



**Markhaven Home for Seniors**  
**Quality Improvement Plan 2024-2025**

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**Overview**

The Excellent Care for All Act (ECFAA) 2010 and other accountability agreements require all public hospitals and long term care homes to create a Quality Improvement Plan every year.

Markhaven Home for Seniors is proud to provide an overview of their quality improvement initiatives for 2024-25 including the context from which they were derived. The history of the home, its performance in key areas, its mission, vision and values and input from its community were key to the development of improvement initiatives for the upcoming year. Ontario Health has identified 6 priority areas for the Quality Improvement Plan, noting that none are mandatory for the homes, and suggesting homes should focus on those areas identified as needing improvement specifically for their home.

**Proposed 2024- Quality Priorities and Targets**

In keeping with Health Ontario’s priority indicators and Markhaven’s performance in key indicators as reported by the Canadian Institute to for Health Information (CIHI) and internal data, our 2024-25 QIP will focus on resident’s experience and safety.

Markhaven will focus on three initiatives in 2024-25 including:

1. Maintaining current performance in the % of resident who have fallen

<b>MEASURE</b>	% of Residents who have fallen in the last 30 days prior to assessment.	<b>CURRENT PERFORMANCE</b>	13.4%
<b>TARGET</b>	Maintain performance at 13.4%	<b>JUSTIFICATION</b>	Although Markhaven’s falls performance is better than the provincial average, the home would like to continue to enhance and improve the program.

## 2. Reducing the % of resident antipsychotic medication use

<b>MEASURE</b>	% of LTC residents without psychosis who were given antipsychotic medication in the last 30 days preceding their resident assessment	<b>CURRENT PERFORMANCE</b>	36.87%
<b>TARGET</b>	25.00%	<b>JUSTIFICATION</b>	In 2022-2023 Markhaven was able to achieve a target of 22%. We feel with an interdisciplinary approach to reducing antipsychotics, a similar target can be met.

## 3. Raising awareness of Equity, Diversity and Including in the workplace

<b>MEASURE</b>	% of staff (executive level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	<b>CURRENT PERFORMANCE</b>	Baseline data
<b>TARGET</b>	80%	<b>JUSTIFICATION</b>	We are collecting base line data on this multiyear project. The primary objective of Markhaven Home for Seniors in 2024-25 is to raise awareness and examples of equity, diversity, and inclusion. The emphasis is to speak about EDI and have staff recognize its existence.

There are six dimensions of quality care as defined by Health Quality Ontario: efficient, timely, safe, effective, patient centred, and equitable.

Two of Markhaven's initiatives align with the **safety** dimension of quality while the third initiative focuses on the **equity** quality dimension. The home has developed change ideas to ensure the goals/measures are met. These initiatives are intended to improve the experience of our residents.

Reducing preventative harm and mitigating the impact of harm remains a priority for the home so reducing the number of falls is our first quality initiative. According the CIHI data, Markhaven's performance is currently below the provincial average. However we still feel there are opportunities for improvement. We will use the educational material from the Centre for Learning, Research, and Innovation and Surge Learning (an online education tool) to provide further education for staff regarding fall prevention. Policies can cover many pages and contain extensive detail. When a resident falls, immediate action is required so we are committed to developing fall workflow material that provides more available, timely access to the fall management process. In keeping with

increasing communication tools, program evaluation tools will also be developed for the fall program. The evaluations will be shared and input sought from the Quality Management Program which includes resident and family council representatives. Markhaven understands that falls will never be eliminated as we honour residents' choice of independence. However, we hope to reduce fall severity through the implementation of various tools such as floor mats, hip protectors and not glide mats for wheelchairs. A fall severity scale will assist the home in not only identifying residents who fall frequently but also the severity of the fall.

As with many medications, there can be side effects. Antipsychotic medications, unfortunately, can cause unpleasant side effects. Markhaven's antipsychotic drug use is above the provincial average and our second quality initiative is to reduce this number. There are certainly cases where its use is appropriate and careful monitoring of resident behaviours when trying different alternatives can assist in determining when an antipsychotic medication is needed. Markhaven will take a team's approach with physicians, pharmacists, the behaviour support lead, and staff to conduct medication reviews on a quarterly basis. The Behaviour Support lead will work with the personal support workers to educate them on accurately reporting changing behaviours. In addition the minimizing restraint program will be reviewed and updated based on best practices.

