



Continuous Quality Improvement Initiative Report Year 2025



NORTHVIEW
A DIVISION OF CONMED HEALTH CARE GROUP

Quality Improvement Lead - Home Contact

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Introduction

Northview Nursing Home (NNH) is a licensed and accredited Long Term Care Home with 48 beds located in the Town of Englehart, a small Northeastern Ontario Town. We offer one of our beds as an approved short stay/respite bed to support our community. With the changes resulting from directives, striving to be in compliance with the Fixing Long Term Care Act and the age of our home, we have been reduced to 33 available beds for occupancy eliminating our 3 and 4 bed ward accommodations. At Northview our focus is to provide the highest quality of care to our Residents through transparency and inclusion provided through Person and Family Centered Care principles and best practice guidelines.

At NNH, one of Conmed homes, we foster a collaborative, family-oriented environment, ensuring our residents receive the highest quality of care, respect, and dignity.

Mission, Vision and Values for Resident Focused Care

Mission

We believe in cultivating a “circle of caring” to nurture and support our residents, the **RIGHT WAY**.

Vision

By focusing on the **RIGHT WAY**, we will be recognized as people’s first choice for a Long-Term Care home.

Values

R – Resident-Centered Care:

Residents are the center of everything we do, and by working in partnership, we drive the direction we take into the future.

I – Integrity:

Our relationships are built on trust and respect. Through honesty and equity, we develop relationships based on integrity.

G – Growth:

By encouraging growth and continuous quality improvement in leadership, knowledge, and technology, we achieve our vision of being “people’s first choice.”

H – Honour:

Focusing on ethical decision-making, especially where it supports resident wishes and choice, ensures honour in all our interactions.

T – Teamwork:

We recognize that being partners in care and working as a team with residents, families, staff, and all stakeholders, nurtures and supports our residents.

W – Workplace Health and Safety:

By focusing on staff safety and wellness, we provide a safe and healthy workplace. When staff take care of themselves and feel valued, their positive attitude reflects in the care they provide to our residents.

A – Always Confidentiality:

We learn many things about the people we care for and work with; it is crucial that this information is always treated as private and confidential.

Y – You Matter:

All the people who live, work, and interact in our homes matter. Your voice matters. Your feedback matters. You are our most important asset.

Priority Areas for Continuous Quality Improvement

In April 2022, the Ministry of Health and Long-Term Care, along with the Ontario Government, implemented the new Fixing Long-Term Care Act. This legislation focuses on improving resident care through a resident-centered approach, emphasizing the involvement of both residents and family members in the care provided at our home.

This new legislative framework enables us to better identify and address areas in need of improvement within our facility. We are committed to regularly updating our residents, family members, staff, community partners, and stakeholders on the progress of these initiatives.

At NNH, our quality priorities are driven by several key factors:

- Fixing Long-Term Care Act: Compliance with and implementation of the standards set by the new legislation.
- RNAO Best Practice Guidelines: Adherence to evidence-based practices as recommended by the Registered Nurses' Association of Ontario.
- Key Performance Indicators: Continuous monitoring and improvement based on indicators from Canadian Institute for Health Information (CIHI) and Point Click Care (PCC).
- Program Evaluations: Regular assessments of existing programs to ensure they meet the evolving needs of our residents.
- Health Quality Ontario Priority Indicators: Alignment with the provincial priorities for quality improvement in healthcare.
- Internal Audits: Conducting comprehensive internal reviews to maintain high standards of care and service delivery.
- Resident and Family Satisfaction Surveys: Gathering and analyzing feedback to improve our services and address concerns.
- Stakeholder Feedback: Engaging with Residents Council, Family Forums, and other external stakeholders to gather insights and drive improvements.

Annually, NNH develops and implements a Quality Improvement Plan (QIP) that focuses on key areas of improvement aligned with Health Quality Ontario's priorities.

Five Core Focuses of Our Quality Improvement Plan

1. Access and Flow
2. Equity and Indigenous Health
3. Safety
4. Palliative Care
5. Population Health Management

Our QIP is collaboratively developed with input from residents, families, and staff. It is reviewed at the Resident Council to ensure alignment with the Home's overarching goals to improve the quality of care and deliver service excellence. The QIP reflects our commitment to continuous improvement and responsiveness to the needs of our community. As we progress, the goals and planned improvement initiatives outlined in this plan will continue to evolve, adapting to new insights, feedback, and best practices to enhance the resident and family experience in our Long-Term Care home.

Our Quality Improvement Priorities for 2025-2026

1. Efficient

- Metric: Rate of Emergency Department (ED) visits for a modified list of ambulatory care-sensitive conditions per 100 long-term care residents.
- Goal: Reduce unnecessary ED visits by improving onsite care and monitoring.

2. Equitable

- Metric: Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education.
- Goal: Ensure all staff members are trained in equity and inclusion to foster a supportive and inclusive environment.

3. Resident-Centered

- Metric 1: Percentage of residents responding positively to the question, "What number would you use to rate how well the staff listen to you?"
- Metric 2: Percentage of residents who responded positively to the statement, "I can express my opinion without fear of consequences."
- Goal: Enhance communication and empowerment of residents, ensuring their voices are heard and respected.

4. Safe

- Metric 1: Percentage of long-term care home residents who fell in the 30 days leading up to their assessment.
- Metric 2: Percentage of long-term care residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment.
- Goal: Reduce falls and unnecessary medication use to ensure the safety and well-being of all residents.

