

Quality Improvement Plan (QIP)  
**Narrative for Health Care  
Organizations in Ontario**

March 30, 2023



## OVERVIEW

Southlake Residential Care Village is a home with 192 long-term care and 32 Interim beds located in Newmarket. Our team is part of Extendicare, a larger organization whose overall plan is "One Team, One Mission, One Vision".

### Extendicare's Mission

We help our residents and clients to live better by promoting quality of care and of life. We will do this by creating remarkable moments through highly engaged and motivated team members. Stakeholders will know this because we continuously measure, improve and publicly share our performance.

### Extendicare's Vision

To be the best provider of senior care and services in Canada

Southlake Residential Care Village mission, vision and values are as follows:

**Vision:** Celebrate life, hand in hand; heart to heart.

**Mission:** Together we create a home that enriches lives.

**Values:** Residents First: Always consider Residents' Rights and the best.

interest of the Resident.

: Continuously advocate to enhance quality of life.

: Excellence in Service: Commit to providing purposeful, compassionate

and personalized care for all residents.

: Seize Every Moment: It Matters: Strive to hold yourself accountable

every day. Share opportunities to learn. Embrace best practice.

: Communicate: Foster positive relationships based on

respectful, open

and meaningful communication.

- : Communicate: Communicate to ensure consistency and transparency in the delivery of care.
- : Communicate: Speak up - sharing your ideas will make a difference.

Extendicare's Quality Framework outlines the ways in which our home is supported to achieve success in all aspects of quality with a focus on quality of life, safety, compliance, and resident satisfaction. Extendicare's homes in Ontario are responsible for driving their quality improvement plan and work closely with specific consultant leads that support homes in their quality initiatives. Our strategic direction and the initiatives that support it also closely align with Accreditation Canada standards and meet the requirements of our LSAA.

Performance monitoring is a key part of driving our performance and includes but is not limited to the following:

- Monitoring key quality indicators
- Internal audits
- External audits
- Program evaluations

To successfully advance quality, all staff are involved in data collection, data analysis, satisfaction surveys and resource utilization analysis.

Extendicare measures and monitors our quality initiatives using

data accuracy and quality indicator score cards.

Our target is to continuously improve and to reach the HQO benchmark for all our indicators and have upper quartile provincial performance. As a result, our workplan for 2023/2024 will focus on the following indicators:

- Number of ED visits for modified list of ambulatory care-sensitive conditions\* per 100 long-term care residents.
- Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"
- Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".

To mitigate any challenges continual advocacy through the Ontario Long Term Care Association (betterseniorscare.ca), Extendicare and the HCCSS around funding challenges will be a priority. We continually reference best practices, learn from other Extendicare owned and partnered homes and engage staff and family members in discussions about how we can continue to improve.

## REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

Since our last submission, the impact of the global pandemic has been very difficult on the residents and staff at Southlake Village. Many directives were implemented as were changes to directives, especially in the early stages of the pandemic. We shifted focus from quality indicators to resident safety while trying to maintain quality of life for our residents.

Even during the pandemic, the team at Southlake Village maintained an ongoing prioritization of quality. The home prioritized resources that support quality through the investment in a quality manager. The manager supports a variety of reporting, at the governance, management and staff level.

We have made great strides in our ongoing improvements for avoidable transfers to hospital and resident satisfaction over the course of the pandemic as evidenced by improved outcomes in our outbreaks from Wave 1 to Wave 6. We have enhanced our communication strategies with our stakeholders with virtual townhalls with families and staff to communicate the latest IPAC information. Our IPAC lead will continue to focus on hand hygiene and PPE audits to ensure that we are keeping our residents, staff and families safe.

## PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

Southlake Village's mission statement is "Together We Create A Home That Enriches Lives" and we accomplish this by engaging our residents and families. We promote transparency with residents and families by requesting their participation in various activities such as quality improvement projects, annual resident satisfaction surveys which we use to gauge our quality improvement measures, various committees, and resident and family councils. We actively share Ministry inspection reports, Accreditation survey results and concerns and successes in the home. On an individual basis, we involve residents and/or families by discussing their unique needs, preferences and concerns and then building their plan of care based on these discussions. We also involve our residents and families in our home social activities to promote a sense of belonging for our residents and to provide opportunities for social interaction between our residents and their families. Southlake Village also seeks input and feedback from families and residents via Family and Residents' Councils.