Markhaven is committed to providing the best care experience for their residents. More diverse populations are being represented in our staff and residents. Our key priority is to ensure that residents receive equitable care. Our third initiative is to raise awareness of equity, diversity, and inclusion in the work place through education. In addition, Markhaven, based on available literature and research, will develop an internal survey to determine issues that may currently exist in the workplace. The results will be helpful in identifying improvement initiatives. This will be a multiyear project.

The QIP aligns with the following internal and external provincial planning processes:

- Long Term Care Service Accountability Framework (LSAA). The home is obligated to report to the Ministry of Long Term Care annually its performance indicator outcomes and sign the declaration of compliance
- Areas arising from the other legislative and accountability requirements such as the Fixing Long Term Care Act 2021 and Regulations 246/22
- Areas arising from the annual Resident and Family Survey Report noted as needing improvement

Markhaven Home for Seniors has a long history with the Markham community. It is nestled among residential homes in the community of Markham making it a convenient location for the community to volunteer. There are many churches in the area and Markhaven has developed a relationship with them to support resident's spiritual beliefs. It is a 96 bed charitable non-profit home regulated under the Fixing Long-Term Care Act 2021 and Regulations 245/22. Markhaven is considered a small home and as such,

does not have the resources as larger long-term care homes. One of the ways the homes gets additional support is through the Alliance Group. There is an umbrella CEO group as well as a number of sub-committees (i.e., Quality Networking, Infection Prevention and Control, Human Resources, Social Work, Recreation, Finance and Housing) Members share information and collaborate on various projects (standard satisfaction surveys). Our many community partnerships with the Nurse Led Outreach Team, the Psychogeriatric support team supported by the Regional Municipality of York Regions assist the home in providing assessments and consultation to benefit resident care and quality of life.

Markhaven has experienced many challenges, as have other long-term care homes, during the pandemic. Now that the pandemic is declared over, we are working to move forward and firmly establish our Continuous Quality Improvement Program.

Our vision is to “Enable residents to find meaning and joy in life, in a caring Christian environment”

Our mission statement is our reason for being.

“We at Markhaven are committed to the physical, emotional, and spiritual well-being of residents. We strive to have excellent service for residents of every culture in a caring, Christian environment and to maintain a high level of dignity and individuality”

Our values support our mission

- Compassion and service
- Benevolence
- Integrity
- Compliance with Legislation
- Accessibility
- Stewardship
- Excellence
- Collaboration

Markhaven Home for Seniors will continue to engage key stakeholders: residents, families, staff and our community in improving the quality of care for our seniors.

### **Access and Flow**

Markhaven’s percentage of avoidable visits to Emergency Departments (ED) is below the provincial average. The services and expertise of the Nurse Led Outreach Team (NLOT) has supported the home’s performance in this area. The NLOT team visits weekly and provides expert consultation and recommendations to reduce transfers to ED. This ensures that residents are not sent to ED unnecessarily as often residents have to wait in ED for hours before being sent back to the home. It also reduces transportation costs for family members if the transfer is not needed. Markhaven’s registered staff, through assessments, are aware of changes in the resident’s condition

and are able to communicate with physicians and the NLOT to initiate timely preventative measures to avoid transfers. Markhaven is currently participating in the Clinical Pathways for Admissions with the Registered Nursing Association of Ontario (RNAO) to improve the resident's experience in transitioning from the hospital or the community into long term care. Markhaven participates in the Alliance Group (a group of 21 not for profit long-term care homes). There is a subcommittee called the Quality Networks group composed of registered staff. If Markhaven staff have questions about clinical care or issues that have arisen, they can contact the other homes for advice and feedback. It is an excellent venue for support. As noted previously, Markhaven has access to a Psychogeriatric Resource Consultant who supports education and management of complex responsive behaviours resulting from psychogeriatric related conditions. This expert consultation develops strategies with staff to avoid resident transfer to ED.

### **Equity and Indigenous Health**

Residents are assessed using the Resident Assessment Instrument-Minimum Data Set (RAI-MDS) to identify and monitor resident's strengths, preferences, and needs. Data arising from the assessment is submitted to the Canadian Institute of Health Information (CIHI). Sociodemographic data is collected at least regularly as part of the RAI-MDS requirements:

- Age
- Sex
- Marital status
- Indigenous identify
- Education level
- Primary language spoken at home
- Resident's prior primary neighbourhood
- Income percentile
- Geographic location.

Our goal is to move forward on a multiyear project to lead and support health equity improvements by focusing on education for staff. As noted in the workplan, raising awareness and obtaining baseline data will assist us in developing strategies for this multiyear project.

