is focused on proactively preventing behaviours and consistent management approaches.

- To reduce the homes number of potentially avoidable emergency department transfers.

- Supporting our family members who are reestablishing the homes family council after many years with out one.

- Offering increased opportunities for residents and families/caregivers to be involved quality improvement within the home.
- Continuing to welcome new team members, residents and families to our home in a manner consistent with our values.
- Continuing the RNAO project for implementing Best Practice Guidelines for Resident Admissions, Resident and Family Centred care, Delirium, Pain and Falls combined with enhanced technology with our computerized documentation system.
- Strive to achieve 100% satisfaction in regards to quality indicators focused on resident satisfaction
- Overall our goal is to meet or exceed the performance target set by HQO.

## **Access and Flow**

Our organization is very committed to achieving the highest quality, most effective and efficient resident outcomes. In the spring of 2023, our home signed on to participate in the RNAO Best Practice Guideline Implementation Project with the RNAO and Point Click Care. The project has guided us through implementing best practices for resident admissions, resident and family centred care, delirium and we are currently working on fall and pain best practice implementation. This project has assisted the home to enhance the use of technology and take advantage of the many capabilities that the electronic health record software offers including electronic assessments, enhanced care planning, increased engagement with residents and family/caregivers with plans of care, enhanced monitoring and evaluation of care capabilities and ability to compile reports and data collection. Over the past year, the home has also eliminated resident paper charts, all documentation is uploaded and completed within the point click care e-health record. This has increased work productivity, record storage, access to resident information and consistency within the record.

The home also continues to utilize Connecting Ontario and the Clinical Viewer system to access records from the hospital and life labs. This has improved timely access to information for registered staff, physicians and the nurse practitioners in order develop and modify plans of care. This also assists in decreasing transfers to hospital.

We continue to be so fortunate to have Nurse Practitioners through the LHIN that are always just a phone call away and who consistently visit the home, almost daily, to assess residents, develop plans of care, provide education to our staff, meet with families and caregivers, and attend quality improvement meetings, advisory meeting and department meetings as needed. Having the Nurse Practitioner to call upon has been vital to reducing transfer to hospital. We hope to one day, with provision of funding be able to have a dedicated Nurse Practitioner in our home.

With the availability of funding, the home has been able to and continues to provide skills development and competency for our registered staff including IV therapy training, hypodermoclysis training, assessment training and has also been able to purchase some diagnostic equipment to assist with diagnosing conditions that otherwise the resident would have had to been transferred to hospital for including bladder ultrasound, doppler and IV therapy.

The home also implemented a new Automated Care Messaging system that permits the home to send out mass messages, communications, notices, newsletters, calendars as well as direct messages to one individual family members/caregivers. This is newly implemented in February 2024 however we have already seen the positive impacts it has on communication.

## **Equity and Indigenous Health**

Our home has developed and implemented an Equity, Diversity and Inclusion policy. The organization is dedicated to equity for all and promotion of Indigenous Health and Safety. With multiple Indigenous communities near all of our homes, the organization has always been respectful and committed to support of Indigenous and

minority populations. This is an area that the organization will continue to learn more about and enhance our strategic planning and efforts towards.

The home has a Workplace violence prevention program in place with regular education and awareness initiatives. Respecting and supporting ALL others is paramount and a priority.

The organizations VALUES of Creativity, Respect, Outstanding, Welcoming and Nurturing represent what Crown Ridge Health Care Services Inc. is and the way it approaches and maintains relationships with all individuals within and external to our organization.

### **Patient/client/resident experience**

Over the past year, we have been working very diligently with the Registered Nursing Association of Ontario to implement a new resident admission process that has enhanced resident and family experience with the process and the transition in to long term care. The new process has also enhanced the homes individualization of resident care and services and resident centred care. We are very pleased that the new process is capturing more information to develop resident care plans.

A new Resident and Family Centred Care assessment is now being completed that assists with individualizing care as well as helping to develop our Uniquely Me poster that is posted in each residents room to provide staff and others information about the resident (ie/interests, past occupation, hobbies, family) that can be used to talk with the resident and management or prevent behaviours.

We are very fortunate to have a dedicated Admission Coordinator who talks with resident/family to provide information and coordinate the residents admission ahead of the admission date. The Admission Coordinator also remains the main contact for the resident and family for the following 6 weeks up to the Admission Care Conference and checks in the resident/family regularly throughout the first 6 months, offering clarification of any information, ensuring services such as TV and phone are set up, offering support, answering questions and gaining further information to help develop the residents care plan.

Our home has an active Resident Council and are so pleased that we have family members who have offered to re-establish a family council in the home. It has been several years that our home has not had a family council despite efforts to reestablish. Our home is currently supporting family members in this process and excited to have a family council.

