

Baycrest Hospital and Long Term Care Quality Improvement Plan 2023/24 Narrative

Overview

Baycrest is pleased to share our 2023/24 Quality Improvement Plan (QIP) with our clients, residents, caregivers, staff, physicians, volunteers, and members of the community. In this narrative, we provide an overview of the key quality improvement priorities for the long-term care home and the hospital.

The Apotex, Jewish Home for the Aged, 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. The principles of Judaism are woven into all that we do and while we are a large home, we remain committed to considering each person as an individual, with unique needs and values. Over 70% of our residents have dementia, 45% are fully dependent in their activities of daily living such as walking, transferring, dressing and eating and though very complex, live twice as long in the Apotex as compared to the Ontario average. This statistic demonstrates the commitment of our staff, physicians and volunteers to provide an exceptional resident care experience and this annual improvement plan is one of the many strategies the home adopts to advance this strategic direction.

Baycrest Hospital provides post-acute care and specializes in the care of older adults, offering inpatient, ambulatory, and outreach services. With 262 beds across nine inpatient units, we serve approximately 1,500 admitted seniors annually. Inpatient services include rehabilitation, mental health, complex continuing care, palliative care, and transitional care programs. Ambulatory services provide a wide array of home-based, virtual, and in-person health and social services to over 9,500 clients each year. Our ambulatory programming emphasizes a 'one-team' approach and prides itself on providing client-specific accommodations.

Point-of-care staff, physicians and administration work tirelessly to plan and deliver uncompromised care, services and programming and this was reflected in the result of our most recent Accreditation Canada survey, where Baycrest achieved Accreditation with Exemplary Standing. We know however, that there are still areas for improvement and there is never an end to better. As we do each year, we have identified a number of important improvement priorities for inclusion in our QIP. Multiple factors guide the selection of these improvement initiatives, such as feedback from staff, physicians, residents/clients and families, current performance, legislative requirements, Accreditation standards, and geriatric best practices. Based on these factors, Baycrest has selected the improvement goals outlined below.

Apotex, Jewish Home for the Aged

Improve Resident Social Life

Recovery efforts resulting from the COVID-19 pandemic restrictions are ongoing. Despite the introduction of new recreational, cultural and spiritual programming, residents and families tell us that we can be doing more to deliver meaningful activities. Our goal is to always ensure that the programs we co-design with residents and deliver matter to residents and are meeting their needs each and every day. We want to be a top performing home and lead the sector in this area.

Appropriate Prescribing

Antipsychotic medications, often used to manage symptoms of psychosis, are also commonly and appropriately prescribed for seniors living in long-term care to manage severe behavioural and psychological symptoms of dementia. These residents may not have a diagnosis of psychosis and so the use of antipsychotic medication in this population can be considered "potentially inappropriate". Our goal over the next year through our QIP is to ensure that antipsychotic medications are being used for the right symptoms, at the right dose and only for as long as

needed. The Apotex will continue to focus on reducing potentially inappropriate use of antipsychotics through our very comprehensive medication review and behavior management strategies.

Baycrest Hospital

Addressing Deferred Care through Central Navigation

Baycrest paused ambulatory services multiple times throughout the COVID-19 pandemic in alignment with provincial directives, while at the same time demand continues to increase due to an aging population. Between 2020 and 2021, over 2000 people referred to Baycrest outpatient programs could not be seen and had their care deferred. Similar to peers across the region, including Ontario Health Team partners, wait lists continue to grow. Addressing feedback from clients and families and referring partners, the aim with the central navigation initiative is to reduce the time between referral received at Baycrest and first clinical contact.

Client Experience

Key to our efforts to ensure safe, high-quality and client- and family-centred care is enabling clients, families, and caregivers to be partners in their care. One way to do this is by providing comprehensive information and education on admission covering topics such as falls and pressure injury prevention and recognizing the signs and symptoms of delirium. Pandemic-related restrictions continue to present communication challenges and therefore the hospital is maintaining its focus on increasing positive responses to the question: When you were admitted, did you get the information you needed?

