

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

April 2, 2024

## OVERVIEW

Extendicare Sherwood Court LTC is a 96 long-term care home located in Maple Ontario.

### 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

#### 1. Falls prevention – 15%

· Our Approach – Activity bin project lead by management team. Daily audits of post falls and assessments, interdisciplinary team approach, collaboration with not only residents but families. Include external stakeholders such as Mackenzie health BSO, pain consultant, PT, Psychiatrist and Pharmacist. Scheduled toileting- all residents are reassessed for continence, accurate Fall Risk Screen completed after each fall, Staff are re-educated on falls prevention and injury reduction program annually, environmental risk assessments, falls lighting. Physiotherapists assess each fall and collaborate with resident and family to adjust and implement appropriate falls prevention strategies such as walkers, wheelchairs. Residents are assessed by staff and PT on admission and readmission as well as on any status change. Pharmacist assists with medication reviews and BSO, Mackenzie Health BSO mobile team assist with preventative strategies.

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

· Our Approach –The home has an internal psychiatrist that they consult with on residents to seek alternatives to antipsychotic medications. Utilize the activity bin project for residents to engage residents, geriatrician services in house, engagement of the pharmacist, Physician and review recommendations to prescribers for safe reduction of antipsychotics this also includes Behavioral supports lead. Tasks in POC to document any delusions and hallucinations. Monthly meetings with the team are held to ensure quality of RAI audits, assess and analyze gaps and review the residents that were using the Antipsychotics without a diagnosis.

## 2. Restraint Reduction – 2.5%

- Our Approach – Audit residents during RAI assessments, on admission and readmission to ensure there are no gaps in the Least restraint program, utilization of alternatives to restraints, discussions with family's and residents about risks of restraint use and available alternatives. Discussion held during admission, readmission, and any health status change, implementation of Extendicare's least restraint policy.

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

- Our Approach –work and collaborate with our partnership vendors, work with 3M to ensure the ensure correct product selection to promote healing, education of new advanced practice skin and wound care nurses, collaboration with Hospitals when residents were transferred to inform them of the risk for skin impairment. Review all bed surfaces, audit all care plans as well as PURS screens by wound care champion. Continue to work with LHIN wound care nurse if wounds were not healing. Ensure proper turning and repositioning schedules are implemented and documented in care plans', re-education of all staff during annual education on the skin and wound program.

## ACCESS AND FLOW

Resident and Family engagement continues to be a priority of Extendicare. The success of this QIP requires collaboration with multiple partners. 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 do this through ongoing relationship building 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.

Sherwood Court has also collaborated with external partners for our Falls Prevention and Injury Reduction program, for example Medisystem pharmacy assisted the home with medication reviews and audits of residents who may be requiring fracture preventative medications. Geriatrician Dr. Villalobos has also assisted the home with consultation for residents who had multiple falls and review of their medications. BSO mobile team has provided various non-pharmacological strategies based on resident specific assessments and provided education to the staff.

Sherwood Court has worked and collaborated with multiple partners, for example, Mackenzie Hospital BSO Mobile team to assist with alternative Interventions to reduce the use of the antipsychotic use, and Medisystem Pharmacy to educate and assist with increasing the knowledge of staff about the use of antipsychotic medication. Behavioral Supports of Ontario assisted the home with education and implementation of non-pharmacological interventions. Ontario Shores, Dr Kuglemass (Psychiatrist) and Virtual Behavioral Medicine Baycrest was also involved in the assessments, interventions and rehabilitations of

residents who required support.

Home has noticed increased number of worsening pressure ulcers and wounds when residents were transferred to the hospital, the home has then collaborated with MHC hospital team to maintain communication of resident's hospital transfers to ensure that hospital is aware of resident's risk for skin impairment and alternation. 3M was utilized for education as well as consultation with unhealable wounds. CCAC was consulted for the residents who did not benefit from in house treatment. Lynde Institute for Dermatology was also consulted for chronic skin alterations for residents who required further investigation.

## 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:  
Resident and Family Survey Dates: September 11- October 31, 2023:

Resident: Would you recommend this home? Result: 64.7 %

- Top three areas for improvement from survey
- 1. I am satisfied with the food and beverage served to me 52.9%
- 2. I am satisfied with the quality of care from doctors 46.9%.
- 3. I am satisfied with the quality of care from dietitian 43.3%.