Crown Ridge Health Care Services Inc. has a Wishes and Dreams program in place that offers residents to opportunity to fulfill life long dreams or enjoy an experience that they loved prior to admission. The home has been able to grant wishes and dreams including attending a Blue Jays game in Toronto, having a Dance Party, a trip to the Casino and many more in the works! This program is tremendously well received and exciting for all.

Our organization has several buses that are used to take residents on weekly outings to restaurants, the casino, shopping, road tours to name a few.

Our home has a cafe that allows residents and families to enjoy a cup of coffee or drink and some food while they visit. The cafe also offers a popcorn and ice cream machine that allows residents to enjoy these treats.

Our home is tastefully decorated throughout, with our CEO, continually doing upgrades, renovations and redecorating to ensure residents have the most homelike and appealing environment to reside in.

Our home offers 38 private rooms, has a short stay respite bed as well as a secure home area that provide services to meet the demand in the community.

Our home is fortunate to be funded to have a behavioural support in home program to assist with prevention and management of responsive behaviours. Our caring and competent BSO team provides daily behavioural support to residents and as well as assists with new residents transitioning to living in long term care.

Crown Ridge Place has always been committed to accessing the resources available to long term care homes in this area including the Nurse Practitioner Outreach

Program. A team of dedicated and extremely competent and compassionate NPs are accessed almost daily to assist with resident medical and nursing needs. Offering a variety of programs and activities, homemade foods, food options and outside enjoyment areas and a large media/theatre room also provides greater resident experience at our home.

We are very blessed to have an amazing team contracted team members including our dietitian, physiotherapist and physiotherapist assistant, consulting pharmacist to regularly provide their expertise and services to ensure the highest level of care for our residents.

The organizations dedication and strong belief in our Mission and Values is demonstrated every day by our staff and management team. We are so very proud of every team member and their positive and dedicated contribution to ensuring a positive resident experience!

### **Provider experience**

The COVID pandemic has had significant impact on the human resources within many industries including Long Term Care. Crown Ridge Place was no exception and experienced challenges in recruitment and retention of staff during the pandemic and which has continued to date. Despite the challenges our organization has tried to remain true to the organizations Mission and Values. The Freeman family who own Crown Ridge Health Care Services Inc. remain committed to the providing an environment that feels like home, offers a caring, compassion and support to residents, families and staff and promoting the organization's reputation for exceptional care and services. During COVID, the home had to contract with staffing agencies in order to fill vacancies in our nursing department PSWs, RPNs and RNs, this was new for the home as recruitment and retention had never been an issue previously. As we moved out of the height of COVID in 2023, the organization took a serious look at what was needed to attract and retain staff for the home, in all departments. Some of the initiatives implemented included:

An referral program offering current staff the opportunity to refer a potential employee to the home and if the individual was hired then the employee and the new employee received a significant financial incentive.

Within the collective bargaining process in 2022, the home offered significant increases, to assist with recruitment and retention.

Promotion of staff within the home to management and supervisory positions thus assisting with workload for others, enhanced care for residents, increased access for families and caregivers to staff for support and answering of questions.

Involvement in RNAO Best Practice Implementation Project to enhance care and services in the home and enhance nursing staff engagement in resident care planning and documentation.

New NIUZ program - internal electronic social media platform for staff to improve communication with and for staff. Also provides a platform to share staff initiatives, accomplishments, highlight care and service provision to our residents and their families, photos thereby providing enhanced recognition and appreciation of staff.

Lots of staff appreciation events throughout the year including BBQs, draws, Christmas party, department contests, staff retirement parties, decorating of home areas and department areas and food events.

The organization has also increased access of funding opportunities available to be able to provide education opportunities to staff both internally and externally.

The home also accessed funding to provide student placements and retention and recruitment opportunities including being able to pay students a stipend for placement hours, funding for the administration of these opportunities, offering significant recruitment and retention opportunities to new PSW grads (up to \$10000), RNs and RPNs who have not worked in Ontario previously (up to \$25 000).

We have provided staff access to use of Ipads, Laptops and a printer to use as needed for education or access to staff programs.

At Christmas 2023, we offered any staff who were experiencing financial challenges to submit a "Letter to Santa" to receive gifts, food, gift cards, life essentials in order to provide their family with a nice Christmas. We had many staff submit letters and were able to provide significant items to all the staff who submitted a letter. It was certainly a heart warming initiative that was tremendously well received and supported by staff. This has now evolved into a CRXhange program where we have set up a donation area for clothes, food, household items, furniture etc which will be opened in April to staff to come to obtain items that they are in need of at no cost.

The organization has developed a committee to plan and organize staff appreciation events for the year at all of our homes.

A new Facebook page has been very successful in highlighting our staff and resident events, capturing the tremendous dedication and care that our staff provide every day in the home.

The home is in the midst of re-establishing our café program to include meal items that staff can purchase and also re decorating our staff rooms.

## **Safety**

The safety of our residents and staff is a priority at Crown Ridge Place.

