

## CONTINUOUS QUALITY IMPROVEMENT

NORVIEW LODGE LONG TERM CARE HOME  
2025-2026

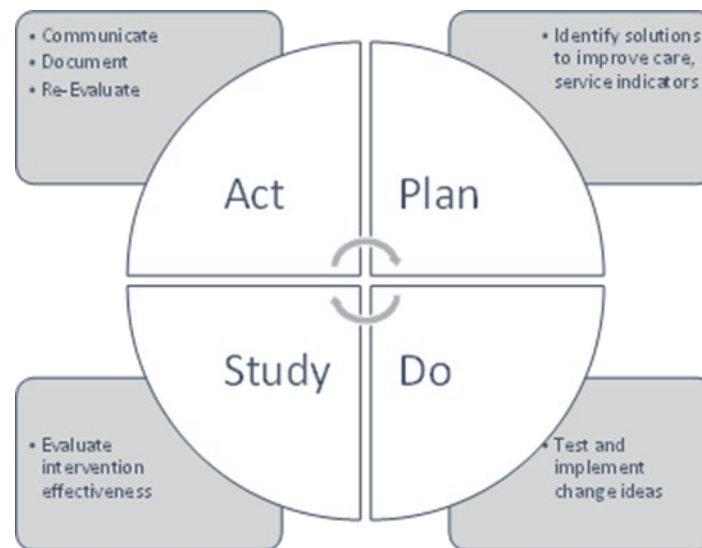


## Overview

Norview Lodge is a 179 bed Long Term Care home located in, and run by, the Municipality of Norfolk County. Norview Lodge is committed to ongoing quality improvement in all aspects of care and services. This is reflected in our Vision Statement “Norview Lodge will be recognized and respected for its delivery of Resident-centered compassionate, quality care, as well as providing an environment that excels in teamwork and personal growth while recognizing the value of family, volunteers and community partnerships”. Norview Lodge has been participating in the Health Quality Ontario QIP’s since 2015 and is continuously striving for excellence in providing quality, Resident centered care.

## Continuous Quality Improvement

At Norview Lodge, Continuous Quality Improvement (CQI) is a philosophy that encompasses all aspects of care and services within and outside the organization. Norview Lodge is committed to using evidence-based resources to sustain and support Best Practices that ensure Resident focused care. Norview Lodge uses a variety of approaches to support our quality improvement efforts including Plan-Do-Study-Act (PDSA), Fishbone Diagrams and Process Mapping.



### **Quality Improvement Objectives for 2025-2026**

The Quality Improvement Plan (QIP) for 2025/26 has recognized the following priority areas:

1. Reduce the number of potentially avoidable Emergency Department visits from 14.03 to 13.50.
2. Increase the number of staff who have completed relevant equity, diversity, inclusion and anti-racism education to 100%.
3. Increase the number of Residents who responded positively to the statement “I can express my opinion without fear of consequences” to 100%.
4. Increase the number of Residents who responded positively to “What number would you use how well the staff listen to you” to 100%.
5. Reduction in the number of Residents who fell from 16.53 to 15.00.

The homes Quality Improvement Plan (QIP) objectives align with Norview Lodge’s goal to improve care, deliver service excellence and continually work to improve Resident experience.

### **Policies, Procedures, Protocols for Continuous Quality Improvement for 2025-2026**

Norview Lodge’s Policies and Procedures, electronic documentation and practice standards provide a baseline for providing quality care and services while maintaining safety. Norview Lodge has adopted a Model for Improvement to guide quality improvement planning and activities. Interdisciplinary quality improvement teams work collaboratively through the phases of the model to drive change and improvement in identified areas.

#### **1. Analyze the problem by determining the root cause.**

Evaluation of data by utilizing any of the following tools:

- a. Fishbone Diagram
- b. Five Whys
- c. Process Mapping
- d. Check Sheets
- e. Pareto Charts

#### **2. Identify planned improvement and process measures by Utilizing the Model for Improvement:**

- a. AIM – What are we trying to accomplish?
- b. MEASURE – How will we know if change is an improvement?
- c. CHANGE – What changes can we make that will result in improvement?
- d. Rapid Cycle Improvement – PDSA: Act-Plan-Do-Study

**3. Identify solutions to improve care, service indicators and status.**

Gather Change Ideas by:

- a. Asking team members, Residents and families, for suggestions/ideas, best practices, ideas from other long-term care homes or organizations.
- b. Creating process maps or fishbone diagrams where problems are occurring and potential solutions.

