Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 30, 2023



OVERVIEW

Parkwood Mennonite Home Inc. is a 96-bed long-term care home that is accredited with Accreditation Canada. We are a not for profit, faith-based Continuum of Care located in Cambridge

Ontario. The Home opened 60 years ago (1963) and it offers private and semi-private accommodations. The long-term care home is part of a Campus of Care, with Retirement, Independent living and Health and Wellness Center.

The Homes faith-based values are embedded in everything it does. They are expressed through our Culture of Kindness, operating principles, human resources policies, and internal and community relationships. The values are evident in our ongoing commitment to relieve poverty; provide safe and kind care; support the mind, body and spirit, and offer peace of mind for residents and their family members.

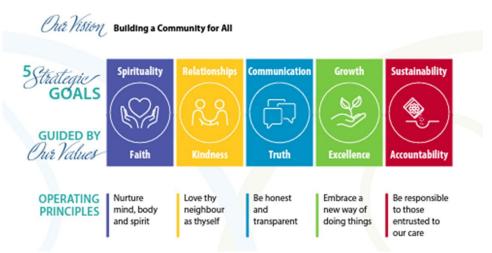
At Parkwood Mennonite home Inc, our Vision is to Build a Community for All. Our values are Faith, Kindness, Truth, Excellence and Accountability and honour our Welcome Statement. As a community founded in God's love for all and ground in faith, each person is valued and respected. We honour the spiritual dimensions of the human experience and believe that with love the extraordinary is possible.

Our operating principles include:

- Nurturing the mind, body and spirit
- Love thy neighbor as thy self
- Be honest and transparent
- Embrace a new way of doing things Be responsible to those entrusted to our care.

Our Commitment:





- We help seniors live with dignity, regardless of their financial resources, in a safe and kind environment where all are welcome
 - We care for the whole person to support their financial, emotional, social and spiritual needs
- We provide peace of mind for residents and their families Kindness is built into our culture, deliberately fostered, invested in, supported, recognized and rewarded.

REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

For the past three years Parkwood like other members of the Longterm Care sector has been challenged by the COVID 19 pandemic. Initially the Home experienced challenges in obtaining Personal Protective Equipment supplies, and in managing the ongoing changes to public health guidelines and Ministry of Health Directives. The Home experienced the challenges of COVID outbreaks, and staffing. Throughout the pandemic, the focus remained on our residents and providing quality care, utilizing our Culture of Kindness. We relied us on relationships with our partners in the sector from our Ontario Health Team KW4, IPAC hubs, suppliers, sector partners, Public Health, our associations of OLTCA and Advantage Ontario, and other operators in the Long-Term Care sector. To keep our resident safe, we have often gone above and beyond the needed guidelines. The home was very successful in implementing all changes as needed during the pandemic and embraced all Directives issues. The Home embraced virtual technology, often having daily pandemic meetings at the start of the pandemic, virtual consultations, and virtual care conferences, when families could not enter the long-term care Home.

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

The Home has added clinical enhancements to our software of Point Click Care, including clinical connect enhancements, Infection Control Module, and Practitioner engagement. We are anticipating implementing Prescriber Computer Order Entry within the next year.

Parkwood joined with Fairview Mennonite Homes to have regular Leadership Team meetings, allowing the communities to support one another with all the challenges of the last three years. Our staff found this very supportive and there was great communication through out the leadership. There was never any hesitation to come together over a virtual platform to review and discuss evolving changes.

Our partnerships with our Associations provided guidance in the implementation of the Fixing Long-Term Care Act, and helped us to support Best practice in the Homes.

We have embraced changes to our Medication Safety Program and joined the Medication Safety Task force to enhance our medication safety for our residents.

Our Family council has remained active and we value their input and involvement, and they are happy to return to in person meetings. We have an active Resident Council in our Home. We keep our families and residents updated of our quality initiatives and they are always welcome to join us at our Quality Meetings, and we keep our residents updated at their regular Resident Council meetings.

PROVIDER EXPERIENCE

The challenges of the pandemic brought into focus Infection Prevention and Control and resident safety while providing quality care. The team has embraced all changes with resilience and perseverance.