Pressure Injury Prevention

A pressure injury is an area of skin that has been damaged because of pressure and can lead to many other health problems, including injury to tissue, muscle and bone. Pressure injuries have a significant impact on client quality of life and can result in pain, poor mobility, slower recovery, increased risk of infection and longer hospital stay. Leveraging our team of pressure injury champions who have received additional training and mentorship, we will continue to focus on preventing pressure injuries in our clients admitted to complex continuing care, low tolerance rehab, and transitional care units.

Palliative Approach to Care

Palliative care is a philosophy of care that aims to relieve suffering and improve quality of life for people with a progressive, life-limiting illness, as well as their families and caregivers. Over the next year, we will build on foundational work already completed and optimize opportunities for clients and their family or caregivers to be involved in discussions regarding their goals of care.

Delirium Prevention, Identification, and Management

Delirium is a preventable client harm and medical emergency that disproportionately affects older adults, with some studies suggesting that up to 30% of clients admitted to post-acute care develop delirium. Delirium has serious consequences for clients and their families and caregivers. As a geriatric-focused hospital, Baycrest aims to be a leader in the prevention and management of delirium. The Delirium Quality Standard recently released by Ontario Health has informed the selection of change ideas outlined in the hospital's workplan.

Reflections Since our Last QIP Submission

Apotex, Jewish Home for the Aged

Last year, the Apotex was very intentional in directing our improvement efforts on addressing resident quality of life through two main improvement goals: the first, to improve resident choice and autonomy about bedtimes and second, to provide residents with more opportunities to participate in religious programs that have meaning to them. This selective approach helped us to remain focused and generate a collective alignment on achieving these improvement goals. We are incredibly proud to have implemented all planned change ideas from our 2022/23 QIP resulting in notable improvements in both goals.

As part of our first improvement goal to provide residents with more choice around their bedtime, we collected and updated resident bedtime preferences and introduced new evening programs throughout the home. With the team-based effort, we exceeded our target with 77% of residents responding positively that they decide when to go to bed. For our second improvement goal to provide residents with more opportunities to participate in religious programming that has meaning to them, we conducted a comprehensive needs assessment, the results of which helped to inform cultural, spiritual and religious programming over the course of the year. Described in more detail on the following pages, we find ourselves in a unique position as a Jewish faith-based home with approximately 25% of residents living here who identify with a faith other than Judaism. It behooves us, and is integrated into our improvement efforts, to understand and deliver programming and services that meet all of the cultural, religious and spiritual needs of our residents. To do this, we routinely seek out resident and family input following cultural and religious programs to understand strengths and areas for ongoing improvement. A major focus of our work last year, based on feedback from residents and families, was to improve the Shabbat experience for our Jewish residents and we are proud to have introduced a number of changes and new programs including improvements to the Shabbat Friday night meal service, new welcoming Shabbat programs, and re-introduction of our Community Shabbat. After a two-year hiatus due to COVID-19 restrictions, we also were pleased to have re-introduced a number of multi-faith programs such as a Christmas party and art making and a museum on wheels program that focused on the theme of Light during Chanukah, Christmas and Kwanza. Although we did not meet our target, we did see improvement compared to the previous year and will continue to address this critically important area in next year's QIP.

In addition to the improvements made in these two areas, the Apotex met 100% of all standards during our November 2022 visit from Accreditation Canada surveyors and we are incredibly proud of this accomplishment.

Baycrest Hospital

Every year we are pleased to profile our greatest quality improvement achievements from the inpatient and ambulatory services portfolios. The achievements identified this year reflect Baycrest's continued commitment to leveraging quality improvement methods and advancing care of the elderly.

