

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 24, 2023



OVERVIEW

The Glebe Centre, based in Ottawa, is a CARF-accredited, not-for-profit corporation dating back to the year 1886. The Centre is comprised of a 254-bed long-term care home and a senior center offering community programs and support services to residents and clients.

The centre staffs approximately 365 staff members and 220 volunteers and students delivering programs and services to long-term care residents. Along with the general care needs of all residents, the Glebe Centre also offers culturally specific care to residents of Chinese descent. The Glebe Centre continues to grow on its previous successes, continuously striving to improve the care and services offered to residents. We continually strive to improve on the indicators included in Quality Improvement Plan (QIP) process and see them as valuable tools of reliable feedback and the impetus for organizational self-monitoring, goal setting, and improvement. The focus of the QIP this year is on family engagement and contribution to all aspects of the residents. The MOH and CARF have identified and supported initiatives to address this matter. Along with the Board of Directors and the departments and committees of the Glebe Centre, we are revisiting existing policies, incorporating best practice guidelines, and surveying residents and their families. The progress is to be tracked and measured through surveys and Council feedback.

The Quality Improvement Plan (QIP) of The Glebe Centre's health care excellence in Care and Service.

Our commitment to quality is reflected in our mission "to achieve excellence in the health, safety, and well-being of Seniors with a focus on innovation in resident-centered care and service".

The QIP is a roadmap to achieving excellence in care and services while navigating challenges and opportunities in our environment.

Our QIP Objectives align with the values of the Glebe Centre:

- ? Increase resident and family experience
- ? Reduce preventable harm
- ? Provide the "right care" 100% of the time
- ? Improve health-related quality of life

REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

Butterfly at The Glebe Centre-Successfully Accredited November 2022

In September 2019, we launched the Butterfly Model with the support of our consultants at Meaningful Care Matters. Our first step was to transform our pilot home area- Bankwood, into a more home-like place that reflects the people who live there. We painted colorful sections of walls in long corridors to help residents identify where they live as well as installed personalized front doors on rooms. This is in stark contrast to many homes that have long, uninviting beige corridors and where everything looks the same. We created stimulating wall murals, some interactive so that there would be things of interest to look at and engage with. We created nooks and spaces throughout the home area so residents could have quiet spots to sit and be engaged with an activity or just watch the goings on around them. We filled the house with the stuff of life, things that people could be active with, books, magazines, puzzles, created a nursery, stuffed animals, things to sort and rummage through, personalized music and art, and couches to sit in next to a friend.

Bankwood is in the older section of The Glebe Centre and as a result, we had to work with the building as it was. However, using creativity and innovation we were able to create sections on

Bankwood that reflected the different needs and abilities of residents. We installed a kitchenette in our dining room for residents to help themselves to a snack or make a cup of tea.

In January 2020, we started the educational modules and training of our care team on Bankwood. This involved full-day training with our consultants from the UK. The education was intense and focused on changing hearts and minds about how we have traditionally cared for people in long-term care. We were able to get through three modules until we were sidelined by the global pandemic.

However, in those sessions, we discussed and started to discover how we can make meaningful moments with the people who live on Bankwood, how we can collaborate as a team, and the importance of life stories. We started to introduce the idea of staff and residents seeing themselves more like friends and challenging the hierarchy between "them and us". We looked critically at the accepted language that is commonly used in long-term care and without much reflection on its impact, such as "I am going on break" or "we have 254 beds" and challenged each other to be more aware of how this sounds and the message it sends. We asked ourselves if we would use this language at home.

The Bankwood team had the opportunity to discuss ideas but also to share concerns, fears, and doubts on how to make the day less about tasks and more about slowing things down and being more flexible in their approach. We examined the concepts of neutral care versus person-centered, emotions-based care by looking at the world through someone else's perspective and reframing our approach from "what can I do for you, to what I can do with you." The impact of the pandemic presented many challenges to our progress. What was to have been a one-year process took 3 years over many stops and starts.

We re-launched our commitment to Butterfly in September 2021 and achieved accreditation in November of 2022 from Meaningful Care Matters. Although this has been a long journey, we recognize that we are just beginning. As an organization, we recognize that successful, sustainable culture change is dependent on the understanding, support, engagement, and commitment of our care teams, families, and leadership.

