

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

April 2, 2024

OVERVIEW

Extendicare Bay Ridges is a 124-bed long-term care home located at 900 Sandy Beach Road, Pickering, Ontario, L1W 1Z4.

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:

- o Individualized toileting plan for the residents;

- o Environmental risk assessments to ensure a safe, uncluttered environment with adequate lighting and supportive mobility devices;
- o Activity programs specific to the needs of residents at high risk for falls;
- o Appropriate footwear;
- o Medication reviews;
- o Universal falls strategies that are in place for all residents;
- o Environmental Fall Prevention Scans of resident's room at move-in, return from hospital and room change.
- o Environmental changes to create inviting and engaging spaces in supervised areas;
- o Strength/balance interventions through physiotherapy, restorative care, and exercise programs; meaningful recreation and leisure interventions to keep resident engaged;
- o Assessment for fall and injury prevention equipment such as bed/chair alarms, high-low beds, fall mats, hip protectors.
- o CQI audits that determine gaps and support prompt action planning;

2. Inappropriate Use of Antipsychotics – 17.3%

Our Approach:

- o Engagement of pharmacy team to provide recommendations to prescribers for safe reduction of antipsychotics;
- o Engaging Behavioral support leads to work with team to support behavior management;
- o Implementation of Extendicare Antipsychotic Reduction Tool;
- o DementiAbility Methods is a person-centered approach where residents maintain strengths and purposefully engage in

- ADLs and leisure activities;
- o Environmental changes such as ways of finding cues, adapting physical space with a variety of activities.
- o Use of “Getting to Know Me” and/or memory boxes allows care staff to engage with residents about interests, preferences and personal history;
- o Interdisciplinary assessments, huddles and rounds allow staff to understand reason behind behaviour and address any unmet needs;
- o CQI audits that determine gaps and support prompt action planning;

3. Restraint Reduction – 2.5%

Our Approach

- o Implementation of Extendicare’s Least Restraint policy,
- o Health education for families/residents about risks of restraint use and available alternatives;
- o Utilize alternative to restraints including meaningful activity, calming strategies, bed and chair alarms, individualized care routines;
- o Anticipating care needs through individualized care plans to address toileting, nourishment, hydration, pain and leisure needs;
- o CQI audits that determine gaps and support prompt action planning;

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

Our Approach

- o working in partnership with our vendors to enhance our

- assessment process and ensure correct product selection to promote healing;
- o Review of bed surfaces and repositioning devices;
- o Education for front line staff on prevention, early identification and management strategies
- o Assessment and individualized prevention and management strategies which can include turning and repositioning, pressure reducing devices and surfaces, nutritional strategies to promote healing;
- o Utilizing wound care app to ensure accurate assessment and treatment plan
- o Utilizing NPSTAT, allowing visit Nurse Practitioner reducing unnecessary emergency room visits

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.

The success of this QIP requires collaboration with multiple partners, including:

- o Home and Community Support Services – work with placement coordinator to anticipate and prepare for unique needs of new residents;
- o Ontario Association Residents’ Councils – use tools to maximize collaboration of Residents Council in Quality Improvement Activities, online education for councils and home;
- o Medisystem – consulting pharmacist attends committees, completes audits and provides education, participates in annual program evaluation, participates in antipsychotic reduction tool process;
- o Vendors such as Medical Mart, 3M, CDS Boutiques, ARJO, Pro-Resp, Music Therapist, Footcare Nurse and Hairdresser - purchased specialized equipment for falls prevention and injury reduction, skin protecting supplies; recreation supplies to support resident engagement;
- o Behavioural Supports Ontario – internal BSO funded position, PRC provides support (Education and Training)
- o DementiAbility – offer workshops and individualized support to support full implementation of program; purchase products (reading programs) and ideas for home-made versions (way finding cues, labels)
- o Other long term care homes – Quality Lab, Regional meetings with sister homes allow us to share leading practices and collaborate, mentorship relationships exist across homes.
- o Achieva Health – internal partner working with team collaborative, committee involvement, provide physiotherapy services to identified residents.
- o Nurse Led Outreach Team (NLOT) and Nurse Practitioners Supporting Teams Averting Transfers (NPSTAT) - Support

prompt assessment and treatment in the home reducing ER visits.
o Ontario Shores

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:

Resident Satisfaction Survey

o Date of Survey: Sept 11 – Oct 31, 2023

o Report was shared to Residents' Council on March 6, 2024, and posted in the home on March 1, 2024.

o Resident: Would you recommend this home? Result: 88.1 %

Top three areas for improvement from survey and action plan

1. My care conference is a meaningful discussion that focuses on what is working well, what can be improved and potential solution – 29.6%

o Encourage attendance of resident in every care conference
o Allow adequate time for residents to ask questions, verbalize concerns during the care conference.

