



Apotex, Jewish Home for the Aged Long-Term Care Home
2024/2025 Quality Improvement Plan

Access & Flow: # of unplanned visits to the emergency department/100 residents

2024-25 Target	Target Justification
14% Current performance: 14.3% [Jan 1 2023-Dec 31 2023]	Over the past two years (eight quarters), the rate of unplanned visits to the emergency department per 100 residents was 15.1%. During this period, our top 25 th percentile was 14%. However, over the last year in particular, the number of unplanned visits to the ED per 100 residents has steadily increased from 13.7% to 14.8% [2023 average was 14.3%]. Without improvement, our expected rate would be 15.2% next quarter. Therefore, in order to meet or exceed our target next year of 14%, we will need to decrease the number of unplanned emergency department visits by 2 residents each month (6 per quarter).

Change idea	Methods	Process measure	Target
Develop Caring in Our Home Program (CIOHP). Program consisting of interdisciplinary team members, stakeholders and identifying 2 KPIs to be tracked	Based on the data collected, conduct meetings to develop the program including committee structure, terms of reference and indicators	# of meetings scheduled and held (every 2 months)	5 committee meeting in the 2024 fiscal year
Develop a tracking tool to accurately capture all ED transfers	Capture all ED transfers are in PCC Quick ADT	% of ED transfers captured in PCC Quick ADT within 24 hours of transfer	95% of residents transferred to the ED will be documented in tool
Analyze reasons for ED transfers	Committee members will review all home ED transfers monthly and report analysis and recommendations to prevent transfers at Apotex Executive Meeting quarterly and Quality Committee annually	# of monthly analysis completed	Analysis completed at each meeting with a focus on identifying themes for future intervention and presented at Apotex Executive Meeting quarterly and Quality Committee annually

Resident Experience: I have opportunities to spend time with other like-minded residents

2024-25 Target	Target Justification
<p>60%</p> <p>Current performance: 54.3% [January 2023-December 2023]</p>	<p>From 2017-2022, our median performance was just over 33%. However, as a result of tremendous efforts to enhance our resident-centred programming, our performance over the last two years has improved quite dramatically. We know however, that building resident-to-resident relationships continues to be an important issue for residents and families. Therefore, our target was established to build on our great progress but reduce the gap between our current performance and the best 20th percentile which is 66.7% (based on international standards) by half.</p>

Change idea	Methods	Process measure	Target
Design and deliver programs, clubs and groups based on resident hobbies, skills and interests e.g. sport lover clubs, language clubs, drama club	Using data from ActivityPro, collect data on the number of new interest groups, attendance and resident engagement scores.	# of interest groups /clubs delivered per month Resident engagement scores	At least 1 per floor monthly Engagement score at least 2.5 out of 3
Through facilitated social work support, provide residents with opportunities to meet other residents in the home. Continue to offer the Life & Legacy group for residents.	Social work track facilitated engagements with residents and number of participants attending Life & Legacy group.	# of resident connections per quarter	At least 20 new connections per quarter
Expand the use and specificity of resident “tags” in ActivityPro to ensure resident interests/hobbies are accurately captured and used for program design and delivery. Use information collected through the Therapeutic Recreation admission assessments and the “About Me” forms to assign tags.	Apotex recreation and culture and arts conduct a monthly review and analysis of resident tags	% of residents with no tags entered into ActivityPro / month	Less than 10% of residents per month
Broaden communication of program offerings to residents and families	Monitor family survey feedback including responses from annual survey	% of families surveyed that are aware of the programs offered to the resident.	At least 75%

<p>Implement curated programming across all Apotex neighborhoods (via Uniper devices) to expand spontaneous and/or facilitated leisure opportunities for residents</p>	<p>Track resident quality of life survey data</p> <p>Recreation lead conduct audits on engagement with Uniper programming</p>	<p>% of residents who respond they have enjoyable things to do during the evenings and on weekends.</p>	<p>2-3% improvement on weekend/evening activities</p>
--	---	---	---

Safe & Effective Care: Percentage of Residents using Antipsychotics, without a Diagnosis of Psychosis

2024-25	Target Justification
<p>19%</p> <p>Current performance: 19.2% [Q3 22/23 - Q2 23/24]</p>	<p>Apotex average performance improved last year from 25.1% to 19.2%, just below the new Canadian reference median of 20% (SQLI). Our recommend target is to achieve the external Ontario benchmark set at 19%, which translates to a reduction of the number of residents triggering indicator by one per quarter. The target reflects the necessary balance between safe improvement and the justified use of antipsychotics for certain residents with behavioral symptoms of dementia who do not respond to non-pharmacologic therapy, in addition to the appropriate use for other psychiatric conditions such as bipolar illness. For this population, antipsychotics have the greatest evidence of benefit and are the medication class recommended as first line in the new Canadian Coalition for Seniors Mental Health guidelines. Many of our residents have documented severe symptoms, including a large percentage on our transitional behavioral support unit, which is a challenging group to reduce.</p>

