

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

2023-2024



1. OVERVIEW

Mackenzie Health Long Term Care (Mackenzie Health-LTC) has been part of Universal Care Corporation (UniversalCare) since December 1, 2010. UniversalCare/Mackenzie Health-LTC is a 170-bed Long Term Care Home within Mackenzie Health Richmond Hill hospital and is a member of the Western York Region Ontario Health Team. UniversalCare/Mackenzie Health-LTC aligns with Accreditation Canada and operates following the Long-Term Care Home Service Accountability Agreement. UniversalCare/Mackenzie Health-LTC strategic goals are to provide exceptional care and services to its seniors by respecting residents' Bill of Rights and meeting all requirements stipulated in the Fixing Long-Term Care Homes Act 2021, and Ontario Regulation 246/22.

UniversalCare/Mackenzie Health-LTC Pillars of success are:

- Compassionately caring for our residents, families, and teams
- Uncompromising value to our Partners
- Leadership – We are stronger together; go beyond industry standards
- Trust - Always transparent honest and forthcoming
- Unwavering delivery of quality and safety
- Respect - Earn and demonstrate it everyday.
- Entrepreneurial Spirit - Empowering our People!

In UniversalCare/Mackenzie Health-LTC residents are treated with utmost respect and receive excellent services. Residents receive culturally sensitive and diverse care from the staff. The various programs provided in the Long-Term Care Home ensure that the resident is in an exceptional environment for recreational activities and socialization. Through various programs & active participation,

residents experience autonomy and satisfaction along with an increase in self-esteem and quality of life.

Quality improvement is emphasized at our Long-Term Care Home as is a part of our daily routine. Our goal is to enhance resident care and services by providing compassionate, holistic-centered care through innovation and excellence. Our inter-professional team demonstrate professionalism with a kind and friendly attitude towards our residents and family members with the focus of obtaining resident satisfaction and advancing the quality of care. UniversalCare/Mackenzie Health-LTC is a place where we encourage collaborative practice and community partnership to achieve excellence in resident care. Our interprofessional team works continuously to maximize access to care and services by maintaining strong ties through collaboration with Mackenzie Health Hospital teams from Dialysis, Emergency, Complex Continuing Care, Infection Prevention & Control, and the Nurse Led Outreach.

Mackenzie Health – LTC Quality & Resident Safety Framework



A notable highlight in 2020-2023 - UniversalCare/Mackenzie Health LTC was awarded pre-designate status as a Best Practice Spotlight Organization (BPSO) by the Registered Nurses Association of Ontario (RNAO). Full designation will be achieved after the completion of the full 3-year period. BPSO is a quality improvement project that uses Best Practice Guidelines (BPGs) to enhance programs and services in the home.

Ongoing Planned Improvements & Initiatives: RNAO Best Practice Spotlight Organization (BPSO)

2022 BPSO / Best Practice Guidelines (BPG) implemented and evaluated:

1. Assessment and Management of Pain
2. A Palliative Approach to Care in the last 12 Months of Life
3. End of Life Care During the Last Days and Hours
4. Alternative Approaches to the Use of Restraints
5. Person and Family Centred Care
6. Delirium



2. PATIENT/CLIENT/RESIDENT PARTNERING AND RELATIONS

The primary goal of our interprofessional team at Mackenzie Health LTC has always been to provide high quality resident always centered care. This approach has never been more important since the pandemic and all the challenges it brought upon the lives of our residents, families, and staff. Beginning in March 2020, the pandemic

caused major changes in the lives and routines of the residents. In response to the challenges of pandemic restrictions, our team pivoted approaches on supporting residents' physical, mental, emotional, and spiritual well-being. Many of our recreational programs were restructured to accommodate physical distancing and IPAC practices. Many programs such as pet visits and music therapy were switched to virtual. In addition, we facilitated outdoor visits in accordance with Government of Ontario and Public Health directives and recommendations. On average, our home also facilitated 15-20 virtual visits for our residents and their loved ones.

3. PROVIDER EXPERIENCE

UniversalCare/Mackenzie Health-LTC collaborates with various partners and stakeholders to improve integration and continuity of resident care. UniversalCare/Mackenzie Health-LTC clinical teams' members collaborate with specialists assisting residents in their continuum of care such as in dialysis, psychogeriatric, urologist, dermatologist, endocrinologist, dermatologist, infection prevention & control physician, chaplain, social worker.