Collaboration & Partnerships

Baycrest remains a committed partner involved in two Ontario Health Teams and we are proud of our contributions to the initiatives profiled in the collaborative Quality Improvement Plan (cQIP) for the North Toronto Ontario Health Team (NTOHT) and the North York Toronto Health Partners (NYTHP). One such initiative that will continue to be a focus for the NTOHT in fiscal year 2023/24 is the expansion of Neighbourhood Care Teams. Neighbourhood Care Teams aim to improve access to integrated and coordinated care for individuals living in Toronto Senior Housing buildings. Initiatives have been co-designed with residents and provide wraparound health and social supports to mitigate emergency department visits and hospital admissions or readmissions.

Expanding Quality Improvement Infrastructure & Capacity

In support of continuously and proactively identifying and addressing opportunities for improvement, all inpatient hospital units have sustained regular Performance & Idea Board (quality) huddles. These huddles provide a forum for staff and physicians to review local data, problem-solve, test and implement improvements, and celebrate successes. To further support quality improvement capacity building, Enhanced Team Leads and other leaders completed Lean Yellow Belt training supported by the Marilyn Rogers Award / Scholarship. We continue to seek opportunities to apply quality improvement methods to initiatives, both large and small, identified through the QIP or otherwise. For example, nearly two-thirds of patients admitted to Baycrest's complex continuing care units have tracheostomies and require regular and timely assessment by an ENT (ear, nose, and throat) specialist. Interprofessional team members from across different areas of the organization, in collaboration with clinical informatics, introduced changes to mitigate the risk of missed assessments. The sustainability of change ideas has been supported by audits, policy revisions, and modifications to standardized admission order sets.

Advancing our quality efforts over the longer-term, the hospital will be introducing a new Health Information System (HIS) with the primary objective of supporting and enhancing safe, efficient and high-quality care through the use of technology. In addition, the new HIS will provide improved access to information and data that will help guide the selection and monitoring of quality improvement initiatives.

Resident/Client Engagement and Partnering

In order to provide high quality and individualized care, we are committed to working in partnership with residents, clients, caregivers, and families. We value and depend on input and feedback obtained through formal mechanisms such as our resident/client and family surveying process, our complaints and compliments process, as well as through our active resident and family advisory councils and the Client Family Partner Panel. We also benefit from input received through informal focus groups and daily feedback.

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Our volunteer-run family mentor program is another important way we receive feedback on the admissions process and through this input, we were able to make improvements to the information new residents/families receive on admission to the home.

Over the last year specifically, the feedback we received from residents and families helped to inform changes to the Shabbat experience, including mealtimes, improvements to religious programming, menu development, and cultural competency training for staff. We have also sustained our efforts to gather information about the resident on admission in the “About Me” form which is posted in the resident room and supports meaningful engagement between the resident and anyone who is involved in their care and engagement including staff, physicians, volunteers and students. The template summarizes information about each resident such as the language they speak, things that bring them joy, information about their likes and interests and special people in their lives. This has contributed to improvement in residents’ perception about how well staff and others know the residents’ personal stories.

The input we receive from our residents and families is critical to our improvement efforts. Specifically, this year, in developing our QIP, resident and family feedback helped to inform the planned change ideas to improve how often residents feel they participate in meaningful activities.

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In addition to developing the QIP with input from clients and families, the successful execution of selected QIP initiatives will depend on partnership with clients and families who are integral members of the interprofessional teams responsible for testing and adapting change ideas. Baycrest’s commitment to ‘doing with, not for or to’ applies at the point of care but also to our approach to quality improvement. Quality teams engage clients and families through direct Client Family Partner representation on working groups and/or purposeful activities to obtain input from currently admitted clients, families, and caregivers. We value the opportunity to collaborate with members of the Client Family Partner Panel and appreciate the lived experience and expertise of the panel members. Their recent participation in a quality improvement learning series has furthered our efforts to adopt quality improvement methods to advance care and client experience initiatives.

Provider Experience

Having a healthy workplace that focuses on the wellness of our people is a key priority and is aligned to our overarching objective to attract, retain, and celebrate our staff and physicians by making Baycrest an inclusive workplace that empowers our people to thrive.

