

Extendicare Mississauga Quality Improvement Action Plan

Ongoing work to improve the care we provide

At Extendicare, improving the quality of care we provide to our residents, patients, and clients 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, staff, and external partners to support our priorities, targets, and activities. Outcomes are reviewed on a quarterly basis at our CQI committee meetings.

Active priority areas

Further information related to priority areas for our home please refer to 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 PCC unadjusted data to monitor each of the quality indicators we are monitoring. Results are shared with staff, resident council, and family council. 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 discuss action plans and strategies.

Responding to resident and family experience feedback

Resident Satisfaction Survey results:

1. How well staff listen to you – 95.0%
2. I can express my opinion without fear of consequences – 100.0%

Date reviewed:

- Family Council: Will review with Family Council in November 2023 as new Family Council has been established.
- Resident Council: May 25, 2023

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

We also have regularly scheduled town hall meetings with families and residents to communicate important information as well as giving an opportunity for attendees to ask questions.

All quality survey action items to be deferred to the 2024 workplan.

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

Extendicare Mississauga 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 | 11.76 | 18.10 | Provincial target but we continue to strive for excellence and improvement in this indicator. | 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 III: Safe and Effective Care

Measure Dimension: Safe

| Indicator #2 | 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 | 18.49 | 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. | |