**4. Testing and Implementing Change Ideas:**

- a. Communicate testing to Residents, Families, and applicable Staff
- b. Consideration will be given to small tests of PDSA cycles in delegated Resident home areas. This includes how and what indicators are being collected, the number of designated Residents involved, etc.
- c. Conduct the tests and document any problems, consequences or benefits identified.

The following Policies and Procedures are in place and available for review:

1. CQI-01: Continuous Quality Improvement Designated Lead
2. CQI-02: Continuous Quality Improvement Committee
3. CQI-03: Continuous Quality Improvement Initiative
4. CQI-08: Audits
5. CQI-09: Monitoring and Evaluation and Improving Quality Resident and Family Satisfaction Surveys
6. CQI-10: Annual Program Evaluation
7. CQI-11: Continuous Quality Improvement Initiative Report

**Process for Identifying Quality Improvement Priorities**

Norview Lodge's nursing, departmental and administrative policies provide guidance for staff in providing quality care and services to the Residents. Norview Lodge's policies and procedures are reflective of Best Practice Guidelines and mandated Provincial guidance.

Norview Lodge Quality Improvement planning includes an evaluation of the following key elements to identify quality priorities:

- Progress achieved in the past year based on comparison to previous years' QIP
- Review of results from the annual Resident and Family Experience Surveys
- Ongoing analysis of performance data from the Canadian Institute for Health Information (CIHI), focusing on areas indicating a decline in performance and/or where, when compared to other organizations, suggests improvement is needed
- Conduction of internal care and service audits to identify areas requiring attention
- Best Practice Guidelines and mandated Provincial improvement priorities
- Results of Proactive Compliance Inspections from the Ministry of Long-Term Care

- Committee Reports
- Revision of feedback/input from Residents, families, staff and community partners

Continuous Quality Improvement is a standing agenda item at all Committee and Department Team meetings at Norview Lodge. Discussions related to Resident's Quality of Life items are discussed at Resident and Family Council Meetings. Final review and approval of Norview Lodge's Quality Improvement Plan is completed by the Committee of Management

### Performance Monitoring and Measurement

Norview Lodge publicly reports its clinical outcomes, which serve as a valuable resource to support quality improvement through comparison to provincial averages. These benchmarking indicators can help to identify areas for improvement and drive changes to improve overall Resident care and services.

#### *Norview Lodge CIHI Performance Indicators Q3 2024*

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Quality Indicators	Ontario	Norview Lodge
Falls in the Last 30 Days	16.3%	14.7%
New Stage 2 or Higher-Pressure Ulcer	1.8%	2.4%
Has an Indwelling Catheter	4.4%	10.0%
Has Urinary Tract Infection	3.6%	4.7%

### Practice Changes/Action Items to Support Quality Improvement

#### 1. RNAO Clinical Pathways Nursing Advantage

The RNAO Clinical Pathways are evidence-based frameworks designed to enhance nursing practices and improve patient care outcomes in long-term care settings. They are based on the RNAO Best Practice Guidelines. These pathways promote safe, high quality resident care, improve staff efficiency and ensure compliance with legislative and regulatory standards. Norview Lodge is working on the first phase of implementation which involves the Admission, Delirium and Resident and Family Centered Care Clinical Pathways. These pathways have a Go Live Date of October 30, 2025. Following this implementation, Norview will move forward onto the next sets of pathways which focus on Pain, Palliative Care and End-of-Life Care, Falls, Dementia and Depression, Continence and Skin and Wound which will be implemented over the next 3 years.

## **2. InterRAI LTCF Assessment**

Norview Lodge will transition from the RAI MDS 2.0 Assessment to the interRAI LTCF Assessment on July 1, 2025, to align with MOHLTC Standards.

