

Extendicare Port Hope Quality Improvement Action Plan

Ongoing work to improve the care we provide

At Extendicare, improving the quality of care we provide to our residents and their families guides all we do. We are always seeking new ways to evolve our practices to improve the care we provide to those we serve to “Help People Live Better”.

Our Quality Improvement plan is developed on an annual basis by our Quality Improvement Committee taking into consideration Extendicare’s enterprise-wide strategic quality priorities: Quality of Care, Quality of Life, Safety and Resident Satisfaction. We also review quality assurance results, annual program evaluations and resident satisfaction survey results to assist us to determine key areas of focus in our home. Our Quality plan is shared with residents, families, team members and external partners to support our priorities, targets, and activities. Outcomes are reviewed on a quarterly basis at our QI committee meetings.

Active priority areas

Further information related to priority areas for our home is found in our Workplan.

Monitoring our results to ensure continuous improvement

Driven by our organization-wide commitment to clinical excellence, we have set our performance targets at best practice levels, with the intentional objective to work to exceed the Canadian Institute of Health Information’s (CIHI) annually reported national averages for long-term care homes across the country. Results are monitored monthly by our internal committees and CQI committee.

We use Point Click Care unadjusted data to monitor each of our core quality indicators. Monthly progress and actions are posted on each unit on a Quality Board in our home. Monthly Quality meetings are held in our region where we discuss our quality indicator results, share best practices and learnings across other homes in our network, and discuss action plans and strategies.

Responding to resident and family experience feedback

Resident Satisfaction Survey results:

1. How well staff listen to you – 81.48%
2. I can express my opinion without fear of consequences – 88.89%

We have met Extendicare's target for both these indicators and will continue to work to improve the results. Our work plan provides further details and actions on these important areas of resident experience, as we work to continue to serve residents better.

Our Quality Improvement Plan is shared with our residents, families, and team members, at Resident and Family council meetings for input and revised with their feedback. The outcomes are then regularly reviewed during council meetings. The document is posted on our in-home quality board as well as our home website. Minutes from these meetings are also posted in our home.

We also regularly hold Town Hall meetings with families and residents to communicate important information and ensure our community has an opportunity to ask questions.

All quality survey action items will be included in our 2024 workplan.

For any questions related to our Quality Improvement Plan, please contact:

Extendicare Port Hope Quality lead

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Theme I: Timely and Efficient Transitions

Measure Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 2021 - Sep 2022	14.79	18.10	Provincial average but we continue to strive to improve our results.	Hospital partners

Change Ideas

Change Idea #1 Implement/reassess formalized communication system to alert and monitor resident change in status on a daily

Methods	Process measures	Target for process measure	Comments
Implement/reassess morning meeting process to review key areas such as change in condition and ED transfers on daily basis.	# of morning meetings held daily	Formalized communication system to alert and monitor resident change in status will be implemented by July 2023	

Change Idea #2 Increase awareness of reasons for ED transfers and changes in condition

Methods	Process measures	Target for process measure	Comments
Review trends on monthly basis for changes in status that result in ED transfer and develop action plan to address	# of residents reviewed monthly	Awareness of ED transfers and changes in condition will be in place by September 2023	

Theme II: Service Excellence

Measure Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	P	% / LTC home residents	In house data, NHCAHPS survey / Apr 2022 - Mar 2023	81.48	85.00	Extendicare target but we continue to work to continually improve our results.	

Change Ideas

Change Idea #1 Utilize a resident specific approach to plan of care based on individual needs and preferences

Methods	Process measures	Target for process measure	Comments
Complete "All about Me" assessment tool for new admissions and current residents who do not have this completed	# of assessments completed on new admissions monthly # of assessments completed on current residents monthly	A resident specific approach to plan of care based on individual needs and preferences will be implemented for all new admissions by July 2023 and current residents by September 202	Total Surveys Initiated: 54 Total LTCH Beds: 128

Change Idea #2 Implement plan of care reviews that involve resident, so their needs and preferences are incorporated into goals and plans of care

Methods	Process measures	Target for process measure	Comments
Ask resident for input when reviewing plan of care on a quarterly basis and update according to needs and preferences	# of quarterly plan of care reviews completed with a resident on a monthly basis	Plan of care reviews that involve resident so their needs and preferences are incorporated into goals and plans of care will be implemented by September 2023	

Measure **Dimension:** Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	P	% / LTC home residents	In house data, interRAI survey / Apr 2022 - Mar 2023	88.89	85.00	Extendicare target but we continue to strive to improve our results.	