· Family: Would you recommend this home? Result: 78.3 %

- Top three areas for improvement from survey
- 1. There is a good choice of continence care products 37.5%.
- 2. Overall, I am satisfied with the quality of cleaning within the resident room 40.4%.

- 3.The resident has input into the recreation programs available 37.5%

Key actions taken, as a result of survey outcomes for top 3 areas for resident satisfaction and family satisfaction:

- 1. Develop/provide written information regarding continence products to be available upon admission, introduction or as need arises.
- 2. Audits the laundry carts quarterly to ensure residents items are sent to the correct units.
- 3. Management to complete meal service audits different meal services to obtain feedback from residents on food temperature satisfaction.

·Resident and family Council has given input for the action plan completed for the Resident and Family Survey. The action plan was reviewed with CQI Committee and asked for feedback. The action plan adjusted accordingly.

Results are communicated to the residents & families, Resident & Family Council, and staff: To staff at the Town Hall meetings, departmental meetings and on the staff communication board. Residents at Resident Council Committee Meeting and Family on the Information Centre the results were posted and email to the President of the Family Council.

·Date copy of the report was provided to Resident and Family Councils: March 12, 2024

## PROVIDER EXPERIENCE

Sherwood Court Long Term Care 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.

Project- Palliative Lead A.C has been involved and participated and continues off hours in the Western York University and Mackenzie Health “WYR OHT - Palliative/ALC Days cQIP Working Group” The purpose of the group and meetings is to improve the Palliative care in LTC. Palliative lead has been trained and became a coach for the program. Transfer of knowledge was also done for staff. Due to the extensive training and participation Sherwood Court has improved the Quality of Palliative Care in the home and staff has been able to have increased knowledge in the program.

## SAFETY

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 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. This culture:

- 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 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 Sherwood Court LTC population consists of resident mainly of Italian decent. Some of the unique characteristics of our population are the Italian language spoken, celebrating meaningful holidays such as: Saint Guiseppe Day, the populations spiritual celebrations such as, Roman Catholic Mass and their love for the prayer. To meet the needs of our population the home has some of the following programs, for Saint Guiseppe Day the home has included a celebration by providing the resident with the traditional Zeppole. This lets the resident participate and practice their culture. Another example is that our culture is one of deep faith and for that the home has included a mass for the resident in their native language that is led by a Volunteer Priest and arranged by one of the former residents' daughters. Moreover, the home also included the rosary program in the resident’s native language to ensure the residents spiritual needs are met.

Our team has worked hard on ensuring the resident language barrier to communicate with staff is also addressed and for this the home has partnered up with Alzheimer’s society and also BSO Makenzie Health and introduced communication cards. The cards were done in addition to Google Home that is used by the homes BSO Lead to assist with communication with the residents.

In addition to our population consisting of mostly Italians, we have a population of residents who have a diagnosis of Dementia and display Responsive Behaviors, and to better serve and understand our residents the home has an ongoing working relationship with Makenzie Health BSO team, this team not only provides specialized services but also assists with language barrier when possible, by providing a BSO Lead who speaks the residents mother tongue.

Furthermore, the home has also partnered up with Dr Kuglemass (Psychiatrist) who agreed to seeing our residents virtually and became a part of the team. This allows residents health to be addressed rapidly (2-3 weeks) rather than waiting 10-12 months for a referral.

The home also introduced Virtual Behavioral Medicine program from Baycrest, this program allows the residents who have increased symptoms of their illness to be assessed in depth with a collaborative approach consisting of a social worker, psychiatrist, pharmacist coordinator and other disciplines. The Virtual behavior Medicine is allowing residents to be in their environment at Sherwood Court.

## **CONTACT INFORMATION/DESIGNATED LEAD**

### Contact Information

Cathy Brizan (Executive Director)  
905-303-3565 ext. 222  
cathy.brizan@exeassist.ca

### Designated Quality Lead / CQI Committee Chair

Agnes Colonna (Associate Director of Care/ IPAC manager)  
905-303-3565 ext. 258  
agnes.colonna@extendicare.com

### Regional Director of Operations

Yvonne Carvalho  
437-231-7920  
yvonne.carvalho@extendicare.com

### National Director, Quality & Learning Excellence

Kim Penner  
kim.penner@extendicare.com



## 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 **March 26, 2024**

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

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**Cathy Brizan**, Administrator /Executive Director

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**Agnes Colonna1**, Quality Committee Chair or delegate

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**Yvonne Carvalho**, Other leadership as appropriate

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