

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 19, 2024

OVERVIEW

Extendicare Laurier Manor is a 242 bed long-term care home located in Ottawa.

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- Residents at high risk of falls are reviewed at daily clinical meetings. Weekly meetings occur on care units involving nurses and PSWs. Specific interventions are discussed and implemented in resident plans of care. At following meetings these interventions are assessed successful or not. Communication to all care staff of residents at high risk of falls is done monthly for increased awareness and environmental assessments are undertaken for implementation of motion sensing devices, night lights and other environmental interventions.

2. Inappropriate Use of Antipsychotics – 17.3%

Our Approach- Working with pharmacy team to provide recommendations to prescribers for safe reduction of antipsychotics. Including engaging the admission team to assess newly admitted residents. We will utilize experts in our community, such as the Royal Ottawa Hospital Psychogeriatric Resource team to review behavioral strategies and potential for deprescribing antipsychotics safely when these medications are not the best or safest option for our residents or refer them to our dynamic in-house Behavioral Support team to provide staff support to our nursing teams. We undertake monthly reviews to ensure that the inappropriate use of antipsychotics is regularly reviewed for needed interventions.

3. Restraint Reduction – 2.5%

Our Approach- Discussion with families and residents about the

risks of restraint use and available alternatives. Implementation of a restraint free home policy. Admission applications are informed of our restraint free policy and alternatives are discussed prior to admission.

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

Our Approach- Our Skin Wellness Associate Nurses continue to manage our skin and wound program in collaboration with other members of interdisciplinary team. Improvement initiatives include risk screening on admissions, optimizing nutrition and pressure relieving devices, staff education for preventative strategies, assessments, monitoring, documentation, regular audits of interventions, and adjustment of care plans.

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 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 quality improvement plan requires collaboration with multiple partners, including Home and Community Support Services, Behavioural Supports Ontario, Antipsychotic Task Force, Ontario Association Resident Councils, Ontario Long Term Care Association, research partners, and vendors such as Medical Mart, 3M, and Medisystem pharmacy, hospitals, other sectors.

External partners such as Home and Community Care Support Services help us to implement quality improvements in care prior to admission. Setting residents up for success prior to admission. Behavioural Supports Ontario, vendors and other health partners work with us to engage specialized interventions. Resident Council and LTC Associations support us in ensuring a person-centred care approach in all of our quality improvement initiatives.

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 11-October 31, 2023.

Resident: Would you recommend this home? Result: 81.5%

Top three areas for improvement from survey

1. I am updated regularly about any changes in my home. 47.7%
2. Communication from home leadership is clear and timely. 50%
3. I feel my goals and wishes are considered and incorporated into the care plan whenever possible. 52.9%

Family: Would you recommend this home? Result: 70.6%

Top three areas for improvement from survey

1. The resident has input into the recreation programs available. 42.9%
2. I am satisfied with the variety of spiritual care services. 42.9%
3. I am satisfied with the timing and schedule of spiritual care services. 57.1%

Key actions taken, as a result of survey outcomes and co-designed with residents and families:

1. Empathy education for staff. Planned for completion by June 2024.
2. Engaging restorative nursing in development of bathroom routine schedules to help increase bladder continence. Planned for full implementation by May 2024.
3. Development of subscription service for room delivery of paper copies of monthly newsletter. Planned for full implementation by June 2024.
4. Addition of Resident Council Representatives as members of the Outbreak Management Team to increase

communication around outbreak protocols. Planned for full implementation for 2024 cold/flu season.

Role of Resident and Family Councils and CQI Committee in determining actions taken with survey results:

All three bodies reviewed results and offered feedback in developing the key actions to be taken as a result of the survey results.

Resident Council reviewed the survey and helped develop action items at their February meeting. Resident Council Representatives reviewed survey results and approved final action plan at their February meeting.

Family Council was provided the survey results and action plan in draft and provided feedback through individual email communications.

A holistic and co-designing approach was taken to developing action items. Top 3 areas for improvement were examined as well as the overall results and the residents experience living in the home. These were all factored into deciding on the action items. Communication was noted on the survey, outbreak communication was emphasized by Residents Council. Empathy training was noted by all groups as a way in increase the connection and relationships between residents and staff. Improvements to the continence program were noted as one way to increase overall satisfaction.

How are results communicated to the residents & families, Resident & Family Council and staff:

Results were communicated to Family and Resident Council February 2nd 2024. Results were reviewed with Resident Council February 6th and 7th and by Family Council February 28th 2024. Results were shared with staff in the February staff newsletter. Results were also reviewed at the February 28th virtual resident and family townhall meeting.

Date copy of the report was provided to Resident and Family councils:

Full copies of the report was provided to Resident and Family Council on February 6th/7th and February 2nd respectively.

PROVIDER EXPERIENCE

Laurier Manor 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. Extendicare Laurier Manor has engaged staff focus groups to help refresh the mission, vision and values of Extendicare. Our long-serving staff are committed to providing high quality care for our residents.

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 Laurier Manor’s population consists of residents with unique mental health needs and residents who need support with accessing community and social services. We work closely with the Royal Ottawa Hospital various local day programs and other community based social services. We have two full time social service workers in place to ensure that we meet the needs of these populations.

The home has active Resident Council and a dedicated Resident Council Representative Committee that works closely with home leadership to ensure that resident voices are actively and regularly engaged in all aspects of the home.

CONTACT INFORMATION/DESIGNATED LEAD

Debora Lalonde, Quality & Risk Management Coordinator

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OTHER

Sign off:

Administrator: Stephen Brown

CQI Committee Lead: Debora Lalonde

Quality Lead of Home: Debora Lalonde

Regional Director: Cory Nezan

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 13, 2024**

Cory Nezan, Board Chair / Licensee or delegate

Stephen Brown, Administrator /Executive Director

Deborah Lalonde, Quality Committee Chair or delegate

Marzena Jankowski, Other leadership as appropriate