## PROVIDER EXPERIENCE

The past few years has been difficult for the staff members of Southlake Village; we encourage our staff to provide ongoing feedback through Staff Satisfaction Surveys, Performance Appraisals, staff update letters, and huddles on the floor.

Furthermore, we continue to celebrate our staff members through peer nomination with our Employee of the Month program and Nursing Week celebration.

## WORKPLACE VIOLENCE PREVENTION

Southlake Village's Workplace Violence Prevention Policy ensures that each level of management and all staff comply with Occupational Health and Safety legislation and standards to provide a safe workplace. Southlake Village promotes a safe workplace by:

- Enforcing the zero tolerance of abuse policy
- Ensuring the environment is safe/secure (parking lot, lighting, stairwells, reception etc.)
- Reviewing all incidents that have occurred
- Putting an action plan in place based on the risk assessment, where improvements are required
- Investigating all incidents in a fair and consistent manner
- Workplace harassment and bullying policy
- Victims Services of York Region
- Closed circuit monitoring of the entire building

## PATIENT SAFETY

To help support quality improvement, enhance a safe and just culture, and improve the success of incident analysis, we at Southlake Village, review each incident that occurs surrounding a resident in the home. Management conducts investigations and follow ups based on information received. Care conference or care team meetings take place with the families, residents and/or Powers of Attorney's. We provide feedback and share lessons and improvements learned with staff, families, and residents.

## HEALTH EQUITY

At Southlake Village we understand and recognize that we have a duty to reduce the disparities of health outcomes, access and experience of diverse populations. We encourage all diverse populations; including Indigenous Peoples; Black, racialized, and 2SLGBTQIA+ communities; and Francophone populations at Southlake Village. We complete an "All About Me" assessment upon admission to our facility to learn about each new individual and their non-medical needs such as cultural and dietary requirements, spiritual requirements, and social and cultural care needs.

## CONTACT INFORMATION/DESIGNATED LEAD

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### Theme I: Timely and Efficient Transitions

Measure	Dimension: Efficient	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Indicator #1							
Number 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	26.52	20.00	More acute resident's being admitted to LTCH and COVID-19 pandemic has impacted indicators. If indicator target is met we will set lower target following year.	Southlake Regional Health Centre, NLOT, Ontario Shores Centre For Mental Health Sciences, Psychogeriatrician

### Change Ideas

Change Idea #1. Implementation of SBAR Tool

Methods	Process measures	Target for process measure	Comments
Provide education to Registered staff as to how to use the tool.	Number of Registered Staff education. # of SBAR tools completed monthly vs. # of ED visits	100% of newly onboarded Registered staff will receive education on the tool by the end of their orientation process.	All staff were trained in each of the seven units. Staff use the SBAR tool when communicating with external partners/with the NP

Change Idea #2 To recruit a FT Nurse Practitioner with a focus on reducing ED avoidable visits

Methods	Process measures	Target for process measure	Comments
To onboard 1 Nurse Practitioner in 2022.	Hiring 1 FT Nurse Practitioner	A full time, Nurse Practitioner will be hired by December 2022.	We have found that having an in-house NP has significantly reduced our transfer to hospital; due to quick assessment timing of acute concerns and follow ups between physician visits to the home

## Theme II: Service Excellence

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, NHCAPPS survey / Apr 2022 - Mar 2023	CB	77.00	Southlake Village exceed the results of overall average of Extendicare Assist and LTC homes. We would like to supersede the overall target.	Extendicare (Canada) Inc.		
						Currently our performance is 70.9% but we are unable to access the full results to determine the number breakdown.			

### Change Ideas

Change Idea #1 Care conferences will include residents and/or POA virtually or via phone if unable to attend in person.

Methods	Process measures	Target for process measure	Comments
If unable to attend in person, staff will facilitate use of technology ie Zoom via IPAD with the resident where appropriate.	# of resident who are appropriate, attend care conferences virtually.	All residents were given the opportunity to attend their Admission and/or Annual Care Conference virtually if unable to attend in person by December 2023.	

