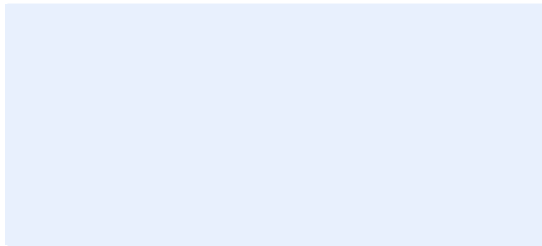
Let's Make Healthy Change Happen.

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



**4/2/2024**

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.

## Overview

Northview Nursing Home is a licensed Long Term Care Home with 48 beds located in the Town of Englehart, a small Northeastern Ontario town. One of these beds is a short stay bed. With the changes resulting from directives, striving to meet the Fixing Long Term Care act and the age of our Home, we have been reduced to 33 available beds available for occupancy to omit three and four bed ward rooms. We received our accreditation award from our survey in 2023 and successfully achieved a four year accreditation status.

At Northview we strive to provide the highest quality of care to our Residents. Our primary focus is to further encourage transparency and inclusion through Person and Family Centered Care. Working collaboratively with the Residents/Families in all areas of the day to day operation of our Home, has been instrumental to further enhance and consistently meet, exceed and expand our goals and objectives in our journey for the provision of excellence in care.

We are very excited this year to have adopted the RNAO Best Practice Guidelines using clinical pathways to further promote and document Person Centered Care. The first three pathways we are currently working on are: Admissions, Delirium and Person/Family Centered Care. This is the first stage of the 4 year process of implementing the program with an emphasis to ensure compliance with the Fixing Long Term Care Act as well.

Over the past year, we have achieved a reduction of avoidable ER visits to 0 , with weekly and as needed access to a Nurse Practitioner in addition to our Advisory Physician.

Addressing our use of antipsychotics continues to present some challenges in obtaining access to diagnosis prior to admission and determining initial introduction of antipsychotic therapy for each individua

Recruitment and Retention continue to remain an issue throughout all departments within our Home and we continue to have a number of agency personnel as part of our team. Fortunately, most of our agency staff have relocated with their families here and have been on site since the beginning of the pandemic which has been beneficial with continuity and familiarity in the provision of care.

## Access and Flow

We are committed to working closely with our community partners including Home and Community Care Support Services Team, Hospitals and business partners to ensure safe and effective care of the Residents across all of the Conmed Homes.

Home Specific Partnerships: include Home and Community Care Access Centre, Blanche River Health Hospitals, Englehart Family Health Team and all of our Community Care Partners.

The success of this QIP requires the collaboration with these multiple partners as well as Behavioural Supports Ontario (BSO), Ontario Long Term Care Association and our various vendors such as Medical Mart, 3M , CareRx Pharmacies to name a few.

With our Consultant Pharmacist and BSO representative and our interdisciplinary Team, we have been able to decrease the number of antipsychotics currently in use without an applicable diagnosis.

Working with the Englehart Family Health Team with access to medical professionals and a Nurse Practioner, we reduced our ER visits to 0 this past year. Having the onsite assessments, communication with families and being able to implement treatment options onsite have greatly improved access to care within our Home focusing on the Right treatment, at the right time and in the right place.

This has assisted greatly as well in reducing transfers related to the lack of availability of non-urgent transportation within our community and maintaining ambulance usage for emergency situations only.

Collaboratively, all of our care partners are advocating to Ontario Health North to review affordable or ministry funded non-urgent transport for our catchment area as it remains an issue throughout the area for those individuals requiring further investigation or treatment at one of our larger care facilities in larger centres.

Most seniors on fixed incomes cannot afford to pay the transportation costs to the larger centres that could result in not being able to access treatment options if required.

## Equity and Indigenous Health

Both Francophone and Indigenous populations live in Northeastern Ontario with an increase in a more culturally diverse population occurring annually.
Although we do not currently have a French Language Speaking designation, we do participate annually in the completion and submission of data to the Ministry and provide services in French.
Being in the North , we do get approached to accept indigenous evacuees as appropriate and if our bed capacity allows.
To further enhance our equity and inclusiveness, all corporate and management have participated in cultural diversity training which encompasses equity, diversity, inclusion and antiracism training.
This education is being made available to all other care providers via Surge Learning online training and mandatory completion is required and tracked to ensure compliance.
AODA checklists are reviewed annually to identify accessibility issues if any and revisions or items requiring attention are discussed with Resident/Family council and referred to our Corporate office for approval.

