

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

April 2, 2024

OVERVIEW

Extendicare Kennedy Lodge has 209 beds of long-term care, 1 Short-stay respite care and 18 beds of Convalescent care beds with a total of 228 beds home located at 1400 Kennedy Road Scarborough Ontario M1P 4V6.

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 – Kennedy Lodge falls program continues to focus on reducing the incidence of falls and the risk of injury. Ongoing interdisciplinary team huddles for each fall is in place, discussing and finding the root cause of the fall, reviewing, and implementing new intervention and updating the care plan. 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, medication reviews.

2. Inappropriate Use of Antipsychotics – 17.3%

Our Approach – We continue with audits and monthly use of the CMAI – Cohen Mansfield Agitation Index, the GDS – Geriatric depression core and implementation of PIECES assessment. Our Antipsychotic Reduction strategy includes engagement of pharmacy team to provide recommendations to prescriber on safe reduction of antipsychotics. Engaging Behavioural support leads working with the team to support behaviour management. Implementation of Extendicare Antipsychotic Reduction Tool; DementiAbility Methods is a person-centered approach where residents maintain strengths and purposefully engage in ADLs and leisure activities; environmental changes such as ways of finding cues, adapting physical space with a variety of activities, use of "Getting to Know Me" and/or memory boxes allows care staff to engage with residents about interests, preferences and personal history;

Interdisciplinary assessments, huddles and rounds allow staff to understand reason behind behaviour and address any unmet needs; CQI audits that determine gaps and support prompt action planning.

3. Restraint Reduction – 2.5%

Our restraint reduction strategy includes Implementation of Extendicare's Least restraint policy, health education for families/residents about risks of restraint use and available alternatives, utilization of alternative to restraints including meaningful activity, calming strategies, bed and chair alarms and individualized care routines. Anticipating care needs through individualized care plans to address toileting, nourishment, hydration, pain and leisure needs. CQI audits that determine the gaps and support prompt action planning.

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

Our Approach –Our skin and wound strategy includes; working in partnership with our vendors to enhance our assessment process and ensure correct product selection to promote healing; education of new advanced practice skin and wound care nurses; review of bed surfaces and repositioning devices; education for front line staff on prevention, early identification and management strategies assessment and individualized prevention and management strategies which can include turning and repositioning, pressure reducing devices and surfaces, nutritional strategies to promote

healing; utilizing wound care app to ensure accurate assessment and treatment plan, utilizing ET nurse, NPSTAT in reducing unnecessary emergency room visits. Quality Labs will allow an interdisciplinary approach to develop root cause, develop, and work towards change, while collaborating and hearing successes of other teams. CQI audits that determine gaps and support prompt action planning.

ACCESS AND FLOW

Resident and Family engagement continues to be a priority of Extendicare. The success of this QIP requires collaboration with multiple partners. 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:

LHIN/Home and Community Support Services- we work with the placement coordinator to anticipate and prepare for unique needs of new residents when they are admitted to the home.

Ontario Association of Residents Council – we use the tools to maximize collaboration of residents Council in Quality Improvement Activities, their online education for Councils of the home.

Medisystem – consulting pharmacist attends meeting committees in the home, completes audits and provides education to the staff, participates in the annual program evaluation and the antipsychotic reduction tool process.

Behavioural Supports Ontario – collaborates with the home in a monthly meeting and provides us support through education. External referral to the Outreach team.

Vendors such as Medical Mart, 3M, CDS boutique – we purchased specialized equipment for falls prevention and injury reduction, skin and wound care supplies, recreation supplies to support resident engagement.

DementiAbility – offers workshops and individualized support to support full implementation of the dementiability program in the home.

Collaboration with the other Long Term care Homes through Quality Labs, regional meetings with the sister homes which allow us to share leading practices and collaborate, mentorship relationships which exist across the home.

Achieva Health – Internal partner working with team collaborative, committee involvement, provide physiotherapy services to residents identified.

Nurse Lead Outreach Team (NLOT) – provide support to the home for prompt assessment and treatment in the home to reduce Emergency Room visits.

