

2025/26 Quality Improvement Plan for Ontario Long Term Care Homes
"Improvement Targets and Initiatives"



Northview Nursing Home 77 RIVER ROAD, P.O. BOX 1139, Englehart , ON, P0J1H0

AIM		Measure										Change				
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments	
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) O= Optional (do not select if you are not working on this indicator) C = Custom (add any other indicators you are working on)																
Equity	Equitable	Percentage of staff (executive-level, management, or all) who have completed relevant equity,	O	% / Staff	Local data collection / Most recent consecutive 12-month period	52205*	100	100.00	All staff will receive training on equity, diversity, inclusion and		1)All staff and Residents will receive equity, diversity, inclusion and antiracism education	Staff will receive education via Surge Learning for Equity, Diversity, Inclusion and antiracism	Audit completion of education via Surge Employee education summary	100% staff will complete education by November 30, 2025		
Experience	Patient-centred	Percentage of residents responding positively to: "What number would you use to rate how well	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	52205*	100	100.00	This question is added to the monthly Resident Council meetings for		1)All Residents will express that staff listen to them positively	This is addressed monthly at Resident Council Meeting for timely response and to deal with voiced issues in an expedited manner	Monthly review of Resident Council concerns and responses completed by each department Head and posted Annual Resident and family satisfaction survey responses Complaints brought directly to Managers - tracking and responses	100% Resident responses to how well the staff listen to you		
		Percentage of residents who responded positively to the statement: "I can express my	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	52205*	95.45	100.00	Our goal is for all residents to feel that they can express their opinion without		1)All Residents will feel that they can express their opinions without fear of consequences and are contributing members of	Resident and Family survey responses Complaints expressed directly to Managers Resident Council minute review and issues of concern and departmental responses.	Resident Council's satisfaction with the response provided to department issues and ongoing monitoring to ensure that all responses are carried out Ongoing education for all staff using RNAO Best Practice Guideline for Resident and Family Centred Care	100 % Residents feel that they can express their opinion without fear of		
Safety	Safe	Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter	52205*	17.65	13.00	Implementation of RNAO Falls Best Practice Guidelines have assisted with		1)Reduce the number of falls	Follow RNAO Best Practice Guidelines for Falls Quarterly review of falls with Falls Team including Physiotherapist, physiotherapy aide, restorative care, nursing and medical involvement Quarterly medication reviews to review potential side effects causing increased falls	100% of falls assessments will be audited on a quarterly basis Auditing of RNAO Best Practice Guideline for falls have been completed including the post falls huddles and update of care plan Monthly review of falls by Quality Improvement Team to identify Residents prone	Reduce the number of falls to 13% by December 2025		
		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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	52205*	20.79	15.79	Reviewing comprehensive past history for Residents prescribed antipsychotics to accurate diagnosis will assist with reduction of current Residents without a diagnosis of psychosis related to our number of younger Residents with Mental Health Issues		1)Update individual behaviour care plans	Each resident with be evaluated for any potential contributors to behavioural and psychological symptoms of dementia using delirium assessment, pain assessment, medication review, and medical and mental health history	Decreased incidence of behavioural issues	5% reduction of antipsychotic medication use		
											2)Standardized medication review process	On admission of new residents, a comprehensive assessment will be completed to determine if antipsychotic medications are being used and whether there is an appropriate diagnosis that justifies their use.	All charts will be reviewed quarterly that trigger the RAI indicator code: DRG01 to assess appropriate use of antipsychotics	Reduction of antipsychotic medications by 5% by December 2025		
											3)Implement RNAO Best Practice Guideline clinical pathways for delirium, admission and Resident Family Centred Care to	RAI Coordinator triggers assessments due that were triggered for antipsychotic use to be completed by Registered staff	Auditting of assessments in conjunction with RAI Assessments to verify completion of clinical pathway assessments triggered and completed	100% of Clinical Pathway assessment are completed for all residents currently		
										4)Improve staff education and training on dementia	Consultant pharmacist to provide education on antipsychotic medication and potential side effects Train staff to use a person-centred, compassionate, gentle approach to responsive behaviours	GPA coaches to provide training on Gentle Persuasive approach to all staff Engage Resident and families in discussion about antipsychotic medications, responsive behaviours and care with non-pharmacological interventions for a collaborative approach	100 % of staff will have received GPA training by December 2025			