

## **Apotex Quality Improvement Plan 2022/23 Narrative**

### **Overview**

The Apotex, Jewish Home for the Aged, is pleased to share our 2022/23 Quality Improvement Plan (QIP) with residents, caregivers, staff, and members and our community. The Apotex is a 472-bed long-term care facility at Baycrest that provides a range of residential and specialized programs to meet each resident's needs and preferences. While we are a large home, we remain committed to considering each person as an individual, with unique needs and values. The principles of Judaism are woven into all that we do and we are dedicated to a care and service model that is consistent with our values. Our staff and physicians are committed to providing an exceptional resident care experience and this annual improvement plan is one of the many strategies the home adopts to advance Baycrest's strategic direction.

As we do each year, we set out a number of important improvement priorities that set the foundation for our Quality Improvement Plan. 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 impact this pandemic continues to have on resident wellness and quality of life. For over two years, residents experienced tremendous impacts on their daily life in the home and 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 intentionally directing our improvement efforts on addressing resident quality of life. Quality of life goes beyond the quality of medical and personal care and is the degree to which a resident is healthy, comfortable, and able to participate in or enjoy life events based on their choice.

In this vein, the improvement goals for the Apotex, Jewish Home for the Aged in fiscal year 2022-23 are as follows and address important elements of resident diversity and inclusion.

### **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 and so 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.

### **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.

### **Reflections since our last QIP submission**

Although Ontario Health paused the formal Quality Improvement Plan last year, the Apotex continued its relentless focus on improvement. We are proud to have implemented all of the planned change ideas from our 2021/22 QIP, resulting in demonstrated outcomes, along with other important improvement work that is not included on our QIP. Our interdisciplinary quality committee helps to guide the home's improvement efforts and ensure that the work is resident-centred, integrated and resulting in the change we set out to achieve. We routinely monitor our performance and introduce rapid cycle and 'just do it' improvements where warranted. Our mandatory clinical program committees are active and committed to continuous improvement.

The Apotex is also an active member of the Seniors Quality Leap Initiative (SQLI), an international consortium of 14 leading senior care providers. As part of SQLI, the Apotex monitors and benchmarks its performance on 27 quality indicators including an overall quality composite measure along with facility level measures that help

provide context to organizational benchmarking. Recognizing the complexity of our resident population, the Apotex is among the top 25% of SQLI homes on the overall quality composite and we are extremely proud of the team's hard work and high quality care to achieve this result.

However, the Apotex acknowledges that there is no end to better and we anticipate taking on new improvement work with a planned accreditation visit in November 2022 and the anticipated changes in the long-term care legislation.

### **Resident and Family Partnering**

In order to provide the highest quality and individualized care to residents, we are committed to working in partnership with residents, caregivers and families. We value and depend on input and feedback through formal such as our resident and family surveying process, through complaints and compliments as well as through our active resident and family advisory councils and ad-hoc focus groups. Partnering with residents and families is a central tenant of our 2022-23 QIP and we have ensured that all improvement initiatives provide for meaningful opportunities to seek resident and family input.

### **Provider experience**

Recognizing the unique demands and stressors associated with the COVID-19 pandemic, the People Support Group (an integral component of the Baycrest Incident Management Structure) executed a survey in June of 2020. This survey revealed that the majority of staff (72%) felt supported or extremely supported by Baycrest during COVID-19. The survey also garnered ideas to support staff and families, increase staff sense of safety, build a sense of togetherness with teams, support self-care and mental health, and help staff feel valued and recognized. A priority throughout the pandemic was ensuring timely and transparent communication with staff, physicians, clients / residents, caregivers, and visitors while also optimizing their safety (e.g., through rigorous infection, prevention and control practices and access to personal protective equipment).

Baycrest is planning to administer a staff and physician experience survey in fiscal year 2022-23.

### **Resident experience**

As indicated above, the entire focus of the Apotex QIP is on resident quality of life. We selected two measures from our InterRAI Resident Quality of Life surveys, one of which reflects residents' social connectedness with a focus on religious programming. We did so because of the isolating and detrimental impact of COVID restrictions on resident programming and life in the home. Improvement work takes time and energy and we continue to face a health human resource challenge where staff bandwidth for improvement work is limited. We therefore selected this indicator, over the one prioritized by Ontario Health to capitalize on the recovery opportunities afforded to the sector through the Ministry of Long Term Care.