In 2021 we moved from CARF to Accreditation Canada and completed the primer for Standards. We are happy to report that we had no unmets during our assessment. We are busy preparing for the full Accreditation this Fall 2023.

We look forward to getting back to basics, with regular meetings, audits and our ongoing Quality Initiatives.

NARRATIVE QIP 2023/24

We continue to embrace all the new changes that the pandemic brought, with our enhanced Infection Control process, outbreak management and emergency plans. We have implemented all the changes to the Fixing the Long-Term Care Act, and Infection Control Standards.

WORKPLACE VIOLENCE PREVENTION

At Parkwood Mennonite home, Workplace Violence Prevention is a priority for us as we want to ensure the workplace is free from workplace violence and will make every effort to promote the dignity, self=worth and human rights of every resident and employees. Any complaint of workplace violence received by management will be taken seriously and will be formally investigated promptly in a discreet, objective manner. The Leadership team at Fairview strive to make workplace violence prevention a priority for our organization. We use a five-step process to manage health and safety at Fairview:

- 1) Written Standards
- 2) Communication
- 3) Training
- 4) Evaluation
- 5) Acknowledge Success and Making Improvements

The home has an active Joint Health and Safety committee, and they are involved in and consulted about the development, establishment and implementation of violence prevention measures and procedures (the violence and Harassments prevention program). Our staff participate in annual education on Workplace Violence Prevention training and receive education prior to starting to work. Management (with worker involvement) assesses workplace violence hazards in all jobs, and in the workplace. It reviews risk assessments annually, as well as when new jobs are created, or job descriptions are changed substantially.

The home is also enhancing a new policy for Care Transitions of residents when they move between health care facilities, between home areas in the home and between care providers, including change of shift. Education is provided to staff yearly on Gentle Persuasion approach, and other behaviour training. Public Services Health and Safety association (PHSA), has a Workplace Violence During Care Transitions toolkit, which we using to support our Care Transitions policy.

PATIENT SAFETY

The restrictions that came with the pandemic were hardest on our residents especially at the beginning of the pandemic in 2020 when no families could come into the Home, this was challenging for all concerned, but hade the most significant impact on the residents. The residents have also endured many periods of isolation, frequent testing and absences from seeing family and visitors for extended periods of time.

We continue to embrace the changing public health guidelines, and have welcomed back many volunteers, and many programs have returned back to the Home, including entertainers, pet visits, special events, socials and many outings.

NARRATIVE QIP 2023/24

HEALTH EQUITY

Informed by our Vision, to Build a Community for All, our hiring practices intentionally embrace diversity, equity and inclusion. The faces of our community are represented in our staff in every area. We encourage French-speaking candidates to apply as we build capacity to support the Francophone Community. The Board of Directors has also moved to embrace diversity, equity and inclusion with a 2022 by-law amendment that welcomes one third of its members from a non-Mennonite background.

CONTACT INFORMATION/DESIGNATED LEAD

Christine Normandeau Executive Director Parkwood Mennonite Home 726 New Hampshire Street, Waterloo Ontario 519-885-4810 ext. 331 cnormandeau@parkwoomh.com

Samina Jiwani, Assistant Director of Care, Quality Lead Parkwood Mennonite Home 726 New Hampshire Street, Waterloo, Ontario 519-885-4810 ext 338 <u>sjiwani@parkwoodmh.com</u>

OTHER

In 2022 Fairview Parkwood Communities was named one of Canada's Most Admired Corporate Cultures in the Broader Public Sector by Waterstone Human Capital Management. This national award recognizes best-in-class organizations for having cultures that help enhance performance and sustain a competitive advantage. Applications were invited through a nomination process. Fairview Parkwood Communities was nominated for our commitment to build a community where each person is valued, respected, welcomed and treated with kindness.