## Patient/client/resident experience

Our Residents'/Family/Caregivers experience provides us with a road map for exploring together the positive as well as the identified issues that we can work on collaboratively to improve.
Our Resident/Family satisfaction survey has now been developed via SurveyMonkey as well as paper copies for those without internet expertise to encourage greater participation in the return of surveys. Once the survey goes online, an ipad with access to the survey will be given to the Resident and family participating in the Care Conference to complete in private while they are onsite again encouraging 100% participation and involvement.
Our format for the Interdisciplinary Care conference has been updated to include questions to provide another forum for the participants to offer suggestions and identify the positives as well. Questions: " Do you feel heard and listened to and do you feel you can report concerns without reprisals have been added to the standing agenda of the Resident council meeting. This assists us with discussion of timely problem solving interventions together to immediately implement on a month by month basis.
Residents and Families are invited to participate as a member of our Quality Improvement Committee and have also been assisting with interviewing potential new hires and employee performance appraisals.
These have all been very positive improvements to the total inclusion and active participation in all the day to day operations of our Home together.

## Provider experience

We continue to be very proud to have long standing team members across all departments , dedicated to the Residents they care for. They are able to coach, mentor and support any newly onboarded staff. Our Team ensures that Resident Centered Care is maintained and endeavour to ensure that all care needs are met working together will all levels of staff to get the job done and provide an exceptional living environment.
Communication is key for staff as well as Residents to keep staff engaged and empowering them to be the best they can be. Staff have stated that they feel informed and included and feel that huddles work well to keep everyone up to date and informed in a smaller group format.
We continue to have challenges with recruitment and rely on agency personnel to fill in the gaps. Fortunately, the agency staff have been with us for a long period of time so individualization of each Resident is respected and they are able to and

do make a valuable contribution. Unfortunately, there remains a major gap in wages paid between staff working within the same job description. This has been negotiated down significantly with the longterm agency we currently work with through contract revisions.
We have applied for all available provincial programs to offer paid training and incentives to relocate and accept fulltime positions within our Home.
We also work closely with our High School and local community colleges to offer our Home for preceptorships and coop programs to further increase potential applicants to our Home.
Through some internal problem solving, staff opted to adopt 12 hour work schedules to provide more consistent coverage for the Residents.
Staff are encouraged and supported to take their much deserved time off and enjoy some vacation and down time. Healthy workplace education and fun days are being planned as well as regular appreciation incentives and events.

## Safety

Safety is threaded throughout our Conmed Corporate group of Homes beginning with the Strategic Plan, at the core of quality improvement and encapsulated in all processes enabled through the Continuous Quality Improvement culture.
We believe that an interdisciplinary approach to safety is key; evidenced by the many avenues of learning shared with the members of the team, residents/families and caregivers. Some of the ways in which we keep the focus on safety are by : amplifying the Resident's voices by sharing care journey stories and feedback at all levels of the organization, building quality initiatives to drive improvement needed and celebrating successes to recognize the effort of all.
We further analyze our successes and needs for further development by creating an environment that is free of violence for Residents, families, volunteers, visitors, Medical Professionals and staff. The percentage of LTC Residents given antipsychotics without a diagnosis of psychosis and falls are tracked, reviewed, updating interventions including post falls huddles, all with the emphasis on prevention with imput from all. Full disclosure to all care partners regarding an incident includes Residents and families or care givers so that full participation is anticipated and encouraged for care plan revisions as required going forward.
The Safety Plan balances quality improvement and Resident experience. It inspires ongoing improvement all the way from senior management to the frontline staff.

## Population Health Approach

Northview strives to be a contributing member to the communities in the Timiskaming region. We are active members of the Ontario Health North East LTC Network. This provides a forum for all LTC Homes to identify and work on issues together specific to our geographical area and have a voice for funding opportunities via provincial entity.
We also participate in our Community Health Huddle meetings. These meetings include our local hospital, CMHA, Home Care service, EMS, Town of Englehart representatives, Englehart Family Health Team to discuss services available in our immediate catchment area and work collaborative throughout our Region to address the needs of our community including advocacy to Ontario Health North as well. Our Home actively participates in the IPAC HUB lead by Timiskaming Public Health Unit for the LTC homes in our area and provides ongoing education and resources for Infection Prevention and Control as well as discussion of what may be prevalent in our area.
The Directors of Care for both Northeast and Northwest meet via Microsoft Teams meeting lead by RNAO for Networking Meeting. Agenda topics are requested and allows for discussion and trouble shooting as well as sharing between Homes focusing on some issues specifically unique to our geographical area.
Working closely with our local care partners encourages a community perspective and approach to Health Care Services in our area.

Working together for secure information sharing prevents duplication of services and seamless approach to transfers and discharges back home as required.

## Contact information/designated lead

Tracey Gemmill/RN
Administrator/DOC
Northview Nursing Home
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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

Board Chair / Licensee or delegate Neil Simon _______________ (signature)
Administrator /Executive Director Tracey Gemmill _______________ (signature)
Quality Committee Chair or delegate Grace Zhang _______________ (signature)
Other leadership as appropriate Belinda Graye _______________ (signature)