Ontario Shores Psychogeriatric Outreach Team provides various specialized Geriatrics programs for our elderly with psychiatric conditions and those presenting with challenging behaviors. This program includes psychogeriatric assessment, diagnosis, treatment, and rehabilitation services.

Our interprofessional team works closely with Behavior Supports Ontario to support our residents with responsive behaviors and prevention of transfers to the ED related to behaviours. The

pharmacist consultant conducts medication review including consulting in medication appropriateness, minimizing the use of antipsychotics, effective pain management, and involvement in palliative care. The pharmacist consultant also plays an essential role in the prevention of fall incidents by providing health promotion regarding fall incidents and conducting reviews of high-fall risk medications. The pharmacist works closely with our team to enhance pain and symptom management. Our pharmacy representatives participate in quality improvement meetings such as in Pharmacy and Therapeutic, Nursing Practice, Professional and Advisory Committees.

RNAO Best Practice Spotlight Organization Coach supports our interprofessional team in completing gap analysis, organizing education for staff related to Best Practice Guidelines, and to provide ongoing guidance throughout the duration of the BPSO project.

Our home is fortunate to collaborate closely with our partners at Mackenzie Richmond Hill Hospital. Specialities such as the Ethicist, Geriatricians, Nephrologists, GI, and wound care specialists are available to support our residents and team. The Mackenzie Health IPAC team provides on site support and guidance to the team at UniversalCare/Mackenzie Health-LTC.

Journey to BPSO
Mackenzie Health Long Term Care
Richmond Hill, Ontario

Pain
Goals of pain management are focused on reducing the severity of pain and the effect of pain on the resident's functionality and quality of life.

How do we manage pain using BPSO guidelines?

BPSO: Assessment and Management of Pain
Pain brochures
Intentional Hourly Rounding Pilot Project

- Interprofessional study of pain assessment and management
- Intentional hourly rounding transferred to electronic chart
- Goal is to improve pain assessment and management
- Identification of designated Pain Quality Champions by providing full paid day for three registered staff on a monthly basis
- Audit resident charts for proper pain control
- Ongoing education for all staff
- Review of medication regimen for pain control
- Ongoing dissemination, evaluation and sustainability of pain management for residents, families and staff

Reduced Pain in BPSOC
(2019-Admitted rate: 04/2020-Mar-2022)

Antipsychotic Use in BPSOC
(2019-Admitted rate: 04/2020-Mar-2022)

The Palliative Approach

- A Palliative Approach to Care in the Last 12 months of Life
- End-of-Life Care During the Last Days and Hours

The purpose of the Palliative Care Program is to provide a holistic assessment of a resident's functional abilities and assist the resident and family to make choices regarding goals of care and end of life care decisions. The program is based on the LTCQA 2007, O. Reg. 70/10 and Health Quality Ontario Quality Standards for Palliative Care.

- Identification and Assessment of Needs
- Access to Palliative Care
- Discussions and Goals of Care
- Individualized, Person-Centered Care Plan
- Management of Pain and Symptoms
- Psychosocial Aspects of Care
- Caregiver Support
- Education for Patients, Substitute Decision-Makers, Families, and Caregivers

Alternative Approaches to the Use of Restraints

Restraints are physical, chemical or environmental measures used to control the physical or behavioural activity of a person or a portion of his/her body.

Physical restraints limit a resident's movement such as:

- A table fixed to a wheelchair
- A bed rail that cannot be opened by the Resident
- A fastened seat belt on the wheelchair

Person and Family-Centered Care

Person centered care is an approach to care that considers the whole person, their history and their goals for their care.

- Goals of care discussions by interprofessional team
- Build empowering relationship
- Create space for residents and their families to talk about their preferences and their values

4. WORKPLACE VIOLENCE PREVENTION

Mackenzie Health-LTC/UniversalCare is committed to the prevention of workplace violence across the continuum of care (staff, patients, volunteers, and visitors) to ensure a safe environment through its Health and Safety Program. Staff are provided with training on identifying and reporting hazards and incidents related to workplace violence. Managers are offered training on how to investigate incidents and document actions to prevent recurrence. The Joint Health and Safety Committee meets regularly to identify and discuss the implementation of continuous improvement to the Workplace Violence Prevention. The organization continues to add and expand the depth of its awareness and education programs through LTC policies, safety talks, practice pearls, and mandatory online modules, ITACIT.