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 30, 2023

Marion Good, Board Chair / Licensee or delegate

Christine Normandeau, Executive Director, Administrator / Executive Director

Michelle Rak, Director of Clinical Services, Quality Committee Chair or delegate

Elaine Shantz, CEO, Other leadership as appropriate

Theme I: Timely and Efficient Transitions

Measure Dimension: Efficient

Indicator #1	Туре	Unit / Population	Source /	Current	Target	Target Justification	External Collaborators
			Period	Performance			
Number of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	Ρ	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 2021 - Sep 2022	16.03	12.00	We feel our ED transfer is lower that reported, but there is always room for improvement	

Change Ideas

1

Change Idea #1 Ongoing Education and Support for our registered staff in assessment skills

Methods	Process measures	Target for proc	cess measure	Comments
enhance their registered staff m assessment skills to identify resid identifying residents that are dec scores by way of the RAI/MDS - co families, about goals of care on a identify With family's mobile opt	ent's earlier that are declining lining by way of their CHESS, PSI, PPS ontinue to engage residents and dmission, and change in status,	help support and	Therapy support with provider pro Resp, access to pharmacist on call 24/7	

Methods

Process measures

Target for process measure

Comments

WORKPLAN QIP 2023/24

2

Track ED visits at monthly nursing quality use a standardized tracking tool meetings, and have a more in-depth analysis of ED visits, could anything been done to avoid visit to ED, have a summary of the analysis and look for trends. Summary of the analysis will be reported to the Quarterly Quality Meeting and shared with resident and family council.

100 % of all ED visits will be tracked

will review summary information from NLOT team each quarter

Change Idea #2 Have in-depth analysis of all ED transfers at monthly nursing meetings, for a more detailed discussion if there could have been earlier interventions.

Theme II: Service Excellence

3

Measure Dimension: Patient-	centre	d					
Indicator #2	Туре	Unit / Population	Source / Period	Current Performance	Target Ta	rget Justification	External Collaborators
Percentage of residents who responded positively to the Question that I would recommend this home to others	С	% / Residents		80.00 90.00 y / Quality of Li		ain score or do better d	a
Change Ideas							
Change Idea #1 To improve the reside	nt par	ticipation of the	ose that qualify	to participate i	the annua	l survey	
Methods	Pr	ocess measures	5	Targe	t for proces	s measure	Comments
Review and revise the current survey with the Corporate Quality Committee annually. Continue to conduct the sur students for data collection where ap	e eligil vey su	rvey. annually e	te in the annual	l total num	ber of resid	icipants over the ent populations . Utilize staff and	
Change Idea #2 Address concerns from	n the s	urveys, and ens	sure all follow u	ıp is done, that	the home fo	ollows our policies and p	rocedures

Methods

Process measures

Target for process measure

Comments

All concerns to be addressed at the time 100 % of the concerns will be addressed, Total number of addressed concerns of the data collection or referred to the and tracked over the total number of surveys appropriate department completed.

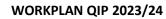
Measure Dimension: Patient-centred

Indicator #3	Туре	Unit /	Source /	Current	Target	Target Justification	External Collaborators
		Population	Period	Performance	_		
My food is not the right temperature when I get it	C	% / Residents	In house data, InterRAI NHCAHPS survey / 2024		80.00 vey,	To increase score above the median	

Change Ideas

4

-	re information from residents about temperature chan	-					
related. P	rovide planned Education sessions and reminders to sta	aff that microwaves are available at	t the point of service.				
Methods	Process measures	Target for process measure	Comments				
Planned education session	s with all staff Compare results for upcoming surveys	Review all surveys completed an	ıd				
involved	with previous surveys done. Ask	determine percentage of resider	nts who				
	residents for more details and examples	residents for more details and examples felt their food was not the right of					
	when their food was not the right to	when their food was not the right temperature.					
	temperature. This will be added as an						
	agenda item at resident council						
	meetings each month						



