

# 2025/2026 Rapelje Lodge Continuous Quality Improvement Initiative Report

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## Overview

Rapelje Lodge is one of seven long-term care homes owned and operated by the Regional Municipality of Niagara. Located in the Welland community, it has 120 beds. Rapelje Lodge is recognized as a best practice spotlight long-term care home and has received exemplary standing accreditation from Accreditation Canada. We collaborate with various stakeholders, including team members, volunteers, students, physicians, and the Public Health and Social Services Committee, to ensure that resident care and services are consistently monitored, analyzed, and evaluated. Our approach aligns with resident preferences, best practices, leading standards, and the Fixing Long-Term Care Act 2021 (FLTCA) requirements, Ontario Regulation 246/22, and Accreditation Canada standards. When opportunities for improvement arise, we work together to develop, implement, and evaluate initiatives to enhance care.

### Our Mission

Working together, we provide the highest quality of life for Seniors living in long-term care and in the community.

### Our Vision

Exemplary care, Compassionate team, and Community Leader.

**Our Values** Respect, Serve, Choice, Honesty, Partnership



## Our Approach to Continuous Quality Improvement

Niagara Region long-term care homes have a comprehensive quality program that guides our long-term care homes through continuous quality improvement activities.

The Seniors Services Operational plan includes improvement efforts and initiatives across the homes to optimize standardization and decrease variability. We identify the priority areas through in-home committees, audits, reports, resident and family feedback, legislative requirements, and guiding principles.

Our home will monitor progress on strategic priorities to align it with our home needs by focusing on providing the best quality to our residents and embracing our continuous quality improvement philosophy. Prioritizing improvement opportunities is a critical step in translating data into action.

## How We Identify Home's Priority Areas

Rapelje Lodge is committed to fostering a collaborative and inclusive environment where the voices of our residents and their families are integral in shaping the care we provide. Rapelje Lodge actively engages members of the Resident and Family Councils in quarterly Professional Advisory and Continuous Quality Improvement (PAC-CQI) Committee meetings. The insights and experiences of the Resident and Family Council and the Quality Committee are invaluable in identifying areas for growth and implementing meaningful, actionable plans that are included for the next fiscal year based on the recommendations of the homes and their quality committees.

During these meetings, the management team updates our quality and safety programs, sharing any activities that need discussion and input. We review various topics, including program performance, feedback from residents and families, essential incidents, complaints, infection control, and other key focus areas. This collaborative approach ensures that we consistently work towards enhancing the quality of care we provide.

## Policies, Procedures and Protocols

Each year, Rapelje creates Quality Improvement Plans corresponding to provincial system priorities. The plan for 2025-2026 emphasizes Health Quality Ontario's systemic challenges: Access and Flow, Equity, Safety, and Experience. These priorities align with our organization's goal of enhancing care and improving service quality. This plan's objectives and suggested changes will often continue as multi-year initiatives, while Rapelje works to sustain advancements in effective care, service delivery, and resident experience.

Our team will follow the PDSA cycle (Plan, Do, Study, Act). It's a simple tool for testing and enhancing ideas or processes. Start by planning a small change, then implement it on a limited scale. Analyze the results to see what happened and act on what you learned—either by adopting the change, adjusting it, or trying something new. It's a continuous cycle of improvement.



## **Identify/Diagnose the Problem**

All identified problems that need attention are analyzed using the root cause framework.

- Rapelje Lodge will document the problem and identify opportunities for improvement.
- Rapelje Lodge will gather data to understand the problem better.
- Rapelje will review the problem statement and team composition needs.
- Rapelje will analyze the problem and data available using QI methodologies to identify opportunities for improvement.

## **Create a Plan**

- Once teams understand the underlying causes and align any resident's needs, they would define an action plan in collaboration with residents and families
- The team will explore and evaluate those opportunities.
- Rapelje Lodge will identify how they plan to achieve desired results and document them under the PCC insights, Resident and Family Survey Action Plan, and other Project planning tools available.
- The plan should include (1) where we are, (2) where we want to be, (3) how we will do it and identify the team that will support the improvement activity.
- The team will determine if training is needed and include it as a task.