Our home has the following resident and staff safety program and measures in place: Fall Prevention Program including use of fall mats, chair and bed alarms, hip protectors, hi lo beds, regular assessments of residents for fall risk and mobility needs. A exceptionally competent physiotherapist who is in the home at least two days a week. A Physiotherapist Assistant in the home five days a week providing therapy.

Fob security system in place for staff entry into the home and to assess storage room, tub rooms, shower rooms.

Alarm system in place on entrances.

Comprehensive Emergency Procedures in place, with regular testing and training.

Inhome Responsive Behaviour Program in place including assessments on admission, regularly and as needed and responsive behaviour management interventions.

Use of Behavioural Support Outreach team to assist with resident behaviour management

Home visit by Seniors Mental Health Team at least monthly and also as needed.

Implementation of Behavioural Support program staff huddles to educate and engage staff in prevention and management of resident behaviours.

Referral and admission to Behavioural Support Transition Unit as needed

Assessment prior to and monitoring of residents when psychotropic medication is being considered/added/changed/used

Regular tests of emergency codes with debriefing and training for staff.

Infection Prevention and Control Program (IPAC) in place to ensure appropriate surveillance and infection prevention and control practices are in place. Frequent auditing of practices to ensure compliance and training opportunities.

Two IPAC Leads who have completed IPAC course and are preparing for Certification.

Detailed Skin and Wound Management Program including risk for breakdown and skin tear assessments and appropriate intervention and evaluation.

Restraint Reduction Program in place, significant reduction in restraint use over past years, education with staff, residents and families.

Elimination of use of bedrails due to safety risks.

New equipment and replacement of older equipment.

Implementation of new disinfectant units to enhance cleaning and disinfection of the home and home areas to assist with illness transmission and outbreak reduction.

Restorative Care Program to assist strengthening, orientation and cognition enhancement, fall prevention and maintaining/maximizing independence with ADLs

Electronic Documentation system for careplans, progress note documentation, Point of Care documentation, Incident Documentation and tracking and analysis of incidents. Appropriate and timely action taken in response and proactively to reduce incidents.

Biweekly multidisciplinary meeting to review resident care and service needs, Monthly Collaborative care meeting with external care providers and in home staff. Quarterly Professional Advisory team meetings to review care and services in the home, review of indicators and stats with required action development.

Staff job routines and assignments are developed with resident safety as a focus-input from staff on regular basis

Regular Staff Development inservices and training including new Surge Learning Program and in person and hands on training. Increased training and staff development opportunities.

Security Cameras installed around entire home externally and in non resident areas within the home for increased staff safety and risk reduction.

Exceptional staffing ratios in the home and departments.

On Call Manager available at all times via cell phone.

New portable phones for Registered staff to carry and utilize to enhance communication within and into the home.

Ongoing quality improvement program to enhance care and services including review and analyse of any safety incidents.

### **Population Health Approach**

Our population primarily consists of vulnerable individuals with physical and/mental health diagnoses and/or cognitive impairment. Our organization is dedicated to "Embracing Life's Journey" as per our mission statement. The home also makes resident centred care a priority by always trying to provide an individualized approach to care. Our staff committed to resident needs and ensuring an enjoyable and positive environment. Our organization and home has always been proactive in promoting wellness, health and independence for our residents. Our home works with Mental Health Services locally to support residents with past or present substance abuse and mental health needs especially residents younger than 65. The services have been a very positive addition to our care and service provision to residents. Seniors Mental Health which includes the Mobile Response Team and Seniors Mental Health are highly involved with residents with

responsive behaviours and are regularly in the home providing education to staff. The home applied and received funding to purchase a bladder scanner, doppler, IV equipment, vital sign unit, otoscope as well as funding to provide training on Hypodermoclysis which will be added care provision staff in the home can provide and will result in decrease transfer to hospital. We have worked closely with Prep LTC and Ontario Health to access funding to recruit students into the home to complete placements for the PSW program, funding to recruit and retain new PSW graduates, RN and RPNs new to Ontario as well as education opportunities for staff to be trained to be preceptors. We work very closely with our IPAC Hub to ensure the home is utilizing and sustaining best practices for infection prevention and control. Our home offers a female respite bed and secure wing to meet needs of individuals in the community. Working closely with our community partners offers our home the ability to continue to offer a reputable and trusted home for individuals requiring long term care services and assisting with a positive transition.

### Contact information/designated lead

Michelle Wemyss Administrator - mwemyss@crowridgehealth.ca or Sandra Honey- Director of Corporate Clinical Services- shoney@crowridgehealth.ca

### 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

Board Chair / Licensee or delegate Greg Freeman \_\_\_\_\_ (signature)

Administrator /Executive Director Leslie Morrow \_\_\_\_\_ (signature)

Quality Committee Chair or delegate Sandra Honey \_\_\_\_\_ (signature)

Other leadership as appropriate \_\_\_\_\_ (signature)