

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

Original posting March 24, 2023

Amended on August 24, 2023



OVERVIEW

About Yee Hong Centre

Yee Hong is one of the largest not-for-profit senior care organizations in the country, delivering high-quality, culturally appropriate services to Chinese and other Asian seniors since 1994. Operating 805 long-term care home beds, a wide range of community support and housing services, and a hospice residence, Yee Hong annually serves more than 15,000 individuals across the Greater Toronto Area – in Mississauga, Scarborough and York Region. Yee Hong also builds seniors organization and system capacity through its advisory services, Private Career College and research.

With a vision of seniors living their lives to the fullest, with independence, health and dignity, Yee Hong provides a full continuum of culturally appropriate services and care for seniors living in any setting to optimize their physical, mental, social and spiritual well-being. We also build organization and system capacity for high quality, inclusive, and integrated services and care.

Yee Hong Centre – Mississauga (Yee Hong Mississauga) operates 200 long-term care beds. With approval from the Government of Ontario to operate additional long-term care beds, Yee Hong is in the planning phases of building a new long-term care centre in Scarborough. This new centre will help address Yee Hong's current multi-year waitlist and increase access to culturally appropriate services to support the community's increasing needs.

Quality Improvement Model at Yee Hong

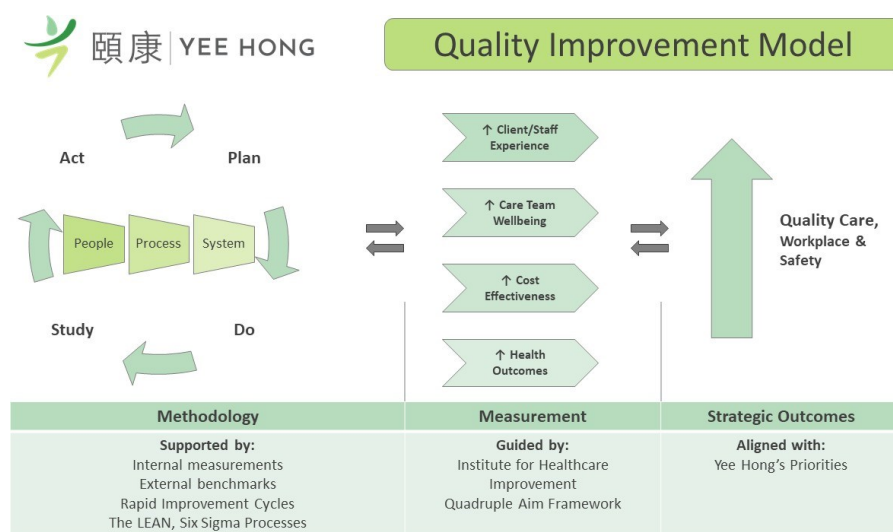
Yee Hong is committed to continuous quality improvement. Each year, we engage in quality improvement initiatives and client safety

planning activities to meet or exceed the needs of our residents, clients, families and staff. The development, monitoring and planning of quality improvement and management activities are guided by Yee Hong’s Quality Improvement (QI) Model.

The QI Model depicts quality improvement as an integrated and continuous process that will be adjusted according to outcomes meaningful to Yee Hong's strategic directions and goals. The QI Model is based on four principles: evidence-based, client-centered, provider-informed and corporately aligned.

Supported by analytical processes and using annual surveys results, Yee Hong has determined a strong association between (a) employee engagement and employee satisfaction; and (b) employee satisfaction and resident/family experience. Furthermore, Yee Hong has identified key factors that may predict the level of job satisfaction for various groups of employees. Guided by these findings, Yee Hong incorporates the well-established and proven Institute for Healthcare Improvement QI processes and the Quadruple Aim Framework to ensure that Yee Hong's quality improvement, client safety and employee engagement initiatives will positively realize health outcomes, client experience, cost effectiveness and care team well-being.

The following diagram provides a visual depiction of the model and its components:



REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

The emergence of the COVID-19 pandemic presented many challenges to the long-term care sector however, quality improvement remained a priority for Yee Hong throughout. To ensure we continued meeting targeted QI measures despite resource limitations, we changed some identified planned improvement initiatives to adjust to the pandemic situation. Despite the pandemic’s challenges, Yee Hong Mississauga was adaptive and reactive to the evolving situation and maintained focused on quality improvement.

