

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 30, 2023

OVERVIEW

The Ukrainian Canadian Care Centre (Care Centre) is a 152 bed ethno-specific Long Term Care Home that serves senior of Ukrainian descent. It is part of a campus that addresses the needs of the Ukrainian community. Located in Etobicoke, the campus includes: the Care Centre, the Church (Church of St Demetrius the Great Martyr), an elementary school, the St. Demetrius Apartments (259 units) for seniors who are independent in self-care and in the management of their units, and the St. Demetrius Supportive Care Services. The Care Centre also collaborates and develops partnerships with local agencies, programs and hospitals. Working together with these partners, the Care Centre strives to ensure that Residents and their families experience the care and services they need to enrich their lives. The Care Centre developed its 2023/24 Quality Improvement Plan (QIP) to:

- a) Continue to enhance the quality and safety of resident care and services,
- b) Respond to the feedback from the Residents and their families and
- c) Promote effectiveness and efficiencies within the healthcare/LTC system.

The QIP directly aligns with two of the organization's strategic directions:

- To continue to exceed community expectations through innovative services and activities, and
- To be a leader in creative solutions that respond to community needs and prepares for future opportunities.

In addition to alignment with the Care Centre's strategic plan, the QIP also supports the:

- Provincial and Central LHIN priorities and obligations contained in the Long-Term Care Accountability Agreement,
- Commission for Accreditation of Rehabilitation Facilities (CARF) standards,
- Professional Practice –best practices across nursing and allied health, and
- WSIB: Public Services Health and Safety Association.

REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

The Quality Management Team reviewed the 2022/23 quality initiatives and the care environment to determine which Priority Initiatives can be closed and incorporated into regular practice and what areas need to be the focus for 2023/24. The Team decided the following projects:

- 1) Number of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.
- 2) Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?".
- 3) Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".
- 4) Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment.

The Care Centre is proud that its performance over the past year demonstrates its commitment to resident-entered care, and the provision of high quality and safe care and services. The Care Centre's performance in the clinical areas of falls reduction, reduction in the usage of restraints, continence and pain

management is well below the Provincial averages. In addition the Care Centre also received high ratings from residents and families for the Home's overall quality (92% of residents and 93% of families rated the overall quality as excellent/very good/good) and 88% residents and 96% families stated that they would recommend the Care Centre to families and friends.

The Care Centre faced many challenges in the execution of its QIP. A major risk was the availability of resources, both fiscal and human. The organization balanced the demands of routine care and service provision with the demands of implementing quality improvement initiatives. It was important for the team members to experience success. The Care Centre therefore chose to focus on a few projects, selected amongst many change ideas, to ensure that the goals of the projects were achieved.

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

Stay Connected: A community focused program.

The Stay Connected program advances the Care Centre's strategic objective of expanding services to more seniors in the community. Establishing an ongoing social engagement program for seniors from the community addresses a vital need of preventing and reducing the social isolation of seniors. Due to COVID-19, the program transitioned into a virtual platform with many seniors continuing to participate in these virtual programs today. The Care Centre is happy to cautiously transition to a more social environment while adhering to MOH guidelines in the interest of resident enjoyment and safety. The program offers exciting and meaningful opportunities for socialization and participation of older adults in various recreational activities such as gentle exercise,

games and interactive creative sessions.

Humber River Hospital Partnership: Practical Routine Elder Variants Indicate Early Warning for Emergency Department (PREVIEW-ED)

The partnership with HRH to implement PREVIEW-ED is an observation tool that assists direct care staff in the identification of early health decline in long-term care residents. Completed by PSW staff this tool guides care providers through signs and symptoms of 9 indicators that may identify early health decline. PREVIEW-ED focuses on four conditions, Urinary Tract Infections, Pneumonia, Congestive Heart Failure, and Dehydration. These conditions account for 50% of the reasons for transfer of residents to the emergency department visit. Since the implementation of this observation tool in 2021, it has strengthened our partnership with HRH, external tracking of ED visits conducted by HRH, and a more coordinated approach to resident care for any avoidable emergency department visits.

CONTACT INFORMATION/DESIGNATED 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 30 2023

Mary Kuschnir

Board Chair / Licensee or delegate

d. Doucets

Administrator / Executive Director

M. Franzese

Quality Committee Chair or delegate

Other leadership as appropriate

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 2021 - Sep 2022	15.14	15.00	UCCC performance is lower than the provincial average (18.5). UCCC will work towards maintaining the current performance.	Humber River Hospital

Change Ideas

Change Idea #1 Identify top 3 conditions for ED visits and provide preventative care and early interventions for residents with those top 3 conditions for ED visits.

