

Rapelje Lodge 2024-2025 Continuous Quality Improvement Initiative Report

Designated Lead

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The Seniors Division of the Regional Municipality of Niagara Region provides resident-centered care with a focus on continuous quality improvement to benefit residents, families, and staff. We work together with team members, volunteers, students, physicians, and the Public Health and Social Services Committee to ensure that the quality of resident care and services are monitored, analyzed, and evaluated per resident preferences, best practices, leading practices, and in compliance with the Fixing Long-Term Care Act 2021 (FLTCA), Ontario Regulation 246/22 requirements, and Accreditation Canada standards. Whenever we identify opportunities for improvement, we work together on developing, implementing, and evaluating initiatives accordingly.

Rapelje Lodge is one of the eight long-term care homes owned and operated by the Regional Municipality of Niagara. The Home has 120 beds.

Strategic Plan 2024-2027

Seniors Services has successfully achieved all the objectives outlined in its 2020-2023 Strategic Plan cycle. This achievement demonstrates significant progress in the quality initiatives taken over the past three years to optimize outcomes and enhance the delivery of quality care in long-term care homes.

Seniors Services has conducted more discussion sessions with stakeholders to review accomplishments and identify emerging needs and opportunities. The insights gained from these collaborative sessions were incorporated into the Seniors Services Strategic Plan 2024- 2027. This strategic plan aims to foster growth, innovation, and inclusivity while consistently providing quality and compassionate care and bringing the community together. The following strategic priorities are the focus for each Long-Term Care home from 2024 to 2027.

1. **Person-Centered Care & Engagement:** It is more than just a process; it is a commitment to understanding individual needs, values, and preferences. This approach can increase satisfaction, trust, and empowerment for those we serve.
2. **Thriving Workforce: Prioritize the well-being and happiness of staff in the workplace; their**

positivity and contentment will lead to better outcomes for everyone involved.

3. **Safety Focused:** Consistently exhibiting a steadfast devotion to safety. By consistently demonstrating a strong commitment to keeping ourselves and others safe, we can create a positive and secure environment for everyone involved.
4. **Innovative Service Delivery:** Embracing cutting-edge technology, modernizing systems and processes, fostering innovation, and harnessing the power of digital health, we have the potential to transform the way we care for ourselves and our communities.
5. **Strong Partnerships:** To achieve the highest level of care and support, it is crucial to establish a solid and effective collaboration with our community partners. By working closely with them, we can maximize our resources and provide the best possible outcomes for those who depend on us.

Reflections Since the Last Report

Over the past decade, understanding among long-term care residents has consistently risen. As a result, senior services have focused on improving the quality of care and patient experience by optimizing system capacity, enhancing access to care, and streamlining patient flow.

Equity and Indigenous

Niagara Region's Seniors Services has supported the access to information and resources that help build a culturally knowledgeable workforce to reduce health disparities and promote improved outcomes for seniors living in the region. To achieve this objective, the organization is continuously and strategically working towards advancing health equity within the Niagara Region. The organization has established an Equity, Inclusion, and Diversity work plan to promote cultural safety initiatives that align with this goal. This plan offers an opportunity to ensure that all seniors, staff, and families receive equitable access to healthcare services and support.

Patient Safety

Niagara Region Seniors Services follows the "safety first" principle to ensure the safety of its residents. Staff members, families, volunteers, students, doctors, and the Public Health and Social Services Committee share the commitment to safety. To maintain a consistent standard of care, improve the resident experience, and ensure quality of care, we developed a Resident Safety Plan across our eight long-term care facilities. Niagara Region Long-term Care Homes have taken on several initiatives to align our divisional priorities to the new Fixing Long-term Care Act and

Accreditation requirements.

In 2023, each of the eight long-term care homes maintained their designation as Registered Nurses Association of Ontario (RNAO) Best Practice Spotlight Organizations. Key quality initiatives completed as part of this designation include preventing falls and reducing injuries from falls, Nursing Advantage RNAO Clinical Pathways—Resident and Family Centered Care, and Delirium and Admission Clinical Pathways.

Seniors Services is actively providing feedback to a working group to develop and implement more clinical pathways in all long-term care homes across Ontario. Additionally, we proudly train staff as Best Practice Champions across all eight long-term care homes. We conduct regular training sessions throughout the year to ensure our staff is fully equipped and empowered to deliver the highest quality care to our residents.