## **Set Improvement Aims**

The aims set out in our plan are developed using an interdisciplinary approach and feedback from family and residents. Data supporting the objective will be collected and used for analysis and benchmarking. Examples of data include scorecards, dashboards, and other facility reports such as employee and resident satisfaction results. Reports available from outside resources, including but not limited to Health Quality Ontario, CIHI, Nquire, and RNAO, are used to set clear paths for improvement. We use the SMART framework (Specific, Measurable, Attainable, Relevant, and Time-Bound) to set goals that will align with the desired improvement target and will help to focus on continuous improvement.

## **Set and Test Improvement Ideas**

Our quality improvement plan relies on teamwork among all staff to analyze problems and propose and implement resolutions. Ideas or interventions are established and monitored for the duration of the plan. The analysis identifies the effectiveness of the improvement activity and if any other approach should be considered.

The improvement indicator or activity progress is documented in the Point Click Care (PCC) Insights, Project planner, and Resident and Family Survey Action Plan, and meeting minutes are recorded immediately after each quality meeting.

## **Implement, Spread and Sustain**

Implementation plans are reviewed and evaluated routinely and as often as needed. The interventions are tested and assessed to ensure that any practice changes are appropriately embedded into our workflow and that staff are aware of the changes. At the end of the testing



period, the team will evaluate whether the interventions or changes resulted in improvement. The team will present any opportunities that could result in standardized practices across our long-term care homes to the quality steering committee. The Quality Steering Committee will discuss sustainability and consistency approaches and support the long-term care homes with the resources needed to implement any adaptations.

## How We Monitor Improvement and Identify Outcomes

Rapelje champions quality initiatives by leveraging our Continuous Quality Improvement Advisors' support that guides project planning, measurement strategies and accountability. Our quality and risk management program processes include monitoring and evaluating.

- Performance indicators at the home and program level
- Priority indicators outlined in the annual quality improvement plans.
- Professional and CQI committee
- Core programs meetings.
- Municipal benchmarking and Resident and Family Experience survey results
- System-wide indicators

An Interdisciplinary team reviews metrics on PCC and other sources, and monitors progress in line with the core programs by proactively reviewing real-time data and progress across indicators. This allows the team to communicate effectively and adjust strategies to align with any issues identified.

### Outcomes

Outcomes are conveyed through a range of resident and family council committees and PAC and quality committees within the divisional frameworks. The primary outcomes can be divided into the following categories:

- Resident Well-being Outcomes: includes metrics such as decreased hospitalizations and reduced medication errors.
- Resident and Family Engagement Outcomes: align with the goals specified in the Resident and Family Action Plan and involve improvements in care, services and programs.
- Core and Risk Management Outcomes: emphasizes the management and oversight of our clinical indicators, particularly targeting a reduction among different indicators of falls, injuries, and pressure injuries.
- System and Organizational Outcomes: outcomes in accreditation and compliance, along with the encouragement of innovation in technologies and processes.

### Communication

Strategies are developed following the senior's communication plan but are not limited to home-specific needs and preferences.



- Updates in the quality improvement plan are shared through several means, including:
- Postings on the quality board
- Computerized information blast emails using the Cliniconex app.
- Direct e-mails to staff and families
- Newsletters
- Website
- Informal presentations/huddles
- Presentations at staff meetings
- Presentation at Professional Advisory and Quality Committees
- Presentations at Residents' Council meetings
- Presentations at Family Council meetings (on request)
- Presentations at Public Health and Social Services Committee
- Quarterly reports at the Quality Steering Committee

## **2024-25 Quality Improvement Accomplishments (reflections since last report)**

### **1. Falls Prevention and Management**

Rapelje Lodge continues to focus on preventing falls and managing risks through comprehensive assessment processes. From January 1 to December 5, 2024, 354 comprehensive assessments were completed, with 76 residents identified for frequent falls. A multidisciplinary falls team conducts regular review meetings, ensuring resident-centered care and personalized interventions. Recreational programming has seen a notable increase, with 20 additional hours allocated, allowing a dedicated Recreationist in each unit. This initiative has contributed to the goal of increasing physical activity, with 52% of all recreation activities being physical in nature. Additionally, toileting routines for residents with multiple falls are being carefully reviewed and incorporated into individualized care plans. The Responsive Behaviour Therapeutic Advisor (RBTA) continues to work with residents to identify and address responsive behavior triggers that may contribute to falls, improving overall risk mitigation.