Measure Dimension: Patient-centred

Indicator #4	Туре	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Dining Service, I don't have enough variety in my meals.	C	Months / Residents	In house data, InterRAI survey, NHCAHPS survey / 2024	56.00	80.00	We feel this is achievable wi enhanced attention to menu resident feedback	
Change Ideas							
Change Idea #1 Menu plans have cha	nged an	d been introdi	uced in the hom	e and has gone	e from 3	week cycle to 5 week cycle fo	r menu options.
Methods	Process measures		Targe	Target for process measure		Comments	
This will be a regular agenda item at resident council meeting each food.Tracking results through resident meeting and comparing survey results to this year, with all changes that have been put into place.Tracking through complaints monthly every Tracking through complaints monthly every Tracking through complaints monthly every Tracking through complaints monthly every and survey results.							
Theme III: Safe and Effectiv							

Measure Dimension	Safe						
Indicator #5	Туре	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents v	vithout P	% / LTC home	e CIHI CCRS /	34.01	25.00	with targeted education to	

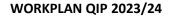
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psychosis who were givenresidentsJul - Septphysician, residents, staff and antipsychotic medication in the 72022families we feel this is achievable days preceding their resident assessment

Change Ideas

Change Idea #1 Increased awareness	for the use of anti-psychotic's medicati	on without a supporting diagnosis					
Methods	Process measures	Target for process measure	Comments				
Monthly tracking of the number of taking medication without a using diagnosis diagnosis. To review	anti-psychotic medication without and	e Tracking tool for antipsychotic changes, re I quarterly psychotic assessment tool supportin					
Change Idea #2 BSO Lead team mem	bers to complete Antipsychotic assessm	ent tool each quarter and review with attendir	ng physician				
Methods	Process measures	Target for process measure	Comments				
To review behaviours, to review regular To make recommendations to attending Tracking tool to be developed to track medication usage and prn usage physician quarterly with RAI/MDS and number of changes, increases, medication review cycle. decreases, how many antipsychotic medications discontinued and how many were re-started.							
Measure Dimension: Safe							
Indicator #6	Unit / Source / Type Population Period F	Current Target Target Justification	External Collaborators				



To enhance our Palliative approachCNumber /In house data0.0096.00Help residents and families have ato care to include physical,Residentscollection /greater sense of control psychosocial, spiritual at all stages of2024 a resident's progressive chronic illness.2024 a resident's progressive chronic illness.a resident's progressive chronic illness.

Change Ideas

Change Idea #1 A palliative approach to care will be developed for each resident by way of assessments when admitted to long term care, when significant changes occur and annually

Methods	Process measures	Target for process measure	Comments
Identify all assessments, of RAI/MDS, score, Chess score, PSI, and other assessments. Consents will be conver from residents and or SDM for for each palliative approach to care and then car plan and goals of care will be developed or SDM for their approval. Goals will be when there is a significant change.	and also in having meaningful sations with residents and SDM resident that qualifies for a re palliative approach for care. d in care planning in colla	identified for each resident that qualifies, Goals of care will be identifi aboration with residents and	

Change Idea #2 Increase staff, residents and families understanding of palliative care approach to care and the difference to end of life care

Methods	Process measures	Target for proce	ss measure	Comments	
care and the materials us provided to both staff, reside	book on admission will be updated		Will look to assess and identify all residents over the coming year with obtaining consent and palliative		

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approach care planning. All admissions going forward will have this in place by their admission care conference before 6 weeks.



1

Parkwood Mennonite Home

External Collaborators Report

My organization has been included in

3 QIP(s) as a collaborator

[1] KW4OHT

a) Percentage of inpatient days where a physician (or designated other) has indicated that a patient occupying an acute care hospital bed has finished the acute care phase of his/her treatment.

b) Number of individuals for whom the emergency department was the first point of contact for mental health and addictions care per 100 population aged 0 to 105 years with an incident MHA-related ED visit.

c) The percentage of screen-eligible people aged 21 to 69 years who had a cytology (Pap) test within the previous 3 years.

d) The percentage of screen-eligible people aged 50 to 74 years who had completed at least one screening mammogram within the past 2 years.

e) The percentage of screen-eligible people aged 50 to 74 years who had a fecal immunochemical test (FIT) within the past 2 years, a colonoscopy within the past 10 years, or a flexible sigmoidoscopy within the past 10 years.

Accessed: March 30, 2023

QIP Collaborative Report 2023/24