

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

February 25, 2023

OVERVIEW

The Gibson Long-Term Care Quality Program is led by the Administrator, Autumn Trumbull and is assisted by our Quality Improvement and Education Co-Ordinator Mithun Mathew R.N. BScN. In 2023/24, the home will be working on Quality Improvements in the areas of Antipsychotics, Potentially Avoidable transfers to ER and resident satisfaction "very satisfied" scores related timely care.

Our team reviews the statistics provided by the Ministry on ER transfers and our CIHI indicators to determine the areas most in need of improvement. We also look at resident and family satisfaction and employee engagement survey results to identify areas of focus to make our home a better place to live and work.

Over the past year we have been most proud of our improvements in the areas of Antipsychotic use without a diagnosis. When our home was finally able to invite new residents post-Covid, many came to us in crisis situations and many residents exhibited responsive behaviours (or the term we use, expressions). Outside of LTC the most common approach involves the use of antipsychotics, meaning that many of our new resident came to us with pre-existing antipsychotics orders. Our past approach of immediate assessment of expressions was daunting. Throughout this year we have been able to systematically complete those assessments. Since the removal of antipsychotics requires a titrated decrease, the results that are seen statistically are not immediate. Also, given that our source of statistics through CIHI are always behind, the improvements achieved are not immediately apparent. For example, our performance when the 2022/23 plan was developed was at 16.84% and it was noted that due to the time

frame of the data provided, this number underrepresented the current situation for the above noted reasons. Raw data obtained through PCC shows that for the quarter ending September 2021, which was the reference point for the 2022/23 quality plan, we had 26 residents receiving antipsychotics without a diagnosis. At the end of the quarter of June 2022 which represents the point in time when the report was done, we had 35 residents receiving antipsychotics without a diagnosis. At the most recent quarter ending December 2022 there were 24 residents and at the end of January 2023, with a higher occupancy, there was a decrease to 13 resident receiving antipsychotics. While we have made great strides over the last 4 months in decreasing these numbers, the improvement will not be reflected in our CIHI data for 3 to 6 months. We believe that even greater improvement can be realized. We have had a post-COVID reboot of AgeCare's IMAGINE program which educates our staff so that they can understand dementia and offer the best individualized approaches to assist our residents to live their best lives, This will be an integral part of finding ways to provide our residents with non-pharmacological approaches.

We will, again this year, work to decrease the number of transfers to emergency that are considered to be avoidable. Our home will be looking at new change ideas to promote care within our home where able as we recognize the impacts on our residents when they make a hospital visit. We have initiated a new process to discuss and incorporate the Goals of Care for each resident in their plan of care. These discussions will help the interdisciplinary team to make suggestions for treatment and care options that align with the residents expressed wishes.

Resident satisfaction is measured on residents being "very satisfied". We view very satisfied as providing exceptional care and services. One area that we feel we can improve is around timeliness of care, particularly on our night shifts when staffing levels are lower. We will be reviewing at job routines, staffing patterns and educational opportunities to support our staff on night shift.

REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

Our 2022/23 QIP initiative to decrease transfers to the emergency room that are defined as being avoidable has been greatly challenged by Pandemic realities.

Across the board, increases in the rate of avoidable ED visits has risen. For our Central HCCSS the rate has risen from 17.5 to 20.9, and in Ontario from 16.0 to 18.5. This reflects that the issues are systemic in nature.

At the time that our last plan was developed, we were in discussions with our partner hospital about resources that they could provide to support long term care in maintaining residents, with acute illness or injury, in the home, rather than looking to the emergency room for assistance. Professionals committed to the long term sector truly believe that it is best for the quality of life of our residents to remain in their home, whenever possible. At the same time clinicians are challenged by the lack of diagnostic tools within the sector that leaves them without the means to objectively assess our residents to provide them with the most appropriate and effective care options. The discussions that were taking place created hope, but the reality of hospitals being stretched and challenged to meet their own internal needs has meant that the resources that were hoped for have not been realized.