### **Contact Information**

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## Apotex Quality Improvement Plan, 2022-23 Workplan

### Indicator #1: Improve resident choice and autonomy

Indicator	2021 Performance	Reporting Timelines	Source	2022/23 Target	Target Justification
% of residents who respond that they decide when to go to bed (% positive)	66%	Jan – Dec 2021	InterRAI Quality of Life Survey	70%	<ul style="list-style-type: none"> <li>Apotex performance has been declining since 2019 with a more significant decline over the course of the pandemic</li> <li>From 2015-2021, our median performance was at 71%</li> <li>Only 20% of homes internationally using the survey did not meet the benchmark of 70%. Since we fell below this performance standard, we are using the bottom 20<sup>th</sup> percentile as our target.</li> <li>Our target is also directionally aligned with our goal to promote a culture that promotes resident choice and autonomy</li> </ul>

Change idea	Methods	Process measure	Target
<p>Review current state to understand the factors impacting bedtime including:</p> <ul style="list-style-type: none"> <li>a) the process to collect and regularly update resident bedtime preferences</li> <li>b) day/evening PSW routines including resident bedtimes</li> </ul> <p>Based on current state assessment, establish an operational plan for PSWs to better structure bedtime; pilot and evaluate on 2 units before spreading</p>	LTC managers conduct walkabouts to review current state and report on findings; collect resident preferences for bath/shower and bedtime	% of resident bedtime and bath/shower time preferences collected	100% resident preferences collected by end of June
Review current sedative prescribing practices and introduce appropriate adjustments, where indicated	Review the prescribing of sedative medications during quarterly medication reviews	# of residents each quarter with an appropriate reduction or de-prescribing of daily dose sedative medications	Collecting baseline and monitor each quarter
Establish a structured evening program/activity plan; deliver education and training to build capacity in PSWs to engage with residents in meaningful activities after dinner	Recreation staff to develop evening program plan with resident/family input, including a toolkit with structured activities for PSWs to follow; recreation to obtain	# of resident/family engagement opportunities	At least 3 resident / family engagement opportunities; Evening program plans developed and delivered by end of June

**Indicator #2:** Provide more opportunities for residents to participate in religious programming that has meaning to them

Indicator	2021 Performance	Reporting Timelines	Source	2022/23 Target	Target Justification
% of residents who respond that they have opportunities to participate in religious activities that have meaning to me	33%	January – December 2021	InterRAI Quality of Life Survey	56%	<ul style="list-style-type: none"> <li>• Apotex performance has been steadily declining since 2019</li> <li>• From 2015-2019, before COVID and the significant restrictions around programming, our median performance was 52%</li> <li>• Only 20% of homes internationally using the survey did not meet the benchmark of 56%. Since we fell below this performance standard, we are using the bottom 20<sup>th</sup> percentile as our target.</li> <li>• As a faith based home, our goal is to ensure our cultural and religious programming meets the needs of a more diverse population while maintaining the cultural integrity as a Jewish faith-based home.</li> </ul>

Change idea	Methods	Process measure	Target
Conduct a baseline needs assessment to understand our residents' preferences for religious/cultural programming. Begin to use this assessment to inform future program design and delivery.	Conduct evaluation of all home-wide religious/cultural/holiday programming to measure resident satisfaction and participation	% resident satisfaction with religious programs (post holiday programs – internal survey)	Needs assessment developed by May; At least 80% resident satisfaction in religious programs
Seek input from Resident and Family Councils and/or focus groups before any home-wide cultural/holiday programming; make corresponding adjustments based on feedback received; share performance with supporting departments	Recreation department, culture & arts department and spiritual care track number of engagement sessions and how feedback has been incorporated into future program plans	% of holiday programs developed with input from residents and families	100%
Deliver new innovative and resident-centred Shabbat programming across the home. This includes, but is not limited to the Welcoming Shabbat Program, Shabbat rituals on Friday night and Shabbat day-programs. Adjust and improve the method and frequency of communication about cultural and religious program offerings to residents and families	Management and/or recreation will develop and conduct audits during Friday night Shabbat dinner; track attendance and participation during Shabbat programs	% compliance with Shabbat dinner audits	At least 85% compliance with audits; program information shared more broadly with residents & families