

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

April 2, 2024

## OVERVIEW

### Overview

Fenelon Court is a long-term care home located at 44 Wychwood Crescent Fenelon Falls ON K0M 1N0. We are licensed for 67.

### Our Mission

Extendicare is a leading seniors' health care organization serving the needs of Canadians for more than 50 years. Across our organization, our dedicated team members are united by our mission of helping people live better.

### Improving Care, Every Day

At Extendicare, improving the quality of care we provide to our residents and their families guides all we do. We are committed to continuous improvement, and on an ongoing basis, we seek new ways to evolve our practices and strengthen our services.

We are focused on a national, multi-year plan to improve the care we provide across every home we operate, and in every community we serve. Read more in our Improving Care Plan.

### Quality Improvement

Extendicare's Quality Framework outlines the ways in which our home is supported to achieve success in all aspects of quality with a focus on quality of life, safety, compliance, and resident satisfaction. Extendicare's homes in Ontario are responsible for driving their quality improvement plan. We work closely with

dedicated, regional clinical consultants who provide ongoing support to homes in our home's quality initiatives. Our strategic direction and the initiatives that support the plan also meet or exceed standards set by Accreditation Canada and meet the requirements of our LSAA.

Our home's Continuous Quality Improvement (CQI) Committee uses the CQI Framework in alignment with Extendicare's enterprise-wide strategic quality priorities to identify priority areas for quality improvement in our home, make recommendations, monitor and measure progress, identify and implement adjustments, and communicate improvement outcomes for the current and following year. Results are shared with residents, families, team members and external partners to support our priorities, targets and activities.

On an organization-wide basis, Extendicare measures and monitors our quality initiatives using data accuracy and quality indicator score cards. Home-level quality reports are circulated monthly and reviewed by homes and regional teams, to help monitor progress and drive meaningful conversation at each home's continuous quality committee meetings. Performance monitoring is a key part of driving our performance and includes but is not limited to the following:

- Monitoring key quality indicators
- Internal audits
- External audits
- Program evaluations
- Resident Satisfaction Survey results

Active priority areas for quality improvement in our home are:

#### 1. Falls prevention – Target Results 15%

- Our Approach – Last year we focused on post fall huddles and improving assessments related to post fall huddle recommendations. We also engaged physio in our post fall huddles. We continue with our other established interventions such as individual toileting routines, environmental risk assessments to ensure a safe and uncluttered environment with adequate lighting, activity programs specific to the needs of residents at high risk for falls, appropriate footwear, and medication reviews and regular purposeful rounds with sign off for the 4 Ps.

#### 2. Inappropriate Use of Antipsychotics – Target Results 17.3%

- Our Approach – Fenelon Court had a successful year with inappropriate use of antipsychotics and we are looking to improve further. Our Medical Director and Pharmacy team and Rai Coordinator and DOC reviewed all residents on antipsychotics without a diagnosis and were able to bring our number down significantly. We continue to review any new admissions on antipsychotics to ensure that they are appropriately prescribed and address with interventions if they are not. We have introduced a BSO Lead and weekly rounds to our process for review of medications as well.

#### 2. Restraint Reduction – Target Results 2.5%

- Our Approach – Fenelon Court did not have any restraints last year. We were successful in our conversations with our families/residents about risks of restraint use. We also engaged families in discussions about alternatives when we had requests for

a device that would be considered a restraint. We feel our falls measures as in number 1. have also assisted in bringing this number down.

#### 4. Worsened Stage 2-4 Pressure Injury – Target Results 2%

- Our Approach – Fenelon Court is working in partnership with Ross Memorial NLOT Nurse Practitioner to provide enhanced assessments and care for our residents as well as education for our Registered Staff. Additionally, last year we were able to purchase several therapeutic surfaces to support the healing of our residents' wounds. We now also have a Wound Care Lead who will be completing the Wound Care certification.

### **ACCESS AND FLOW**

Extendicare is committed to working closely with our community partners including our regional Home and Community Care Support Services team, hospitals, and business partners to ensure safe and effective care of residents across the organization and at the local home level. We continue to strengthen relationships and partnerships with health system partners such as local long-term care homes, regional IPAC hubs, Ontario Health teams and various regulatory authorities. In addition, our partnerships extend to our Medical Advisor and Attending Physicians as we work to improve medication management, clinical care and reduce unnecessary ED visits. We strive for excellence through our focus on quality and safety and opportunities with our partners to participate in research.