Change idea	Methods	Process measure	Target
<p>Observation of dosing: identify all newly admitted residents with an antipsychotic and track doses increased, decreased and discontinued</p>	<p>Through quarterly medication reviews, track residents admitted with antipsychotic; those with doses increased; those with doses decreased and those with doses discontinued</p>	<p>% of data captured each quarter</p>	<p>Increase in the % of residents with dose discontinued and reduced</p>
<p>Identify residents that are prescribed PRN (when necessary) antipsychotics without a scheduled order</p>	<p>Audit all PRN medication that have been removed based on administration schedule</p>	<p># of residents with PRNs</p>	<p>2-3 PRNs per quarter</p>
<p>Aligned with the antipsychotic deprescribing algorithm in association with Bruyere and Choosing Wisely Canada, review the list of residents on the following low dose medications (Olanzapine 2.5mg or less, Quetiapine 25 mg or less, Risperidone 0.25mg or less) and consider deprescribing, as appropriate.</p>	<p>On a monthly basis, quality specialist and consultant pharmacist will identify residents on low doses of these three medications. These medications will be discussed at the quarterly medication review with the MRP for consideration for deprescribing.</p>	<p># of residents reviewed and brought forward for discussion</p>	<p>Collecting baseline</p>
<p>Identify all residents prescribed an antipsychotic medication for Insomnia without other indications.</p>	<p>Monitor sleep patterns with DOS and develop alternative strategies for use of antipsychotic medications with sleep</p>	<p># of residents with Insomnia antipsychotic medications without other indications</p>	<p>Collecting baseline</p>
<p>Continue “social prescribing” – leverage resources through Behavior Supports Ontario (BSO) and guidelines from the Canadian Coalition of Seniors Mental Health to educate teams and introduce</p>	<p>Track behavioral assessments received on selected residents receiving music therapy and/or aromatherapy using essential oils</p>	<p># of targeted residents offered music and/or scent therapy for tapered and/or discontinued doses</p>	<p>100% of targeted residents are offered music therapy and/or scent therapy</p>

non-pharmacological approaches to behavior management for identified residents including music and scent therapy.			
---	--	--	--

Apotex & Hospital

Safe & Effective Care: Number of workplace violence incidents

Calendar Year 2023	Target Justification
450 reported incidents Current performance: There were 407 incidents reported in calendar year 2024.	The target represents a 10% increase in the number of reported incidents. Internally, the lost time injury due to workplace violence will be monitored.

Change idea	Methods	Process measure	Target
Streamline the Safety Event Reporting System & clarify reporting requirements (e.g., responsive behaviours currently require the submission of two incident reports)	Comparison of the number of fields pre and post template updates	Reduced number of fields required to complete a workplace violence incident report	June 30, 2024
Communications campaign regarding the importance of workplace violence reporting and supports available	Regular status updates to monitor completion of the following activities: <ul style="list-style-type: none"> ▪ Launch of Violence/Harassment in the Workplace Posters – April 1, 2024 ▪ Leadership / management training - September 30, 2024 ▪ Huddles with point of care staff (Apotex, inpatient & ambulatory hospital) 	All planned activities complete	September 30, 2024
Address all high priority recommendations as per the WPV Risk Assessment	Confirmation that all high priority risks have been addressed with review at the Intercorporate Coordinating Group	All high priority risks addressed	September 30, 2024
Update the Workplace Violence and Respect in the Workplace, Anti- Harassment and Discrimination Policy	Refresh the current policies to reflect emerging equity, diversity and inclusion considerations and enhance process clarity to ensure a standardized organizational response following incidents	Policy approved and changes communicated to impacted individuals	June 30, 2024

Equity: Percentage of client-facing staff and physicians who participate in equity, diversity and inclusion training

2024-25 Target	Target Justification
50% of part-time and full-time client-facing staff by Q3*	The proposed target is ambitious but reflects our commitment to ensuring client-facing staff are supported to provide inclusive care. Training will be provided through online and in-person learning opportunities. <i>*Calculation excludes individuals who have not completed their probationary period</i>

Change idea	Methods	Process measure	Target
Outline and execute an equity, diversity and inclusion (EDI) organizational curriculum for the year, leveraging expert speakers	Through oversight provided by the Organizational Effectiveness and Corporate and Hospital Human Resources Departments, regular learning opportunities (formal and informal) to advance EDI will be identified and provided. Session completion will be tracked.	Date of first session /event Total number of education sessions offered / topics covered within calendar year 2024	May 2024 Five
Expand completion of relevant EDI e-Learning modules (confirmation of modules completed by April 31, 2024)	e-Learning module completion will be tracked through Surge and Learning Management Systems EDI learning opportunities will be explored for volunteers	Percentage of Hospital and Apotex staff who have completed relevant modules	40%
Provide education to staff and physicians on the use of available technology with the goal of increasing the number of interpreter-supported encounters	Track the number of interpreter-supported client encounters	Number of interpreter-supported client encounters	Average of 72 encounters per quarter
Inventory current health equity initiatives, learning opportunities and resources available to Baycrest for use or adaptation	Under the leadership of the Measuring Health Equity Working Group, findings will be presented to the Apotex and Hospital Quality Committees	Inventory and report summarizing current health equity activities and resources complete	June 30, 2024