In 2023, Senior Services promoted resident engagement and consultation to enhance emergency preparedness by aligning it with the impact of climate change. We completed a risk assessment and utilized data from the Ministry of Environment to identify urban flash flood risks. As a result, Seniors Services extended the flood risk plan to all homes and identified risks of smog and bushfires. We developed and implemented a "Code Orange" air quality plan to address these risks.

In 2023, we also implemented technologies designed to support clinical decision-making, promote efficiency, and improve workflow. One example is Welbi technology, which represents a system improvement for the Programs and Recreation Department. This new technology helps long-term care homes design and plan programs and enhances communication with families and residents by promoting our person-centered care philosophy.

In 2023, our organization implemented Point Click Care's Document Manager to improve our processes. This technology allows us to create, personalize, and update admission, discharge, and routine documentation in an electronic format, which helps us align with Green - resilient council priority. This tool lets residents and families quickly and efficiently sign documents electronically. This enhanced end-user experience ensures compliance and standardization of required documentation, making it more convenient for residents who move in and out of long-term care facilities. We are currently transitioning documents ranging from individual agreements and amenities to forms for health services, which will be completed between 2024- 2025.

Health Equity

Rapelje Lodge worked closely with the engagement group to implement the 2023-2024 action plan

and recommendations to maximize family engagement across all Niagara Region long-term care homes.

Seniors Services has recently taken a step toward promoting diversity, equity, and inclusion by partnering with the Niagara Folk Arts Multicultural Center to support the placement of Healthcare Navigators in long-term care homes. The Healthcare Navigator Training Program for Internationally Educated Health Professionals (IEHPs) is designed to train newcomer professionals who can assist and advocate for newcomers to Canada in accessing healthcare services in Ontario. Despite having educational qualifications in the healthcare field, many newcomers to Canada face challenges in securing employment in this sector. Seniors Services provided group orientation, training, and on-site integration in long-term care homes to address this issue and help IEHP understand LTC and the Seniors Community Program's service delivery and operations. This initiative expands the successful Supervised Practice Experience Partnership (SPEP) Program.

Home's Priority Areas

In 2024-2025, Rapelje Lodge will work collaboratively to uphold its philosophy of "nothing about me without me" and promote inclusivity. The home's quality plan will guide achieving excellence in care and service and navigating environmental challenges and opportunities. The plan will help to establish clear priorities, allocate resources effectively, monitor progress, and act based on results.

1. Number of ED Visits for A Modified List of Ambulatory Care Sensitive Conditions per 100 Long-Term Care Residents

Quality Dimension: Access & Flow

Goal: Reduce avoidable ED transfers by 12%:

- Maximize using nurse-led outreach teams to provide education, training, and clinical guidance on the early recognition and treatment of residents at risk for ED visits.
- The responsive behaviours therapeutic advisor will work with residents to reduce behaviours resulting from injury and possible hospital transfers.
- To continue promoting the Palliative Approach to Care, enabling residents to pass with comfort and dignity at home.

Indicator: Potentially avoidable ED visits

Target Justification: We understand the importance of minimizing avoidable hospital transfers in our home. We know that such transfers can cause immense stress and anxiety for our residents.

and their families, and we are committed to doing everything in our power to prevent them. We aim to ensure our residents receive the best care and support while minimizing any inconvenience or discomfort caused by unnecessary hospital transfers. We are committed to taking every possible step to prevent them.

2. Resident and Family Satisfaction

Quality Dimension: Resident and Family Engagement and Resident-Centered Care Goals:

Integrate resident and family input and feedback into both service experience and service delivery planning:

- To continue current practices to maintain high resident satisfaction responses on the survey.
- To improve the quality of food and snacks as per the resident satisfaction survey.
- To continue advancing the provision of a dementia-friendly home setting
- To increase enjoyable dining experience as per resident satisfaction survey.

Indicators:

- Overall rating of the home.
- Percentage of residents responding positively to "What number would you use to rate how well the staff listen to you?"
- Percentage of residents who responded positively to the statement: I can express my opinion without fear of consequences.

In 2023, the survey was available for completion from October 16th to November 20th. The survey received 85 responses from residents and families. The average satisfaction rate was 94.5%, with a family satisfaction rate of 96.5% and a resident satisfaction rate of 92.6%.

