

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 unmet needs 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.

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 use 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 had 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.

## 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

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## 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**

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**Marion Good**, Board Chair / Licensee or delegate

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**Christine Normandeau, Executive Director**, Administrator /Executive Director

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

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**Elaine Shantz, CEO**, Other leadership as appropriate

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## Theme I: Timely and Efficient Transitions

### Measure Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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	16.03	12.00	We feel our ED transfer is lower than reported, but there is always room for improvement	

### Change Ideas

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

Methods	Process measures	Target for process measure	Comments
Education sessions with Registered staff registered staff education days, to help support and enhance their registered staff meetings, daily huddles assessment skills to identify resident's earlier that are declining identifying residents that are declining by way of their CHES, PSI, PPS scores by way of the RAI/MDS -continue to engage residents and families, about goals of care on admission, and change in status, identify With family's mobile options, of x-ray, Ultrasound, stat Labwork that can be done in the home. Homes have 24/7 respiratory			Therapy support with provider pro Resp, access to pharmacist on call 24/7
Methods	Process measures	Target for process measure	Comments



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

### Measure Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the Question that I would recommend this home to others	C	% / Residents	In house interRAI survey / Quality of Life survey	80.00 90.00		To maintain score or do better da	

### Change Ideas

Change Idea #1 To improve the resident participation of those that qualify to participate in the annual survey

Methods	Process measures	Target for process measure	Comments
Review and revise the current survey with the Corporate Quality Committee annually. Continue to conduct the survey survey. annually encouraging all the students for data collection where appropriate	To have 80 % of residents who are eligible to participate in the annual survey.	Total number of participants over the total number of resident populations annually. Utilize staff and	

Change Idea #2 Address concerns from the surveys, and ensure all follow up is done, that the home follows our policies and procedures

Methods	Process measures	Target for process measure	Comments
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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	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
My food is not the right temperature when I get it	C	% / Residents	In house data, InterRAI NHCAHPS survey / 2024	65.00 or better survey,	80.00	To increase score above the median	

### Change Ideas

Change Idea #1 Obtain more information from residents about temperature change. The Home had done a lot of tray service during the pandemic and this could be related. Provide planned Education sessions and reminders to staff that microwaves are available at the point of service.

Methods	Process measures	Target for process measure	Comments
Planned education sessions with all staff involved	Compare results for upcoming surveys with previous surveys done. Ask residents for more details and examples when their food was not the right temperature. This will be added as an agenda item at resident council meetings each month	Review all surveys completed and determine percentage of residents who felt their food was not the right of temperature.	

**Measure**      **Dimension:** Patient-centred

Indicator #4	Type	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 with enhanced attention to menu's with resident feedback	

**Change Ideas**

Change Idea #1 Menu plans have changed and been introduced in the home and has gone from 3 week cycle to 5 week cycle for menu options.

Methods	Process measures	Target for process measure	Comments
This will be a regular agenda item at resident council meeting each month, to get feedback on variety of food.	Tracking results through resident concerns brought forward at monthly meeting and comparing survey results to this year, with all changes that have been put into place.	Tracking through complaints monthly every and survey results.	

**Theme III: Safe and Effective Care****Measure**      **Dimension:** Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without	P	% / LTC home	CIHI CCRS /	34.01	25.00	with targeted education to	

psychosis who were given residents Jul - Sept physician, residents, staff and antipsychotic medication in the 7  
2022 families we feel this is achievable days preceding their resident assessment

## Change Ideas

Change Idea #1 Increased awareness for the use of anti-psychotic's medication without a supporting diagnosis

Methods	Process measures	Target for process measure	Comments
Monthly tracking of the number of taking medication without a diagnosis	The percentage of residents who are using anti-psychotic medication without and diagnosis. To review the data monthly to explore alternatives	Tracking tool for antipsychotic changes, residents and quarterly psychotic assessment tool supporting	

Change Idea #2 BSO Lead team members to complete Antipsychotic assessment tool each quarter and review with attending physician

Methods	Process measures	Target for process measure	Comments
To review behaviours, to review regular usage and prn usage	To review regular physician quarterly with RAI/MDS and medication review cycle.	To make recommendations to attending number of changes, increases, decreases, how many antipsychotic medications discontinued and how many were re-started.	Tracking tool to be developed to track medication

**Measure**      **Dimension: Safe**

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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To enhance our Palliative approach C Number / In house data 0.00 96.00 Help residents and families have a  
to care to include physical, Residents collection / greater sense of control psychosocial, spiritual at all stages of  
2024 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 from residents and or SDM for palliative approach to care and then care plan and goals of care will be developed or SDM for their approval. Goals will be reviewed at admission and annual care conferences and when there is a significant change.	Use of standardized assessment tools, and also in having meaningful conversations with residents and SDM for each resident that qualifies for a palliative approach for care. in care planning in collaboration with residents and	Consent will be obtained by all residents PPS that qualify for palliative approach. clinical Identification of palliative needs will be obtained identified for each resident that qualifies, Goals of care will be identified	

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 process measure	Comments
The homes staff will be re-educated on a care and the materials used and education provided to both staff, residents and developed and resident handbook on with palliative approach to care.	To track the changes to education difference between this and end of life. Educational support tools will be families.	Will look to assess and identify all residents over the coming year with obtaining consent and palliative	

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



**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