In addition, over the last 3 years, with the negative media portrayal of long term care, clinicians who have felt the impact of finger pointing have an increased aversion to risk. At the same time, this negative portrayal has created a public, including the families of our residents, with a reduced confidence in the ability of long term care homes to meet the acute needs of their loved one. While the health care system may define a transfer to emergency as avoidable, the resident and or their family are not necessarily seeing it in the same light. Even with education there is an increase in the insistence that assessment in a hospital is the best option. It will be interesting to see in the coming year, as we endeavor to improve our performance in this area, the insights of the residents and family members that join our quality journey.

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

Our resident satisfaction survey, completed in June 2022 saw a 3% increase in participation from the previous year and a 7% increase in overall satisfaction. The response to the statement "I am satisfied with my residence as a place to live increased by 11% and the response to the statement "I would recommend my residence as a place to live increased by 4%.

While the area identified as needing the greatest improvement was dining services, as it has been in the past, individual scores for the specific questions asked that inform this score rose from 4 to 17% over the previous year.

Environment remained the second area needing the greatest improvement. Scores for the individual questions asked all rose from 1 to 9%, showing that while it is still an area of concern, there

has been improvement year over year.

The survey has been discussed with resident council and it was unanimously decided that audits during meal times, eliciting real time input from residents regarding what they like, and what they would like to see improvement in the meal being served would be the most objective way to improve in this customer service area.

In terms of the environment, the COVID experience has had a real impact on the home. As an older home without a lot of storage space, PPE stocks and other COVID supplies have taken over large portions of real estate. This has not enhanced our environment. A methodical approach will allow us to consolidate some of the storage challenges to provide a foundation for further environmental improvements.

PROVIDER EXPERIENCE

Our employee engagement survey was conducted in June of 2022. The 2 areas of greatest improvement this year were in relation to the statements "I am satisfied with AgeCare as a place to work" and "I would gladly recommend AgeCare as a place to work." Our scores in these areas outranked those of AgeCare in general.

The area identified as needing greatest improvement was in the area of education. While the current staffing realities in Long Term Care present a significant challenge in providing backfill for education endeavors, our home has already initiated, or have plans to put in place additional education for this year. The home will work to capitalize on special funding opportunities. The current reboot of "IMAGINE" the AgeCare education program to assist in providing the best care options for residents experiencing dementia

is at the forefront of the educational opportunities. This is particularly impactful, as the program comes with a practical project to help improve resident care. Our home has taken on a project to further develop initiatives to get to know our residents better so that interventions can be individually identified for each resident with dementia. In addition the home is capitalizing on the special funding for GPA education and later in the year we have plans to utilize the funding potentials for the CLRI/RIA program "Living the Dementia Journey". Both of these educational endeavors are keeping with the AgeCare "pillar of WOW" for dementia.

The AgeCare "Pillars of WOW represent the areas in which we believe we can provide the best care in the Long Term Care sector. With dementia impacting approximately 80% of residents in Long Term Care it is critical that we be informed on the very best approaches to assist our residents to live their very best lives. This is in keeping with our Vision of "Making People's Lives Better" and our Mission of "Providing Happier, Healthier, and more life fulfilling experiences for our seniors".

In addition, this year we have capitalized on available funding by having staff participate in the "All-In Palliative Care" training program. Palliative care is another of the AgeCare "Pillars of Wow" and of course, this program, is in keeping with the focus on Palliative Care within the FLTCA.

Our home will also utilize funding provided for the ERCC program that focuses on person-centred care. Our home started this journey of including our PSW staff in this program pre-pandemic and will continue this journey this year.

In addition, AgeCare Long Term Care sector is embarking on the implementation of the RNAO Clinical Pathways initiative and this will provide our staff with ample opportunities to become knowledgeable in the implementation of best practice guidelines for Long Term Care.

WORKPLACE VIOLENCE PREVENTION

A major focus is placed on working diligently with the education of staff to assist residents experiencing dementia with individualized approaches in order to address real and potential sources of workplace violence. Staff complete mandatory education on hire, and annually thereafter for Dementia and Responsive Behaviours, Workplace Violence Prevention and Whistleblower Protection. Code White is reviewed annually as part of our Emergency Code education. As mentioned previously our AgeCare Imagine program, GPA education and the future education on Living the Dementia Journey assist staff in this area. In addition, our Psychogeriatric Resource Consultant(PRC) provided through HCCSS does monthly education in the home to address current behavioural realities in the home to prepare our staff to better meet the needs of residents, thereby reducing responsive behaviours (expressions).

