

Extendicare Ontario

Accredited with Exemplary Standing

May, 2015 to 2019

Extendicare Ontario has gone beyond the requirements of the Qmentum accreditation program and demonstrates excellence in quality improvement. It is accredited until May 2019 provided program requirements continue to be met.

Extendicare Ontario is participating in the Accreditation Canada Qmentum accreditation program. Qmentum helps organizations strengthen their quality improvement efforts by identifying what they are doing well and where improvements are needed.

Organizations that become accredited with Accreditation Canada do so as a mark of pride and as a way to create a strong and sustainable culture of quality and safety.

Accreditation Canada commends **Extendicare Ontario** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

Accreditation Canada

We are independent, not-for-profit, and 100 percent Canadian. For more than 55 years, we have set national standards and shared leading practices from around the globe so we can continue to raise the bar for health quality.

As the leader in Canadian health care accreditation, we accredit more than 1,100 health care and social services organizations in Canada and around the world.

Accreditation Canada is accredited by the International Society for Quality in Health Care (ISQua) www.isqua.org, a tangible demonstration that our programs meet international standards.

Find out more about what we do at www.accreditation.ca.

Demonstrating a commitment to quality and safety

Accreditation is an ongoing process of evaluating and recognizing a program or service as meeting established standards. It is a powerful tool for quality improvement. As a roadmap to quality, Accreditation Canada's Qmentum accreditation program provides evidence-informed standards, tools, resources, and guidance to health care and social services organizations on their journey to excellence.

As part of the program, most organizations conduct an extensive self-assessment to determine the extent to which they are meeting the Accreditation Canada standards and make changes to areas that need improvement. Every four years, Accreditation Canada surveyors, who are health care professionals from accredited organizations, visit the organization and conduct an on-site survey. After the survey, an accreditation decision is issued and the ongoing cycle of assessment and improvement continues.

This Executive Summary highlights some of the key achievements, strengths, and opportunities for improvement that were identified during the on-site survey at the organization. Detailed results are found in the organization's Accreditation Report.

On-site survey dates

May 3, 2015 to May 8, 2015

Locations surveyed

- **35** locations were assessed by the surveyor team during the on-site survey. Locations and sites visited were identified by considering risk factors such as the complexity of the organization, the scope of services at various sites, high or low volume sites, patient flow, geographical location, issues or concerns that may have arisen during the accreditation cycle, and results from previous on-site surveys. As a rule, sites that were not surveyed during one accreditation cycle become priorities for survey in the next.
- All sites and services are deemed Accredited with Exemplary Standing as of the date of this report.

See Appendix A for a list of the locations that were surveyed.

Standards used in the assessment

• 5 sets of standards were used in the assessment.

Summary of surveyor team observations

These surveyor observations appear in both the Executive Summary and the Accreditation Report.

During the on-site survey, the surveyor team undertook a number of activities to determine the extent to which the organization met the accreditation program requirements. They observed the care that was provided; talked to staff, clients, families and others; reviewed documents and files; and recorded the results.

This process, known as a tracer, helped the surveyors follow a client's path through the organization. It gives them a clear picture of how service is delivered at any given point in the process.

The following is a summary of the surveyor team's overall observations.

Extendicare Ontario is commended on preparing for and participating in the Qmentum accreditation program. Extendicare has a long and rich history of providing long-term care services in Canada, dating back to 1968. The following year, Extendicare Ontario opened its first long-term care (LTC) home in Ottawa. Currently, more than 9,000 residents receive care in one of 34 Extendicare homes in the province of Ontario. Extendicare offers services along the continuum of care, ranging from care in the home, to respite and convalescent care, and assisted living and retirement home services. Services are offered in a variety of communities across the province. In 2015 Extendicare announced its intention to focus and expand its Canadian Home Health Care business.

The corporate team is enthusiastic and dedicated. This enthusiasm is apparent at the regional level as well as at the individual home level. The home leadership teams are appreciative of the regional directors that are visible and are well known by the staff members. The corporate team members state they: "live the values of the organization". This team is committed to implementing processes that will standardize the homes yet maintain each of the homes' individual culture in order to foster innovation and creativity. The intent of the corporation is to implement the roll-out of policies that have recently been updated to all of the Extendicare homes. This is an initiative that will reduce risk in the homes. At the time of the survey, at some homes, there were as many as three policies providing different directions. In addition, encouragement is offered for policies that are generated from the pharmacy to be consistent with policies that are created by the organization. The new infection control policy manual that was viewed by the surveyors has been created to be more user friendly and is less dense than the previous version. This is a good initiative that will clarify infection control policies such as the administration of the pneumococcal vaccine.