Yee Hong Mississauga identified four key focus areas for quality improvement:

1. Potentially Avoidable ED Visits

Our Potentially Avoidable Emergency Department (ED) visits from Q2 2018/2019 to Q1 2019/2020 was 21.38%. Our goal is to meet the corporate average of around 19.5% through the following year.

We worked in partnership with the Local Health Integration Network (LHIN) NPSTAT (Nurse Practitioners Supporting Teams Averting Transfers) program and implemented the following planned innovative initiatives:

- Continued to utilize Nurse Practitioner (NP) STAT consultation when residents' conditions change to provide timely onsite treatment and management to avoid ED visits
- Introduced and adopted NPSTAT Communication Flow Sheet ("Identify early resident concerns to avert unnecessary hospital transfers" and "How NPSTAT NP Support Your Team")
- Utilized the SBAR (Situation-Background-Assessment-Recommendation) reporting tool to provide a clear and concise explanation of the situation when informing NP about resident's condition
- Improved urgent services by introducing Westminster Mobile x-ray and imaging service to supplement current mobile image service to meet the urgent needs to allow for early diagnosis and treatment
- Employed a full-time attending NP since December 2020

As a result of these initiatives, potentially avoidable ED transfer was reduced to 11.0% in Q4 2021 and 10.0% on Q1 2022.

2. How do you feel when expressing your opinions to staff?

Our 2020 Resident Satisfaction Survey, indicated a 53.6 % of positive responses to the question: "How do you feel when expressing your opinions to staff" (comprised of "Very

Comfortable" at 21.95% and "Comfortable" at 31.71%). To improve the percentage of positive responses, we implemented the following planned innovative initiatives:

- Continued to provide orientation to new hires and annual mandatory training to all staff, including Resident's Bill of Rights and Abuse and Whistleblowing Protection; 100% of staff received the training by the end of November 2020
- Included information about the Resident's Bill of Rights and Abuse and Whistleblowing Protection in our newsletters and at our Residents and Family Councils meetings
- Provided information about our complaints process at staff and department meetings, and to residents through our Residents Council
- Activation workers, social workers, and spiritual religious care practitioners continued to support residents via FaceTime or during 1-on-1 visits
- Staff conducted multiple small sessions for our residents to talk about their experience living in long-term care during the pandemic as part of our Seniors' Month celebrations in June

As a result of these initiatives, the percentage of positive responses to "How do you feel when expressing your opinions" improved from 53.66% (2020) to 78.13% (2021). Thus, 78.13% of the residents who answered the 2021 Resident satisfaction survey are comfortable or very comfortable in expressing their opinions to staff.

3. The proportion of residents with a progressive life-limiting illness that are identified to benefit from palliative care, who subsequently have their palliative care needs assessed using a comprehensive

and holistic assessment.

As this is a self-reported indicator, there is no comparable benchmark or provincial average. Our Home has worked closely with the Local Health Integrated Network (LHIN) Palliative Care consultant, Acclaim Health, Mississauga Halton LHIN, and NP & LTC Rapid Response Team to assess and address residents/substitute decision makers (SDM) regarding the resident's medical and physical condition, prognosis, goals of care and treatment options. We implemented the following planned innovative initiatives:

- Assistant Director or Resident Care (ADRC) /Clinical Improvement Nurse led discussions about illness, prognosis, goals of care and treatment options for residents with a Palliative Performance Scale (PPS) of 30 or less; discussions were documented using the Comfort Round template or Palliative/Comfort Care/Symptom Management
- Care teams engaged in early discussions of goals of care and advance care planning with newly admitted residents and with their SDMs
- Provided educational resources and tools about palliative care to residents, family members, SDMs and caregivers
- Resumed monthly comfort rounds supported by Pain and Palliative Consultants (Acclaimed Health), which were paused due to the COVID-19 pandemic
- Clinical Improvement Nurse and Social Worker attended a Train-the-Trainer workshop in March 2020 on "Communication at End-of-Life Education," which is a series of two-day workshops provided by Ontario's LTC home educators and features resources for teaching palliative and end-of-life communication skills to PSWs and other team members; the workshop was put on hold due to the COVID-19 pandemic