5. PATIENT SAFETY

Management of the COVID-19 Pandemic

Infection Prevention and Control is a primary focus to maintain the health and safety of residents, staff, essential caregivers, and visitors. These efforts include Pandemic Preparedness Plans, IPAC education, IPAC audits, maintaining PPE supply and vaccine roll-out.

A notable success experienced in our home was being selected by McMaster University as an "Exemplary LTC Home in Wave1". Our home was selected as being a large home located in the hot COVID-19 zone and having no outbreak with COVID-19 spread. Our team initiated the Pandemic Preparedness Plan early on in March 2020. The plan has been revised as we progressed through the pandemic. The plan includes Safety and Security of Residents, Medication Treatments, Activities of Daily Living, Documentation by Priority and Staffing Plan. Continuous IPAC education and auditing of all staff and essential caregivers conducted by both in house IPAC Manager and leadership team as well as Mackenzie Health IPAC team.

As per direction from Ministry of Long-Term Care, our home maintained strict adherence to COVID-19 testing and active screening of all residents, staff and visitors. The home ensures that adequate supply of PPE is maintained by continuous monitoring of inventory and is readily accessible to front line staff at all times. Our team collaborated with York Region Public Health to conduct several in house vaccine clinics for residents, staff, and essential caregivers. To date, 98% of residents and 100% of the staff fully vaccinated.

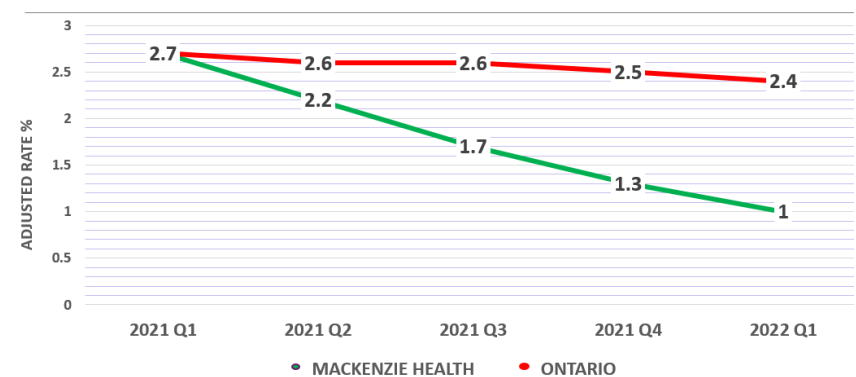
Throughout the pandemic, our home maintained a high-quality resident centered approach to care when managing both mental and health challenges faced by residents and families due to isolation. Our team worked together to offer continuous virtual resident and family visitations, virtual recreation programming such as music therapy and pet visits. Our team was also able to arrange virtual Behavior Supports Ontario and pharmacy consultations when additional mental health support was indicated for the resident.

Our team was able to offer virtual care to address the physical health of the residents and to facilitate virtual assessments with our attending physicians, dermatologist, BSO. Our team ensured that families were always involved in resident care by maintaining care conferences virtually due to pandemic and IPAC practices.

Percentage of Residents in Daily Physical Restraints

With implementation of Best Practice Guideline as of January 2022, the restraint use decreased by 85% compared to December 2020.

2021 – 2022 Daily physical restraints (%)
(Canadian Institute for Health Information)

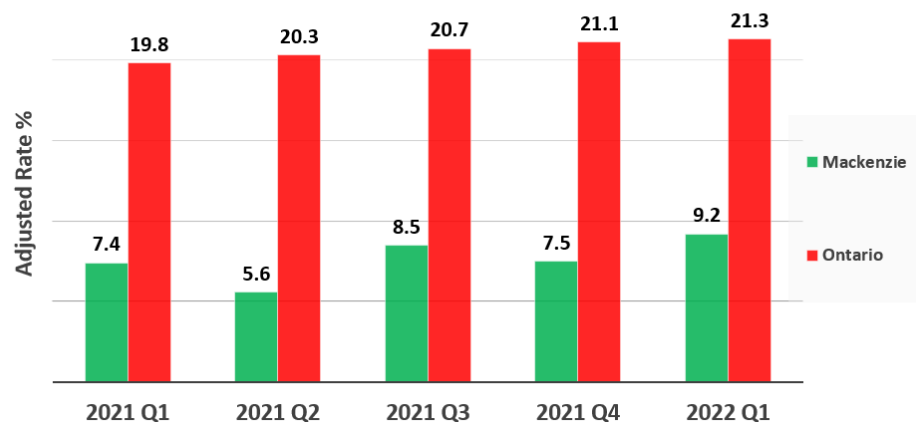


Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their assessment.

