

ILTC The Pavillon



Continuous Quality Improvement

ANNUAL REPORT

2023-2024

Designated Quality Lead:

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OVERVIEW

Located in Surgeon Falls, Ontario, the West Nipissing General Hospital operates a 48-bed Interim Long-Term Care (LTC) unit named *The Pavillon*. The first beds opened on October 31st, 2005, and the unit expanded to 48-beds in April of 2011. These Interim LTC beds are district beds that were approved by the Local Health Integration Network (LHIN) and the Ministry of Health and Long-Term Care (MHLTC) to address our district alternate level of care (ALC) issues.

Our Purpose:

To provide quality healthcare to our culturally and linguistically diverse population.

Our Values:

- Respect
- Resident-Centered
- Communication
- Teamwork
- Compassion
- Social Accountability

Our Commitment:

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

Patients Residents Clients	"Nothing about me without me"
People Staff Physicians Learners Volunteers	"Partnership with a purpose"
Safe Work Environment	"Physical and psychological safety for all"
Organizational Agility	"Flexibility to meet community issues of the day"
Capital Planning	"Building with our future in mind"

LTC Improvement Plan 2023-2024

The following areas were chosen as areas for improvement in 2023-2024:

Area of Improvement	Action	Target Date	Status
Planning day with LTC leadership	Review program mandates; conduct a current state analysis of the Pavillion and use of resources; examine quality indicator and trends and develop goals specific to each program	End of Q2	Partially complete – we had turnover in leadership this past year in LTC and welcomed a new Manager and new Charge Nurse. The VP/CNE 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	End of fiscal year 2023-2024	Complete
Creation of a change committee	Enhance front line staff involvement in program initiatives	End of Q2	Complete
Enhance communication opportunities	Hold regular staff meetings/huddles; semi-annual senior leadership meetings; enhance email communication; redesign white board space	End of Q3	Complete
Enhance staff access to training	Provide enhanced access to GPA and NVCI	End of Q1	Complete
Development of a wellness committee	Committee for front line staff	End of Q1	Partially Complete – was initiated and then stopped due to change committee
Ongoing recruitment resident & family council members	Enhance membership	End of Q4	Ongoing

Note: “Ongoing” status items indicate that sustainability work is required and will continue into 2024-2025.

IDENTIFYING AREAS OF PRIORITY

The Pavillon participates in integrated planning with the West Nipissing General Hospital in order to consider organizational-wide priorities and strategic and operational plans. This alignment allows the Interim Long-Term Care unit to effectively clarify priorities, direct resources, monitor progress and act on results.

Within the West Nipissing General Hospital, there are processes for ongoing monitoring, analyzing, and evaluating of quality of care using key quality indicators, internal audits, program evaluations, and resident and family satisfaction surveys.

Annually, the West Nipissing General Hospital develops a Quality Improvement Plan (QIP) that includes key areas of focus aligned to Provincial system priorities. While not specifically outlined in this year's QIP, the home maintains a focus on core indicators such as resident experience and reducing antipsychotic use and avoidable ED visits.

In 2022-2023, the West Nipissing General Hospital welcomed new leadership (CEO and VP/CNE) who began to engage with the existing leadership team and key stakeholders on the development of a balanced scorecard. Because of the strong focus on pandemic response and integration of new leadership, there was a period of stabilization and watching of metrics required to identify areas of priority. Areas specific to Long-Term Care that were being monitored included, but was not limited to:

- Resident and Family Satisfaction/Person and Family Centered Care
- Preventing and Addressing Abuse and Neglect of Older Adults
- Preventing Falls and Fall-Related Injuries
- Worsening Pain
- Antipsychotic Medication Administration without a Diagnosis of Psychosis
- Rate of Avoidable ED Visits
- Worsening Pressure Injuries
- Use of Restraints

In 2023-2024, the Long-Term Care leadership began to focus on key areas within the resident and family satisfaction survey that required some attention based on our assessment of trends. The home also welcomed a new Clinical Manager and a new Charge RN to the team.

RESIDENT AND FAMILY SATISFACTION SURVEYS

At West Nipissing General Hospital, resident and family satisfaction surveys are completed annually in Q3. Achieving a high level of satisfaction among residents, clients and family caregivers is a priority and staff use this feedback to support areas of improvement within the home.

Key success areas included:

- Satisfaction with care provided by staff and physicians
- Cleanliness and appearance of the environment
- Prompt response time
- Medication and pain management
- Consideration of cultural values
- Consulting residents and family in care provision
- Emotional support
- Laundry/linen services
- Rehabilitation services

Challenges included:

- Small sample size – more promotion is needed to encourage and solicit feedback and survey participation

Recommendations:

- “Do you like the menu options provided?” (71 % yes; improvement from 2022-2023 where we scored 63 %). While we improved in 2023-2024, this continues to be an area of focus as we aim to meet or exceed a threshold of 80 %.
- Residents stated that they would like to see the return of mass.
- Address missing clothing/lost items.

Information and results of the survey were communicated to Resident/Family Council and at the Quality, Risk and Patient Safety committee as well as shared with our Board of Directors.

IMPROVEMENTS PLANNED FOR 2024-2025

The following areas have been identified as improvement areas planned for the 2023-2024 fiscal year:

- Provide more opportunities for residents/family to give input into menu options
 - TARGET: begin immediately and complete by end of Q4
- Explore ways to enhance cultural and spiritual services
 - TARGET: by end of Q3
- Develop a process to monitor and address missing clothing/lost items
 - TARGET: by end of Q4

Conclusion:

The West Nipissing General Hospital's *Pavillon* is supported by policies, procedures and protocols related to continuous quality improvement and by a quality improvement committee and Board of Directors that prioritizes quality initiatives.

All identified quality initiatives are monitored and communicated to the front-line staff, residents and family/caregivers through various channels (i.e. meetings, email, white boards/bulletin boards and informal methods).

Feedback from residents and family/caregivers is obtained annually in Q3, and the results of that survey are shared with the resident and family council members as well as staff within the home and the Board of Directors.

Any actions taken to improve the home are captured in writing and the Resident and Family Councils are made aware.