### **2. Antipsychotic Medication Reduction**

Efforts to reduce the use of antipsychotic medication for residents without psychosis are ongoing. Due to the vacancy of Nurse Practitioner for most of 2024, the RBTA has taken on a significant role in reducing medication reliance by providing non-pharmacological interventions. The interdisciplinary team reviews antipsychotic use monthly, focusing on appropriate diagnoses and ensuring that medications are only used when necessary. Additionally, staff education on recognizing hallucinations and delusions has been implemented, although further training on these topics is planned for the future. Non-



pharmacological strategies continue to be prioritized, with the RBTA providing regular education and mentoring to staff on managing responsive behaviours. The Institute for Safe Medication Practice Canada identified D.H. Rapelje as an Innovator Home in advancing the Strengthening Medication Safety in Long-Term Care initiative, part of which is promoting appropriate use of antipsychotics. With this initiative, ISMP Canada provided support in education and training in Quality Improvement Techniques and coaching and facilitation of Quality Improvement Teams to sustain the improvements made in medication safety.

### **1. Resident Satisfaction and Engagement**

Rapelje Lodge has made significant strides in improving the dining experience based on feedback from residents. As part of a pilot project, menu items were updated to remove disliked foods and introduce new options, with positive feedback from resident council. Enhancements to the dining experience, such as adding colourful artwork, plants and removal of half of the walls were also implemented. The Dementia Friendly Home project is progressing ahead of schedule, with positive feedback from residents and families regarding the improvements. Furthermore, the “Partners in Care” training, aimed at improving communication and collaboration between residents, families, and staff, was successfully introduced in the third quarter and is ongoing.

### **2. Diversity, Equity, and Inclusion (DEI)**

Rapelje Lodge continues to support and promote inclusivity within the home. The DEI committee has grown, with monthly meetings discussing upcoming events and activities, and many DEI activities are embedded in WELBI programs for residents. The recreation department fosters cultural diversity through initiatives such as monthly "order-in" meals and resident-driven cultural cooking sessions. A wellness space was created for staff to support their religious and wellness needs.

### **3. Hospital Transfer Reduction and Recreation Engagement**

D.H. Rapelje aims to reduce avoidable hospital transfers through better resident engagement and staff education. While the Nurse Practitioner role has recently been filled (March 17, 2025), targeted training prior to the NP being hired occurred. 81.39% of registered staff have completed RAO Clinical Pathways for Falls training, exceeding the original goal of 75%. Increased physical recreation activities, which make up 52% of all recreation programming, support residents' physical health and help prevent falls.

### **4. Palliative Care**

Rapelje Lodge maintains a resident-centered approach to palliative care, with an interdisciplinary team supporting residents and their families in planning end-of-life care that respects their wishes. The integration of the Resident & Family Social Worker in this process ensures that communication is clear and that all care decisions align with residents' desires



for comfort and dignity. In upholding the palliative care philosophy, Rapelje Lodge ensures that family and friends can spend quality time with their loved ones at end of life, 24 hours a day.

## Other Actions and Priorities Taken by the Home.

The Rapelje team has made additional efforts to improve the accommodations, care, services, and programs that contribute to the well-being of our residents and staff.