## **3. Safety and Technology**

- a. Ongoing revisions and updates to all Policies and Procedures to align with Best Practice Guidelines
- b. Regularly scheduled compliance audits across all departments to improve processes and address gaps in practice
- c. AMPLIFI for the continuous updating of Resident information in LTC home record with transition exchanges
- d. Hand Hygiene Day – hand washing tournament for selected staff to be the Hand Hygiene Champion

## **4. Resident Satisfaction**

- a. Resident Survey's and Outcomes
- b. Feedback from Resident Council

## **5. Education for Staff/Residents/Families**

- a. Ongoing education for all staff annually through Surge Learning Platform
- b. Collaboration with the Nursing Led Outreach Team to improve Resident care outcomes

## **Review of Quality Improvement Initiatives 2024-2025**

Reflection on the 2024-2025 Quality Improvement Plan revealed many successes as well as some challenges. In 2024/25, Norview Lodge aimed to reduce the number of Residents transferred to hospital. The goal was not met and has been moved forward to the 2025/26 initiatives. The tracking tool for ED visits was effective in aiding the home to review details surrounding transfers to hospital. It was identified that common reasons for hospital transfer were urinary tract infections and pneumonia. In January 2025, Norview Lodge partnered with the Nursing Led Outreach Team to assist with assessment, monitoring and support of Residents to receive treatment for conditions at Norview Lodge and reduce transfers to hospital.

Norview Lodge observed a reduction in the number of falls in 2024/25. All falls that occurred were reviewed at the quarterly falls committee meetings. Annual falls education was added to the Surge Learning platform for nursing staff to complete. Post fall assessments continue to be completed by Registered staff, with fall intervention items being assessed and implemented as necessary.

In 2024, Norview Lodge implemented the Skin and Wound application within Point Click Care. Training was completed with all Registered Staff. Education was included in Surge Learning for all nursing staff focusing on skin care and pressure ulcer prevention. Norview Lodge observed a decrease in the development of new pressure ulcers in 2024/25. High risk wounds continue to be assessed by the wound care nurse in collaboration with the NLOT team.

