

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 19, 2024

Extendicare

New Orchard Lodge
Quality Improvement Plan
2024



OVERVIEW

Extendicare New Orchard Lodge is a 111-bed long-term care home located in Ottawa, 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

Active priority areas for quality improvement in our home are:

1. Falls prevention – 15%

Our Approach – Risk mitigation strategies including scheduled toileting plan that are individualized for the resident, environmental risk assessments to ensure a safe and uncluttered environment with adequate lighting and supportive mobility devices, activity programs specific to the needs of residents at high risk for falls, appropriate footwear, and quarterly medication reviews. High-risk residents are identified and flagged to alert staff of their increased risk of falls. We review falls at monthly Falls Committee meetings to ensure that all interventions are in place and appropriate in their care plans. High-Risk residents are identified to PSW staff at the beginning of each shift at report.

2. Inappropriate Use of Antipsychotics – 17.3%

Our Approach – We review all residents on antipsychotic medication to determine if they are appropriate after reviewing exclusion criteria. Residents are assessed for agitation and behaviours using the Cohen's Manfield assessment. If the resident's behaviour and agitation meet the criteria, the resident and POA will be consulted along with the physician and pharmacist. A small, measured decrease will take place under the direction of the physician. One to two residents will be chosen at a time, monitored daily, and reassessed weekly. This will continue until all identified residents have had their antipsychotic reduced, or discontinued. We review the Inappropriate Use of Antipsychotics at monthly BSO Committee meetings to ensure that all interventions are in place and appropriate in their care plans.

3. Restraint Reduction – 2.5%

Our Approach – Implementation of Extendicare's Least Restraint

policy, utilization of alternatives to restraints and only use restraints in the last resort. Discussions with families/residents about risks of restraint use and available alternatives during admissions and at IDTC's. We review restraints and PASD's at monthly Falls Committee meetings to ensure that all interventions are in place and appropriate in their care plans.

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

Our Approach - The wound care nurse compiles a list of all residents with pressure ulcers and identifies those at high risk for pressure ulcers according to the PURS scale derived from MDS and presents this information to the skin and wound committee. The underlying causes of the pressure injuries will be discussed, and interventions implemented such as air mattresses, frequent repositioning, and dietary consultations to ensure adequate nutrition for healing. The wound care nurse will report back as needed to the nursing team for the wounds that are improving or worsening. Further meetings will be held as required.

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.

Home Specific Partnerships:

The success of this QIP requires collaboration with multiple partners, including Home and Community Support Services, Behavioural Supports Ontario, and vendors such as Medical Mart, 3M, and Medisystem pharmacy, and hospitals.

Behavioural Supports Ontario supports the success with the reduction of the Inappropriate Use of Antipsychotics by suggesting alternative medications and interventions to manage behaviours and agitation effectively.

Medisystem supports our QIP by providing medication supply promptly and the clinical pharmacist aids in identifying residents for potential to deprescribe unnecessary medications.

Hospitals provide valuable information through the soft tissue and injury clinic to manage pressure ulcers with suggestions of antimicrobial therapies and a second opinion on wound dressings. Medical Mart and 3M are our vendors of choice for dressing supplies, pressure relieving beds, and fall management equipment. Home and community services provide support through the admission process by liaising with the home and clients for days of admission with adequate staffing to ensure a smooth process and ensure all interventions for falls and pressure ulcers are in place. HCCSS will investigate further when prompted for potential behaviors and reasons the client may be on antipsychotics before admission.

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: The Residents and Families survey was

conducted between September 11 and October 31, 2023

- Resident: Would you recommend this home? Result: 88.5%

- Top three areas for improvement from the survey:

I am satisfied with the quality of care from doctors 44.0%

If I have a concern my concerns are addressed in a timely manner. 52.0%

Communication from home leadership is clear and timely 53.8%

- Family: Would you recommend this home? Result: 95.7%

- Top four areas for improvement from survey:

Families are satisfied with the cleaning of the residents' rooms. 65.2%

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

I am satisfied with the variety of spiritual care services 58.3%

I am satisfied with the timing and schedule of spiritual care services 58.3%

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

Resident:

I am satisfied with the quality of care from doctors 44.0%

Satisfaction survey results were shared with our Medical Director and Attending Physician (February 12, 2024). Full-time Nurse Practitioner hired to provide coverage when doctors are not on-site (March 4th, 2024). Residents provided communication at the

Resident's Council meeting on January 31st, 2024, regarding the expectation of the frequency of being seen by a physician and the process that the nursing team creates referrals for residents to be seen by a physician.

If I have a concern my concerns are addressed in a timely manner.

52.0%

Implement a rule that all concerns must be followed up on within one business day, even if a resolution has not been found. The concern and follow-up are to be documented in Point Click Care under progress notes.

Communication from home leadership is clear and timely 53.8%
Communication Plan developed on February 15th, 2024 including creating a resident newsletter, encouraging residents to take part in huddles and resident interviews being conducted by the management team monthly.

Family:

The resident has input into the recreation programs available.
37.5% Resident's are consulted for input on recreation programs at monthly Resident's Council Meetings.

I am satisfied with the variety of spiritual care services 58.3%

An email has been sent to Families asking for input regarding wishes for spiritual care services (February 16th, 2024). Residents will be consulted at Resident's Council meetings quarterly.

I am satisfied with the timing and schedule of spiritual care services

58.3%

An email has been sent to Families asking for input regarding wishes for spiritual care services (February 16th, 2024). Residents will be consulted at Resident's Council meetings quarterly.

- Role of Resident and Family Councils and CQI Committee in determining actions taken with survey results: Results are shared with Resident and Family Council to gain input and ideas for improving survey results. Feedback is reviewed and included in the relevant action plans. Surveys are reviewed at the CQI Committee to gain feedback and ideas for improving survey results.
- How are results communicated to the residents & families, Resident & Family Council and staff: A copy of the Resident and Family Satisfaction Survey was emailed to the Family Council on February 2nd, 2024, and will be reviewed with the Family Council for feedback at the next meeting February 26th, 2024. The Resident and Family Satisfaction Survey is shared with the Resident's Council and staff via posting the results on the Quality board and reviewing the results at the Resident's Council meeting on February 28th, 2024.
- Date copy of the report was provided to Resident and Family councils:
Family Council: February 2nd, 2024
Resident Council: February 9th, 2024

PROVIDER EXPERIENCE

Extendicare New Orchard Lodge 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 New Orchard Lodge population consists of mainly 65 and older female residents. We have a spasticity clinic that comes in quarterly and geriatric mental health outreach.

CONTACT INFORMATION/DESIGNATED LEAD

Tina Remillard Quality Risk Management Coordinator

Tremillard@extendicare.com

OTHER

Executive Director/Administrator: Stephanie Fraser

CQI Committee Chair: Stephanie Fraser

Quality Lead of home: Tina Remillard

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 18, 2024**

Cory Nezan, Board Chair / Licensee or delegate

Stephanie Fraser, Administrator /Executive Director

Tina Remillard, Quality Committee Chair or delegate

Bill Preiss, Other leadership as appropriate
