

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 15, 2024

OVERVIEW

AgeCare London LTC Home is a top-rated facility that provides first-class care to its residents. It is in a suburban area of London, Ontario, and has 95 beds. The building was constructed in 2003 and is divided into three resident home areas. One of these areas is a secure unit with 31 beds for residents with dementia. Our home serves the City of London and the surrounding area and is well-connected with educational facilities and community organizations that help us provide the best possible care for our residents.

We are proud of our consistently high performance in quality indicators and outcomes, and we continuously measure our results against the Provincial average and other comparable homes. We have maintained a 0% rate on the use of antipsychotic medications and restraint usage.

We follow the IMAGINE philosophy, which is centered on supporting residents with dementia to live their lives to the fullest by understanding their uniqueness, abilities, and personal expressions. We have trained four new IMAGINE ambassadors in 2023 to continue this quality program.

We conduct regular satisfaction surveys among our residents, employees, and their families to gain insights into their experiences and develop action plans for Strategic Planning and CARF Initiatives. We also look at opportunity for improvement based on CIHI data and other provincial initiatives. Our goal is to improve the quality of life of our residents by addressing these key areas. Our Quality Teams and Committees have an interdisciplinary approach that includes residents, staff members, and family representatives.

The Continuous Quality Improvement (CQI) Team is led by the Administrator and is responsible for monitoring and reporting on quality issues, residents' quality of life, and the overall quality of care and services provided in the home. We have sub-committees that support key quality issues, including Resident Care and Services (Continence Care, Skin and Wound, Restraints, Falls, Palliative Care, Responsive Behaviours, Pain Management), Resident and Family Council, Quality Improvement Project Teams, and the Professional Advisory Committee.

Each Quality team and committee functions within the Terms of Reference developed and reports in the home through an organized committee structure. They identify priority areas for quality improvement and integrate the CQI program into their agendas to include analysis of quality assurance and utilization management activities and recommendations for quality improvement projects. The Quality team was established in the home, and the team leads were restructured based on the new policies that meet the new "Fixing Long Term Care Act." Each Quality Meeting follows a term of reference and consists of a multidisciplinary approach with team members from all departments, Physicians, Pharmacy, Social Workers, dietitians, Physiotherapists, resident and family council representatives, and community partners.

Our 2023-24 priority areas were ED visits, resident satisfaction in food at meal times and residents experiencing pain. Since the creation of the QIP in 2023/2024, the number of ED visits has decreased from 19.7% to 16.3%. The home provided education to residents and their families on move-in, 6-week care conferences, and at resident and family council meetings. The home will continue to monitor and review residents who are sent for transfer.

In December 2023, our home made a remarkable addition to the team by hiring a full-time nurse practitioner. With their exceptional skills and knowledge, our residents can now receive the best possible care. We are proud to have this expert on board and look forward to the positive impact they will have on the well-being of our residents.

Our goal set around resident satisfaction around food was improved but we didn't reach our target. We have an active resident Food Committee that is more engaged and starting to offer feedback into our menus. We will continue to leverage on initiatives started in 2023 and continue them into 2024.

The goal of the last quality initiative worked on in the 2023/2024 QIP was to decrease pain. The team met the goal as they went from 3.6% to 2.1%. The team successfully educated the staff about pain management and interventions. The Quality team will continue to educate staff on pain management identification and initiatives.

Additional information around the 2023-24 QIP Progress can be found in the Progress Report.

In the 2023 Resident Satisfaction Survey, 21% of residents strongly agreed that they were offered activities that meet their interests. Despite the constraints due to outbreaks, isolation, and cohort procedures, the Program and Support Services Manager ensured that the monthly Resident Council Meetings took place and that their feedback and questions were answered promptly. The team also re-implemented entertainment and outing opportunities outside of the home. Local clergy and Churches started to come

back into the home to provide in-person services which the residents enjoyed.

Our CQI committee has determined that the Quality Improvement Plan (QIP) for AgeCare London for 2024-25 will focus on the following three areas: ED Visits and Diversity Training which align with the provincial objectives and will have a positive impact on our residents and the other area is resident satisfaction in the area of Dining which is based on resident survey results.



Our Mission

Create a home where residents are honoured as individuals and where we provide the best quality of life experience with the support of team members and families.