The creation of a quality portfolio with a dedicated professional has advanced the focus on quality and indicators across the organization. This dedicated financial position that is designed to assist administrators and directors of care with budgeting and staffing and is greatly appreciated. The financial forecasting tool has proven useful in budget preparation and planning.

One of the challenges articulated by the corporate team during the survey is recruiting qualified

professionals to fill leadership positions at the home level. The comprehensive orientation for new managers combined with a variety of information technology supports is a good direction for the organization. Managers appreciate the opportunity to be involved in committees both inside and outside the organization. The National Quality Conference was referenced as a highlight by staff. There are many opportunities to collaborate with colleagues in the same role in the different homes. This is certainly a noted strength of the homes, with best practices shared at the management level.

The community partners groups at the individual homes that were met by the surveyor team members are engaged and appreciative of the services and programs offered by the various homes. In the communities where new homes have been built there is a real appreciation for the new facilities as expressed both by the staff at the homes and stakeholders. In discussion with families and friends that had relatives and friends living in the older facilities there were comments that staff members had gone to great lengths to create a home-like feel. There have been efforts to refurbish the older homes and comments indicate that the older homes are generally clean. All stakeholders met with feel that their communication and collaboration with the homes is excellent. Concerns are addressed quickly and every Extendicare Ontario home is an important community partner.

A variety of community groups offer programs in the homes in addition to the robust volunteer programs that are in place. Contracted services such as pharmacy and physiotherapy are well-integrated into the homes. The wound care nurse visits the homes regularly. In addition to their expertise, community agencies provide education on a regular basis for the staff. The public health department is involved in education as well as providing support and advice during outbreaks. Educational sessions related to the flu vaccine are provided by both public health and the management team, and are a successful enterprise with high levels of flu vaccine uptake amongst the staff. Community partners commented on the programming offered in the homes and highlighted a variety of creative activities at some of the homes, ranging from ballroom dancing, to pumpkin carving to participation in outside events such as the health care fairs and local Alzheimer walks.

In addition to the community coming into the homes, several staff members are involved in provincial committees. Members of Extendicare Ontario are on planning committees at the local and regional levels and the partnerships with the Local Integration Health Networks (LHINs) are valuable for planning future directions for the organization.

Emergency planning is implemented at each of the homes. The homes have support from the corporate office, and the police and the fire departments are involved as a partner in emergency planning and exercises.

There are strong links to local community colleges. Students in health care fields are an important source of potential staff hires. For example, in one instance there is an affiliation with a university in the form of a study related to enhancing palliative care. Community partners stated that Extendicare Ontario is seen by the community as being an integral part of the health care system and stakeholders indicate that they look to the organization for leadership in the field.

Extendicare Ontario has a large number of employees that have been part of the workforce for many years. In the on-site discussions with employees, they stated they enjoy the team work fostered by

the organization and that management has an open door policy. The employees indicated that they feel they can easily approach their supervisors if they have an issue. There is a 24/7 hot line that employees can call with items of concern.

The staff members interviewed during the survey indicated that the residents feel like family. In observing staff members at work, they did know the residents well. Many staff members attend the funerals of residents who have passed away in the home, on their own time. Family members often return to the homes to continue to connect with the homes' staff. Surveyors heard comments from employees such as: "I would not work anywhere else". The team was observed to be collaborative and interdisciplinary. There is a formal rewards and recognition program in place in the homes. Extendicare Ontario has a baseball league and staff members stated that they have fun at work. This was evidenced by staff interactions with the residents and the remarkable moments that have been embraced by the workforce at all levels.

Some of the older homes are cramped for space and staff state that despite the associated challenges, this crowding often helps with communication and increases visibility. Some of the older homes will not accommodate ceiling lifts and consequently, the halls are crowded with lifts, which makes movement in the hallways challenging at times. Commendation is to be given to a recent initiative to upgrade the sprinkler and carbon monoxide detectors in all the homes. Generators were purchased and the staff members are aware of these improvements. Additionally, the older homes create challenges for storage of paper charts. In some locations, it was observed that charts are out in open areas and are easily accessible. The homes are encouraged to creatively resolve this issue by thinking about how to keep these charts secure.