4. Decrease the percentage of residents who had a recent fall in the last 30 days.

Our Canadian Institute of Health Information (CIHI) adjusted data on the "percentage of resident who had a recent fall in the last 30 days" was 10.5% in Q2 2019. This is higher than the corporate percentage of 9.7% however, it is better than the provincial average of 16.4%. We implemented the following planned innovative initiatives:

- Clinical Improvement Nurse analyzed monthly fall data to identify patterns/trends of falls for frequent fallers (residents who fall two times or more in a month); learnings were shared with the inter-professional care team during floor and monthly inter-professional meetings
- Introduced a "falling star" program, wherein the Clinical Improvement Nurse sent emails to update staff and interprofessional care team on residents identified as frequent fallers; a star sticker was placed on frequent fallers' mobility devices, charts, flow sheets and beside the resident's room number
- Staff conducted fall prevention safety rounds using the 4 Ps (Pain, Positioning, Placement and Personal Needs) approach with frequent fallers and those identified as high risk of falls as per their care plan
- Implemented falls prevention related to responsive behavioural management and introduced Automatic Braking System to wheelchairs

Since the implementation of the proposed improvements on falls prevention, the percentage of our residents who experienced a fall

in the last 30 days dropped to 7.7% in Q2 2021, and has continued to decrease each progressive quarter in 2021. Our current rate is 8.5% in Q2 2022, which is lower than the corporate level (8.6%), and provincial level (16.3%).

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

We conduct annual resident and family satisfaction surveys to seek their feedback on our care and services. We develop and implement action plans according to the survey results. The 2022 resident satisfaction surveys were conducted from October 3rd to 14th, 2022, and the rate of residents' overall satisfaction with the quality of care provided at Yee Hong was 97%. The survey results were shared on April 13, 2023, with the Residents' Council members.

Based on the satisfaction survey responses to the questions: "Do Yee Hong staff involve you in making decisions about your plan of care (including refusing services)?" and "How do you feel when expressing your opinions to staff?", we focused on residents' engagement in the decision-making process about their plan of care. The quality improvement work plan was developed for 2023 to address the above responses (Please refer to the 2023 Quality Improvement Workplan for the details).

At Resident Council meetings and resident orientations, we explained what a care plan means and shared the process of "reviewing care plan" to inform residents and encourage them to be a part of their plan of care. Our interprofessional team involves capable residents in the decision-making of their plan of care, such as falls prevention, behaviour management, continence care, wound care or any changes in care routines.

The primary nurses review care plans with capable residents every three months about their care routines, shower/bath, toileting schedules, etc. RNs/RPNs review changes in treatment or medication with capable residents and verify with residents that they understand what has been explained about their care plan. Each resident's assigned primary personal support worker follow-up with the resident monthly to seek their feedback and suggestions about their care needs and share residents' feedback with the unit nurse to update the care plan as appropriate. The Spiritual and Religious Care Practitioner (SRCP) meets capable residents or SDMs for feedback on care and shares feedback with relevant staff as appropriate. The ADRC also follows up with newly admitted residents/SDMs one month after admission.

The family satisfaction surveys were conducted between September 26th to October 14th, 2022, and yielded a 94% overall satisfaction rate for the quality of care and services provided to their family members. All results of the family satisfaction survey responses were very positive with a rate of 85% and above. The Family Council members were satisfied after the results were shared with them at the Family Council on April 26, 2023.

The Residents' and Family satisfaction survey results were disseminated in the following ways:

- Posted copies in the home for all staff and in the public areas (May 2023)
- Shared in departmental meetings (May to June 2023)
- Presented at the Divisional Quality Committee (May 17, 2023)

The 2023 Quality Improvement work plan and narrative were shared with the Residents' Council and the Family Council.

One member of the Residents' Council and the Family Council will be part of the Continuous Quality Improvement Committee.

The Residents' Council and Family Council are updated on the Continuous Quality Improvement progress and will play an important role in offering their input and feedback.