Change Idea #2 Provide Customer Service training to all staff during orientation process.

Methods	Process measures	Target for process measure	Comments
Utilize the Customer Service training material to educate all staff upon hire	# of staff educated each quarter	100% of staff will be educated on Customer Service by December 2023	

### Theme III: Safe and Effective Care

Measure Dimension: Safe

Indicator #3	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	22.28	20.00	More acute resident's being admitted to LTCH and COVID-19 pandemic has impacted indicators. If indicator target is met we will set lower target following year.	CareRX Pharmacy, Psychogeriatrician, Southlake Village Physicians

#### Change Ideas

Change Idea #1 Admission and Quarterly medication review completed by CareRX Pharmacy consultant to ensure diagnosis is included with the antipsychotic order

Methods	Process measures	Target for process measure	Comments
Ensure diagnosis is available for the drug used upon review of physician orders. Audits to be completed by the pharmacy; education to be provided by the pharmacy and Medical Director	# of audits completed each month. # of staff education by pharmacy per session	All residents currently taking antipsychotics will be reviewed by the pharmacy and Nurse Practitioner by June 2023. Any new admissions will be reviewed at their 3 month medication review.	

Change Idea #2 Residents admitted on antipsychotics will have this discussed at their admission care conference.

Methods	Process measures	Target for process measure	Comments
1.) Physicians & Pharmacy consultant to be involved in the review of newly admitted residents on antipsychotics by the time of the admission care conference. 2.) If appropriate, Pharmacy consultant will make recommendations for tapering antipsychotics.	1.) # of new residents who are on antipsychotics who are reviewed by Pharmacy consultant. 2.) # of pharmacy recommendations to taper antipsychotics of new admissions.	All new residents on antipsychotics will have medication reviewed by pharmacy consultant prior to Admission Care Conference by 2022.	





## **Southlake Residential Care Village**

### **Quality Improvement Action Plan**

Ongoing work to improve the care we provide

At Southlake Residential Care Village, improving the quality of care we provide for our residents and their families guides all we do. We are always seeking new ways to evolve our practices to improve the care we provide to those we serve to “Help People Live Better”.

Our Quality Improvement plan is developed on an annual basis by our Quality Improvement Committee taking into consideration Southlake Residential Care Village strategic quality priorities: Quality of Care, Quality of Life, Safety and Resident Satisfaction. We also review quality assurance results, annual program evaluations and resident satisfaction survey results to assist us to determine key areas of focus in our home. Our Quality plan is shared with residents, families, team members and external partners to support our priorities, targets, and activities. Outcomes are reviewed on a quarterly basis at our QI committee meetings.

#### **Active priority areas**

Further information related to priority areas for our home is found in our Workplan.

#### **Monitoring our results to ensure continuous improvement**

Driven by our commitment to clinical excellence, we have set our performance targets at best practice levels, with the intentional objective to work to exceed the Canadian Institute of Health Information’s (CIHI) annually reported national averages for long-term care homes across the country. Results are monitored monthly by our internal committees and CQI committee.

We use Point Click Care unadjusted data to monitor each of our core quality indicators. Quarterly progress and actions are posted on a Quality Board in our home. Quarterly Quality meetings are held in our home where we discuss our quality indicator results, share best practices and learnings, and discuss action plans and strategies.

#### **Responding to resident and family experience feedback**

Resident Satisfaction Survey results:

How well staff listen to you – 84.8%

I can express my opinion without fear of consequences – 86%

As we score above the 80% Extendicare target set for these indicators, there is still room for improvement. Our work plan provides further details and actions on these important areas of resident experience, as we work to continue to serve residents better.

Our Quality Improvement Plan is shared with our residents, families, and team members, at Resident and Family council meetings or Focused group for input and revised with their feedback. The outcomes are then regularly reviewed during council meetings. The document is posted on our in-home Resident & Family communication Board as well as our home website. Minutes from these meetings are also posted in our home.

All quality survey action items will be included in our 2024 workplan.

For any questions related to our Quality Improvement Plan, please contact:

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