

Continuous Quality Improvement Report for 2025-26 Carleton Lodge Long-Term Care Home

June 2025

Quality Lead: Yves Pilon, Administrator

Overview

Carleton Lodge Home is one of four municipal long-term care homes in Ottawa as part of Long-Term Care Services (LTCS).

The LTCS strategic direction is guided by the vision: Enriching Lives Every Day and mission: Together in Care. Together in Life. In 2021, all four municipal LTCHs embarked on a five-year strategic plan to support and promote Continuous Quality Improvement (CQI). This ongoing initiative involves four strategic directions, including enriching residents' lives, enriching staff, enriching partnerships, and enriching tools.

The beacon for this initiative is our commitment to resident/person-centered care (PCC), involving a transformative culture change within our Home. We aspire to shift from institutional, task-oriented care to care that encompasses the residents' holistic needs. LTCS has partnered with uOttawa LIFE Research Institute to develop a customized, hybrid approach to care and a comprehensive evaluation framework.

Person Centered Care (PCC) is one of three Registered Nurses Association of Ontario (RNAO) Best Practice Guidelines (BPG) that we have chosen to implement as part of our journey of becoming a Best Practice Spotlight Organization (BPSO). We are entering the final year of this three-year journey and look forward to working closely with the RNAO to evaluate, monitor and sustain the changes we have made. We are also implementing the BPGs related to oral health and fall reduction.

Person-centred care has been at the forefront of care improvement during the past year. The customized approach was initially piloted on one neighbourhood (unit) in the home and continues to expand over time to include additional neighbourhoods. While the project has seen positive results, it represents a significant culture change and will take time to fully implement across the home.

Some of the founding principles inherent in this work are a co-design approach, data-informed decisions and transparency. To that end, we are extremely proud of the work completed to date and will highlight improvement and learning throughout this document. The phases of this collaborative work, including the advisory committee, data needs and tracking, discussion, design, implementation and evaluation, combined with

input from residents, families and front-line staff, all contribute to the shared understanding and change we aspire to. Additionally, we benefit from a rigorous evaluation made possible through a partnership with uOttawa.

Long-term care quality improvement plan

Each year, long-term care (LTC) homes must create and submit a quality improvement plan (LQIP) to Health Quality Ontario (HQO). This plan focuses on improving the overall care quality in the home. While the HQO LQIP is a major part of the home's quality plan, the home also identifies other areas that need improvement.

These areas are determined through various methods, including:

- The strategic plan
- Adverse events
- Sentinel event/ Critical incident debriefs including the annual trending analysis
- Resident and family engagement including the annual resident satisfaction survey and complaint trending analysis
- Data trends, specific data from Canadian Institute for Health Information (CIHI)
- Incidents
- Inspection results
- Staff engagement feedback
- City of Ottawa direction

Once identified, project plans are developed, and the Plan-Do-Study-Act (PDSA) cycle and model for improvement tools are used as are HQO resources. Using a four-stage cyclical model, (PDSA), staff continuously improve by iterating through the cycle repeatedly and each leap bring the organization close to the desired goal.

The quality improvement plan is also aligned with the Quality Framework, based on the Quadruple Aim framework.

Quadruple Aim: Helping to Achieve Our vision

The Quadruple Aim is centered on four overarching goals: Improved Resident Experience, Improved Population Health, Reduced Care Costs, and Care Team Wellbeing, and is at the core of supporting the home to achieve the vision of Enriching Lives Every day.

Priority areas

The priorities for this year's LQIP are informed by many sources including the City of Ottawa's strategic plan, and LTCS's strategic plan with its four goals and HQO's suggested indicators:

- Co-design person-centred approach to care (enrich resident experience and enrich quality of life)
- Improve performance on preventable harm via safety indicators (falls, use of antipsychotic agents without a diagnosis of psychosis)
- Provide effective resident care (oral health)
- Enrich and improve staff experience, especially regarding staff safety and embracing diversity, equity and inclusion

Please note that priorities may involve ongoing monitoring or may have active initiatives with specific goals. Additionally, the home benefits from corporate initiatives, such as employee engagement surveys to support staff well-being and is proud to highlight improvement efforts through these active initiatives.

