

Quality Improvement Interim Report

Apotex, Jewish Home for the Aged

Timeframe: Interim Report for 2022/23 (Q1)

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A: Quality Improvement Priorities

The Apotex, Jewish Home for the Aged, is pleased to share this interim Quality Improvement Report with residents, caregivers, staff, and members and our community. The Apotex is a 472-bed long-term care home at Baycrest that provides a range of residential and specialized programs to meet each resident's needs and preferences. As we do each year, we set out a number of important improvement priorities for our Quality Improvement Plan and for improvements to the care and services across the home. A number of factors guide the selection of these improvement initiatives, such as feedback from residents and families, current performance, legislative requirements, accreditation standards and geriatric best practices.

We have not lost sight of the significant impact this pandemic continues to have on resident wellness and quality of life. For over two years, residents experienced tremendous changes to their daily life in the home. While we will continue to deliver uncompromising levels of quality and safety, we know we need to improve resident quality of life during the next phase of our COVID-19 response and recovery efforts. That is why over the next year the home is prioritizing improvement efforts to address resident quality of life. Specifically, the home has outlined two specific improvement goals for the upcoming year that comprise our Quality Improvement Plan for the 2022-23 Fiscal Year.

i) Improve resident choice and autonomy

Unlike other domains of quality of life, residents told us that they do not feel they make their own decision about when to go to bed. Over the next year, the home will work with residents, families, physicians and point of care staff to improve inclusive resident decision-making and autonomy in this important area. We also know, based on feedback from residents and families, that we can offer more activities and programming on evenings and during the weekends. This is also an important improvement area for the home over the coming year.

Quality Improvement Plan 2022-23
Apotex, Jewish Home for the Aged: Long-Term Care

Each year, we develop a Quality Improvement Plan (QIP) to identify the key improvement priorities and steps we are committed to take to ensure our residents receive exceptionally high quality of care and quality of life.

IMPROVE RESIDENT CHOICE AND AUTONOMY

Over the next year, our goal is to work with residents, families, physicians and point of care staff to offer residents more choice about their daily routines, including bedtimes.

PROVIDE MORE OPPORTUNITIES FOR RESIDENTS TO PARTICIPATE IN RELIGIOUS PROGRAMMING THAT HAS MEANING TO THEM

Our goal is to ensure our cultural and religious programming meets the needs of a more diverse resident population while maintaining the cultural integrity as a Jewish faith-based home.

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ii) Provide more opportunities for residents to participate in religious programming that has meaning to them

Our residents and families told us, through surveys and at resident and family councils, that they want more variety in the type of religious programs offered. We acknowledge the diversity in our resident population and with this, our goal is to ensure our cultural and religious programming meets the needs of a more diverse resident population while maintaining the cultural integrity as a Jewish faith-based home.

In addition to the selection of improvement priorities on our Quality Improvement Plan, the home's mandatory programs also adopt a comprehensive approach to identifying improvement opportunities through a review of performance data, feedback from residents/families, and chart reviews. These

improvement opportunities are discussed at each program committee. Below is a description of the improvement goals for our mandatory programs:

Falls

There continues to be an active Falls Prevention and Management committee, which met most recently in April 2022. The meeting consisted of reviewing falls data and the completion of falls risk assessments, with a main focus on newly admitted residents to ensure an individualized falls plan of care is in place. Additionally, all residents with a Fracture Risk Scale equal to or 7 or greater is reviewed at this meeting to identify if they are on a bone health medication and/or consider prescribing through quarterly medication reviews conducted in conjunction with the Clinical Consultant Pharmacist, Physician and Nurse. In addition, interdisciplinary Monthly Falls Rounds continue to occur across the Apotex. The team reviews the care plan of all residents who fell the previous month to validate appropriateness and effectiveness of the interventions. PSWs are also required to document in POC on particular falls interventions for residents to ensure the intervention is being used to maximize resident safety and minimize risk of injury.