Antipsychotic medication use takes a considerable amount of time due to the complex nature of our residents and their responsive behaviours present with different types of dementia. This process requires a joint team effort by residents, family members, physicians, nurse practitioner, pharmacist consultant and other interprofessional members.

Our current percentage of residents on antipsychotics without a diagnosis of psychosis is 9.2 %. This is below than provincial average of 21.3%. Our aim for 2023/2024 will be to decrease to 9.0 percentage.

2021-2022 Taken antipsychotics without a diagnosis of psychosis (%) (Canadian Institute for Health Information)



6. HEALTH EQUITY

In our home we are sensitive to the Health Equity Impact Assessment for our Populations of residents, staff, families, and care givers. Using evidence, the interprofessional team identified which populations may experience significant unintended health impacts (positive or negative) as a result of the planned policy, program or initiative.

We identified the following determinants and health inequities that have to be considered alongside the populations we identify:

- Income and Social Status
- Social support networks
- Education and Literacy
- Physical Environment
- Social Environments
- Personal Health Practices and Coping Skills
- Healthy Child Development
- Biology and genetic endowment
- Health services
- Gender
- Culture
- Race

7. REFLECTION SINCE YOUR LAST QIP SUBMISSION

Our home sustains continuous collaboration with NLOT as well as ongoing partnerships with external health care providers such as the Home and Community Care - Ontario Health support with intravenous therapy. We continue to employ a full-time Nurse

Practitioner (NP) supporting the right care at the right time by the right provider and is a resource for capacity building for all registered staff. The NP provides direct resident care through education, health promotion, prevention, treatment, and management of chronic conditions through assessment, diagnostics, consultation, and referrals, as well as synthesizing knowledge, skills and judgement as well as incorporating current evidence into practice to ensure the delivery of optimal care.

In addition, our home is also providing onsite Physiotherapy, Occupational therapy, Speech-Language Pathology, Registered Dietitian and Chiropodist as support and services to our residents. The availability of these resources allows for our residents to receive timely assessments for mobility, swallowing, nutrition, and foot care contributing to the aging in place philosophy of care.

CONTACT INFORMATION

Michael Griffin
Administrator
Mackenzie Health LTC / UniversalCare Canada Inc.
MHLTCAdmin@universalcareinc.ca
Tel: 905-883-2442

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 23, 2023.



Fay Lim-Lambie, Board Chair or delegate (Mackenzie Health)



Azi Bolorchi, Quality Committee Chair or Delegate (Mackenzie Health)



Altaf Stationwala, Chief Executive Officer (Mackenzie Health)

DocuSigned by:



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Joseph Gulizia, Chief Executive Officer (UniversalCare Inc.)

2023/24 Quality Improvement Plan for Ontario Long Term Care Homes "Improvement Targets and Initiatives"