PROVIDER EXPERIENCE

The pandemic has posed numerous challenges for our centre, including staffing shortages, outbreaks and an immense amount of mental and physical stress for employees. We take a holistic approach to effectively managing operations and ensuring the safety and well-being of our staff. We actively support our employees to mitigate the negative effects of the pandemic and strive to create a safe and productive work environment conducive to employee wellness. Every year, we allocate budget to conduct celebrations and recognition events to celebrate staff and their achievements. Examples include:

Nursing Week

Nursing Week is a special time for our direct care staff to be recognized for their hard work and dedication. It is an opportunity to celebrate the accomplishments of our nursing teams and to honor their commitment and dedication to quality care. We are proud to recognize our nursing teams for their selfless contributions and tireless efforts to our residents and the healthcare system.

Chinese New Year Celebration

Chinese New Year is a time of renewal, a reminder to appreciate the year that has passed and look forward to the new year with

optimism. To demonstrate our appreciation for our hardworking staff and to thank them for their efforts year-round, staff were treated to a delightful Dim Sum meal and refreshing drinks during the Chinese New Year Celebration.

Global Hand Hygiene Day

Every year, the World Health Organization celebrates Global Hand Hygiene Day to promote and emphasize the importance of hand hygiene and to inspire a global culture of hand hygiene. This is an opportunity to celebrate the successes of hand hygiene initiatives and to encourage further progress. As part of the Hand Hygiene Day celebrations, a lucky draw was conducted for staff members.

National Infection Prevention and Control week

National Infection Prevention and Control Week is an annual celebration of the importance of infection prevention and control in healthcare. This week is dedicated to raising awareness about the importance of infection control practices and recognizing the hard work and dedication of healthcare professionals who strive to protect the safety of their patients and communities.

Yee Hong Annual Celebration

Yee Hong's Annual Celebration is an event that celebrates the organization's commitment to providing culturally appropriate care to seniors from Chinese and other Asian cultures. This event includes a dinner, entertainment, long services awards ceremony and keynote speakers. It is a time to recognize and appreciate the work of Yee Hong's staff and volunteers and to celebrate the organization's collective accomplishments.

Wellness Week

During Wellness Week, staff had the opportunity to participate in various activities to promote their physical, mental and emotional well-being. These activities included presentations on safe lifting techniques and good body mechanics, massages for staff, quizzes with prizes and group Zumba dancing.

Surveys

Staff engagement surveys are conducted annually to ensure the organization is meeting the needs of its employees. This is an important part of our commitment to creating a positive work environment and ensuring our staff members feel valued and heard. Survey results are used to make improvements and changes to our workplace policies and practices. We value our employees' feedback and strive to provide a safe, productive and enjoyable work environment for all staff.

WORKPLACE VIOLENCE PREVENTION

While workplace violence is not a common event at Yee Hong, prevention is of utmost importance to our organization. Our priority is to ensure every staff member feels safe while working, thus we take any reports of violence seriously. We have policies and procedures in place to prevent and de-escalate workplace violence occurrences, including providing training and support to staff, monitoring potential risks, and conducting annual Code White training and drills.

When workplace violence incidents do occur, they are investigated in a timely manner and reported to the division's Executive Director and corporate Joint Health & Safety Committee, and escalated as appropriate. We are committed to providing a safe and secure working environment for all staff.

Policies and Procedures

Yee Hong has many policies in place that provide classification and strategies for addressing workplace violence, define roles and responsibilities, and outline reporting procedures, including: Zero Tolerance of Abuse Policy, Code White Policy, Electronic Incident Reporting System, Incident Reporting, Responsive Behaviours, and a Joint Health and Safety Committee.

Training

Education and training are provided to frontline nursing staff on basic prevention and de-escalation techniques, including annual corporate training on a variety of topics related to workplace violence.

- Code white training and drills are conducted annually and after each code white incident to ensure that staff members have the knowledge and skills necessary to respond effectively in emergency situations. These trainings and drills provide staff with the opportunity to practice emergency response protocols and become familiar with Yee Hong's policies and procedures, thus equipping staff with the confidence and skills to handle emergency situations.
- Gentle Persuasive Approach (GPA) training was provided to frontline staff to improve their ability to handle situations in which a resident's behaviour is escalating. GPA training is designed to equip staff with the necessary skills and knowledge to address such scenarios safely and effectively, while also maintaining a gentle and persuasive approach. Through this training, staff are better equipped to de-escalate potentially violent situations in a manner that is respectful to all involved, while at the same time helping to

ensure the safety and well-being of all parties.