2. Communication from home leadership is clear and timely – 32.2%

To reestablish newsletter for residents

o Answer concerns coming from Residents' Council within timeline.
o Utilize the Resident Council Board to post relevant information to resident care.

3. I am updated regularly about any changes in my home 32.2 %

o Meeting minutes should be posted right after the meeting in areas visible to family and staff.

o Staff lounge area and Program boards.

Family Satisfaction Survey

o Date of Survey: Sept 11 – Oct 31, 2023

o Report was shared to Family Council on March 6, 2024, and posted within the home on March 1, 2024

o Family: Would you recommend this home? Result: 84.3%

Top three areas for improvement from survey and action plan

1. I am satisfied with the timing and scheduling of spiritual care services – 35.7%

o The activity plan should be reviewed and presented in the Family/Resident council meeting to get input and feedback.

2. I am satisfied with the variety of spiritual care services - 38.7%

o Identify resident spiritual beliefs in the home and reach out to external resources.

o The resident has input into the recreation program available –

3. The resident has input into the recreation programs available. 43.8%

o To re-establish Newsletter for residents.

- o Answer concerns coming from resident council within the timeline.
- o Utilized the Family Council Board to post relevant information to resident care.
- o Meeting minutes should be posted right after the meeting in areas visible to family and staff.

Role of Councils and CQI Committee in determining actions taken with survey results:

Results of the survey were shared in council meetings and input from councils utilized to develop action plans. ED will revisit action plans quarterly at Council and ask for ongoing feedback to action plan. A resident and family are member of our CQI committee. The home will complete a pulse survey with a sample of residents to gauge progress in these areas.

PROVIDER EXPERIENCE

Extendicare Bay Ridges 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 Bayridges population consists of mainly Anglo- Saxons.

Back to Life Program – A unique approach at Bay Ridges to provide meaningful and purposeful activities for residents to engage in based on their life and leisure history. The program includes group and individual activities to engage our residents; The clothesline, helping hands (Folding towels), Rock'n Roll Replay, Office Temp, General Chores/duties, Outdoor chores.

The process involves residents that reside on Alderwood have a Recreation assessment on admission the Rec staff will also meet with the family members to inquire about, residents past interests and what they did for their occupation, this could be multiple, also we explore if the resident had any specific interests such gardening or performed daily activities around their home.

The Recreation staff will identify the residents present strengths this could be physical, cognitive and physical endurance...the staff will develop and implement a Back to Life programs based on each resident specific needs and abilities and they will be successful.

Example: A resident who worked at Bell Canada and did office/clerical work such as filing management of files, writing letters.

Task: The resident on a daily a basis is given 50+ invoices that have been prepared and the resident is asked to file them in their own personal file box. Resident is given instructions on how to complete the task if invoices should be filed alphabetically. This activity can

be done with independent residents or can be done hand over hand with support from a PSW, PSA, guard or Recreation staff.

The program is evaluated on a weekly basis to ensure the resident is successful at their Back to Life individual program, if the resident is having difficulty completing the task independently that has been assigned the resident will receive support/assistance from the staff on the particular unit. If it is identified that the resident is not capable to complete task even with hand over hand support another program will be developed based on the residents' needs and strengths.

These programs have been proven to reduce boredom, responsive behaviors, falls, rummaging and give the resident empowerment and accomplishment on completing task daily.

CONTACT INFORMATION/DESIGNATED LEAD

Contact Information

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Designated Quality Lead / CQI Committee Chair

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OTHER

Clinical audit

Month Quality Lab in collaboration with our sister homes

Performance benchmarking as per Health Quality Ontario

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

Totche Juguan, Administrator /Executive Director

Diana Chacko, Quality Committee Chair or delegate

Yvonne Carvalho, Other leadership as appropriate
