

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 19, 2024



**Ontario  
Health**

## OVERVIEW

Extendicare Kirkland Lake is a 94-bed long-term care home located Kirkland Lake, ON.

### 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 – 15%

Our Approach – Risk mitigation strategies that assist in preventing

falls include robust assessments to identify history of falls, contributing factors (such as pain, toileting needs, confusion/dementia, change in medication, etc.) to create an individualized plan of care with interventions that are unique to that resident. Assessments include but not limited to, head-to-toe assessments, fall risk assessments, transfer & mobility assessments, and environmental risk assessments of residents' room. We have a falling leaf program that identifies a resident who has been assessed as a high risk for falls by posting a leaf at the room door and on adaptive devices to alert all staff in home that the resident is a high risk for falls. The home also has fall prevention equipment such as fall mats, hip protectors, anti-slip socks, proper footwear, medication reviews by Physician, NP (Nurse Practitioners) and/or Pharmacy consultant, bed and chair alarms, chair cushions to prevent sliding, and individualized mobility aids. Finally, we have a Falls Reduction team that is interdisciplinary and includes; but not limited to, the Nurse Practitioner/Attending Physician, Physiotherapist/Occupational therapist, Restorative care nursing team, falls lead, dietitian, program staff and care staff.

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

Our Approach – The home has a strong ARI (Antipsychotic Reduction Initiative) team that has engagement from our BSO (Behavioural Supports Ontario) lead, our pharmacy consultant, our Medical Director/attending Physician, Nurse Practitioner, nursing staff, etc. that monitors the use of antipsychotics in the home to provide recommendations to safety and slowly reduce antipsychotic use if warranted. The team meets regularly to closely monitor all residents prescribed an antipsychotic. The BSO lead begins assessing any resident being admitted the initial review upon

admission. This allows the BSO lead/team to begin gathering information from their medical history and begins the reduction if appropriate.

## 2. Restraint Reduction – 2.5%

Our Approach – Our Restraint Reduction program has an interdisciplinary team that focuses on ensuring the home is following Extendicare's Least Restraint policy with a strong focus on teaching residents and families that we do not want to use restraints and the alternatives that are offered. The discussion of restraint use begins at the time of reviewing applications and having discussions as required to prepare for the admission with the goal to remove the restraint over time.

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

Our Approach – Our Home, in partnership with our vendors, provides an enhanced Skin & Wound Prevention program that provides an assessment process that ensures correct product selection to promote healing, education of new advanced practice skin and wound care nurses, implementation of turning clocks, review of bed surfaces and repositioning devices. The Home has also implemented a new assessment tool that measures the moisture in the heels and sacrum (scans moisture under the skin) to identify potential pressure ulcers before they develop, and interventions are put in place to prevent the ulcer from developing.

## 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 do this through ongoing relationship building and partnerships with health system partners such as local long-term care homes, regional IPAC (Infection Prevention and Control) 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. The success of this QIP (Quality Improvement Plan) requires collaboration with multiple partners, including Behavioural Supports Ontario, Health Force Ontario, Ontario Association Resident Councils, Home and Community Support Services, Ontario Long Term Care Association, research partners, vendors such as Medical Mart, 3M, and Medisystem pharmacy, hospitals, and other sectors.

The Home's partnership with the Behavioural Support Ontario (BSO) program promotes the assessment and recommendation for caring for residents who have complex behavioural health needs. This begins with having a full-time BSO nurse in-house who is our liaison to other resources that BSO provides. BSO provides outreach teams to assist in implementing plans of care to complex resident cases, provides transitional support to ensure continuity of care among all health care sectors, provides education to residents, staff, and families, and provides short and long-term stays at their specialized units for further assessment and recommendations. Our BSO nurse also leads our ARI (Antipsychotic Reduction Initiative) team and reviews and provides recommendations for residents who are experiencing responsive behaviours. The BSO nurse works

closely with our Medical Director/Attending Physician, Nurse Practitioner and Pharmacist.

The Home collaborates with Health Force Ontario by utilizing their initiatives to assist in recruiting and retaining Registered Staff and Personal Support Workers by offering various incentives to join our Homes' team. Initiatives used include the CCPN (Community Commitment Program for Nurses) program, the SPEP (Supervised Practice experience partnership) program, the RNIP (Rural and Northern Immigration Pilot) program and the PREP LTC (Preceptor Resource and Education Program in LTC) program. With the collaboration of Health Force Ontario, the home has had success in 2023 by utilizing these initiatives. The home successfully assisted 39 individuals (through preceptorship, funding for education and/or incentives to work in LTC) and hired 25 of these individuals to work in our Home.