We have created an inventory of the factors in our current environment that impact staff and physician well-being. Factors include: working hours, how people treat each other, and stress in the workplace, in addition to outside-of-work factors.

As part of our 2023/24 Human Resources people planning, we will prioritize efforts to continuously enhance our wellness supports which are aligned with the following domains:

- Physical safety - workplace violence prevention;
- Resilience - how do we build a workforce that is resilient;
- Living our values - respect and civility issues; and,
- Joy in work - components that bring joy and satisfaction to people (e.g., factors that address loss of autonomy).

Recognizing the impact of workload on joy in work, Baycrest is ever-mindful of opportunities to improve processes and reduce administrative burden for members of the interprofessional team. For example, physician feedback recently resulted in streamlined documentation related to vaccine consents; the form initially included 49 (Apotex) or 57 fields (hospital) and was reduced to seven fields.

Involving and having opportunities for staff to engage and inform organizational planning for well-being improvement occurs in a variety of ways.

- Regular workplace violence risk assessments;
- Anonymous employee engagement and safety culture surveys;
- Annual safety inspections; and,
- Priorities identified through committees with employee and union leadership participation, including the Joint Occupational Health and Safety Committee and Labour Management Committees.
- In addition, Baycrest participates in the Toronto Academic Health Science Network (TAHSN) Occupational Health and Wellness Initiative that is identifying strategies to address people wellness across participating organizations.

Recognizing the importance of staff well-being and joy in work, the Apotex initiated a number of fun activities throughout the home to boost staff morale. Each month, the Apotex staff-led “fun squad” organized a number of theme-based days for staff, ranging from door decorating, limbo and crossword contests, to the delivery of hot chocolate and ice cream sandwiches.

Workplace Violence Prevention

One of our strategic goals is to provide an exceptional, person and family-centered health care experience and we know that experiencing forms of violence in the workplace can negatively impact client and resident safety. Providing a respectful and safe environment for everyone who works, volunteers, learns, and receives care at Baycrest is an organizational priority and we remain committed to creating a workplace that encourages reporting of workplace violence incidents to inform ongoing prevention and safety initiatives. In addition to quality improvement priorities specific to the Apotex or hospital, our QIP workplan includes a focus on workplace violence prevention across the entire organization.

Our Joint Occupational Health and Safety Committee monitors all reported workplace violence events to support continuous improvement and the number of reported workplace violence incidents is included on scorecards reviewed by the Apotex Quality & Safety Committee, the Hospital Quality and Risk Committee, and the Quality & Safety Committee of the Board. We recognize that due to the nature of our work, the risk of violence will always exist; however, increasing our culture of reporting will enable timely support for involved staff and physicians and the ability to assess and manage risks to prevent future incidents from occurring. The number of reported incidents continues to be below pre-pandemic levels. Our goal for this year is to increase the number of reported incidents by 10% in both the long-term care home and the hospital.

The Public Services Health and Safety Association partnered with Baycrest to complete a Workplace Violence Risk Assessment in 2022. The scope of the assessment included all Baycrest facilities and it benchmarked our performance on workplace violence against the Occupational Health and Safety Act and relevant best practices in healthcare and across other industries. We are pleased to report that the assessment found Baycrest to be legislatively compliant with all standards, and our commitment in 2023 is to address all high priority action items. We will also establish the infrastructure to support a threat assessment team with accountability and the requisite training to follow-up on individual incidents, ensuring staff and physicians receive the support and resources they require.

Client and Resident Safety

At Baycrest, we aim to create a work environment where staff, physicians, and learners are encouraged to proactively speak about safety matters. We work collaboratively not only to collect information related to safety matters, but also to share lessons learned and take advantage of opportunities for system-level improvement. As testimony of this approach, during care conferences we discuss safety with residents, their families and care teams as a strategy to reduce preventable harm.

