

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 28, 2024



OVERVIEW

Parkwood Mennonite Home Inc. is a 96-bed long-term care home located in the city of Waterloo. The long-term care home is part of a larger continuum of care, including retirement suites, retirement apartments, independent living apartments and the health & wellness centre.

Parkwood is a not-for-profit, faith-based organization. The vision “To build a community for all” and values of Faith, Kindness, Truth, Excellence and Accountability are embedded through the operating principles, commitments, policies and internal and external relationships.

2023 was a milestone year for Parkwood. The campus celebrated its 60th anniversary with residents, families, volunteers, community partners and team members throughout the year including a special 60 km Walk the Kindness Way trek and gala. In March 2023, the organization was recognized as one of 'Canada's Most Admired Corporate Cultures' by Waterstone Human Capital Management. This national program recognizes best-in-class Canadian organizations for having cultures that help them enhance performance and sustain a competitive advantage. In the fall, Parkwood also completed the full accreditation with Accreditation Canada achieving Exemplary Status.

The campus continued to grow with expanding Home & Community Care services in the Retirement Suites and the continued construction of the Delphine and Lloyd Martin Apartments, which opened in March 2024.

Parkwood continues to 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.”

Operating Principles:

Faith: Nurture the mind, body and spirit

Kindness: Love thy neighbour as thyself

Truth: Be honest and transparent

Excellence: Embrace a new way of doing things

Accountability: Be responsible to those entrusted in our care

The Parkwood Team welcomes Prime Minister Justin Trudeau and Bardish Chagger, MP Waterloo



ACCESS AND FLOW

Parkwood continues to optimize system capacity and provide timely access to care in the right place at the right time.

The Medical Director works closely to ensure timely services and proactive approach fostering strong relationships with the resident, family, physician, community and service partners and the home team. Strong relationships support opportunities to engage in conversations with residents and families regarding palliative approach to care and end-of-life care. These discussions have proven to support informed decisions regarding transfer to hospital if there is a decline and comfort measures.

Lowering the number of unnecessary emergency visits continues to be a priority within the home. Specialized education for registered staff and front-line team members, such as CLRI, LEAP and GPA education has had a significant impact on the staff awareness.

Furthermore, Local Priority Funding allowed for the purchase of a bladder scanner and specialized bariatric therapeutic-surface bed helping to provide specialized services for long-term care residents.

EQUITY AND INDIGENOUS HEALTH

Parkwood continues to promote equity, inclusion, diversity and antiracism through the organizational ‘Culture of Kindness’ initiative.

To support social interaction and communication team members complete a language survey upon hire indicating other languages understood and/or spoken and their willingness to assist residents if needed. Additionally, the translation application “app to speak”

has been implemented in the Home. This platform offers symbols to help residents communicate their needs with team members. Team members have been trained on the app allowing immediate and continued use. Parkwood continues to embrace Active Offer, with the goal of providing a welcoming environment for community members who identify French as the language of choice.

The home continues to focus on expanding meal/dining options, programs and spiritual care to support the cultural diversity of residents. Understanding resident preferences is achieved through the Resident Quality of Life Survey, Family Quality of Life Survey, councils, committees, assessments and one-on-one conversations. This allows the Home's quality improvement initiatives related to dining, recreation and spiritual programs to be informed by direct resident feedback.

To develop a better understanding of Indigenous culture the home hosted an education session for residents from the the Healing of the 7 Generations Organization speaking about eldership in 1st Nations.

To support an inclusive environment for all residents, families, volunteers, visitors and team members, all staff complete diversity, equity and inclusion education annually as a part of mandatory education. The Leadership Team is participating in enhanced education. The 2024/25 Operational Plan will have a special focus on inclusion, friendship and trust using the 'Culture of Kindness' as the foundation.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Quality of Life Survey continues to be used for resident and family surveys. The survey touches upon the main areas of resident everyday life including privacy; food and meals: safety and security; comfort; daily decision making; respect; responsiveness of staff; activities; and personal relationships.

Starting 2024, the Resident Quality of Life survey will be completed three months after admission, as well as annually. This will allow the Home to gage the successful transition into long-term care and identify potential areas of improvement.

The Quality of Life survey informs quality improvement initiatives. The results are shared with Residents' Council, Family Council and the Quality Committee. Each review the results and makes recommendations.