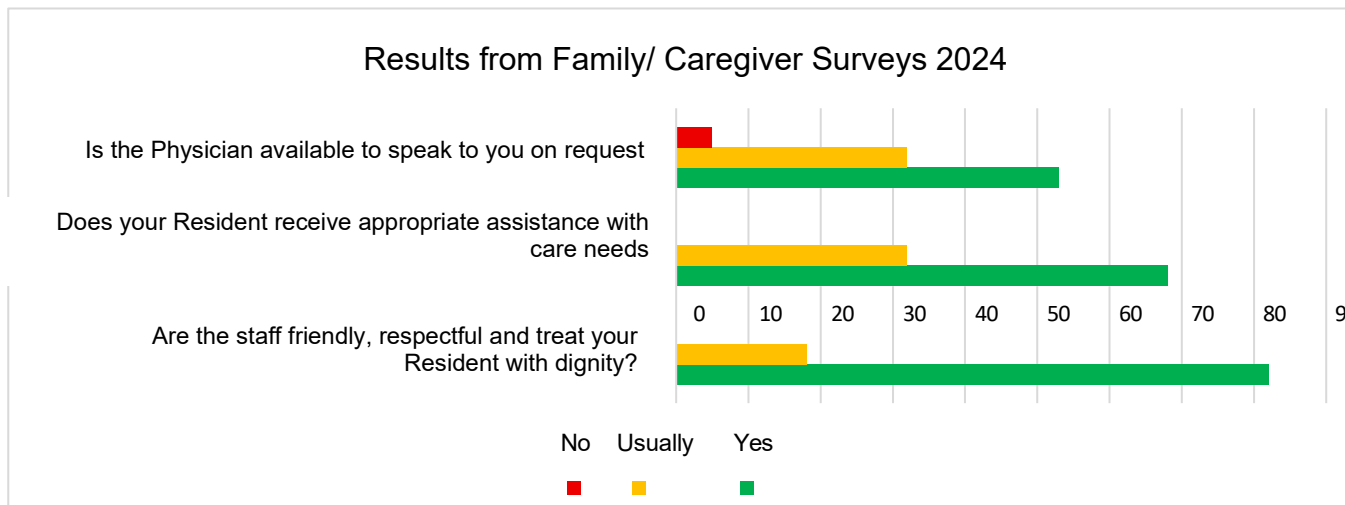
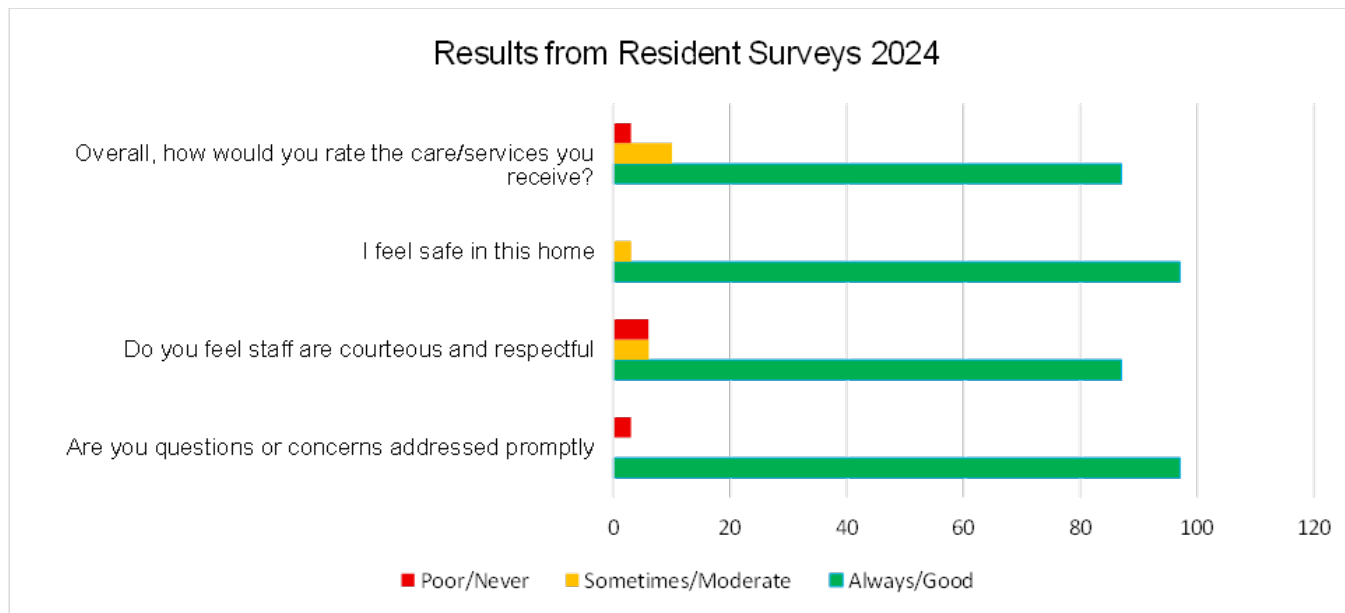
### **Resident & Family/Caregiver Experience Surveys**

The annual Resident and Family/Caregiver Experience surveys were conducted from April 2, 2024, to November 30, 2024. Resident surveys were conducted in house by the CQI Lead and/or designate. Family Surveys were mailed as a paper copy with an option to complete the survey online. Paper copy results were then uploaded into CheckMarket, and results were calculated.

The results of the surveys were communicated to the Residents Council on February 14, 2025, and to Family Council on March 6, 2025. Results were also posted on the Staff and Family Information Boards and Norview Lodge website on January 27, 2025. Survey results were uploaded to Surge Learning on February 21, 2025, for staff to review and sign off.

Resident and Family/Caregiver surveys for 2025 will run from April 16, 2025, until November 30, 2025.

The annual survey results help to guide the identification of areas for quality improvement initiatives within the home. We are committed to reviewing and acting on survey results to assist in improving how we deliver the care and services at Norview Lodge.