The home has a very active internal Behavioural Support Resource Team (BSRT) comprised of a full time RPN and a full time PSW who have received extensive education through HCCSS for their roles. They work closely with the external BSO team, the NP and psychiatrist with the GMOT team, and the PRC and they hold monthly meetings to plan a fulsome strategy for each individual resident being followed by BSRT. This provides greater breadth of

knowledge and experience to identify triggers of expressions, and the best interventions to develop individualized plans of care.

Critical Incident Reporting education is completed on an annual basis and a CIS workbook is utilized to assist us in identifying trends including those Critical Incidents involving any type of workplace violence involving residents.

The Joint Health and Safety Team reviews Employee incidents and the Corporate Health and Safety team assists us with keeping the policies current, supporting the home with WSIB claims and providing support and input as needed.

PATIENT SAFETY

On a macro level, our CIHI Quality Indicator reports are utilized to identify priorities in this area. Findings are reviewed and further investigated utilizing Inspection Guides. This is used to inform annual program evaluations that are used to develop goals for the year to improve performance in the indicators. Each program has a designated leader who conducts monthly meetings to review the monthly performance and to educate and problem solve with front line care providers in the development of short term goals to meet the identified program performance. In this process, the micro level of development of individual resident care plans provides for quality of care, and thus safety, for the resident that will move the performance of the indicator in the desired direction.

Workbooks in the areas of Falls, Medication Incidents, Infection, Complaints, Critical Incidents, Restraints/PASDs, and Skin are maintained and assist us in identifying trends so that program goals and interventions can be adjusted to meet current realities.

Education that covers all of these areas is conducted on hire and

annually thereafter so that staff are knowledgeable and able to provide the care that support resident safety. Annual theoretical and practical education is also provided in the area of provision of safe lifts and transfers according to the resident care plan as identified by the interdisciplinary team.

Special funding has been utilized this year to provide the appropriate resources in addressing the risk of falls and funding has been used to obtain ADC cabinets for the home to provide for improved safety in medication administration. The annual ISMP Medication Self Assessment is also conducted to identify areas of improvement for the safety in medication administration.

HEALTH EQUITY

As a metropolitan Toronto home our community, both resident and staff, reflects the diversity of the city. Having diversity in both areas helps in communicating with residents who are not English speaking. We keep a document of languages spoken by staff so that external interpretation services are rarely needed. In addition, we utilize iPads with Apple applications for translation so that even our English only speaking staff can interact with residents. This also provides the resources to create cue cards to help in communicating with residents regarding their care needs. iPods are obtained through the Alzheimer's Society to assist residents in having connection with music, stories etc. that are culturally significant to them. Recently we enlisted the family member of a resident with expressions, to decorate the residents room and provide TV programs and music according to the resident's Korean heritage. The resident is more fully engaged and expressions have decreased.

In order to celebrate the various cultures our programs/activity department seeks to provide activities for the various important days for our residents. Often the food and nutrition department work hand in hand to provide a culturally specific meal to match the program. This includes activities and special food for Diwali, Hanukah, and Black History Month, Cinco de Mayo, Chinese New Year, Pride week, among others.

An "All About Me" program is utilized when a resident moves in to ask about the culture that the individual identifies with and ways in which the resident needs can be met in these areas. This information is communicated for all through Point Click Care and the individualized resident care plan.

In all of this AgeCare has a Diversity and Inclusion Program that leads the way to ensure that we are "a diverse and inclusive organization that values and encourages different experiences, backgrounds, cultures, ways of life and viewpoints and recognizes the vital contribution that these differences make to the organization as a whole in the furtherance of AgeCare's Vision.

CONTACT INFORMATION/DESIGNATED LEAD

Autumn Trumbull
Administrator-Quality Program Lead

Mithun Mathew, RN BScN
Quality Improvement and Education Co-ordinator

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 **February 25, 2023**

Christine Maragh-DRO, Board Chair / Licensee or delegate

Autumn Trumbull-Administrator, Administrator /Executive Director

Autumn Trumbull-Quality Program Lead, Quality Committee Chair or delegate

Barb Murphy-Director Quality AgeCare, Other leadership as appropriate