PATIENT SAFETY

At Yee Hong, our resident's safety is of utmost priority. We are dedicated to providing a safe and secure environment for our residents and take this responsibility seriously. We are committed to following all safety protocols to ensure resident safety and well-being, including training our staff, conducting regular audits, and implementing comprehensive resident safety policies and procedures, such as our falls prevention program and Infection Prevention and Control program. Through our partnership with Medisystem Pharmacy, we ensure the highest level of medication safety and security for our residents.

Infection Prevention and Control

The Infection Prevention and Control (IPAC) program is a comprehensive and collaborative effort to prevent and control the spread of infection in our centres. It involves the implementation of policies and procedures, providing ongoing education, completing audit processes and collaborating with key stakeholders. We have collaborated with Trillium Health Partners' Community Outreach IPAC Hub to share best practices and develop innovative approaches to IPAC practices. By taking an evidence-based and proactive approach to infection prevention and control, we ensure the health and safety of our staff, residents and family members.

Medication Safety

We are collaborating with Medisystem Pharmacy and are committed to providing the highest standard of medication safety for our residents. We have taken the following necessary steps to ensure medication safety:

- Implementing safe medication policies and procedures
- Conducting regular medication safety audits and evaluations
- Providing comprehensive medication training and education
- Reviewing and analyzing each medication incident
- Installing cameras and surveillance in all medication rooms
- Documenting medications on Point Click Care eMAR system

RL Solution

RL Solution is an electronic incident reporting system. The Incident Report is a valuable administrative tool that can improve the quality of care and manage risks. By recording and analyzing incident data, organizations can gain valuable insights that can be used to identify potential issues and develop strategies to prevent future occurrences. Risk management is an important part of any successful management strategy, and the Incident Report can be a valuable asset in achieving these goals.

HEALTH EQUITY

Fundamentally, Yee Hong as an organization exists to address the lack of culturally appropriate services in the long-term care, community and hospice/palliative care sectors that lead to differential access to quality services for Asian and other ethnic minority seniors in the Greater Toronto Area. Since its inception, Yee Hong has been driven by its mission to offer a full continuum of culturally appropriate services and care for seniors living in any setting to optimize their physical, mental, social and spiritual well-being. Yee Hong also builds organization and system capacity for high-quality, inclusive, and integrated services and care.

Health equity is created when individuals have a fair opportunity to

reach their fullest health potential. Achieving health equity requires identifying and reducing unfair and unjust barriers to accessing care. To advance health equity within our organization and the communities we serve, Yee Hong has established a corporate Equity, Diversity and Inclusion (EDI) Team to offer guidance and resources for integrating health equity in policies, and to explore opportunities to increase staff's EDI awareness and sensitivity. We believe that improving EDI awareness will further promote a more inclusive working environment and lead to better care access, experiences and outcomes for our residents, clients and family members.

Yee Hong's EDI Team is dedicated to ensuring that all residents, clients and family members receive culturally appropriate care. We strive to foster an inclusive and equitable environment where everyone is treated with respect and dignity. We are committed to promoting diversity and cultural awareness within our organization and throughout our services, and we work hard to ensure that everyone is provided with the same opportunities regardless of race, gender, sexual orientation, age, ability, or any other factor. We aim to create a space where all individuals feel safe, respected and that they belong.

On a corporate level, Yee Hong has also established an EDI Framework which reflects the organization's commitment to promoting health care equity internally and advancing health equity systemically. The framework sets forth key EDI focus areas, which are guided by core principles and informed by best practices, and also articulates Yee Hong's strategy to realize these goals.

The following diagram provides a visual depiction of the framework

and its components:



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 24, 2023**

., Board Chair / Licensee or delegate

Chau Nhieu-Vi, Administrator /Executive Director

., Quality Committee Chair or delegate

Julie Kwan, Other leadership as appropriate