The focus on educational programming is admirable. The information technology (IT) department has created programs that are accessible and enjoyed by staff. Programs include the mandatory annual education (iTACIT) program and the monthly safety quizzes (Safety4You). The personal support workers (PSWs) indicate that the Point-Of-Care Testing (POCT) technology helps them to organize their day and reminds them of activities that need to be completed during their shift.

There are a variety of committees at each of the homes, ranging from occupational health and safety to ethics. Staff members at all levels are members of these committees and as a consequence, the workforce is engaged and has an excellent understanding and awareness of the activities taking place in the homes. In some homes, residents are active members of all of the committees. This is a commendable practice, demonstrating resident-centred care.

There are inconsistencies noted in performance dialogues in the homes. The corporation has plans to revise the performance appraisal policy by having reviews completed every two years, unless there are identified issues. This is a more realistic goal and will ensure that there is an ability to meet the target identified in the policy. In an effort to attract and retain staff, there is a new graduates' initiative that focuses on attracting registered professionals to Extendicare homes. Several of the physicians have a long history with the organization and work as an integral part of the interdisciplinary team.

Family members and community partners alike state that they feel the care at the homes is excellent.

This sentiment was echoed by the surveyors' site visits and evidenced by the meeting of almost all standards criteria related to the episode of care. Efforts for the past few years have focused on improved resident care. There are programs in place to reduce falls, restraint use, and wounds. There has been a successful approach to reducing the use of antipsychotics in the homes. The use of initiatives such as the Java music program, iPod memory program, and Chocolate therapy, combined with the psycho geriatric teams, has reduced the use of antipsychotic drugs from 24.8% to 15.8%.

The older homes are challenged in the event of outbreaks since it not easy to cohort residents that are infectious. The homes have done an admirable job with infection control and the staff, when questioned, were aware of when not to come to work in order not to spread infections. Hand washing was evident amongst staff and residents. The older homes are also challenged to create private spaces for residents. Staff members go out of their way to give as much privacy as possible.

Physiotherapy has active programming and a newly established restorative care program is showing positive results with residents, increasing their level of physical activity. In order to maintain occupancy levels at some of the older homes, Extendicare Ontario has created convalescent beds and has catered to specific communities, focusing on creating specific menus, specific activities, and hiring staff members that speak the languages of the communities served.

Both family members and community partners indicate that they would recommend Extendicare Ontario long-term care homes. Some residents that spent time in convalescent care have applied to Extendicare Ontario for long-term care services. When asked, residents stated they feel safe in their long-term care home.

Both the resident councils and family councils are active in Extendicare Ontario homes. Discussions with the chairs of resident councils indicated that the executive of the councils are elected and feel empowered to advocate for changes or to address issues. Residents that are members of the councils have been supported to attend regional council meetings.

The corporate focus on quality and the person-centred approach entitled: "remarkable moments" is palpable in the Extendicare Ontario homes. The cohesiveness of the care team leads to high levels of resident and family satisfaction.

Overview: Quality dimensions results

Accreditation Canada uses eight dimensions that all play a part in providing safe, high quality health care.

These dimensions are the basis for the standards, and each criteria in the standards is tied to one of the quality dimensions.

The quality dimensions are:

C	Accessibility:	Give me timely and equitable services
~~	Appropriateness:	Do the right thing to achieve the best results
	Client-centred Services:	Partner with me and my family in our care
	Continuity of Services:	Coordinate my care across the continuum
R	Efficiency:	Make the best use of resources
	Population Focus:	Work with my community to anticipate and meet our needs
Ð	Safety:	Keep me safe
	Worklife:	Take care of those who take care of me

Taken together, the dimensions create a picture of what a high quality health care program or service "looks like." It is easy to access, focused on the client or patient, safe, efficient, effective, coordinated, reflective of community needs, and supportive of wellness and worklife balance.

This chart shows the percentage of criteria that the organization met for each quality dimension.



Quality Dimensions: Percentage of criteria met

Overview: Standards results

All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

Some criteria—specifically those related to safety, ethics, risk management, or quality improvement are considered high priority and carry more weight in determining the accreditation decision.

This chart shows the percentage of high priority criteria and the percentage of all criteria that the organization met in each set of standards.



Overview: Required Organizational Practices results

Accreditation Canada defines a Required Organizational Practice (ROP) as an essential practice that must be in place for client safety and to minimize risk. ROPs are part of the standards. Each one has detailed tests for compliance that the organization must meet if it is to meet the ROP.

ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes how select ROPs are being met across the country.

ROPS are categorized into six safety areas, each with its own goal:

See **Appendix B** for a list of the ROPs in each goal area.

- Safety culture: Create a culture of safety within the organization
- **Communication**: Improve the effectiveness and coordination of communication among care and service providers and with the recipients of care and service across the continuum
- Medication use: Ensure the safe use of high-risk medications
- Worklife/workforce: Create a worklife and physical environment that supports the safe delivery of care and service
- Infection control: Reduce the risk of health care-associated infections and their impact across the continuum of care/service
- Risk assessment: Identify safety risks inherent in the client population

Safety Culture 100 Communication 100 Medication Use 100 Worklife/Workforce 100 Infection Control 100 **Risk Assessment** 100 Ó 10 20 30 $\dot{40}$ 50 60 80 90 100 70

ROP Goal Areas: Percentage of tests for compliance met

The quality improvement journey

The Qmentum accreditation program is a four-year cycle of assessment and improvement, where organizations work to meet the standards and raise the quality of their services. Qmentum helps them assess all aspects of their operations, from board and leadership, to care and services, to infrastructure.

The program identifies and rewards quality and innovation. The time and resources an organization invests in accreditation pay off in terms of better care, safer clients, and stronger teamwork. Accreditation also helps organizations be more efficient and gives them structured methods to report on their activities and what they are doing to improve quality.

In the end, all Canadians benefit from safer and higher quality health services as a result of the commitment that so many organizations across the country have made to the accreditation process.



Qmentum: A four-year cycle of quality improvement

As **Extendicare Ontario** continues its quality improvement journey, it will conduct an in-depth review of the accreditation results and findings. Then a new cycle of improvement will begin as it incorporates any outstanding issues into its overall quality improvement plan, further strengthening its efforts to build a robust and widespread culture of quality and safety within its walls.

Extendicare Ontario

Appendix A: Locations surveyed

- 1 Extendicare Bayview
- 2 Extendicare Brampton
- 3 Extendicare Canada Inc
- 4 Extendicare Cobourg
- 5 Extendicare Falconbridge
- 6 Extendicare Guildwood
- 7 Extendicare Haliburton
- 8 Extendicare Halton Hills
- 9 Extendicare Hamilton
- 10 Extendicare Kapuskasing Nursing Home
- 11 Extendicare Kawartha Lakes
- 12 Extendicare Kingston
- 13 Extendicare Lakefield
- 14 Extendicare Lakefield Assisted Living
- 15 Extendicare Landmark Assisted Living
- 16 Extendicare Laurier Manor
- 17 Extendicare London
- 18 Extendicare Maple View
- 19 Extendicare Medex
- 20 Extendicare Mississauga
- 21 Extendicare New Orchard Lodge
- 22 Extendicare Oshawa
- 23 Extendicare Peterborough
- 24 Extendicare Port Hope
- 25 Extendicare Port Stanley
- 26 Extendicare Rouge Valley
- 27 Extendicare Scarborough
- 28 Extendicare Southwood Lakes
- 29 Extendicare St. Catharines
- 30 Extendicare Starwood
- 31 Extendicare Tecumseh
- 32 Extendicare Timmins
- 33 Extendicare Tri-Town Nursing Home
- 32 Extendicare Van Daele
- 34 Extendicare West End Villa
- 35 Extendicare York

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- 36 Extendicare West End Villa
- 37 Extendicare/Kirkland Lake Inc.

Appendix B

Safety Culture

Required Organizational Practices

	Adverse Events Disclosure
	Adverse Events Reporting
	Client Safety Quarterly Reports
	Client Safety Related Prospective Analysis
Communication	
	Client And Family Role In Safety
	 Dangerous Abbreviations
	Information Transfer
	 Medication reconciliation as a strategic priority
	 Medication reconciliation at care transitions
	Two Client Identifiers
Medication Use	
	Heparin Safety
	High-Alert Medications
	Infusion Pumps Training
Worklife/Workforce	
	Client Safety Plan
	 Client Safety: Education And Training
	 Preventive Maintenance Program
	Workplace Violence Prevention
Infection Control	
	 Hand-Hygiene Compliance
	 Hand-Hygiene Education and Training
	Infection Rates
	Pneumococcal Vaccine
	Reprocessing
Risk Assessment	
	Falls Prevention Strategy
	Pressure Ulcer Prevention