

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

April 2, 2024

## OVERVIEW

Extendicare Kilean Lodge is a 50 long-term care home located in Grimsby.

### 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 CARF, 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 – Involve pharmacist and request med reviews as deemed necessary. Root cause analysis completed when required. Following last root cause analysis implemented having recreation aide regularly on second floor during the hours of 3-4:30 as identified higher numbers of falls at this time. Implemented use of Dycem a nonslip adhesive to reduce risk of residents sliding out of wheelchairs. Environmental risk assessments completed with each fall. Individualized care plans when risks identified, i.e. proper mobility devices, appropriate footwear, chair or bed alarms. Referrals as required, i.e. dietary or physio referrals.

#### 2. Inappropriate Use of Antipsychotics – 17.3%

- Our Approach – Reviews with pharmacists as deemed necessary. Ongoing review by responsive behaviour lead for removal of antipsychotics and monitoring of residents to determine effectiveness. Ongoing review by responsive behaviour lead for proper diagnosis. Ongoing review by RAI/MDS lead for proper coding. Involvement of Behavioural Support Ontario team and Psychogeriatric Resource Consultant in managing behaviours without medication. Utilization of Montessori techniques, gentle persuasive approach and dementiaability and training in each program. Utilization of Senior Mental Health team as needed. Initiated antipsychotic reduction program.

#### 2. Restraint Reduction – 2.5%

- Our Approach – Ongoing education provided to families and residents on admission and at care conferences to discuss use and risks of restraints and PASD's, offer alternative recommendations such as alternative interventions such as recreation and med

reviews. Education is provided to staff on risks associated with restraints. Ensure interdisciplinary process is in place and properly documented on use of restraints, ensure family is part of process.

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

- Our Approach – Education provided to staff utilizing external resources and internal back to basics education. Wound staging education provided in home utilizing NP. Daily report reviewed to identify residents at risk. Utilization of proper mobility aides to reduce skin impairments, Turning and repositioning programs implemented and toileting programs as determined needed. Individualized intervention items to reduce risk such as air mattress or boots.

### 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 Behavioural Supports Ontario, Senior Mental Health, Psychogeriatric Resource Consultant, pain and palliative hospice specialists, Ontario Association Resident Councils, Ontario Long Term Care Association, and vendors such as Medical Mart, 3M, and Medisystem pharmacy, and hospitals.

Behavioural Support Ontario: referrals sent for residents who have behaviours related to care. Team then comes to home and gathers information, determining triggers in order to identify interventions to help reduce behaviours and improve quality care. Quality indicators show success in improvements of behaviours.

Senior Mental Health: Utilized when Behavioural Support Ontario unable to assist. One resident seen by mental health team last year due to ongoing challenges. Resident care now significantly improved with great reduction in behaviours due to finding appropriate medication management for resident.

Psychogeriatric Resource Consultant: On request comes to review residents chart on resident consent and reviews concerns and behaviours and identifies strategies to assist in resident care and approaches to utilize. Resident with dementia making racial comments, psychogeriatric consultant provided tools to respond. Ontario Association Resident Council: Available as needed for consulting and problem solving.

Ontario Long-term Care Association: Weekly meetings occur for team to attend.

Medical Mart: Utilize for ordering medical supplies. Communicate with rep for assistance for ordering items, for example air mattress. 3M: Arrange education as required and offer regular meetings with team.

Medisystem: Complete audits of eBox and medication management program. Audits improved from 80% to 91% of program. Follow up meetings with medication errors helped improve and reduce errors

occurring on pharmacy side. Utilize quality nurse for education and pharmacist for med reviews as required.

Hospitals: Connect with hospitals as required for transfers.

Currently arranged meeting to improve communication and reduce concerns related to residents being returned to home without notification.

## 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

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 11 to October 31, 2023

- Family: September 11 to October 31, 2023

Resident: Would you recommend this home? Result: 89.5%

- Top three areas for improvement from survey (input % for each):

- o I have input into the recreation programs available. Result: 57.9%

- o I am satisfied with the quality of care from doctors. Result: 66.7%

- o I am satisfied with the variety of spiritual care services. Result: 73.3%

- Family: Would you recommend this home? Result: 90.5%

- Top three areas for improvement from survey (input % for each)

- o There is a good choice of continence care products. Results: 62.5%

- o I am satisfied with the variety of spiritual care services. Result: 64.7%

- o I am satisfied with the quality of care from the doctors.

Results:71.4%

Key actions taken, as a result of survey outcomes for top 3 areas for resident satisfaction and family satisfaction: continue to discuss with residents at counsel meetings and obtain input on programs, implemented in February 2024 survey utilizing happy faces to rate happiness with the program. Admission package includes continence products and how they are chosen, education will be arranged to be provided to families on the process to enhance understanding of the products and choices and reasoning behind

them. Working to increase MD participation in quality meetings and resident care conferences. Discussion to occur with MD to discuss feedback or suggestions on how improvement can occur on involvement within the home. Template created to provide to families and residents explaining what spiritual care is, admission package will include the five domains of recreation activities, choices continued to be offered at counsel meetings and recreation board to identify what programs are spiritual programs (all implemented in February 2024).

- Role of Resident and Family Councils and CQI Committee in determining actions taken with survey results: Shared and discussed with councils and committee, feedback requested, documented in resident and family council minutes.
- How are results communicated to the residents & families, Resident & Family Council and staff: (include dates communicated to each): shared at resident council February 22, shared at staff meetings on February 27, to be shared with family council April 10. Results posted within the home.
- Date copy of the report was provided to Resident and Family councils: February 22 to resident council. Being provided and discussed with family council at next council meeting on April 10.

## PROVIDER EXPERIENCE

Kilean 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.

Antipsychotic reduction program in implementation phases. RNAO Implementation Coach completing gap analysis for ED transfers. Amplifi and eConnect Plus to improve communication between home and hospitals.

## 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

Kilean Lodge population consists of mainly Caucasian, Italian, and Indian decent. Specialty programs include Behavioural Supports Ontario, bariatric needs for one resident, dementiability, Senior Mental Health, Hospice Pain and Palliative team, Psychogeriatric Resource Consultant.

## CONTACT INFORMATION/DESIGNATED LEAD

Kilean Lodge Contact Information/Designated Quality Lead

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## 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 27, 2024**

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**Maggie Walsh**, Board Chair / Licensee or delegate

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**Maggie Walsh**, Administrator /Executive Director

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**Maggie Walsh**, Quality Committee Chair or delegate

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Other leadership as appropriate

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