ET Nurse – provide assessment and recommendation for treatment.

Hospital Hub – IPAC liaison visits once a week, provides education and support. Attends IPAC meetings.

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:

Resident: September 1, 2023, to October 31, 2023.

Family: September 1, 2023 to October 31, 2023

Resident: Would you recommend this home? Result: 80.2 %

Top three areas for improvement from survey:

1. I am satisfied with the food and beverages served to me – 61.1%
2. Staff take time to chat with me – 56.8%
3. My care conference is a meaningful discussion that focuses on what's working well, what can we improved and potential solutions – 61.8%

Family: Would you recommend this home? Result: 91.1 %

Top two areas for improvement from survey:

1. I have an opportunity to provide input on food and beverages options – 72.9%
2. The resident has input into the recreation programs available – 79.5%

Key actions taken, as a result of survey outcomes for top 3 areas for resident satisfaction and family satisfaction:
February 6th and 8th 2024.

1. Residents choice program meeting was held for the residents to choose their own activities. Meetings are scheduled quarterly. Minutes will be shared with the family council during their council meeting. Monthly the Recreation Manager will send the monthly activities highlights calendar to all families and the newsletter quarterly with a detailed schedule of residents' choice activities.
2. Our Dietary department made changes to the food as requested by the residents during the resident's food committee meeting that was held on February 8, 2024, and engaged the resident to participate in the upcoming food tasting panel to get their feedback on the new or specific menu items. Boiled eggs were re-introduced back at breakfast and the home had decreased the number of cold salads on the menu, our residents chose the option to have more hot vegetables than cold salads (May 20, 2024). The leadership team are actively present during mealtimes to get feedback from the residents about the food and beverages served.
3. Kennedy Lodge provides mandatory re-education to all our active staff which includes Heart approached and Customer service, and

our goal is to complete the education by April 30, 2024.

Our HQO QIP and Quality Plan is shared with our residents, families and staff at our council meetings, quality council, department meetings and townhall meetings for input and revised as needed. The outcomes are then regularly reviewed during council meetings. This document is posted on our Quality Board within the home and alongside our Home Quality Plan.

- A copy of the report was reviewed and provided to the Resident Council committee on February 8, 2024.
- Family Council committee on February 5, 2024, and February 28, 2024.
- Resident Survey, family Survey and employee engagement survey result was reviewed during staff townhall meeting on February 22 and February 23, 2024.

PROVIDER EXPERIENCE

Kennedy 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 Kennedy Lodge is a multicultural home, and our population consists of 80% Asian population. We have modified our menu to include Chinese menu to meet the diverse needs of our Asian community.

Kennedy Lodge recognized the holiday celebration like Chinese New Year, Mother's Day, Father's Day, cultural events, and having barbeques during summer. We implemented dimsum station, Seafood feast, cultural food on the go and smoothie days.

Our Recreation department implemented a resident choices programming, dementiaability on all units, games day, outings for low participants residents, musical Monday, crafty Tuesday, Friday happy hour, birthday party, art therapy on Saturday, massage therapy, pet therapy, breakfast club, neighborhood walk in summer, VR program, calligraphy, tai -chi, to ensure that we meet the needs of these populations. Quarterly we have a celebration of life to remember our residents that have passed on and celebrate their life. We also work collaboratively with the Psychogeriatric Outreach Team from Scarborough Health Hospital and the BSU team from Ontario Health.

CONTACT INFORMATION/DESIGNATED LEAD

Contact Information

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OTHER

Kennedy lodge piloted the automatic dispensing medication unit an automated dispensing machine which streamlines medication management, reduce medication errors and enhanced patient safety.

ADU - Automatic dispensing Unit is the future of Long Term Care



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 26, 2024**

Wendy Gilmour, Board Chair / Licensee or delegate

Ninne Grace Rivera, Administrator /Executive Director

Sharon Hunt, Quality Committee Chair or delegate

Yvonne Carvalho, Other leadership as appropriate