### Accommodations

- **Dementia Friendly Home Project:** For the past several years (2022–present), Rapelje Lodge has been working towards completing this large-scale project across the home. The goal of this project was to enhance the built environment through the creation of supportive spaces that enable Rapelje Lodge to be a comforting and familiar home for our residents, rooted in their feedback. By fostering a positive, emotional ambiance through utilization of design principles, the home can address stressors such as noise, lighting, unrecognizable spaces, and clutter, which ultimately contributes to the resident's standard of living. For 2024, Rapelje Lodge completed the following related to this project:
  - Washer and dryer installation for family and resident use in activity rooms.
  - Painting and decor refresh in house 300.
  - Activity Room renovations on House 200 & 300 which included adding cabinetry, fridges, and stoves to these areas, with plans to continue this work on House 400 & 500 in 2025.
  - Addition of activity stations to units, including the addition of Montessori kits and mobile activity carts throughout the home.
  - Removal of dining room half-walls for more flexible table layouts and new tables.
  - New outdoor furniture for the front area and Japanese and Train Courtyards.
  - New Grand Piano for the Town Square.
  - Smart boards and smart gardens for each resident's home area.
- **Creation/Revamp of Staff Spaces:** The home successfully created an employee wellness room that ensures all staff have space for quiet time and relaxation during their breaks. This initiative helps to promote wellness for our staff, so they can do their best for our residents.
- **Staff Room Refresh & Coffee Bar:** An additional contribution to the wellness of staff was the revamping of the staff room. The space was given a fresh coat of paint, decluttered and given “new” cabinetry; utilized from the old cabinetry from House 200’s activity room; to create a Coffee bar for Staff.
- **New Office Spaces:** A new shared office space was created for our Resident and Family Support Worker and our Responsive Behaviour Therapeutic Advisor.

### Care





- **Partners in Care: Training** Created at Cornell University, staff and interested family members were offered sessions to contribute to improving communication between staff, residents and family members. Partners in Care training was such a success at Rapelje that Central Support aims to provide this training across all homes.
- **New Pets:** Two cats, George and Lionel, were welcomed into House 500 and 200, which brought happiness to both Residents and Staff. Residents have enjoyed taking care of the two cats, and have incorporated this care into their routines, which has contributed greatly to their quality of life.

## **Services**

- **Staffing Increases:** There were several additions to the Rapelje team this year including an additional PSW for each home area for Day Shift, along with the introduction of two new permanent roles including the Responsive Behaviour Therapeutic Advisor and a Continuous Quality Improvement Advisor. In addition, Recreation therapy hours were increased, ensuring that each home area has their own Full-Time Recreationist. Lastly, we implemented summer recreation student positions that have supported our residents in going outdoors to enjoy the beautiful weather. These additions to our team have helped to enhance the care of our residents.

## **Programs:**

- **Java Music Program:** Rapelje successfully obtained a New Horizons grant this year for 4 different Java Music Programs throughout a 1-year implementation. These programs are therapeutic in nature and are specifically designed to decrease loneliness in the elderly. In 2024, the home implemented 3 out of 4 programs and will complete the last program in 2025.
- **Virtual Reality:** The Lodge was successful in gaining an opportunity to have a 4<sup>th</sup> year Graduate Student complete Virtual Reality in Long Term Care Research Project. Residents have been able to enjoy virtual tours of a variety of worldly locations and many different experiences through this programming.

# **2024/2025 Review of the Resident and Family Surveys Action Plan**

Rapelje Lodge made significant progress during 2024-2025 across key areas, particularly in enhancing the dining experience, improving food quality, and strengthening communication with residents and families. Regular Resident Council (RC) and Family Council (FC) meetings throughout 2024 have been instrumental in sharing updates, gathering feedback, and implementing action plans. Notable achievements include dining room upgrades with new kitchen installations in Houses 200 and 300, and the introduction of joint monthly themed meals between the Recreation and Dietary departments to foster a more engaging and pleasurable mealtime atmosphere. Families have been encouraged to share meals with residents in activity





rooms, enhancing social interaction. The home also focused on improving food quality through resident-driven input on snacks and menus, acquiring carafes and conveyor toasters to maintain food temperature, and launching “just-in-time” food surveys to collect immediate feedback. Staff received targeted training to align service with resident expectations. These initiatives, supported by quarterly PAC/CQI Committee meetings, reflect a resident-centered approach and a commitment to continuous improvement in care and quality of life. A full action plan is available upon request.