### Norview Lodge Resident/Family/Caregiver Survey Results Action Plan

Area of Focus/Goal	Key Actions	Completion Timeline
All complaints and/or concerns will be reviewed and followed up within established timeframes in aims of quick resolution	<ul style="list-style-type: none"> <li>All completed Resident and Family Satisfaction Surveys will be reviewed by the Leadership Team to identify any concerns/complaints</li> <li>Adherence to established timeframes for follow up with concerns and complaints to ensure timely resolution and effective communication with Residents and their families</li> </ul>	Q1 – Q3 2025/26
Improve Residents' experience of and satisfaction with the care and services provided at Norview Lodge	<ul style="list-style-type: none"> <li>Implementation of the Resident and Family Centered Care RNAO Clinical Pathway</li> <li>This Clinical Pathway incorporates RNAO Best Practice Guidelines and aims to foster empowering relationships with Residents and their families to optimize health and wellness</li> </ul>	Q3 2025
Improve time in which Family and Resident were able to speak with Physician	<ul style="list-style-type: none"> <li>Norview Lodge has had 2 new Physicians join our team with a goal to improve wait time be able to speak with the physician regarding any concerns</li> </ul>	Q4 2024

### Priority Areas for Continuous Quality Improvement Action Plan

Area of Focus	Key Actions	Completion Timeline
Norview Lodge aims to reduce the number of Residents who fell by 1.53	<ul style="list-style-type: none"> <li>Norview Lodge will implement the 4 P's Method</li> <li>All falls will be reviewed at the Quarterly Falls Committee Meetings to discuss circumstances surrounding falls, prevention items in place and suggestions to prevent future falls</li> </ul>	Q3 2025/26
Norview Lodge aims to reduce the number of Residents given antipsychotic medication by 3.19	<ul style="list-style-type: none"> <li>Residents receiving antipsychotic medications will be referred to Behavioural Supports Ontario to explore alternatives to medication use</li> <li>Staff will be trained in Gentle Persuasive Approach</li> </ul>	<p>Ongoing throughout 2025/26</p> <p>Q1 2025/26 Staff to receive GPA training</p>

Norview Lodge aims to reduce the number of hospital transfers by 0.53	<ul style="list-style-type: none"> <li>Registered Staff will collaborate with the Nursing Led Outreach Team (NLOT) and Physician to reduce the number of unnecessary Resident transfers to hospital</li> <li>NLOT Team can assist with Resident assessment and monitoring, advanced nursing care including medication reviews, catheter care and orders, clinical assessment, complex wound care assessment, education for complex nursing skills, specialist consultation, support with complex admissions and readmissions from hospital, palliative and end of life care and orders</li> <li>Hospital Visit tracking tools will be utilized to monitor details of hospital transfers and identify trends</li> </ul>	Ongoing throughout 2025/26
Norview Lodge aims to increase the number of staff receiving equity, diversity, inclusion and anti-racism education to 100%	<ul style="list-style-type: none"> <li>Education will be provided to all staff through the Surge Learning education platform</li> </ul>	Q3 2025/26

### **Role of Resident and Family Council in Actions of the Continuous Quality Improvement Initiatives**

Resident and Family Council's meet monthly and could ask questions, discuss their expectations and preferences for care and treatment. They are then able to provide the interdisciplinary team with feedback on action items. Feedback is documented in meeting minutes. Communication of ongoing plan implementation is updated on the Resident/Family information board. Monthly newsletters are also emailed and posted on the Norview Lodge website to communicate upcoming news and events with Residents and Family care partners.

### **Role of the Continuous Quality Improvement Committee in Action Plan for Quality Improvement Initiatives**

Continuous Quality Improvement meetings are held quarterly where updates on progress are provided as well as identifying areas for further action. Continuous Quality Improvement is a standing agenda item at all Committee and Department team meetings.

Final Review and approval of Norview Lodge's Quality Improvement Plan is completed by the Committee of Management.

**Communication of the Continuous Quality Improvement Report**

The CQI Report for 2025/26 was communicated to Resident Council on June 20, 2025, and Family Council on September 4, 2025. The report was communicated to Norview Lodge Staff through Surge Learning and posted on the Norview Lodge website and Resident and Family Information Board on June 23, 2025.

**Interim-Designated Lead:**

Caitlyn Stefan

Registered Nurse

CQI Lead/RAI Backup (Interim)