Our Vision

Transform and lead quality, services, and innovation in the publicly funded long-term care sector in Canada.

Our Values & Guiding Principles

Trust

Act with integrity and fairness.

Respect

Treat everyone with dignity, kindness, and compassion.

Quality

Pursue excellence in person-centred care and service through continuous learning and best practices.

Teamwork

Lead with passion and uplift each other with positive energy and support.

ACCESS AND FLOW

Our home is committed to supporting our residents across the care continuum and supporting provincial strategies to avoid unnecessary hospitalizations and avoid emergency visits. With the addition of a full-time Nurse Practitioner, our residents will be able to receive optimal levels of care within their home rather than being transferred to hospital.

As mentioned previously, the number of ED visits has decreased from 19.7% to 16.3%. The home provided education to residents and their families on move-in, 6-week care conferences, and at resident and family council meetings. The home will continue to monitor and review residents who are sent for transfer.

Our home continues to enhance our internal programs to support resident care needs. In 2023 we offered palliative care educational opportunities to our home staff and our families on goals of care and palliative approach which was supported by the Centre for Learning Research and Innovation. Our internal BSO team continues to partner with the regional Geriatric Mental Health Outreach Team to support our residents living with mental health and dementia and our Infection Prevention and Control Lead collaborates closely with the regional IPAC Hub.

We have also implemented the use of technology to improve resident care. Our home partnered with acute care hospitals in a data sharing initiative AMPLIFI to improve communication between sectors and we continue to utilize eConnect/Clinical Connect to obtain valuable information about our residents' health history to support their plan of care.

EQUITY AND INDIGENOUS HEALTH

The corporate office of AgeCare has formed a Diversity and Inclusion Committee Structure and has provided homes with education and materials while the committee was further developed in 2023. Throughout the year, the home hosted various events to honor different cultures, spiritual beliefs, and practices and recognized 2SLGBTQIA+ communities. All team members participate in annual education on Diversity and Inclusion through Surge Learning, and the team continues to seek ways to ensure it is practiced in everyday life at home.

The RAI Coord (admission lead) identifies new residents who may require extra support during the transition or potentially new education to team members to ensure that the diverse population of residents moving into the home is continually honored. Staff complete initial assessments that are entered into PCC.

In 2024, the home will be focusing on educating residents and employees to ensure that we are respecting all communities and populations and demonstrating respect for all residents, family members, and team members.

PATIENT/CLIENT/RESIDENT EXPERIENCE

The AgeCare London home follows a multidisciplinary approach to develop strategic priorities and quality improvement projects that align with our mission, values, satisfaction survey results, ongoing quality tracking, audits, regulatory inspections, and trend analysis. We involve residents, family members, contracted services, and team members in monthly Resident Council and Family Council meetings to ensure their participation and feedback in the decision-making process.

We conducted the Annual Resident and Family Satisfaction Surveys in June 27th - July 7th, 2023, using a paper survey for residents and an electronic survey for families. Our survey focuses on 6 key areas: Residence Management, Home Staff, Nursing, Programs and Activities, Dining Services and Environment. Residents are asked to rate their satisfaction as Strongly Agree, Agree, Mixed, Disagree or Strongly Disagree. As an organization, our goal is to have residents rate their satisfaction as “strongly agree”.

36% of our residents Strongly Agreed to satisfaction with their residence as a place to live and would recommend it as a place to live for others.

Our satisfaction in other service areas were as follows:

Environment: 56% Strongly Agree

Nursing: 54% Strongly Agree

Staff: 50% Strongly Agree

Programs and Activities: 38% Strongly Agree

Residence Management: 35% Strongly Agree

Dining Services: 34% Strongly Agree

Areas identified on the survey where the home did extremely well related to the staff members being kind and caring, the residence running smoothly and the home being clean. Opportunities for improvement focused on dining services and residents responding to "I like the food here".

The results of the resident-family satisfaction survey were received in November 2023 and they were posted on the communication board for all residents, families and staff to be able to review on

November 28, 2023. The results of the surveys were reviewed in detail with our Resident Council on March 7, 2024 and we asked for input into the CQI plan and priority areas at this meeting. A copy of the results were provided to the Family Council VP and treasurer on March 3rd to review when the council decides to meet again.

