

# Apotex Quality Improvement Plan

## 2021/22 Apotex Narrative

The Apotex is pleased to share our 2021/22 Quality Improvement Plan with residents, caregivers, staff and members and our community. This plan describes the key improvements aimed at providing an exceptional resident centred health experience across the long-term care home.

This past year has been unlike any other in the long-term care sector. Despite our uncompromising efforts to respond to the COVID-19 pandemic to keep our residents, staff, caregivers and community safe, we know that we cannot lose sight of the improvement opportunities that contribute to providing exceptional care and experience. We also acknowledge the tremendous effort required for any quality improvement initiative and so we will continue to be nimble and flexible in our actions and response to operational needs and requirements.

Although Ontario Health paused the formal Quality Improvement Plan requirements for this year, it is important that we continue our quality journey and relentless focus on improvement. As we do each year, we select our annual improvement priorities considering several important factors including:

- Feedback from residents and families through quality of life and experience surveys;
- Safety priorities identified through safety reporting, critical incidents and risk analysis;
- Geriatric best practices;
- Legislative requirements; and
- Accreditation Canada required organizational practices and standards.

For 2021/22, the Apotex has identified three improvement goals with associated improvement ideas to achieve our targets:

### Manage responsive behaviors

- **Reduce the % of residents with worsening behavioral symptoms by 15% through:**
  - Implementation of evidence based clinical support tools for Behavioral and Psychological Symptoms of Dementia
  - Ongoing development and monitoring of behavioral care plans with a focus on resident centred interventions
  - Resident-level root cause analyses conducted

### Protect residents from harm

- **Reduce the % of residents whose stage 2-4 pressure ulcer worsened by 15% through:**
  - Staff training
  - Routine skin and wound audits including monitoring of care plans
  - Continued referral to wound care specialist for complex wounds

### Improve resident experience while addressing social isolation

- **Increase the % of residents who respond that staff know the story of their life by 40% through:**
  - Introducing the "all about me" form at the bedside
  - Delivering regular staff training, coaching and auditing
  - Scaling-up new virtual and, when permitted, small group recreational programming
  - Ongoing collaboration and feedback from residents and families

## Apotex Quality Improvement Work-plan 2021/22

### Indicator #1: Manage Responsive Behaviors

Indicator	Current Performance	2021-22 Target	Target Justification
% of residents whose behavioral symptoms worsened	5.6%	5%	<ul style="list-style-type: none"> <li>Apotex performs better than Ontario average and our current performance is at the SQLI median (6%).</li> <li>Given current circumstances associated with COVID response, our target of 5% represents a 15% improvement and takes us directionally closer to the top 20% of SQLI homes (2%).</li> <li>It is important to acknowledge that with the volume of new admissions planned over the course of next year, we anticipate fluctuations in this metric as new residents adjust to life in long-term care.</li> </ul>

Change idea	Methods	Process measure	Target for process measure
Responsive behavior program will ensure residents with Aggressive behavior Scale score of 3 or greater have a behavioral care plan in place.	Responsive behavior program will review residents' Aggressive Behaviour Scale score (3 or greater) and monitor care plans	All residents identified will have a Responsive Behavior focus in their plan of care	100%
Program will initiate a root cause review of residents who trigger the worsened behaviors indicator for 2 quarters to ensure responsive behavior focus and interventions (pharmacological including pain management and non-pharmacological) are in place in the care plan	Responsive behavior program team will review resident charts (for those who triggered MDS) and medication orders to determine whether an analgesic could be beneficial. Care plans will be reviewed to confirm appropriate non-pharmacological interventions.	Residents identified and follow up is initiated at the care team level	All residents identified have appropriate follow up
Review resident to resident code white and conduct root cause analysis to identify contributing factors and introduce countermeasures where appropriate	Debrief with staff after each Code White and conduct education sessions with staff.	# of code whites	Monitoring; no target identified

**Indicator #2:** Protecting our residents from harm

Indicator	Current Performance	2021-22 Target	Target Justification
% of residents whose stage 2-4 pressure ulcer worsened	4.4%	3.7%	<ul style="list-style-type: none"> <li>• Apotex performs better than Ontario average however not at the provincial benchmark of 1%. Our best performing quarter in the past 2 years was 3.7%</li> <li>• At present, with a lower than typical occupancy, current performance represents an average of 17 residents targeting this indicator.</li> <li>• With a projected increase in occupancy over the year, the target of 3.7% brings us back to our best performing quarter and targets no more than an average of 17 residents triggering this indicator each quarter.</li> </ul>

Change idea	Methods	Process measure	Target for process measure
Provide training to RNs and RPNs on skin and wound treatment orders for skin tears and stage 1-2 pressure injuries.	Clinical educator track attendance	% of RPNs and RN who receive training	80%
Program will conduct a root cause review of residents with pressure injuries who triggered consecutively for 2 quarters to ensure a care plan focus is in place	Analyze MDS and resident level data at monthly program meetings. Skin care program will review and revise plan of care to ensure skin injury focus including needs, goals and interventions.	% of residents with stage 2 to 4 pressure injuries identified that have a skin injury focus in their plan of care	Program will conduct a root cause review of residents with pressure injuries who triggered consecutively for 2 quarters to ensure a care plan focus is in place
Continue to work with wound care specialist to ensure all complex wounds are referred for consultation	Monitor referrals to wound care specialist for all complex wounds	% of complex wounds referred for consultation, as appropriate	100% of appropriate referrals.

**Indicator #3:** Improving resident experience while addressing social isolation

Indicator	Current Performance	2021-22 Target	Target Justification
% of residents who respond that some of the staff know the story of their life (always & sometimes)	16%	23%	<ul style="list-style-type: none"> <li>• <i>Apotex performance has been declining since 2017.</i></li> <li>• <i>Our 23% target has been set to cut the deficit between our current performance (16%) and the international median (30%) in half.</i></li> </ul>

Change idea	Methods	Process measure	Target for process measure
Develop and roll out the 'all about me' form at the resident bedside	Conduct observational audits and feedback to evaluate the 'all about me' tree and continue to train and provide feedback to staff about how to integrate the form into daily practice.	Form completion	All consenting residents have a form completed by end of Q1
Introduce and scale new virtual and, when permitted, small group recreational programming	Monitor resident and family feedback as well as attendance and make necessary adjustments to program offerings, where required. Establish a method to evaluate resident satisfaction with virtual programs.	# of virtual programs delivered each month;	At least 5 virtual programs delivered each week; evaluation method in place by Q2.
Collaborate with resident and family advisory council for ongoing feedback and input	Meet with resident and family council at regular intervals to solicit feedback	Attendance at RAC and FAC	Attend at least 4 meetings per year