Mackenzie Health LTC Facility - 10 TRENCH STREET, Richmond Hill, ON, L4C 4Z3

AIM	Aim	Measure									Change							
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments			
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) C = custom (add any other indicators you are working on)																		
Theme I:	Effective	Percentage of residents with identified palliative care needs (or their caregivers) who state that discussions with a health care professional about their goals of care helped them to make treatment decisions.	C	Percentage of residents with identified palliative care needs (or their caregivers) who state that discussions with a health care professional about their goals of care helped them to make treatment decisions / LTC residents	In House raw data collected between Jan 1- Dec 31, 2023	54252	100 % ; In House raw data collected between Aug 1 - Dec 31, 2022	100 %; In House raw data collected between Jan 1- Dec 31, 2023	In 2022, 100% of residents with identified palliative care needs (or their caregivers) met with our clinical team to discuss and address their physical, psychological, social, spiritual needs and their associated expectations. Our goal for 2023 is to achieve the same percentage.	Mackenzie Health Hospital, Home and Community - Ontario Health, BSO, NLOT, RNAO	1) Continue the implementation of an interprofessional model of care for the provision of palliative care and end-of-life care to residents and families in our LTC.	<ul style="list-style-type: none"> •Our interdisciplinary team will hold special conferences with the residents with identified palliative care needs (or their caregivers) to discuss palliative care approaches that exist in our facility. During the meetings, residents had the occasion to inform our clinical team of their preferences for care and treatment during palliative care and end-of-life. •Physicians and NP to have discussions with residents and family members related to their medical treatment expectations and to evaluate medical interventions •Social worker facilitates access to resources, space, and services needed by residents and families for cultural, spiritual and/or religious practices. •Registered staff to assess the cultural needs, values, beliefs and expectations and preferences about progressive life-limiting illness and death of residents and families. •Our clinical team continues to consult external healthcare professionals from MH hospital such as MDs, chaplain, ethicist, representatives from Central LHIN, Hospice Palliative Care Team Central LHIN, and visiting hospices, LEAP 	Percentage of residents (or their caregivers) with documented discussions regarding their palliative care and end-of-life care expectations	Percentage of residents (or their caregivers) that participated in our interdisciplinary special care conferences between Jan 1 - Dec 31, 2023				
											2) Continue developing a resident-centered plan of care and re-evaluate the plan of care based on the changing status, needs and preferences of the resident.					<ul style="list-style-type: none"> •Interprofessional health team, in collaboration with the resident and family are updating the resident plan of care on an ongoing basis 	Percentage of residents who have a documented resident- and family-centered plan of care	Percentage of residents who have a documented resident- and family-centered plan of care between Jan 1 -Dec 31, 2023
											3) Continue to deliver education to all registered staff & PSWs on the goals of care, holistic palliative approach to care					<ul style="list-style-type: none"> •Invite external educators for palliative care and end-of-life education •Education and skills training for nurses and the interprofessional health team related to self-care, including stress management and mitigation of compassion fatigue. •Offer time and resources for nurses and the interprofessional health team to engage in debriefing. 	Percentage of LTC staff who completed education regarding palliative care and end of life	Percentage of participants completed education regarding palliative care and end of life between Jan 1 -Dec 31, 2023
Theme II: Safe and Effective Care	Safe	Percentage of Residents in Daily Physical Restraints	P	Percentage of Residents in Daily Physical Restraints / LTC residents	Complex Continuing Care Reporting System (CCRS) Period: Q1 2023/2024	54252	Current performance: Q1 = 1% (2022/2023)	Aim: 1% on Q1 2023/2024	Our Home decreased the percentage of "Residents in Daily Physical Restraints" to 1 % in Q1 2022/2023 which is below of provincial average (2.4%). The aim for Q1, 2023/2024 will be to continue working on this quality initiative and achieve the same percentage.	Mackenzie Health Hospital, Home and Community - Ontario Health, BSO, NLOT, RNAO	1)Continue to reduce or eliminate use of restraining physical devices, from which a residents is not able to both physically and cognitively release themselves.	<ul style="list-style-type: none"> •Offer restraint alternatives in collaboration with interdisciplinary team by assessing the appropriateness of the alternative, the benefits provided to residents, and the safe use of the alternatives •The least restrictive type of physical restraint is used as an intervention after all alternatives to restraining have been considered or tried and found to be ineffective. •Avoid application of bed rails and /or restraints to new admissions, review restraint free philosophy with resident and family at pre-admission conference. 	Percentage of restraints used in the home; Percentage of restraint reduction over the period of 12 months.	Percentage of residents using restraints assessed for use of alternatives to restraints. Percentage of the restraining devices discontinued.				
											2)Continue to actively engage residents and their family members in reducing the restraint utilization				<ul style="list-style-type: none"> •Continue: •Discuss with residents and their loved ones on the type of restraints, the risks associated with their use, as well as, the expected outcome. •Offer to residents and families educational tools and materials to support the decision-making processes regarding the use or removal of restraints. •Provide our least restraint policy to new resident/ family members upon admission. •Offer educational sessions during Resident and Family Council meetings regarding the risk of entrapment and alternative to restraints 	Percentage of residents, families educated on use of physical restraints and risks associated with the use.	Percentage of residents using restraints assessed for use of alternatives to restraints. Percentage of the restraining devices discontinued	