Quality objectives for 2025-26

As part of the 2025-2026 quality improvement plan, the home will seek to improve the following:

- Equity:
 - Percentage of staff who have completed relevant equity, diversity, inclusion and anti-racism education
- Experience: Resident-centred services
 - Percentage of residents providing a positive overall rating of the home as a place to live
 - Implementation of personhood into resident care plans and ensure that processes are informed by resident goals
- Safe and effective care:

Performance based on Canadian Institute for Health Information (CIHI) data

 - Percentage of residents taking antipsychotic medication without diagnosis of psychosis: Current performance 19.3%, provincial average 19.8%
 - Percentage of residents with falls: Current performance 16.6%, provincial average 16.3%

Access and Flow

To support residents in accessing the right care in the right place at the right time, we have increased the number of care staff to ensure every resident receives, on average,

four hours of direct care per day. Personal support workers (PSW) registered practical nurses (RPN) and registered nurses (RN) provide round the clock care to the residents. All resident Emergency Department (ED) visits are reviewed by a Quality Care Nurse to identify trends and opportunities for improvement to our in-house care.

We continue to have a part-time nurse practitioner that assists us to better understand our performance and experience. The part-time nurse practitioner works to her full scope of practice in collaboration with the medical director and physicians to ensure residents receive timely care. Our allied health professionals team includes a physiotherapy assistant, occupational therapy assistant, dietician, social worker, recreational therapists and more. This interdisciplinary team works closely to ensure the holistic needs of residents are met. We also have a contracted dental service and have access to community diagnostic services that can provide in-house X-rays and other services.

We are continuously working on providing education to residents and their families related to disease management and progression. This year, our nurse practitioner will do an in-house education session for all front-line staff on wound care and dressings, the impact of acute care transfers, and person-centered care approaches to wound care.

To ensure consistent communication with residents and their families about their expectations related to their care, we have made significant improvements to our weekly Resident Assessment Protocol (RAP) meetings. Each resident's care plan is reviewed at a RAP meeting at least quarterly or following any change in condition. The resident and their family are invited to participate in these meetings to directly collaborate with the interdisciplinary team and express their opinions about their care. Since the launch of the newly structured RAPs in January, this initiative has been successful and has received positive feedback from residents and their families. This approach strengthens our relationships with them and helps us proactively address their needs.

Equity and Indigenous Health

The City of Ottawa is fortunate to have a Gender and Race Equity, Diversity, Inclusion, Indigenous Relations, and Social Development Services team. The City of Ottawa is committed to creating an equal, inclusive and diverse city. The City has policies, procedures and plans on topics such as accessibility, French language services, equity and inclusion, indigenous relations, woman and gender equity and anti-racism as well as resources and learning opportunities that are available to City staff. To foster awareness and understanding at the management and executive level, all managers

are required to complete equity, diversity, and inclusion education. This year, the long-term care managers participated in a series of coaching circles with an equity, diversity and inclusion focus.

Carleton Lodge welcomes staff and residents from diverse backgrounds. This diversity contributes to an enriching and welcoming environment, allowing opportunities to share and learn from each other. We have recently revamped our multi-faith/spiritual area to include elements from the many cultures and religions present within our Home. When a new resident moves into Carleton Lodge, they are encouraged to express what is important to them. Our recreation team ensures the activity calendars are replete with celebrations of different cultures thus contributing to a sense of belonging for residents.

Resident Experience

At Carleton Lodge, we value feedback from residents and their loved ones. Our longstanding Resident's Council meets regularly to discuss relevant topics and explore opportunities for improvement. We also have an active Friends and Family Council to maintain consistent two-way communication between residents' loved ones and the home.

During our Home Professional Practice Committee Team meetings, representatives from the Residents' Council and the Friends and Family Council are invited to express their concerns and suggestions.

Our annual Resident Satisfaction Survey offers the opportunity for all residents and their friends or family members to share opinions about the Home. The purpose of the survey is to see how happy residents and families are with the care they are receiving. The feedback we receive is generally positive and helps us identify what we're doing right and where we can do better. The most recent results indicated that residents and their families believe we are doing well in the following areas:

- Opportunities for residents to be involved in decisions relating to care
- Explaining care and services to residents and caregivers
- Support received in adjusting to living in the home and feeling safe to live in the home
- Assisting residents with activities of daily living (dressing and bathing)
- Helpfulness and availability of nurses, PSWs and recreation staff
- Cleanliness and upkeep of the home and property

At Carleton Lodge, we are deeply committed to making our home as homelike as possible for residents. We believe that a warm, familiar, and welcoming environment is essential for the well-being of everyone who lives here. To that end, we have made

several upgrades that contribute to a sense of comfort, peace and belonging. These changes include:

- Common area furniture and décor: We've selected furniture and décor that create a cozy and inviting atmosphere.
- Murals of scenic views: In our Rideau River Room, we have added beautiful murals depicting scenic views of the river and the iconic bridge, offering a peaceful and calming environment for residents and their guests to enjoy.
- New flooring: We have upgraded the flooring throughout the home, improving both the aesthetics and the comfort of the spaces.