Our Home also partners with OARC (Ontario Association of Resident's Council) and utilizes their resources to provide a quality Resident Council, to provide education to the residents, staff, and families and to provide tools and resources to conduct quality Resident Council meetings for our residents. This partnership allows our residents to have a strong voice and provides the tools to express this clearly.

The Home values being a strong learning facility that collaborates with many educational institutions, such as local elementary schools for intergenerational programs, high schools for coop experience, and colleges and universities for preceptorships. We have a partnership with our local college for students to complete their practical portion of their course at our Home. Our staff assist the college by providing preceptors in the Home to provide this education to their students. The Home has had success in this

partnership as it allows the students to experience work in LTC and gives the Home the opportunity to hire motivated students who have demonstrated the desire and work ethics required to work in LTC. We partner with other colleges and universities when required not only for Nursing but also for Programs, Dietary and Restorative Care.

The Home's partnership with Public Health Ontario and our local Health Unit is strong, notably during the COVID-19 pandemic in delivering and providing education and recommendations through the rapid changes that LTC experienced during this time. There was support to prepare for the pandemic, to provide education during the pandemic and to keep the Home well informed of the status of pandemic. There is also a strong collaboration between our IPAC Manager and our local Health Unit representatives in managing our vaccine program, our outbreaks, our infections overall and is a member of our Infection Prevention and Control (IPAC) committee and Professional Advisory Committee (PAC).

## 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.

Extendicare Kirkland Lake's 2023 Resident and Family Experience Survey Results:

- Date of Surveys: September 11 – October 31, 2023
- Resident: 42.6% participated    Family: 4.2% participation
- Resident: Would you recommend this home? Result: 100%
- Top three areas for improvement from survey:
  1. I am satisfied with the quality of care from doctors (35.3%)
  2. My care conference is a meaningful discussion that focuses on what is working well, what can be improved, and potential solutions (47.1%), and
  3. I am satisfied with the quality of care from social workers (57.1%)
- Family: Would you recommend this home? Result: 50%
- Top three areas for improvement from survey (input % for each)
  1. I am satisfied with the food and beverages served to residents (25%)
  2. I am satisfied with the variety of food and beverages options for the residents (25%), and
  3. I have an opportunity to provide input on food and beverage options (25%)
- Key actions taken, as a result of survey outcomes for top 3 areas for resident satisfaction and family satisfaction:
  - Recruit a Medical Director/Attending Physician: The Home was successful in recruiting our new Medical Director/Attending Physician in November 2023 (after the survey); this will improve services by the physician.
  - Create new position – social worker as the Home has not had a social worker position in the home and recruit for the position. The home hired a full-time social worker in January of 2024.
  - The home is developing a checklist for conducting a care conference to include ensuring the resident and family can discuss their experiences, challenges, etc. This was discussed at our CQI committee with a target date of March 31, 2024.
  - The family survey results had the top 3 areas for improvement

were all related to food and beverage. The Home will continue to provide the opportunity for residents to attend our Food Committee to review new menus, taste test some items on a new menu and provide feedback on likes and dislikes. The Dietary Manager will invite family members to the Food Committee should they want to advocate for their loved one. This will be completed by May 1, 2024.

- Role of Resident and Family Councils and CQI Committee in determining actions taken with survey results: Our results are presented at Resident Council and CQI Committee with input in the implementation of our action plan by providing suggestions and collaborating on the best approach to each item.
- Date copy of the report was provided to Resident and Family councils: January 2024

## PROVIDER EXPERIENCE

Extendicare Kirkland Lake 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

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 behaviour 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 Kirkland Lake's population is the geriatric population who have chronic disease requiring 24-hour nursing care with a large portion having a form of dementia. There is also a growing population of younger residents with mental health diagnoses that require 24-hour nursing care, such as Down's syndrome and other developmental disabilities. The home is also equipped to provide care to bariatric residents.

## CONTACT INFORMATION/DESIGNATED LEAD

Jennifer Kasner, Administrator  
Jkasner@extendicare.com

## OTHER

Sign off:

Administrator: Jennifer Kasner  
CQI Committee Chair: Jennifer Kasner  
Quality Lead of Home: Jennifer Kasner  
Regional Director: Johanna Horne  
Corporate Quality: Erin Coreno

## 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 8, 2024**

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**Erin Coreno, National Director of Quality**, Board Chair / Licensee or delegate

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**Jennifer Kasner**, Administrator /Executive Director

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**Jennifer Kasner**, Quality Committee Chair or delegate

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**Johanna Horne, Regional Director**, Other leadership as appropriate

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