Skin and Wound

The Skin and Wound Committee last met in April 2022. An extensive skin and wound equipment inventory audit was conducted on all floors for items such as air mattresses, atmosaire 9000 mattresses, bed cradles, bed extensions and bariatric mattresses. The committee discussed the quality improvement initiatives over the coming year, which includes providing training to RNs and RPNs on skin and wound treatment orders for skin tears and stage 1-2 pressure injuries. The committee will also continues to work closely with our internal wound care specialist to ensure all complex wounds are referred for consultation or is directly being followed by the MRP. In addition, weekly skin and wound care assessment data generated by Point Click Care is shared with the interdisciplinary team including all Unit Managers, Physician co-lead, Internal Wound Care Specialist, Dietitians, Occupational Therapists, RAI Coordinators, Quality Specialist and Clinical Educator to ensure follow up to any resident with skin alteration noted and referrals to the respective discipline is sent.

Continence and Bowel Management

In the first quarter, this program continues to place a focus on all residents admitted to the Apotex to ensure a Bladder and Bowel assessment is completed on admission. By completing this assessment, it allows for accurate and personalized care planning to ensure each residents' continence needs are met. All residents with worsening in bowel or bladder continence are reviewed on a monthly basis to ensure a plan of care is in place. This includes needs, goals, interventions along with corresponding support actions to guide PSWs to deliver individualized care to all residents. Additionally, TENA (our incontinent product vendor) will be providing an educational in-service session on June 14th to day and evening staff on product selection, sizing, and application for individual resident needs.

Pain

The Pain and End of Life Care program has an active committee. The most recent meeting occurred in May 2022. Some key items discussed included revising the Medical Assistance in Dying (MAID) policy and discussing the Ontario CLRI at Baycrest and the University of Toronto pilot of a free online educational activity for teams to learn more about residents with depression, suicidal thoughts of ideations, and a wish for MAID. The team also explored the Butterfly Indicator Tool which is sued to support quick and effective communication regarding palliative care and after the death of a resident. The butterfly indicator is utilized as an immediate action that can offer notification to staff and it has the ability to alert staff from all departments working in the area.

Responsive Behaviors

The Responsive Behaviors Program has an active committee that last met in May 2022. The committee works hard to ensure that all new staff are provided with education on Gentle Persuasive Approaches (GPA). Additionally, committee monitors adherence to the Unsafe Wandering/Exit Seeking Risk Assessment and policy. The Registered Nursing staff continue to complete the Think Research Clinical Support tool for Behavioral and Psychological Symptoms of Dementia on all residents identified with an Aggressive Behavior Scale score of 3 or greater. The interdisciplinary staff continue to assess residents for any level of behavior risk by conducting and completing clinical assessments such as Dementia Observation System (DOS), Behavioral Progress Notes (ABC) and PIECES assessment framework.

B: How we monitor and measure progress

As we enter the second quarter, improvement teams continue to meet and work through their quality improvement action plans. Progress on meeting our improvement targets and change ideas is monitored through a comprehensive quality and safety performance scorecard and specific quarterly progress reports. The progress reports are shared every quarter with the quality improvement committee and managers are encouraged to share the results with the staff. A year-end progress report is posted on our website at the end of each fiscal year and used to inform next year's focus areas for improvement. A summary is posted on the units and in staff lounges. A summary of actions implemented to address these and other areas for improvement is shared with Resident and Family Advisory Councils.

A summary of our quarterly performance on achieving our quality improvement targets is below. Improvement teams meet regularly to action the planned change ideas. Both indicators are reported on a calendar year.

Quality Improvement Plan 2022/23

Indicator	2021 Performance	2022/23 Target	Progress (Jan – June)	Summary of changes
% of residents who respond that they decide when to go to bed (% positive)	66%	70%	76%	<ul style="list-style-type: none">• Recreation evening schedule resumed• Updated resident bedtime preferences collected• Evening recreation program plan developed
% of residents who respond that they have opportunities to participate in religious activities that have meaning to me (% positive)	33%	56%	57%	<ul style="list-style-type: none">• Developed religious needs assessment distributed in June• Resident input sought in advance of planning all religious programs• Post religious service survey developed• Shabbat survey drafted and distributed in June• Weekday Mincha services resumed in June• Saturday Shabbat service (Orthodox) resumed in June