Methods	Process measures	Target for process measure	Comments
1. Quality Manager will review ED visit data to determine top 3 conditions for ED visits. 2. Develop care plans for residents with the top 3 conditions for ED visits.	Percentage of residents with the top 3 conditions for ED visits with preventative care plans/early interventions in place.	50 percent of residents with the top 3 conditions for ED visits with preventative care plans/early interventions in place.	

Change Idea #2 Support early recognition of ED visits through education on use of the INTERACT tool.

Methods	Process measures	Target for process measure	Comments
Quality Manager will educate PSWs and RNs on INTERACT tool.	% of full-time PSWs trained on INTERACT tool. % of full-time Registered staff trained on INTERACT tool.	90% of full-time PSWs and Registered staff trained on the INTERACT tool.	

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	P	% / LTC home residents	In house data, NHCAHPS survey / Apr 2022 - Mar 2023	87.50	88.00	UCCC has historically performed well on this quality dimension. UCCC will continue to strive for service excellence.	

Change Ideas

Change Idea #1 Raise staff awareness of patient survey results

Methods	Process measures	Target for process measure	Comments
Quality Manager will summarize and share survey results with staff	Percentage of direct care staff reviewing summary of resident survey results	80% of direct care staff to review summary of resident survey results	Total Surveys Initiated: 24 Total LTCH Beds: 152 UCCC has historically performed well on this quality dimension. UCCC will continue to strive for service excellence.

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	P	% / LTC home residents	In house data, interRAI survey / Apr 2022 - Mar 2023	84.62	85.00	UCCC has historically performed well on this quality dimension. UCCC will continue to strive for service excellence.	

Change Ideas**Change Idea #1** Raise staff awareness of patient survey results

Methods	Process measures	Target for process measure	Comments
Quality Manager will summarize and share survey results with staff	Percentage of direct care staff reviewing summary of resident survey results	80% of direct care staff to review summary of resident survey results	Total Surveys Initiated: 26 Total LTCH Beds: 152 UCCC has historically performed well on this quality dimension. UCCC will continue to strive for service excellence.

Safety

Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	P	% / LTC home residents	CIHI CCRS / Jul - Sept 2022	29.92	21.40	UCCC will work towards the provincial average of 21.4%.	

Change Ideas

Change Idea #1 Review care plans for LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment to determine if they are good candidates to be tapered off

Methods	Process measures	Target for process measure	Comments
<p>1. Quality Manager to work with Pharmacist, Physician and Director of Care to determine which residents are candidates for tapering. 2. Team will select tools for identifying residents eligible for reduction of antipsychotics. 3. Care staff will monitor the impact the dose reduction and/or discontinuation on the resident to establish whether a reduction in dosage is feasible/safe.</p>	<p>Percent of residents on antipsychotics that are candidates for tapering off that were able to be tapered off</p>	<p>10% reduction in the number of residents that were candidates for tapering off that were able to be tapered off.</p>	<p>Target a reduction of 10% of residents on a tapering plan to discontinue the use of antipsychotics. The intent is to slowly wean these residents off of the medications. The process measure target is dependent on the reaction of the resident due to the lowering of the dosage.</p>

Access and Flow | Efficient | **Priority Indicator**

	Last Year		This Year	
Indicator #2	9.57	9	15.14	15
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents. (Ukrainian Canadian Care Centre)	Performance (2022/23)	Target (2022/23)	Performance (2023/24)	Target (2023/24)

Change Idea #1 Implemented Not Implemented

Continue with Humber River Hospital (HRH) partnership of the Practical Routine Elder Variants Indicate Early Warning for Emergency Department (PREVIEW-ED) application on PointClickCare. Streamline and encourage the clinical team and physicians to utilize HRH LTC+ Nurse Navigator services for any avoidable ED visits.

Process measure

- Number of avoidable emergency department visits.

Target for process measure

- There will be a reduction in total ED transfers by 10%.

Lessons Learned

UCCC performed better than the provincial average and will strive to maintain its current performance.

Comment

UCCC will continue to strive to maintain its current performance.

