



ILTC

The Pavillon

*Continuous Quality
Improvement*

ANNUAL REPORT

2025-2026

Designated Quality Lead:

Vice President of Clinical Services/Chief Nursing Executive

OVERVIEW

Located in Surgeon Falls, Ontario, the West Nipissing General Hospital operates The Pavillon, a 48-bed Interim Long-Term Care (LTC) unit. The first beds opened on October 31, 2005, and the unit expanded to 48 beds in April 2011. These Interim LTC beds were approved by the Local Health Integration Network (LHIN) and the Ministry of Health and Long-Term Care (MHLTC) to address district alternate level of care (ALC) pressures. Due to the impacts of the pandemic and subsequent regulatory changes, 34 of these beds are currently operational.

Our Purpose:

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

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 2025-2026

The following areas were chosen as areas for improvement in 2025-2026:

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	End of Q2	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	End of fiscal year 2025-2026	Ongoing – currently implementing RNAO clinical pathways to our PCC database. Addition of barcode scanning for medication administration
Enhance communication opportunities	Creation of a communication committee Hold regular staff meetings/huddles; enhance email communication	End of fiscal year 2025-2026	Ongoing
Enhance staff access to training	Provide enhanced access to GPA and NVCi	End of Q2	Ongoing
Ongoing recruitment 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 2025-2026.

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 2024-2025, 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 2024-2025, the Long-Term Care leadership focused 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 temporary 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?” - In 2024-2025 we have achieved 90% yes (grouped values of 60% Always and 30% Usually) thus meeting our goal of exceeding 80% (71% yes achieved in 2023-2024). We continue to monitor and grow our Food Services to ensure ongoing satisfaction for all residents.
- Residents stated that they would like to see the return of mass. – Mass is now being held monthly for Residents.
- Address missing clothing/lost items. - This continues to be an item of concern noted in our survey. An action plan is to be implemented to minimize loss of clothing 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 2025-2026

The following areas have been identified as improvement areas planned for the 2025-2026 fiscal year:

- Provide more opportunities for residents/family to give input into menu options
 - TARGET: begin immediately and complete by end of Q4
- 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, achieved in support of 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.