Change Ideas

Change Idea #1 Implement Town Hall meetings to engage residents and family member feedback on a regular basis.

Methods	Process measures	Target for process measure	Comments
Schedule Town Hall meetings virtually &/or in person involving all department managers on a regularly scheduled basis so residents and family members can provide feedback and hear needed updates about the home.	# of Town Hall meetings held per quarter.	Town Hall meetings will be held on a regular basis to engage resident and family member feedback by June 2023.	Total Surveys Initiated: 63 Total LTCH Beds: 128

Theme III: Safe and Effective Care

Measure Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	P	% / LTC home residents	CIHI CCRS / Jul - Sept 2022	14.24	17.30	Extendicare target but we continue to strive to improve our results.	Medisystem pharmacy, Behavioural supports Ontario

Change Ideas

Change Idea #1 Implement medication review process for all residents on antipsychotic medications

Methods	Process measures	Target for process measure	Comments
Complete standardized and systematic review of all residents currently on antipsychotics using an interdisciplinary approach.	# of medication reviews completed on a monthly basis	Standardized medication review process will be implemented by June 2023.	

Change Idea #2 Engage BSO to review potential triggers for responsive behaviours on all residents on prescribed antipsychotics.

Methods	Process measures	Target for process measure	Comments
Involve BSO resource to review potential triggers and assist with implementing strategies to decrease behaviours when reducing antipsychotics.	# of residents reviewed by BSO resource for potential triggers and alternatives to antipsychotic medications on a monthly basis.	Process for engaging BSO in review of potential triggers when decreasing antipsychotics will be in place by August 2023.	

Measure **Dimension: Safe**

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of home care patients who developed a stage 2 to 4 pressure ulcer	C	% / LTC home residents	Other / October - December 2022	4.30	2.00	Extendicare Target	3M Canada, Prevail, Wound, Ostomy and Continence Institute of Canada

Change Ideas**Change Idea #1** Enhance assessment process for pressure injuries

Methods	Process measures	Target for process measure	Comments
Provide accurate wound assessment and product selection education for all Registered staff.	# of education sessions provided to Registered staff monthly.	Wound assessment process for pressure injuries will be enhanced by July 2023.	

Change Idea #2 Enhance nutrition focus as part of a holistic skin health program.

Methods	Process measures	Target for process measure	Comments
Involve Registered Dietitian in plan of care when resident has pressure injury to ensure optimal hydration and nutrition for healing.	# of referrals to Registered Dietitian monthly	Nutrition focus will be part of a holistic skin health program by July 2023.	

Measure **Dimension: Safe**

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who had a fall in the last 30 days.	C	% / LTC home residents	Other / October - December 2022	17.00	15.00	Extendicare target	Achieva, Behavioural Supports Ontario

Change Ideas

Change Idea #1 Root cause analysis of falls occurring in home to determine strategy to decrease incidence, risk, and severity of falls

Methods	Process measures	Target for process measure	Comments
Falls huddles to be completed by interdisciplinary team after each fall to review, implement, and evaluate strategies to decrease falls.	# of falls huddles completed by interdisciplinary team on a monthly basis.	Root cause analysis of falls occurring in home to determine strategy to decrease incidence, risk and severity of falls will be implemented by August 2023.	

Change Idea #2 Implement comfort rounds process (4P's) for residents with high fall risk and for new admissions.

Methods	Process measures	Target for process measure	Comments
Re-educate 4P's process for comfort rounds with staff and provide with 4P's cards. Provide orientation to new staff on 4 P's process on hire.	# of education sessions provided to staff on 4 P's process on a monthly basis. # of orientation sessions on 4P's for new staff on a monthly basis.	Comfort rounds process will be in place and implemented by July 2023.	