Furthermore, the organization works with our dedicated community and service partners to support the quality improvement initiatives.

PROVIDER EXPERIENCE

Parkwood embraces engagement with schools, local community, regional and provincial partners. Strong relationships allow for continued expansion of positions to support the Home.

The Student Placement Coordinator position allows participation from various extended groups of students, including PSW, registered, music, dietary and recreation. The position supports student placements through sign-up, education, orientation, scheduling, preceptor contact and general questions. This position has proven to be vital to recruitment and retention.

The Talent Specialist is working towards to customer service education “Kindness Speaks” based on the organizational values and the ‘Culture of Kindness’. This program will be rolled out to all team members in 2024 and new team members moving forward.

Parkwood supports team members who wish to enhance job performance and improve opportunities for advancement through the ‘Education Assistance Program’ and ability to self-identify for ‘Succession’. The organization continues to accommodate requests for compassionate leaves and flexibility in scheduling to assist team members with their personal goals and family commitments. Should a team member decide to leave, the Leadership Team will connect with them for an exit interview. This information is valuable in developing employee programs.

The Home also takes advantage of opportunities such as the PREP LTC and IEN placements to recruit and retain team members.

SAFETY

Parkwood uses standardized policies, procedures and assessments. Standardized processes allow for consistent tracking. Active committees are in place to monitor and analyze occurrences and identify trends. These inform decisions related to providing quality resident care and services.

Parkwood maintains strong relationships with the Medical Director, physicians, pharmacy, community and service partners to ensure residents have access to services both inside and outside the Home. Community and service partners, such as NLOT, also provide large group education for front-line team members and specialized orientation for new leaders.

The Home completed the full accreditation with Accreditation Canada in October 2023 and achieved Accreditation with Exemplary Standing. This is highest rating possible.

POPULATION HEALTH APPROACH

Parkwood works with community and system partners, such as the Specialized Geriatric Resource Nurse, the KW4 Ontario Health Team, Home & Community Care Support Services, Homewood Health Centre (Community Education Coordinator, OT), hospitals, associations (OLTCA and AdvantAge Ontario) and community and service partners.

The team has worked with community partners to enhance program specific education, such as skin & wound, falls prevention and infection prevention and control. These education programs contribute to quality improvement initiatives for clinical programs, improving resident and family awareness and understanding (supporting decisions around health care).

The home continues to implement changes to the Fixing Long-Term Care Act as per the Ministry directives.

CONTACT INFORMATION/DESIGNATED LEAD

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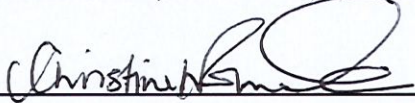
SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

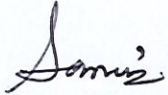
I have reviewed and approved our organization's Quality Improvement Plan on **March 28, 2024**



Robert Shantz, Board Chair / Licensee or delegate



Christine Normandeau, Executive Director, Administrator / Executive Director



Samina Jiwani, Quality Committee Chair or delegate



Elaine Shantz, CEO, Other leadership as appropriate

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1st 2022 to September 30th 2023 (Q3 to the end of the following Q2)	7.46	7.46	We believe through our change ideas we can maintain unnecessary transfers to ED.	

Change Ideas

Change Idea #1 To continue ED transfers visits numbers below provincial average.

Methods	Process measures	Target for process measure	Comments
Utilizing external resources like (Pro-Resp., Pharmacy, MD, Psychiatrist, Psycho-geriatric resource consultant, BSO, Mobile X-ray, STAT lab work, Physiotherapy, Nurse led outreach team, Hospice), using Palliative approach to care, to treat our residents within the home during residents health decline's, will continue to maintain below average ED visits.	1. Track each ED visit on timely manner at monthly Nursing Quality Meetings, always discuss as a team if any measures can be taken in future to avoid this kind of ED transfer. All ED visits will be reviewed by team , to look for trends and analysis 2. Plan staff education according the date from trends and analysis to improve process for ED transfers.	Each resident with a significant decline or with a complex need in health status should be followed up for appropriate treatment or palliative approach. Family should be in loop and updated in a timely manner. Plan education for families in regards to palliative approach to care and end of life care approach so they are better prepared.	

