

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

April 10, 2026

OVERVIEW

Norfolk Hospital Nursing Home (NHNH) was constructed in 1975 and currently operates 52 beds. We are a fully accredited organization. We are resolute in our commitment to making an outstanding difference in the lives of residents. Our incredible team is wholeheartedly committed to providing an optimal LTC experience to our residents. Our ongoing commitment to quality is reflected in our mission "Delivering Exceptional Care and Creating an Engaging, Safe and Compassionate Home where Residents Thrive and Staff Shine". We take pride in embracing a holistic approach to care and living, centered on personalized experiences and the development of intellectual, physical, spiritual, and creative well-being.

The NHNH is currently advancing plans to build a new, 160-bed long-term care home on a greenfield site, forming part of an innovative "campus of care." In close collaboration with the MLTC, we aim to begin work on the new site in 2026.

While we continue our commitment to high-quality care, responsible resource management, and resident-centered experiences remains steadfast, our new three year strategic plan 2025-2028 is progressing to build upon these principles to ensure continued success. The Home has strengthened its commitment to excellence, innovation, and resident-centered care while adapting to evolving priorities.

ACCESS AND FLOW

To strengthen clinical decision-making and communication to reduce unnecessary hospital transfers, the Home has introduced a series of targeted initiatives focused on early recognition and

effective response to changes in resident condition.

The Norfolk Hospital Nursing Home (NHNH) is physically attached to the Norfolk General Hospital and works in partnership across care sectors to avoid unnecessary emergency department visits. Our goal is always the right care in the right place by the right providers. To this end, NHNH prides itself on accessible diagnostic services within Norfolk General Hospital and maximizing community partnerships including Behavioural Supports Ontario (BSO), Specialized Geriatric Services (SGS), and a Nurse-Led Outreach Team (NLOT) based out of Norfolk General Hospital and servicing our local communities. The NLOT team is comprised of a Nurse Practitioner and a Registered Nurse dedicated to responding to arising healthcare needs of LTC residents in the Home setting. Through this consultative and collaborative process emergency room visits can be avoided for conditions which are able to be treated in the LTC Home. A standardized SBAR communication framework will be implemented and strengthened to ensure clear, consistent escalation of clinical concerns among staff. In addition, enhanced RN assessment training will be provided to support stronger clinical judgment and the timely identification of subtle changes in resident health.

To further support staff, a clearly defined on-call Physician and Nurse Practitioner/NLOT team escalation pathway will be refined, enabling care teams to access timely clinical guidance before considering a transfer to the emergency department.

Ongoing staff education sessions also play a key role, with a focus on the early recognition and management of common conditions that may otherwise lead to emergency department visits. Together, these efforts promote a proactive, resident-centered approach to

care, enhancing outcomes while supporting residents to remain safely within the Home whenever possible.

EQUITY AND INDIGENOUS HEALTH

As part of our commitment to high-quality, person-centred care, the Home has implemented initiatives to ensure care is respectful of and responsive to each resident's unique preferences, needs, and values, in alignment with the RNAO Best Practice Guidelines. Individualized care plans now systematically incorporate residents' cultural, spiritual, and identity preferences—including those of 2SLGBTQ+ individuals—at admission and through ongoing updates.

To support staff in delivering culturally safe and inclusive care, mandatory education on cultural safety and Indigenous health has been introduced. Staff engagement is further strengthened through coaching, reflective practice, and team discussions that integrate cultural safety principles into daily care. Resident and family satisfaction surveys will focus on inclusion, respect, and cultural safety provide critical feedback for continuous improvement.

In addition, the Home has developed formal partnerships with local Indigenous organizations and community representatives to guide culturally appropriate programming and care. These efforts collectively enhance resident experience, promote equity and inclusion, and ensure that all residents receive care that is safe, culturally responsive, and aligned with their values.

PATIENT/CLIENT/RESIDENT EXPERIENCE

The home presently conducts an annual resident satisfaction survey. This survey is critically evaluated and discussed among the quality committee to establish optimal person centred care and thrive for continuous improvement.

