

## **Extendicare Bayview 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 –45.5%
2. I can express my opinion without fear of consequences – 41.67%

These results demonstrate room for improvement, as we score below the Extendicare target set for these indicators. 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:

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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 | 15.45               | 18.10  | Provincial average but we continue to strive to improve our results for excellence. | Hospital partner       |

### 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, NHCAPPS survey / Apr 2022 - Mar 2023 | 45.45               | 85.00  | Extensicare target   |                        |

### 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 2023 | Total Surveys Initiated: 11<br>Total LTCH Beds: 203 |

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 | 41.67               | 85.00  | Extensicare target   |                        |

**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: 12<br>Total LTCH Beds: 203 |

## 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 | 21.72               | 17.30  | Extencicare target   | 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 long-term care home residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4 | C    | % / LTC home residents | Other / October - December 2022 | 1.20                | 2.00   | Extensicare target but we continue to strive for excellence in this indicator | 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. |          |