Additionally, we have made significant improvements to our outdoor areas, enhancing residents' connection to nature, including updating the sidewalks to ensure they are safe and accessible for everyone.

These changes are part of our ongoing commitment to ensuring residents live in a space that is not only safe and functional but also beautiful and enriching. We are excited about these updates and look forward to seeing the positive impact they will have on the lives of residents. We have also shared information regarding our facility renovations and improvements, including updated floorings, upgraded infrastructure and home-wide Wi-Fi.

Provider Experience

Our philosophy of Person-Centered Care (PCC) approach is not limited to residents, it also includes staff and volunteers. We strive to foster a safe and welcoming workplace culture, where all employees and volunteers feel comfortable and valued. Staff surveys are conducted regularly to identify areas of concern and hold all staff meetings to allow staff to share their opinions freely.

Volunteers are recruited year-round based on their suitability to meet the various departmental needs as well as the residents' identified strengths, needs and desires. We are fortunate to have increased our number of volunteers over the past year.

Techniques and methods used to recruit volunteers include:

- Liaison with Volunteer Ottawa for Volunteer referrals and City of Ottawa website.
- From within our own LTCH, including families, friends, and Family Council members
- Through service clubs, school, and church groups
- Through our newsletters
- Distribution of flyers, posters, brochures, and printed material in the community

- Word of mouth

Carleton Lodge benefits from being part of the City of Ottawa, with various support options available, such as an employee assistance program and online resources for self-wellness. We also have a Peer Support Network that is available to all staff members. A Staff Action Group organizes fundraisers year-round, including barbecue lunches, to fund various activities such as our annual holiday event. We encourage staff members to pursue educational opportunities and offer funding when applicable. For example, this year our Part time Nurse Practitioner was granted the opportunity to complete the Nurses Specialized in Wound, Ostomy and Continence Canada (NSWOCC) program. We also hold regular education fairs on relevant topics for all care staff and held in-house Cardiopulmonary resuscitation (CPR) courses for staff. This year, we plan to increase the number of our staff who will complete the Gentle Persuasive Approach (GPA®) in Dementia Care course and train a couple of staff to be able to do the retrain staff in house.

In addition, our partnerships with Algonquin College and the University of Ottawa allows us to host students throughout their studies, during their clinical placements and consolidation. All students completing their placements are encouraged to apply to vacant positions upon completion of their program.

In 2024, Carleton Lodge saw a significant electronic health record change. We implemented PointClickCare, a leading cloud-based healthcare software platform that connects care, services, and financial operations. This year, we have started incorporating evidence informed tools such as RNAO Clinical Pathways into PointClickCare. RNAO Clinical Pathways are based on RNAO's Best Practice Guidelines (BPG) and delivered by PointClickCare's Nursing Advantage Canada platform. We have also implemented project AMPLIFI, a clinical data integrated initiative aimed at improving continuity of care for residents transitioning between hospital to long- term care and vice versa. In addition, we will work toward the implementation of InterRAI LTC and Point-of-Care documentation. InterRAI LTC is a comprehensive, standardized tool used globally across various health settings to evaluate the needs, strengths, and preferences of individuals residing in long-term care facilities. Point of Care is a mobile app that allows care staff to document activities of daily living (ADL) at the point of care, improving documentation accuracy and timeliness and providing a better documentation experience for staff.

Safety

We continuously monitor the Canadian Institute for Health Information (CIHI) indicators to track our progress related to resident safety. Though we aim for greater performance

than the provincial average, we understand that each resident presents with their own complex situation. We have shown consistent above average performance or close to the provincial benchmark in the following indicators (CIHI data from Q3 2024):

- Potentially Inappropriate Use of Antipsychotics in Long-term Care - current performance 19.3% (provincial average - 19.8%)
- Percentage of residents who have fallen - current performance 16.6% (Provincial average - 16.3%)
- Percentage of residents who have a worsened stage 2 to 4 pressure ulcer – current performance 4.2% (provincial average - 2.2%)

As stated previously, one of the RNAO BPGs we are implementing to become a BPSO is related to falls prevention and reduction. We were fortunate to have a RN working on implementing this BPG as part of an Advanced Clinical Practice Fellowship (ACPF) with the RNAO. She worked with front-line staff to implement intentional rounding to reduce falls using the 4P approach. This approach involves regular rounding to address the following resident needs: Positioning, Pain, Possessions and Personal Needs. We will be implementing the RNAO Clinical Pathway involving documentation related to admission and falls to ensure appropriate assessments and interventions are completed.

