



Hôpital général de Nipissing Ouest
West Nipissing General Hospital

ILTC - THE PAVILLON

CONTINUOUS QUALITY IMPROVEMENT

**ANNUAL REPORT
2026-2027**

Quality Improvement Lead: Quality & Patient Relations Manager

OVERVIEW

Located in Surgeon Falls, Ontario, West Nipissing General Hospital operates *The Pavillon*, a 48-bed Interim Long-Term Care (LTC) unit. The first beds opened on October 31, 2005, with an expansion to the approved 48-bed capacity completed in April 2011. These Interim LTC beds were approved by the former Local Health Integration Network (LHIN) and the Ministry of Health and Long-Term Care (MHLTC) to support district-wide Alternate Level of Care (ALC) pressures. As a result of the COVID-19 pandemic and subsequent regulatory and operational changes, 34 of the 48 approved beds are currently operational.

Our Purpose:

West Nipissing General Hospital is a leader in the local health system and is committed to improving the health and wellness of our culturally diverse community.

Our Values:

- People
- Communication
- Quality Care Close to Home
- Accountability
- Teamwork

Our Commitment:

To put resident's first with equitable and accessible healthcare.

FINANCES	PEOPLE	CARE ENVIRONMENT	COMMUNICATION	PARTNERSHIPS
Strive for fiscal sustainability.	Value our team.	Ensure quality and safety.	Communicate openly and often.	Partner wisely.

LTC IMPROVEMENT PLAN 2026-2027

The following areas were chosen as areas for improvement in 2026-2027:

Area of Improvement	Action	Target Date	Status
Planning day with LTC leadership	Review program mandates; undertake a review of the Pavillon's current operations and resource utilization; examine quality indicator and trends; develop goals specific to each program	Ongoing	Partially complete –The ILTC Manager completed a review of program mandates and developed goals/objectives to meet legislation requirements. This work is ongoing.
Enhance existing technology	Upgrade Point Click Care to meet program needs	2027	Ongoing – currently implementing RNAO clinical pathways to our PCC database.
Integrate new technology into daily operations	Implement and utilize Pharmapod program to track medication incidents	Q2	Technology in place with ongoing training and review.
Enhance communication opportunities	Hold regular staff meetings/huddles; enhance email communication	Ongoing	Communication committee established, ongoing regular communications with Residents, Families, and Staff.
Enhance staff access to training	Provide enhanced access to GPA and NVCI	End of fiscal year 2026-2027	Training efforts are ongoing.
Ongoing recruitment of resident & family council members	Enhance membership	End of Q4	Ongoing – established a private Facebook group for communication with families

Note: “Ongoing” means that work to maintain and sustain improvements will continue into 2026-2027.

IDENTIFYING AREAS OF PRIORITY

The Pavillon participates in integrated planning with West Nipissing General Hospital to ensure alignment with organizational strategic priorities and operational plans. This integrated approach supports the Interim Long-Term Care unit in identifying priorities, directing resources, monitoring progress, and acting on quality improvement outcomes.

West Nipissing General Hospital has established processes for the ongoing monitoring, analysis, and evaluation of quality of care. These include the use of key quality indicators, internal audits, program evaluations, and resident and family satisfaction surveys to support continuous quality improvement.

Each year, West Nipissing General Hospital develops a Quality Improvement Plan (QIP) aligned with provincial system priorities. For the 2025–2026 fiscal year, the key focus for The Pavillon is improving how well residents feel they are listened to by staff.

In 2025–2026, West Nipissing General Hospital welcomed a new Chief Nursing Officer and Quality & Patient Relations Manager. This leadership transition strengthened engagement with the existing leadership team and key stakeholders toward the implementation and regular reporting of a balanced scorecard. As a result, quality of care continues to be a priority across all levels of the organization.

Quality areas specific to Long-Term Care that are monitored include, but are not limited to:

- Resident and Family Satisfaction
- Resident- and Family-Centred Care
- Prevention of Abuse and Neglect
- Prevention of Falls and Fall-Related Injuries
- Worsening Pain
- Antipsychotic Medication Use without a Diagnosis of Psychosis
- Rate of Avoidable Emergency Department Visits
- Worsening Pressure Injuries
- Medication Reconciliation Practices

Long-Term Care leadership also reviews resident and family satisfaction survey results annually, with attention to trends and opportunities for improvement identified through feedback.

RESIDENT AND FAMILY SATISFACTION SURVEYS

Resident and family satisfaction surveys are administered annually in Quarter 1. Achieving a high level of satisfaction among residents, families, and caregivers is a priority for West Nipissing General Hospital. Feedback from these surveys is used to inform quality improvement initiatives within The Pavillon.

Key Success Areas

Survey results identified the following areas as strengths:

- Satisfaction with care provided by staff and physicians
- Perceived listening skills of staff and physicians
- Cleanliness and appearance of the environment
- Prompt response times
- Medication and pain management
- Consideration of cultural values
- Resident and family involvement in care planning and delivery
- Emotional support
- Laundry and linen services
- Rehabilitation services

Challenges

- **Small sample size:** Opportunities exist to further promote survey participation to ensure feedback reflects a broader range of resident and family experiences.

Recommendations and Action Areas

- **Menu options:** Feedback related to menu choices continues to be monitored. Building on previous improvements, Food Services will continue to evolve offerings to support resident choice and satisfaction.
- **Missing clothing and lost items:** Concerns related to missing or lost clothing have been identified through survey feedback. An action plan will be implemented to strengthen clothing identification, handling, and tracking processes.

Survey results and planned improvement actions are shared with the Resident and Family Councils, the Quality, Risk and Patient Safety Committee, and the Board of Directors to support transparency and accountability.

IMPROVEMENTS PLANNED FOR 2026-2027

Based on resident and family feedback, organizational priorities, and ongoing quality monitoring, the following improvement areas have been identified for the 2026–2027 fiscal year:

- Improve the percentage of Residents responding positively to: “What number would you use to rate how well the staff listen to you?”
 - TARGET: Initiate improvement actions immediately, with progress monitored throughout the fiscal year and outcomes evaluated by the end of Q4.
- Develop and implement a standardized process to monitor, investigate, and address incidents of missing clothing and lost personal items.
 - TARGET: Process development and implementation completed by the end of Q4.

CONCLUSION

West Nipissing General Hospital’s Pavillon is supported by policies, procedures, and protocols that promote continuous quality improvement. These efforts are guided through an established governance framework that includes oversight by the Quality Improvement Committee and the Board of Directors, both of which prioritize quality, safety, and resident-centred care.

Identified quality initiatives are monitored and communicated to front-line staff, residents, and family members/caregivers through multiple channels, including meetings, email communications, posted information within the home, and informal discussions. This approach supports transparency, engagement, and shared accountability for quality outcomes.

Resident and family feedback is obtained annually through satisfaction surveys administered in Quarter 1. Survey results and related improvement initiatives are shared with the Resident and Family Councils, staff, and the Board of Directors. Actions taken to improve the home are documented, monitored, and communicated to ensure continuous improvement and meaningful resident and family engagement.