Two areas received low satisfaction scores: dietary services, and the quality of food and snacks. The 2023 Resident and Family Satisfaction Survey results were communicated to residents, families, and staff. A copy of the results was also posted on the Homes Quality Board on the same date. Furthermore, the results were verbally presented to the Resident Council on January 30th, 2024, and the Family Council on January 15th, 2024, along with the meeting minutes.

Action items for improvement were identified, focusing on the two areas that received low satisfaction ratings in the survey. They are as follows:

- Utilize the just-in-time survey to understand the dissatisfaction scores in food and snacks

with an additional focus on the dining experience. As well as having themed meals or special snacks and seeking resident council feedback on the idea.

The Resident and Family Council and the Professional Advisory and Quality Committee are presented with the current report. They are regularly informed of the progress made regarding action items at their meetings. During these meetings, members can ask questions, give input, and make changes as needed. An updated report and minutes of the meetings are posted in the Home, and copies are 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.

3. Percentage of Long-Term Care (LTC) residents without psychosis who were given antipsychotic medication in the seven days preceding their resident assessment.

Quality Dimension: Resident care and safety

Goal: Reduce the percentage of residents who are taking antipsychotic medication by 10%

Indicator: Residents not living with Psychosis who were given antipsychotic medication.

- The Nurse Practitioner should assess antipsychotic use on residents without a diagnosis and decide whether an appropriate diagnosis should be added, or medication reduced.
- To gradually decrease the prescribed dosage of antipsychotic medications.
- To reduce antipsychotic use by utilizing non-pharmacological interventions before the introduction of antipsychotic medication

Target Justification: Antipsychotic medications may help treat behavioral symptoms associated with psychosis or dementia, such as agitation and aggression. The use of these medications has sparked debate about the side effects, which include sedation, a greater chance of falling, and a slightly higher death probability. Therefore, we must consider alternatives that help residents moderate their usage while providing a good quality of life and improving behaviours.

4. Percentage of Long-Term Care (LTC) home residents who fell in the 30 days following their assessment.

Quality Dimension: Resident care and safety

Goal: Reduce the percentage of residents who fell in the 30 days by 14.7%

- To Increase resident engagement using recreational programming.
- To review and assess toileting program routines for residents with two or more falls in 30 days.
- To train registered nursing staff on the RNAO Clinical Pathways for Fall and to continue to complete timely, accurate RNAO post-fall comprehensive assessments.
- To utilize the responsive behaviours therapeutic advisor role to identify residents who fall due to responsive behaviours triggers.

Indicator: Percentage of LTC home residents who fell in the 30 days.

Target Justification: Falls are the primary cause of nonfatal injuries and hospital admissions, posing a life-threatening risk. Additionally, falls can have adverse health outcomes and make residents feel fearful, which can hinder their independence, activity, and physical strength.

Therefore, it's essential to be mindful of fall prevention strategies to ensure the safety and well-being of individuals. We will continue to work on decreasing our falls to meet the province benchmark.

5. Diversity, Equity, and Inclusion

Quality Dimension: Equity

Goal: Increase cultural knowledge to provide residents with better service and equitable opportunities in our long-term care home.

Indicators:

- To increase staff, residents, and family awareness of various culturally significant dates/holidays/practices.
- To educate staff on the different religious/spiritual items available at Rapelje Lodge and DEI/anti-racism through significant dates/events.
- To provide space for staff to practice religious beliefs and practices.
- To change the format of the DEI committee to increase participation.
- To adapt food and language to the demographics of residents.

To continue to support the Supervised Practice Experience program for internationally trained Registered Staff

Indicator: Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education.

Target Justification: We can create a workplace that values and celebrates differences among our employees, leading to greater creativity, better decision-making, and a constantly pushing forward culture. Prioritizing DEI programs can pave the way for meaningful growth and long-term opportunities for our workforce and residents. Encouraging diversity can lead to increased innovation and collaboration and a more forward-thinking work environment. Implementing DEI strategies can improve our homes and create lasting relationships.

Niagara Region Services Approach to Continuous Quality Improvement

The Operational plan includes improvement efforts and initiatives across the homes to optimize standardization and decrease variability. Accreditation Canada and Health Quality Ontario

Identify the priority areas through in-home committees, audits, reports, resident and family feedback, legislative requirements, and guiding principles.