Equity

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	CB	100.00	The education assigned is mandatory and 100% of all staff to complete by deadline	

Change Ideas

Change Idea #1 All staff from all departments will receive equity, diversity, inclusion and anti-racism education annually and on hire

Methods	Process measures	Target for process measure	Comments
Education on equity, diversity, inclusion and anti-racism will be assigned annually and on hire through surge learning.	Education will be assigned annually with deadline and as part of orientation education on hire and monitored for completion by department manager	The education will be assigned , and plan is to have 100% completion by the deadline	

Change Idea #2 Leadership will have enhanced education on equity, diversity, inclusion and anti-racism

Methods	Process measures	Target for process measure	Comments
Policy has been developed and implemented on equity, diversity, inclusion and anti-racism and is available to all staff to reference on policy manager	During a leadership meeting this coming year, enhanced education will be given to leadership staff on equity, diversity, inclusion and anti-racism. Policy will be referenced as well as education resources will be provided	All leadership will receive the education , 100%	

Experience

Measure - Dimension: Patient-centred

Indicator #3	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 data, interRAI survey / April1st 2024 - March 31st 2025	85.00	90.00	To maintain or increase score	

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 Resident Council and the Corporate Quality Committee annually. Continue to conduct the QOL survey, three months after admission and annually and encouraging all the Residents that qualify to participate. Utilize staff and 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	

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

Methods	Process measures	Target for process measure	Comments
All concerns to be addressed at the time of the data collection or referred to appropriate department	100% of the concerns will be addressed, responded to and tracked.	Total number of addressed concerns over the total number of surveys completed.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Residents who responded positively to the question: I have enough variety in my meals	C	% / Residents	In house data, InterRAI survey, NHCAHPS survey / April 1st 2025- March 31st-2025	73.00	80.00	We feel this is achievable with enhance attention to menus with Resident feedback	

Change Ideas

Change Idea #1 Menus are being changed and will be introduced in the home, with the implementation of Mealsuite

Methods	Process measures	Target for process measure	Comments
This is a regular agenda item at every Resident Council Meeting each month, to get feedback of variety of food, meal satisfaction and dining experience.	Tracking results through resident concerns brought forward at monthly meeting, care conferences, one on one conversations, and comparing QOL survey results.	Tracking through complaints/compliments monthly and survey results	

Safety

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	32.43	27.00	With ongoing monitoring with team we hope to get closer to provincial average	

Change Ideas

Change Idea #1 to have increased number of staff members trained in alternative behavioral management techniques, emphasizing non-pharmacological approaches, to enhance their skills in handling residents with psychiatric symptoms

Methods	Process measures	Target for process measure	Comments
To continue utilizing the tracking tool to track antipsychotic medications and make recommendations to the physician	to have frequency improvement in conducting comprehensive reviews of resident's antipsychotic medications, to identify opportunities for dose reduction, discontinuation, or alternative interventions.	To use the assessment tool and make recommendations to the physicians every quarter with RAI MDS	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
To continue to enhance our Palliative approach to care to include physical, psychosocial, spiritual at all stages of a resident's progressive chronic illness.	C	% / Residents	In house data collection / 2024-2025	CB	96.00	Help residents and families have a greater understanding of the palliative approach to care	Hospice of region waterloo

Change Ideas

Change Idea #1 Identify all assessments, of RAI/MDS, PPS score, Chess score, PSI, and other clinical assessments. Consents will be obtained from residents and or SDM for palliative approach to care and then care plan and goals of care will be developed in collaboration with residents and or SDM for their approval. Goals will be reviewed at admission and annual care conferences and when there is a significant change.

Methods	Process measures	Target for process measure	Comments
-To utilize assessment tools, conduct interdisciplinary team meetings and continue to train and educate staff on Palliative approach to care	1. To have ongoing conversations with residents and SDM for residents that qualifies for Palliative approach to care during admission, annual care conferences as well as change in condition meetings. 2. Palliative rounds will continue to occur in the home monthly with Palliative Lead and Medical Director and Nursing team.	To conduct regular assessments of resident's palliative care needs and develop individualized care plans aligned with resident preferences To Provide ongoing training and education for staff members on palliative approach to care and to track participation in training program.	