## **Resident & Family Survey Results and Action Plan 2025/2026**

Rapelje Lodge conducted its annual Resident and Family Satisfaction Surveys to gather feedback from residents and their families about the services provided. The purpose of the survey is to facilitate improvements and ensure that care meets each resident's needs. In 2024, the survey was available from November 18th to December 8th, and we received a total of 66 responses, including 34 from residents and 32 from families.

The feedback we receive is invaluable as it helps us identify our strengths and areas for improvement, while also reinforcing our commitment to enhancing the quality of life in our homes. Overall care satisfaction was 92.1%, Services 90%, and Products 97.8%, with 96.6% of families and 84.4% of residents rating this home as either Excellent or Good. The following are the results compiled for the family and resident surveys. Please see survey results appendix A

Four areas received lower satisfaction scores: pharmacy services, dietary services, the quality of food and snacks, and physician services. On January 31, 2025, the survey results were shared with the residents' council, followed by a presentation to the family council on February 10. On February 14, 2025, the home initiated an action plan to discuss strategies for addressing the four identified areas in 2025. On March 3, 2025, the survey results were distributed to resident contacts through Clinic Onex, and feedback was encouraged and welcomed. Printed copies of the results were also made available at the main entrance and posted on the Quality Board.

To address the areas with low satisfaction ratings, we have identified the following actions for improvement:

1. **Pharmacy Services:** We will use the Administrator's Update to provide a clear overview of pharmacy services and address any related concerns. Additionally, we will ask the Family Council and the Resident Council to invite pharmacists to their meetings as needed. This will allow pharmacists to provide updates on services and answer any questions. This approach aims to foster a better understanding of expectations regarding pharmacy services, which was identified as a gap based on the feedback received from residents and families.



2. **Dietary Services:** Based on resident and family feedback, our aim is to create an environment that offers residents a pleasurable dining experience by setting guidelines for staff on how to enhance this experience. Our goal is to establish an open space that provides easier access for both residents and staff.
3. **Quality of Food and snacks:** We aimed to enhance each server area by purchasing and installing drip coffee makers. Additionally, we are exploring air-frying options for homemade food to provide residents with tastier meal choices. These initiatives would help address any concerns identified about the quality of food and snacks provided at Rapelje.
4. **Physician Services:** We anticipate that our recruitment process for Nurse Practitioners will enhance satisfaction levels within the physician services. This addition is expected to address residents' concerns more efficiently and effectively.

The Resident and Family Council and the Professional Advisory and Quality Committee receive the current report and are regularly informed of progress regarding the action items during their meetings. Members can raise questions, provide input, and request changes as needed. An updated report and meeting minutes are posted in the Home, with copies available upon request.

The action plan will be reviewed and revised every quarter in collaboration with the resident and family council and the Quality Committee (refer to Appendix A). The comprehensive action plan is available in the home.



## Upcoming Priority Areas for 2025-2026

In 2025/2026, Rapelje Lodge is aiming to implement the following initiatives.

Table 1: Rapelje Lodge Initiatives

Area of Focus	Performance	Change ideas
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents	Current: 24.46%  Target: 18.40%	<ul style="list-style-type: none"> <li>• A standardized triage process for registered staff.</li> <li>• Develop and implement an education program for staff to enhance Emergency Department (ED) avoidance capacity, SBAR communication, and documentation principles.</li> <li>• Detect and report early changes in the resident's condition.</li> <li>• Develop and implement decision-support resources for staff and families to guide hospital transfer decisions.</li> </ul>
Diversity, Equity & Inclusion	Current: 100%  Target: 100%	<ul style="list-style-type: none"> <li>• Training for all staff on DEI.</li> <li>• Enhance current DEI committee within the home.</li> <li>• Spotlight 2 DEI celebrations within the home for all to join in.</li> <li>• Involve resident and families in DEI initiatives.</li> </ul>
The percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	Current: 93.94%  Target: 95%	<ul style="list-style-type: none"> <li>• Engaging residents and their families in the goal-setting process to identify and document personalized, short-term goals that reflect the residents' desires and needs, with a focus on fostering collaboration and enhancing resident satisfaction in care planning.</li> <li>• Implementing an "open door policy" for the management team to foster transparent communication, allowing staff to approach management with concerns, ideas, or feedback, and promoting an inclusive and approachable work environment.</li> <li>• Evaluating staff responsiveness to resident preferences through the implementation of a pleasurable dining experience.</li> <li>• Through Resident Council and one to one meeting with residents identify gaps and improvements to ensure we are listening and responding to resident's needs.</li> </ul>