The importance of reporting safety incidents is continuously shared with staff, starting at new hire orientation sessions and sustained through day-to-day interactions such as unit huddles. After a safety incident occurs, we initiate a review process. The process details and stakeholders involved in the review, depend on the level of harm initially assigned in the report.

For instance, when a resident or client safety incident with a level of harm of “severe” or “critical” happens, the most appropriate clinical and operational leaders receive a notification to enable timely actions and ensure the safety of both the affected resident or client and the staff involved. The safety team completes chart reviews, interviews with involved staff/physicians and subject matter experts, while also reviewing relevant policies, care standards, and literature. Throughout the incident review process, the team is mindful of the second victim phenomenon. We develop recommendations aimed at eliminating or reducing the likelihood and impact of recurrences. Staff and physicians, provide feedback, and play an active role in the implementation and sustainability of these recommendations and the affected resident or client is informed of actions to close the loop on the disclosure process. In addition, the Apotex and Hospital Quality Committees and the Quality & Safety Committee of the Board follow-up on post-incident recommendations to keep track of improvements, challenges, changes or any other action needed.

Health Equity

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Last year, as part of our improvement goal to provide residents with access to religious programming that has meaning to them, we embarked on a baseline cultural needs assessment to help us better understand how to tailor programming to the cultural, religious and spiritual needs of our residents. As a Jewish faith-based home, approximately 25% of residents living in the Apotex identify with a faith other than Judaism. In just over eight weeks through this needs assessment, we heard from 68 residents and caregivers through both interviews and semi-structured questionnaires, respectively. Common themes emerged included resident need for more access to a spiritual care provider, desire to learn about other cultures and diversity, and for foods to better reflect cultural and religious traditions. Work is currently underway to use quality improvement tools to generate a set of change ideas which will form part of this year’s quality improvement plan with a goal to continue to drive improvement in religious programming but also to enhance social connection among residents.

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As part of our strategy to further understand the nonmedical social needs of our clients, one of the improvement goals for Baycrest Hospital is to ensure that we enhance client programming based on the cultural, religious, and

spiritual needs and expectations of those we serve. To achieve this goal, and aligned with the Apotex, the hospital is conducting a cultural and religious needs assessment to learn what matters most to clients - their interests, values, traditions, rituals, and meaningful programs and activities in cultural and religious contexts. Work is currently underway to determine baseline needs that will ensure programming is tailored to clients' interests and expectations in order to observe and celebrate their religion, culture, or spiritual practices, meaningfully. In addition to completing this point in time needs assessment, the hospital is actively working to increase health equity data collection, utilizing the Toronto Central LHIN developed survey.

Executive Compensation

Baycrest has a long history of utilizing a performance management framework and performance-based compensation strategy for the Senior Executive Team. Each year, the Board and Senior Executive Team reflect on the performance of the organization and consider what incentives will best support accountability and continuous improvement. This strategy involves the creation of team (40%) and individual (60%) based goals, which include both process, and outcome measures to ensure a balanced approach to performance that adequately reflects the organization's values, strategic priorities and annual objectives. In accordance with the requirements of the *Excellent Care for All Act, 2010*, Senior Executive Team compensation is linked to performance on selected QIP indicators.

Executives who have 40% of their performance/at risk compensation linked to achieving team goals, including the identified QIP indicators, are as follows:

- President and Chief Executive Officer, Baycrest Hospital
- Vice President, Inpatient Services, Clinical Support and Chief Nursing Executive
- Vice President, Long-Term Care, Ambulatory and Chief Heritage Officer
- VP Medical Services & Chief of Staff
- Vice President, eHealth and Chief Information and Privacy Officer
- Vice President, Finance and Chief Financial Officer

Overall, executive performance/at risk compensation is linked to achieving improvements from the previous year's performance in the majority of QIP indicators and other team goals. In accordance with the overall pay for performance/at risk compensation approach at Baycrest, payment is made in the first quarter of the following fiscal year, in order to allow appropriate time to fully evaluate achievement of performance goals.

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