Our Initiatives

Requirement Under O. Reg 246/22	Home Summary Report
Continuous quality improvement initiative report 168. (1) Every licensee of a long-term care home shall prepare a report on the continuous quality improvement initiative for the home for each fiscal year no later than three months after the end of the fiscal year and, subject to section 271, shall publish a copy of each report on its website.	Fiscal year ends: March 31, 2025 Report due: June 30, 2025
(2) The report required under subsection (1) must contain the following information: 1. The name and position of the designated lead for the continuous quality improvement initiative	Home Designated Quality Lead: Tracey Gemmill/RN/Administrator/DOC
2. A written description of the home's priority areas for quality improvement, objectives, policies, procedures, and protocols for the continuous quality improvement initiative for the next fiscal year.	For the coming fiscal year 2025-2026, our priority areas for quality improvement as outlined in the annual Quality Improvement Plan (QIP) addressed the following: <ul style="list-style-type: none"> • % of Residents who fell in the 30 days leading up to their assessment- Fall Prevention Program • % of LTC residents without psychosis who were given Antipsychotic medications- Medication Management and review Program

	<ul style="list-style-type: none"> • % Residents responding positively to how well staff listen to them- Responses gathered monthly from Resident Council Minutes and annually from Resident Satisfaction Survey • % Residents responding positively to being able to express their opinion without fear of consequences- on the monthly agenda of Resident Council Meetings to be addressed if required immediately and annually from Resident Satisfaction Survey • % of staff who have completed relevant equity, diversity, inclusion and anti-racism education • Reducing unnecessary ER visits • Infection Prevention and Control • Resident Engagement/Resident/family centred care
3. A written description of the process used to identify the home's priority areas for quality improvement for the next fiscal year and how the home's priority areas for quality improvement for the next fiscal year are based on the recommendations of the home's continuous quality improvement committee.	<p>I. When developing home annual Quality Improvement Plan (QIP), the steps below are used to ensure a sustainable plan is in place that includes SMART goals that are Specific, Measurable, Achievable, Relevant, Time-based, and Effective.</p> <p>-Review of Annual stats and monthly QI stats and discussion from feedback to review current levels and outcomes and collaboratively set our goals for the next fiscal year.</p>
3. A written description of the process used to identify the home's priority areas for quality improvement for the next fiscal year and how the home's priority areas for quality improvement for the next fiscal year are based on the recommendations of the home's continuous quality improvement committee.	<p>II. A number of reliable data sources are reviewed by several teams and committees as following:</p> <ul style="list-style-type: none"> -Annual Resident Satisfaction Survey - Annual Family Satisfaction Survey -Continuous Quality Improvement (CQI) Committee -Resident's Council -Family Council -Professional Advisory Committee (PAC) -Clinical Leadership Team
4. A written description of a process to monitor and measure progress, identify, and implement adjustments, and communicate outcomes for the home's priority areas for quality improvement in the next fiscal year.	The process to monitor and measure successes and challenges, identify, and implement adjustments, and communicate outcomes is reflected in each home's annual Quality Improvement Committee Schedule/Workplan.
5. A written record of,	Survey was available online from February 24/25 to March 31, 2025. iPads were made available to any

i. the date the survey required under section 43 of the Act was taken during the fiscal year,	Residents completing the survey and those who may require assistance
ii. the results of the survey taken during the fiscal year under section 43 of the Act, and	19 respondents were received from the surveys. 10 Resident , 9 Family
iii. how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, if any, and members of the staff of the home.	Results of the Resident and the Family Surveys were reviewed at the Resident Council on May 27, 2025 and are posted in the Resident Care area for review by Residents, Families, Staff and visitors
6. A written record of, i. the actions taken to improve the long-term care home, and the care, services, programs, and goods based on the documentation of the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act, the dates the actions were implemented and the outcomes of the actions,	Fall Prevention: High Risk Residents have been identified by "Falling Leaf" decal over their bed, comfort rounds during the night to ensure safety related to need for toileting, regular auditing of clutter of rooms and lounge areas causing potential for falls, Falls huddles post falls to discuss causes, interventions for implementation and prevention Medication Management: Ensuring a relevant diagnosis , ongoing medication review especially with aging process where medication may no longer be required, Care planning with Resident, Family and Caregivers on alternatives to antipsychotics that may be appropriate Infection Prevention and Control: Enhanced Cleaning protocols of high touch areas daily, Daily hand hygiene auditing and hand hygiene education provided, daily surveillance of infection rates
ii. any other actions taken to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement during the fiscal year, the dates the actions were implemented and the outcomes of the actions,	Staff Training – RNAO Best Practice Guidelines for Falls, Pain, Resident Centred Care have been implemented and training provided to actively participate in the implementation of QI initiatives and improve their practices. This has increased awareness on "why we do what we do " to be consistently working towards our goals.
iii. the role of the Residents' Council and Family Council, if any, in actions taken under subparagraphs i and ii,	Resident Engagement: Resident Council provides monthly ongoing feedback to all departments on any issues that have been identified as needing to be addressed. Feedback is provided within 10 days in written format to the Resident Council for review of interventions implemented at their next meeting Annual Resident and Family Satisfaction Surveys,

iv. the role of the continuous quality improvement committee in actions taken under subparagraphs i and ii, and	The continuous quality improvement committee is responsible for ongoing monitoring of quality initiatives and review of actions taken and providing feedback to the Residents, Families and staff
v. how, and the dates when, the actions taken under subparagraphs i and ii were communicated to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.	Identified quality Improvement Initiatives, interventions and outcomes are communicated via meetings, postings, as part of a standing agenda on all committee meetings
(3) The licensee shall ensure that a copy of the	
Requirement Under O. Reg 246/22	Home Summary Report
Records of improvements 169. Every licensee of a long-term care home shall ensure that the continuous quality improvement initiative required under section 42 of the Act includes a record maintained by the licensee setting out the names of the persons who participated in evaluations of improvements in the report required under section 168 of this Regulation.	Attendance of participants are documented on the minutes of all Committee minutes to include all participants in the Continuous Quality Improvement Program