											3)Continue to provide educational sessions for LTC staff on the policy for minimizing restraining of residents and updates on evidence-based practice guidelines.	<ul style="list-style-type: none"> •Offer educational sessions to all staff on the restraints policy, updates and on the evidence based practices regarding the use of restraints. •Provide orientation including LTC restraint policy for newly hired staff 	Percentage of staff educated of risks associated with restraint use and alternatives to restraints.	Percentage of LTC staff completed education regarding least restrictive environment policy.	
Theme 3: Safe and Effective Care	Safe	Percentage of LTC home residents without psychosis who were given antipsychotic medication in the seven days preceding their resident assessment	M	Percentage of antipsychotics taken without a diagnosis of psychosis / LTC residents	Complex Continuing Care Reporting System (CCRS) Period: average of Q1 2023/2024	54252	Current performance Q1= 9.2% (2022/2023)	9.0% Period: Q1 2023/2024	Our current percentage of residents on antipsychotics without a diagnosis of psychosis is 9.2 percentage in quarter one. This is below than provincial average of 21.3 percentage (data extracted from CIHI). Our team is always striving to further lower this percentage. Our aim for Q1, 2023/2024 will be to achieve a percentage of 9.0%.	Mackenzie Health Hospital, Home and Community - Ontario Health, BSO, NLOT, RAO	1) Continue to identify potentially inappropriate antipsychotic prescriptions (newly started, prn's, dosages, etc) and reassess residents' need and titration when appropriate	<ul style="list-style-type: none"> •Verify from Point Click Care/ MD orders to identify the residents with prescribed antipsychotics without an appropriate diagnosis requiring anti-psychotics •Identify residents who may benefit from titration or adjustment of antipsychotic use/dosage. •Assess during admission the anti-psychotic use, titrate or adjust usage/dosage by MD or NP as needed and coordinate resident follow-ups •Review the facilities data related to resident pain, constipation, responsive behaviors and the interventions implemented with outcomes. •Maximize primarily the use of nonpharmacological strategies prior to administration of pharmacotherapy such as an antipsychotic medication 	Percentage of inappropriate antipsychotics prescriptions.	Percentage of inappropriate antipsychotic discontinued in Q1 2023/2024	
											2) Continue quarterly medication review process or as needed	<ul style="list-style-type: none"> •Review the antipsychotic medication on a quarterly basis, earlier if needed, by the inter-professional team which includes the physicians, nurse practitioner, pharmacist consultant and registered staff •Review the antipsychotic use QI indicators (CIHI) by the clinical team during a quarterly medication administration meeting and compare with other LTC facilities and Ontario average results 	Percentage of residents' medication reviews completed.	Percentage of residents' medication reviews completed in Q1 2023/2024	
											3) Continue working in collaboration with other supportive programs to find the cause behind residents' responsive behaviours and to help find strategies to manage them	<ul style="list-style-type: none"> •Consult when needed with external teams such as Behavioural Supports Ontario (BSO), psychogeriatric resource consultants, LOFT Community Services and the Alzheimer Society 	Percentage of referrals sent to specialists	Percentage of referrals sent in Q1 2023/2024	
											4) Continue to deliver education to all registered staff on appropriate use of antipsychotic medication, risks, benefits and side effects	<ul style="list-style-type: none"> •Utilize the clinical team's various resources and toolkits for ongoing staff review education (i.e. Choosing Wisely Canada Toolkit for Reducing Inappropriate Use of Antipsychotics in LTC, behavioral and symptom mapping tool (BSMT), PIECES, DOS) •Educate staff in person-center strategies to address reasons for responsive behaviors •Provide staff review education in dementia care, assessing responsive behaviors and developing person-centered care plans for each resident 	Percentage of LTC staff educated on antipsychotic medication utilization and non-pharmaceutical approaches	Percentage of LTC staff who completed education related to the appropriate use of antipsychotics medication, risks, benefits and side effects by ; Percentage of LTC staff who completed education regarding dementia care & addressing resident responsive behaviors in Q1 2023/2024.	
											5) Continue to involve families in resident care	<ul style="list-style-type: none"> •Invite family member participation in providing possible options/suggestions in non-pharmacological interventions prior to AP administration and even during the AP titration •Provide resources to support family understanding and discussions related to potential risks, benefits and side effects of antipsychotic medication use. 	Percentage of family members educated on use of antipsychotic medication and risks associated with its use.	Percentage of family members involved in developing resident care plan in Q1 2023/2024	