#### Home Specific Partnerships:

Resident and Family engagement continues to be a priority of Extendicare. The success of this QIP requires collaboration with

multiple partners, including Home and Community Care Support Services, Behavioral Supports Ontario, Ontario Association Resident Councils, Ontario Long Term Care Association, local Fenelon Falls organizations like the Lions Club, Central East IPAC Hub, Ontario Health Central LTC Network, Palliative Care Network, Ontario Shores, Waypoint Centre for Mental Health Care and vendors such as Medical Mart, 3M, Arjo, Achieva Health and Medisystems pharmacy, hospitals, other sectors.

Home and Community Care supports our home by facilitating new admissions as well as actively engaging with Home and Community Support. We have recently introduced our BSO Lead for our home and have implemented weekly interdisciplinary Rounds on all home areas. The Ontario Association of Residents Councils provides resources and education to support our Recreation Department in engaging our residents with meaningful programs. The Ontario Long Term Care Association provides extensive support and education to the sector while additionally advocating for our needs to our Provincial Government. Our Infection Control Manager sits on the Central East IPAC Hub. The Hub visits the home at least twice annually to tour and audits. Fenelon Court accessed a Pain and Palliative Nurse from the Palliative Care Network for the first time last year. This is a valuable resource for not only our residents but our families and our medical professionals. Achieva Health and Arjo attended the home last year to provide a joint education session for staff on safe transferring of residents. Medisystems Pharmacy provides quarterly in-house medication safety audits to assist us to identify gaps and improve care.

## EQUITY AND INDIGENOUS HEALTH

Extendicare is committed to incorporating an equity lens into all our quality improvement initiatives. We offer materials in several languages, and our focus on QI initiatives to improve care includes vulnerable populations.

Each home develops a cultural competency and diversity plan that addresses how it will respond to the diversity of its stakeholders as well as how the knowledge, skills, and behaviors will enable personnel to work effectively cross culturally by understanding, appreciating, and respecting differences and similarities in beliefs, values, and practices within and between cultures. For example, we have many homes with strong French, Chinese, East Asian and Italian communities.

In developing a cultural competency and diversity plan, our organization looks at the diversity of its community, internal and external stakeholders and potential changes in demographics to be proactive in education, training and service delivery.

## PATIENT/CLIENT/RESIDENT EXPERIENCE

Extendicare's mission is "Helping People Live Better" and we accomplish this by actively engaging our residents and families. We promote transparency with residents and families by requesting their feedback in various activities such as quality improvement projects, annual resident satisfaction surveys which we use to gauge our quality improvement measures, various committees, resident and family councils and town hall meetings. Our ongoing goal is to incorporate feedback to continually improve quality of life and safety by ensuring the care each resident receives is reflective of their individual needs and wishes.

Our 2023 Resident and Family Experience Survey Results:

Date of Surveys: September & October 2023

Resident:

Would you recommend this home? Result: 88%

Top three areas for improvement from survey:

I am satisfied with the quality of care from dietitians – 48%.

I am satisfied with the temperature of my food and beverages – 48%.

I am satisfied with the quality of the cleaning services throughout the home – 69.2%.

Family:

Would you recommend this home? Result: 78.8%

Top three areas for improvement from survey:

I am satisfied with the quality of care from social worker(s)– 33.3%.

The resident has input into the recreation programs available– 50%.

I am satisfied with the quality of cleaning within the resident's room – 51.5%.

Detailed Action Plans have been developed for both the Resident and Family surveys to address top areas for improvement and those will be updated monthly as measures are implemented and evaluated.

The results of the Resident Satisfaction Survey will be discussed at the next Resident's Council meeting. Feedback will be solicited and will be included with the minutes and posted for review.

The results of the Family Satisfaction Survey will be discussed at the

next Family Forum meeting. Feedback will be solicited and will be included in the minutes. Family Forum minutes are sent to all family members via email or Canada Post.

## PROVIDER EXPERIENCE

Fenelon Court is part of a large organization in which there are many opportunities to engage with staff and leadership in sharing quality improvement goals and commitments. This is achieved through bench marking, using experiences of other homes to share best practices, annual quality and strategic planning conferences and participation in the Ontario Long Term Care Association Quality Committee and annual quality forums. Our annual employee engagement survey provides an opportunity for team members to give their feedback on various issues such as staff satisfaction, innovation, and work environment.