In addition, Carleton Lodge has a Health and Safety committee, comprised of members from all departments within the Home, that meets regularly to discuss all facility-related safety incidents and concerns. Members of this committee perform regular proactive inspections to ensure a safe environment for staff and residents.

The areas of focused improvement for 2025 are related to fall prevention and reduction in use of psychotropic medication. The change ideas being considered are continued education at quarterly skills fairs, a focus on implementing 4P during intentional rounding, implementing Clinical Pathway fall assessments, a review of all falls documentation and care planning and integrating a review during weekly resident assessment protocol (RAP) meetings.

As mentioned, oral care is one of the best practices that was implemented as part of the RNAO spotlight organization certification process. The best practice has been applied and the gaps are being addressed via change ideas focusing on completion of oral assessment for all Residents and planning care accordingly and continue support to staff by providing education (video and demonstration) and one on one assistance to front line staff, particularly for residents with cognitive issues who do not readily accept oral care.

Finally, to enhance our wound care management capabilities. We have one nurse practitioner who is in the process of completing her Nurses Specialized in Wound, Ostomy and Continence Canada course (NSWOCC®), bringing advanced expertise to our team. Additionally, frontline staff will undergo the Skin Wellness Associate Nurse (SWANTM) training to further support residents' needs. These initiatives reflect our commitment to providing the highest quality care and ensuring the well-being of residents.

Population Health

Given we are part of the City of Ottawa, we have access to Ottawa Public Health resources to understand our growing community's unique needs. We are aware that the number of people living with dementia in our community is steadily increasing and we are committed to understanding what this means for our Home. We are working with Ontario Health to better understand how we can best support the City's residents. We collaborate with local partners like the Champlain Dementia Network, the Ontario Caregiver Association, the Champlain Hospice Palliative Care program, and others.

QIP planning cycle and priority setting process

The LQIP is integrated into the planning cycle, with quality improvement plans (QIPs) submitted to Health Quality Ontario (HQO) each April. It includes the following as data sources:

- Ministry of Long-Term Care: Required Programs and respective evaluations
- Accreditation Canada standards
- HQO Publicly Reported indicator analysis
- CIHI data – trending and analysis
- Internal processes
- Resident, family and staff satisfaction survey results
- Feedback (complaints or suggestions)

This leads to numerous areas of focus and priorities which are presented and discussed at various meetings to validate priorities and identify additional priorities that may have been missed. These meetings include the Resident Council, Family and Friends Council, and the Home Professional Practice and Quality Committee and the management team.

Final approval of the QIP is the Director of Long-Term Care with the knowledge that the home has received input from the consultation process and approval from the home's professional Practice and Quality Committee has approved.

HQO's process directs improvement

Health Quality Ontario's (HQO) easily understood and proven process is embedded in the quality improvement plan and is used to direct improvement via the following steps:

1. Diagnose/Analyze the Problem
2. Set Improvement Aims
3. Develop and Test Change Ideas
4. Implement, Spread and Sustain

Three types of measures:

- Outcome: measures what the team is trying to achieve (the aim)
- Process: measures key activities, tasks, processes implemented to achieve aim
- Balancing: measures other parts of the system that could be unintentionally impacted by changes

Monitoring progress and communication

Using a four-stage cyclical model, Plan-Do-Study-Act (PDSA), teams continuously improve by iterating through the cycle repeatedly and each leap bring the organization close to the desired goal. The improvement project team meets regularly to understand progress, determine if additional resources are required and to understand any unintended consequences via balance indicators.

It is also important to understand how improvement will be sustained and spread. The teams collaboratively determine the implementation approach, and the quality nurse is frequently the leader and performs observation audits to identify adherence and slippage.

Communication

The home is committed to transparency and learning. Quality results are shared in the following ways:

- Posted on each neighbourhood (unit) quarterly
- Posted in the family information area
- Shared at committee meetings and functional team meetings
- Shared with Residents' Council and the Family and Friends Council
- Sent out via email