All eight long-term care homes have been accredited with Exemplary Standing under the Qmentum accreditation program with Accreditation Canada.

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 opportunities for improvement is a critical step in the process of translating data into action.

Rapelje Lodge is committed to fostering a collaborative and inclusive environment where the voices of our residents and their families are integral to 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. By working together, Rapelje Lodge will ensure the care practices consistently evolve to meet the highest standards and deliver the best possible outcomes for the residents.

Our team will:

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 identify how they plan to achieve desired results and document them under the PCC insights and Resident and Family Survey Action Plan.
- 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.
- Determine if training is needed and include it as a task.

Set Improvement Aims

The aims set 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, 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 PCC Insights 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 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 is aware of the changes. At the end of the testing period, the team will evaluate if the interventions or change ideas 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

An Interdisciplinary team reviews metrics on the Point Click Care system 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.

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
- Direct e-mails to staff and families
- Newsletters
- Website
- Informal presentations/huddles
- Presentations at staff meetings
- Presentations at Residents' Council meetings
- Presentations at Family Council meetings (on request)
- Presentations at Public Health and Social Services Committee

Appendix A- Resident and Family Satisfaction Surveys Action Plan Update

Area of focus	Action Items	Resident Council (RC) and Family Council (FC)	PAC\CQI Committee
<p>Dietary Services (for example, special diet needs are being met, and mealtimes are enjoyable).</p>	<ol style="list-style-type: none"> 1. To provide a Pleasurable Dining Experience (music/noise) & Staff Expectations During Mealtimes. 2. To create a Joint Monthly Program between Recreation and Dietary for a “fun” or “theme” meal. 3. To provide updates on a regular basis on the friendly home project 	<ol style="list-style-type: none"> 1. RC; Jan. 31, 2024 and FC; January 15, 2024, Update on home upgrades, including “Satisfaction Survey’s discussed; Action plan being created. 2. RC; Feb. 20, 2024 and FC: Feb. 26, 2024, Dining Room Cabinets upgraded. New “kitchen’s” being installed in House 200 & 300. 3. Activity Rooms. Families can have meals together with Residents or with Recreation. 4. New Artwork coming for House 300 Communicated RC; March 31, 2024. 5. RC; April 29 & 30, 2024 6. RC; May 30, 2024, Joint Programming with BBQ’s discussed FC. 	<ol style="list-style-type: none"> 1. Feb. 14, 2024 2. May 8, 2024 3. Aug. 14, 2024, and Nov. 13, 2024

Area of focus	Action Items	Resident Council (RC) and Family Council (FC)	PAC\CQI Committee
Quality of Food & Snacks	<ol style="list-style-type: none"> 1. To gather additional input from residents: Questions specific to food and snacks to help identify areas of concern for improvement. 2. Purchasing carafes to maintain the temperature of the coffee. Additionally, acquiring conveyor toasters for each server to enhance efficiency in toasting and ensure the delivery of hot, fresh items. 3. To set cooking times: To ensure that Time food comes to unit 15 minutes prior to meal service. 4. To have Resident Council to trial food. 5. Spring/Summer menu revamp with Resident input. 6. To provide a Kitchen & Server Tour. 7. To Pilot just in time feedback from residents after each meal. To gather more insights. 	<ol style="list-style-type: none"> 1. RC; Jan. 31, 2024, and FC: January 15, 2024, Satisfaction Survey's discussed, Action plan being created. 2. RC; Feb. 20, 2024, Spring/Summer Menu revamp and Snack menu revamp with Resident input. Discussed at FC; Feb. 26, 2024 3. Just in Time Surveys discussed. Food taste, consistency, presentation discussed. 4. Pleasurable dining education for staff. Action plan on what residents want for snacks completed. 5. Focus on food temps and cooking times, food show and tours discussed RC; March 31, 2024, RC; April 29 & 30, 2024; RC; May 30, 2024, and FC: May 27, 2024. Just in Time Survey trial communication sent to families and implemented. 	<ol style="list-style-type: none"> 1. Feb. 14, 2024 2. May 8, 2024 3. Aug. 14, 2024 4. Nov. 13, 2024