Our CQI Team has determined the priority areas as mentioned earlier and has developed action plans based on feedback and suggestions obtained from residents, families and staff. The final report outlining the progress made on the 2023 plan and the priorities and action plan for 2024 will be reviewed with the Resident Council at their next meeting.

The final plan will be reviewed at the upcoming Professional Advisory Committee meeting on March 21st and again by our CQI team on March 25th. We will also review with our staff at their Team Ups at the end of March. The final version will also be posted for all residents, family and staff and be posted on the website. The CQI team will continue to monitor the plan and make adjustments based on performance and feedback from committees and others throughout the year.

Our staff is trained in IMAGINE Living Life to your Potential, and in 2023, AgeCare London trained five new employees on the IMAGINE principles. The team put their learnings into practice to ensure that the residents live their best lives through meaningful and purposeful engagement. In 2023, the IMAGINE team members educated fellow team members on the language and creation of All About Me. We will continue to support and recognize our IMAGINE team members as instrumental in creating change initiatives and quality programs within the home.

PROVIDER EXPERIENCE

AgeCare London has been providing support to its employees by using agencies during staffing shortages. By implementing various recruitment strategies, the organization was able to reduce the number of agency staff, and currently, all positions are filled with no agency Personal Support Workers (PSWs).

To improve and assist with the employee experience, a variety of initiatives were launched, including the Annual Employee Survey, which collects feedback from employees to create and support quality initiatives within the facility.

The 2023 Employee Satisfaction Surveys were released in June 2023, and the deadline for completion was June 30, 2023. These surveys are collected confidentially through a third-party provider. The results of the survey indicated that the top three areas for improvement were "I receive recognition and praise for a job well done" (17% strongly agreed), "My workload is manageable" (12% strongly agreed), and "I have the equipment and supplies needed to perform my job well" (17% strongly agreed). To address these concerns, the administrator hosted interdisciplinary team huddles to gather feedback and ideas to improve the areas identified within the 2023 survey.

SAFETY

At AgeCare London, patient safety is of utmost importance. Our team ensures that all incidents that occur with our residents are documented through PCC. Critical incidents are reported to the Ministry and tracked in our complaint log.

We encourage residents, families, and employees to bring complaints to a supervisor or leadership team member. Alternatively, they can file a complaint with our whistleblowing protection hotline. Information on how to file a complaint and contact details are posted throughout the home for the convenience of residents and families.

The Quality Team reviews workbooks and logs every quarter to identify trends and develop action plans. The workbooks and logs include the Complaint Log, Medication Error Tracking Workbook, Restraints, Critical Incident Log Workbook, Infection Control Workbook, and Annual Program Evaluation Goals. The team also reviews Quality Indicators as reported by CIHI to track, trends, and develop further action plans to address areas of concern. After the quarterly review, action plans are created based on the results of the review. These plans are then reviewed with the Professional Advisory Committee (PAC) and resident and family council. The team also provides further education to all partners based on the trends and action plans.

POPULATION HEALTH APPROACH

Population health is an approach to healthcare that aims to improve the health of the entire population while reducing health inequities among different groups of people.

In order to achieve these objectives, it considers and takes action on a wide range of factors and conditions that have a significant impact on our overall health.

Population health in Long term care is a critical aspect of residents care that aims to uplift the overall health of the entire population while reducing health disparities among different groups of people. To achieve this goal, it is crucial to take action on a wide range of factors and conditions that have a significant impact on our health.

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Various external partners and initiatives such as IPAC Hubs, acute care hospitals, Ontario Health's regional initiatives and focuses, and LHIN meetings can be instrumental in achieving these objectives. In addition, being a member of OLTCA and participating in relevant research or studies can be a valuable contribution to improving population health for residents at our home.

CONTACT INFORMATION/DESIGNATED LEAD

Natalie Moroney
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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 15, 2024**

Lisa Smith-Director Regional Operations, Board Chair / Licensee or delegate

Natalie Moroney-Interim Administrator, Administrator /Executive Director

Natalie Moroney, Quality Committee Chair or delegate

Barbara Murphy-Director Quality, Other leadership as appropriate