PROVIDER EXPERIENCE

As part of our commitment to building a sustainable and skilled workforce, the Home has strengthened partnerships with local post-secondary institutions to attract and support the next generation of health care providers. Through student placements, mentorship opportunities, and collaborative engagement, these partnerships promote early exposure to long-term care and encourage recruitment into the sector.

In addition, the Home has partnered with the Nursing PLEDGE Program to further enhance recruitment and retention efforts by supporting new nurses as they transition into practice. This initiative provides structured learning opportunities and mentorship, helping to build confidence, competence, and long-term commitment to care in the long-term care setting.

The Home is also actively supporting the integration of internationally educated nurses by providing opportunities for supervised practice, orientation, and ongoing support to help them successfully transition into the Canadian health care environment.

Together, these initiatives strengthen workforce capacity, support knowledge development, and contribute to the delivery of high-quality, resident-centred care.

We continue to foster work life balance, wellbeing, and embrace diversity, equity, and inclusion creating an environment where all resident, families, caregivers and staff feel valued, respected and supported.

SAFETY

The Home is committed to ensuring the highest standards of resident safety, guided by best practices (RNAO) and supported by Healthcare Excellence Canada. We integrate evidence-based safety protocols and quality improvement frameworks to prevent harm and enhance resident well-being.

Staff receive ongoing training on safe care practices, including early recognition of clinical changes, fall prevention, infection control, and safe medication management. Safety audits, incident reviews, and data-driven monitoring inform timely interventions and continuous improvement.

Compliance with regulatory standards is reinforced through regular Ministry of Labour and Public Health inspection reports, which provide oversight, guidance, and accountability for maintaining a safe environment for residents and staff.

Through a collaborative, multidisciplinary approach, including staff-led quality improvement initiatives, coaching, and reflective practice, the Home fosters a culture of safety where staff are empowered to escalate concerns, share learnings, and implement improvements. These efforts ensure residents receive care in an environment that prioritizes safety, dignity, and high-quality outcomes.

PALLIATIVE CARE

The Home is committed to providing high-quality, resident-centered palliative care and end-of-life (EOL) support. To strengthen Advance Care Planning (ACP) and Goals of Care (GOC) discussions, staff engage residents and families throughout the admission process, and ongoing to ensure care aligns with individual values, preferences, and wishes.

The Home actively participates in evidence-based initiatives, including the progression through clinical pathways developed by the RNAO, CAPSE (Canadian Advance Palliative Support Education), and utilizing resources and tools from the PoET Program. These frameworks provide structured guidance for delivering palliative care, facilitating clinical decision-making, and supporting residents and families through complex care trajectories.

Through these initiatives, the Home fosters a culture of proactive, informed, and resident-centered palliative care, ensuring comfort, dignity, and quality of life for residents and their families.

POPULATION HEALTH MANAGEMENT

The Norfolk County long-term care environment continues to evolve in response to the growing needs of an aging population and increasing demand for modern, high-quality care environments. Local demographic trends reflect a significant proportion of seniors in the region, underscoring the importance of expanding long-term care capacity and enhancing care experiences for residents as they age.

Aligned with provincial commitments to strengthen the long-term care sector, the Home is moving forward with the planning and development of a new 160-bed long-term care facility on a greenfield site as part of a broader vision for an innovative “campus of care.”

CONTACT INFORMATION/DESIGNATED LEAD

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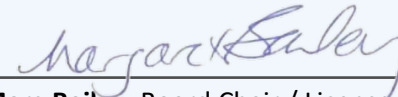
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SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization’s Quality Improvement Plan (where applicable):

I have reviewed and approved our organization’s Quality Improvement Plan on **April 8, 2026**



Marg Bailey, Board Chair / Licensee or delegate



Todd Stepanuik, Administrator /Executive Director



Todd Stepanuik, Quality Committee Chair or delegate

Ulrike Lammel-Joseph, Other leadership as appropriate