### **Resident Experience**

The pandemic and ongoing outbreaks have been challenging for residents and staff in long term care homes. Staff shortages, public health restrictions and lockdowns have had a negative effect on residents, staff and family members with homes reporting an increase in a cognitive decline, anxiety, and stress in the resident population. One way Markhaven seeks to elicit area for improvement is through satisfaction surveys. Markhaven Home for Seniors is part of an Alliance Group of 21 not-for-profit long term

care homes in the Greater Toronto Area. The Alliance Group supports homes that have beds ranging from 32 to 805. One of the mandates of the group is to “ explore partnership opportunities among member groups to improve operational efficiencies and resident care and services”. To achieve this, member homes participate in an annual resident and family satisfaction standard survey. Each home is able to add 5 questions to the core survey regarding issues in the home they would like to receive feedback on. Resident and Family Councils provide input to the survey and are part of determining areas for improvement. The survey results are benchmarked with other homes and Markhaven is able to compare its performance with best performers in each area of the survey (Respect and Privacy, Recreation, Food and Dining, Home Environment, Communication and Recommendations). Homes are then able to connect to determine how another home achieved high satisfaction in key areas that are relevant to them. Improvement opportunities are identified and where needed included in the QIP. There are 2 key questions in the survey, shown below including Markhaven’s rating to those questions:

1. How would you rate our home overall (75% excellent, very good, good)
2. Would you recommend Markhaven Home for seniors to a family member or friend needing long term care (89% definitely/probably Yes)

Resident feedback is also sought from Resident and Family Councils, through a complaint monitoring process and one on one conversations.

### **Provider Experience**

There is a strong correlation between healthcare provider experience and resident outcomes. Similar to residents, staff have experienced burn-out, anxiety and frustration related to staff shortages during the pandemic and the ongoing outbreaks. Many staff exited their respective professions/positions leaving homes scrambling to provide care and services. At Markhaven 2 key lead positions have been filled in the last year. It takes time to develop a team. Establishing role clarity, transparency and adapting to the culture while providing leadership affects all staff. In 2024-25 Markhaven will participate in the Alliance Employee Engagement survey to elicit feedback from staff to identify areas for improvement. Not-for-profit long-term care homes face another challenge. Since hospital rates and pensions are higher in acute care, homes spend resources on the onboarding process only to have staff leave to go to the hospital sector. This challenge affects the both recruitment as well as retention of staff. There is a general lack of interest from potential employees willing to work in the sector due to workload and life balance. Markhaven has a partnership with the College of Nurses of Ontario for Registered Practical Nurses (RPNs) to complete their supervised practice experience. This is an opportunity for Markhaven to hire from this pool of candidates. Also Markhaven has a partnership with Centennial College to provide a consolation experience for RPS and PSWs, once again providing a pool of possible candidates to hire. Markhaven’s Employee Assistance Program provides support for staff who may be going through professional or personal challenges. There are recognition and

appreciation events to show that the home appreciates their efforts and hard work. There is also a union at Markhaven. Staff are free to bring their concerns forward to a forum where issues can be mediated and hopefully resolved.

### **Population Health Approach**

Markhaven Home for Seniors strives to improve the health of all residents. Assessment processes are in place to identify and provide early interventions for those with risk factors for physical, social, mental health and declining overall health. Some of those strategies have been noted throughout this narrative. During the pandemic, vaccines, personal protective equipment, and education was provided to residents and families. The home followed public health recommendations and strived to provide dining and recreation experiences within the restrictions. On an ongoing basis, there is an infection prevention and control program (IPAC) that addresses infection risks and provides preventative measures for all residents (e.g. influenza and COVID-19 vaccines, Tetanus, Diptheria, pneumococcal vaccine, RSV etc.). IPAC falls under the responsibility of the Manager of Clinical Programs and IPAC. In addition the home participates in the Alliance IPAC Committee and external hubs with supporting hospitals. There is a Behaviour Support Lead to who works closely with the psychogeriatric resource consultant and with the interprofessional team as well as families to manage dysfunctional behaviours to improve residents' quality of life and emotional well-being. Dementia related behaviours have become more common with the prolongation of life expectancy. Recreation works to provide alternatives to medication use in this population. Through community partnership with churches, the social worker and activities in the home, the resident's spiritual needs are met. Through proactive interventions, education and support, Markhaven strives to provide a healthy environment for residents.

### **Contact information/designated lead**

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