Experience | Patient-centred | Priority Indicator

	Last Year		This Year	
Indicator #4	CB	81	87.50	88
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Ukrainian Canadian Care Centre)	Performance (2022/23)	Target (2022/23)	Performance (2023/24)	Target (2023/24)

Change Idea #1 Implemented Not Implemented

see detailed information below

Process measure

- see detailed information below

Target for process measure

- see detailed information below

Lessons Learned

UCCC continues to exceed the provincial average

Indicator #7	Last Year		This Year	
	Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Ukrainian Canadian Care Centre)	CB Performance (2022/23)	72.50 Target (2022/23)	84.62 Performance (2023/24)

Change Idea #1 Implemented Not Implemented

see detailed information below

Process measure

- see detailed information below

Target for process measure

- see detailed information below

Lessons Learned

100% Residents attending Resident Council meeting are informed of the Residents Bill of Rights.

Experience | Patient-centred | **Custom Indicator**

	Last Year		This Year	
Indicator #5	71	81	87	NA
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" . (Ukrainian Canadian Care Centre)	Performance (2022/23)	Target (2022/23)	Performance (2023/24)	Target (2023/24)

Change Idea #1 Implemented Not Implemented

Gentle Persuasive Approaches Training for appropriate staff in the Home.

Process measure

- Staff attendance.

Target for process measure

- 100% of appropriate staff trained.

Lessons Learned

All direct care staff were trained in Gentle Persuasive Approaches.

Change Idea #2 Implemented Not Implemented

Residents informed on how to process an issue, concern, or complaint.

Process measure

- Number of residents attending Resident Council meeting.

Target for process measure

- 100% of residents attending Resident Council meeting is informed on the issue, concerns, or complaints procedure.

Lessons Learned

Residents are informed of these procedures at the monthly resident's council.

	Last Year		This Year	
Indicator #6	58	72.50	85	NA
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences" (Ukrainian Canadian Care Centre)	Performance (2022/23)	Target (2022/23)	Performance (2023/24)	Target (2023/24)

Change Idea #1 Implemented NOT Implemented

Inform residents of Residents Bill of Rights.

Process measure

- Number of residents attending Resident Council meeting.

Target for process measure

- 100% Residents attending Resident Council meeting is informed of the Residents Bill of Rights.

Lessons Learned

Residents are aware of their Residents Bill of Rights. It is reviewed monthly at the resident council meeting

Change Idea #2 Implemented NOT Implemented

Implement "Communication Display" Project in all resident home areas and on the main floor.

Process measure

- Residents informed of issues, concerns, and complaints procedure.

Target for process measure

- Various outlets of communication for residents to stay informed and file an issue, concern, or complaint.

Lessons Learned

Residents are well communicated with via the Communication Displays

Safety | Safe | Priority Indicator

Indicator #3	Last Year		This Year	
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Ukrainian Canadian Care Centre)	22.34	18	29.92
	Performance (2022/23)	Target (2022/23)	Performance (2023/24)	Target (2023/24)

Change Idea #1 Implemented Not Implemented

Focus on documentation and medication review.

Process measure

- Number of charts reviewed. Number of residents reviewed on a quarterly basis.

Target for process measure

- 100% of charts reviewed. 100% of residents receiving anti-psychotics reviewed.

Lessons Learned

Resident care plans and medication were reviewed quarterly. This did not make an impact due to the resident population turnover and their needs.

Comment

UCCC did not meet its target and continues to exceed the provincial average.

Safety | Effective | Custom Indicator

Indicator #1	Last Year		This Year	
	Performance (2022/23)	Target (2022/23)	Performance (2023/24)	Target (2023/24)
Documented assessment of palliative care needs among residents with progressive, life-limiting illness who were identified to benefit from palliative care. (Ukrainian Canadian Care Centre)	CB	80	100	NA

Change Idea #1 Implemented Not implemented

Review and revise Palliative Care policy.

Process measure

- Number of residents identified with a progressive, life-limiting illness.

Target for process measure

- Residents identified with a progressive, life-limiting illness and found to benefit from palliative care.

Lessons Learned

The Palliative Care policy was reviewed and revised. UCCC will continue to align the Palliative Care Policy to Health Quality Ontario's "Quality Standard for Palliative Care".

Comment

All residents are assessed at least quarterly and those with progressive, life-limiting illness are placed on a palliative care program. Note: All residents are placed on a palliative care program when their condition requires it, this can take place at any time and not limited to the quarterly assessment. UCCC will continue to align the Palliative Care Policy to Health Quality Ontario's "Quality Standard for Palliative Care".