## SAFETY

Fenelon Court endeavors to keep residents safe through best efforts to mitigate risks and events prior to occurrence by adherence to our CQI programs, our daily management by walk about and review of the right person is doing the right work at the right time. Despite the best efforts of healthcare professionals, adverse events sometimes happen in healthcare settings. Adverse events can be devastating for patients and healthcare providers who are part of or witness these events. When a resident experiences an unanticipated outcome or a medical error occurs, there is an expectation that the healthcare establishment will deal with the event openly and honestly and that the parties involved will accept responsibility, express empathy, and work to prevent the event from happening in the future. We utilize a PDSA approach to mitigate future risks, specifically with fishbone/lean process for

root cause analysis.

We document, track and trend resident Adverse Events so that we can apply lessons learned from these events and minimize the risk of them happening again. One of the most important aspects of good event management is creating a work environment where all employees, residents and their families feel they can speak up and report issues, concerns and even mistakes.

Extendicare is committed to creating a “just” organization culture which:

- Encourages openness and frankness in identifying and reporting Adverse Events
- Focuses on interdisciplinary learning and an organizational commitment to applying lessons learned.
- Fosters an environment that promotes safe behavior choices.
- Supports disclosure where appropriate.

Incidents that provide an opportunity for improvement are shared with team members through town halls, daily huddles, and regular meetings/committees, communication books and emails to increase awareness and seek feedback to understand root cause so that strategies put in place are effective. Practice alerts are sent out by the Corporate Quality and Risk team to all homes following a serious incident or near miss to ensure awareness and review of process.

## POPULATION HEALTH APPROACH

Extendicare Fenelon Court does not have any designated specialized medical services. The top four diagnoses in our home are shared by at least 50% of our residents. Those diagnosis's are: depression, arthritis, hypertension and dementia.

In addition to the medical professionals that attend our home, we ensure we are serving our residents through partnerships with Ross Memorial Hospital and Nurse Practitioner NLOT and GEM Nurse, Palliative Network, Ontario Shores and our Massage Therapist and other Alternative Therapies.

## CONTACT INFORMATION/DESIGNATED LEAD

Lorraine Gibson Executive Director

## OTHER

Fenelon Falls strives to enhance their Continuous Quality Program in the home. In addition to each manager having a schedule of monthly Key Actions and department specific audits, the home also has the following committees/meetings.

We have weekly Interdisciplinary Care Committee meetings (IDCC) and Weekly BSO rounds. Managers and frontline staff attend 3 x weekly meetings to discuss high risk incidents, residents who are in their lookback period for their RAI MDS Assessments, responsive behaviors, skin and wound rounds, new admissions and re-admissions from hospital and falls. Other educational topics are covered as needed for example, Oxygen Therapy education, medication safety, Wound supplies, Prevail continence in-services.

We have Quality Day meetings (Q-Days). Managers and frontline

staff meet and cover a wide range of topics such as: customer service, HR, stakeholder reports or inspections, clinical indicators, infection control, finance and administrative overviews, department updates and health and safety. All open Action Plans are reviewed and updated as required.

Monthly our Regional Team holds Quality Indicator meetings to review our clinical results. This is an interdisciplinary meeting with all department managers in attendance. This platform allows us to review triggers that resulted in a change and discuss interventions where we are trending down or below benchmark.

All home quality activities roll up to our quarterly Quality Council and Professional Advisory Council.

Our Quality Council's goal is to:

- Promote a quality mandate across the site.
- Participate in the development and implementation of continuous improvement and risk reduction strategies.

To accomplish these goals, the committee will:

- Review and discuss the implications of quality outcome data and trends.
- Propose and participate in quality improvement activities at the site.
- Evaluate quality improvement activities undertaken.
- Review sentinel event and near miss activity within the site and suggest strategies to enhance and improve employee and patient safety.
- Identify gaps in the risk and quality management systems and

recommend educational opportunities to close the knowledge gap for staff.

- Accreditation updates

Our Quality Council's Membership includes:

- Executive Director
- Director of Care
- Home Managers
- Medical Director
- Designated Nursing Leads
- Registered Dietitian
- Consulting Pharmacist
- Register Staff Member
- Personal Support Worker
- Residents' Council representative
- Family Member (No formal Family Council)
- RAI Coordinator
- Accreditation Lead
- Regional Team Member - optional
- Physio Therapist
- Behavioural Support Team Member
- Hospice & Palliative Care Nurse
- Public Health Liaison
- Others as required

## 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 1, 2024**

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**Wendy Gilmour**, Board Chair / Licensee or delegate

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**Lorraine Gibson**, Administrator /Executive Director

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**Sophia Butler**, Quality Committee Chair or delegate

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**Andrea Deluca**, Other leadership as appropriate

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