Area of Focus	Performance	Change ideas
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences."	Current: 93.94%  Target: 95%	<ul style="list-style-type: none"> <li>• Creating a display featuring the photos and role descriptions of the management teams to help residents to identify the appropriate person for feedback.</li> <li>• Enable communication channels where residents and families can bring their concerns.</li> <li>• Provide an anonymous way for residents to give input to departments.</li> <li>• ICC's to give opportunity to express opinions and concerns in a safe space.</li> </ul>
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	Current: 20.14%  Target: 18%	<ul style="list-style-type: none"> <li>• Audit of falls prevention interventions to evaluate and enhance effectiveness.</li> <li>• Falls prevention tips/education for families.</li> <li>• Implementing hourly rounding as a strategy to reduce falls in long-term care homes</li> <li>• Identifying trends in fall incidents to enhance prevention strategies and completion on timely comprehensive assessments.</li> </ul>
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	Current: 9.73%  Target: 8.50%	<ul style="list-style-type: none"> <li>• Review and optimize the use of antipsychotic medications in residents without a diagnosis of psychosis.</li> <li>• A systematic review of residents in each home area will be conducted by the RBTA.</li> <li>• Implement a standardized tracking sheet to document the titration process and other medication changes for residents undergoing antipsychotic reduction to ensure accurate monitoring and informed decision-making.</li> <li>• Develop a process on the antipsychotic medication review for newly admitted residents.</li> </ul>
Dementia Friendly Home Project	N/A	<ul style="list-style-type: none"> <li>• Rapelje Lodge will continue to progress in the multi-year project of enhancing the comfort and familiarity of the home to increase resident's standard of living.</li> </ul>



## Appendix A – Resident and Family Satisfaction Survey Results 2024

Question Short	Resident	Family	Combined
Ability to Express Opinion Without Fear	91.2%	96.2%	93.3%
Addressing Resident Concerns	84.8%	92.6%	88.3%
Care Team - General	97.1%	96.3%	96.7%
Feeling of Safety at the Home	97.0%	96.3%	96.7%
Maintaining Privacy	90.9%	92.3%	91.5%
Nurse Practitioner Services	93.8%	96.0%	94.7%
Nursing Services - General	100.0%	96.3%	98.3%
Pharmacy Services	75.0%	77.8%	76.5%
Physician Services	70.4%	88.9%	79.6%
Staff Hand Hygiene and Washing	100.0%	95.2%	98.1%
Staff Listening and Understanding Needs	93.9%	96.3%	95.0%
Treatment with Compassion and Respect	97.1%	96.9%	97.0%
Knowing Who to Bring Concerns To	87.5%	92.9%	90.0%
Overall Care Received		96.4%	96.4%
Recommendation of Home	93.3%	93.1%	93.2%
Response to Concerns	86.7%	96.3%	91.2%
Comfort of Products	95.7%	100.0%	97.7%
Healthy Skin Promotion of Products	96.0%	100.0%	97.9%
Dietary Services	66.7%	88.5%	76.8%
Food and Snack Quality	67.6%	89.7%	77.8%
Housekeeping Services	91.2%	96.2%	93.3%
Maintenance Services	90.6%	100.0%	94.8%
Manager Helpfulness	88.5%	95.8%	92.0%
Meeting Personal Needs	91.2%	96.2%	93.3%
Reception and Banking Services	87.0%	100.0%	93.8%
Recreation Programs	80.0%	100.0%	88.7%
Rehabilitation and Physiotherapy	73.3%	91.3%	81.1%
Resident and Family Support	100.0%	96.2%	98.0%
Volunteer Services	100.0%	100.0%	100.0%