Key Concepts of the Butterfly Model of Care (Meaningful Care Matters)

- Removing us and them – clearing away the boundaries and barriers that separate us from feeling people's lived experience and providing an environment, a 'look' that emphasizes the quality and value of close relationships.
- Removing controlling care – enabling staff to understand how each moment in the day provides an opportunity and choice to turn a potentially controlling or neutral task-orientated response, into one that is a real, positive, social, shared connection.
- Removing central dining rooms – preventing the 'herding' of people from one room to another and create mealtimes as a positive, engaging, social occasion where food preparation, visual choices, sensory stimulation, and social connections turn the mealtime experience into a key part of social interaction in the day.
- Matching – preventing people from experiencing unnecessary stress by being all gathered at different 'points' of dementia, by grouping people together in 'houses' at a similar point of experience. This gives both people living there the best chance to thrive and have a sense of well-being while enabling staff to really provide specialist skills to people in focused groups.
- Relaxing the routines – freeing up the staff team, by giving them permission to be with people, while fostering teamwork and flexibility to achieve the discreet running of the home.

- Filling the place up – turning the home into an engaging place with opportunities to reminisce, touch, feel, carry objects, and be engaged in domestic living. This requires an over-exaggerated 'staging' bringing items of 'stuff' closer to people.
- Turning staff into butterflies – helping staff to draw on a wide variety of ways to engage and occupy people at the moment, from staff wearing activity aprons, no uniforms, and making meaningful connections to elevate the mood and atmosphere of the home with short minute-by-minute activities.
- Feelings before behaviors – Educating staff on the meanings behind behaviors. Training staff on approaches that acknowledge that people living with dementia rely less on facts, logic, and reason and more on feelings and emotions.
- Measuring well-being – giving staff practical tools to increase people's well-being and decrease ill-being. Helping staff to see that quality of well-being is the primary indicator of good quality dementia care.

Key Outcomes and Improvements:

- Understanding, recognizing, and decreasing pain levels.
- Decreasing the use of psychotropic /sedative medications.
- Reaching people's emotional reactions and distress responses.
- Meaningful engagement/occupation.
- Fewer falls through greater independence.
- People living with increased well-being.
- Improved weight outcomes. (supplements)
- Reduced staff turnover –Less absenteeism.
- Higher staff engagement scores.
- Glebe Centre successfully obtained its three years CARF accreditation. The accreditation will extend through June 30, 2024.
 - We are working with ISMP on improving incident reports as part of the Trailblazer project in the strengthening Medication in Long-

Term Care initiative. The trailblazer project includes 100 Ontario Homes working to improve medication administration in long-term care homes. The aim of our project is to improve medication incident reporting. The project started in November 2022 and will run until April 2023. We will be continuously evaluating the project.

- Focusing on the development and implementation of palliative approaches to care to offer our residents, their families, and caregivers to provide them with holistic care. This includes caring for their physical, psychological, social, cultural, and spiritual aspects as well as comfort and dignity up until the point of death as well as a peaceful passing.

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

1)The Glebe Centre has two councils focused on resident and family experience: Residents Council, and the Family Council. The councils are a valuable forum for collaboration and engagement. The leadership team and councils enjoy a positive and productive relationship. Members of the Management team are invited to attend all council meetings. In addition, at least one leader attends all meetings of the Family Council. The Management team routinely seeks feedback and involvement from the councils regarding various aspects of the Glebe Center including the annual resident/family experience surveys and quality improvement priorities. In an effort to further formalize resident and family engagement in quality improvement activities, the Members of the Resident Council and the Family Council are participating in the Palliative Care committee in the preparation for the implementation of the program in the center.

2) Results of the annual inter RAI Quality of Life Survey and Family Experience Survey are brought to the Family Council and Residents

Council, providing a platform for the Councils to further inform the final QIP.

3) Some members of the family council and resident council are participating in the Palliative Care committee to work on and provide their feedback on the preparation, implementation, and evaluation of the Palliative Care program.

4) A member of the family council attends the Continuous Quality Committee meeting and participates in the discussion, and brainstorms on the initiation of quality improvement initiatives.

Resident Council minutes are posted with action item responses included so all Residents have access to the information. The concern/complaint process has been revised and its policy has been updated. The action plan has been created to improve communication and reduce the concern issues.

PROVIDER EXPERIENCE

Staffing;

The Glebe Centre is committed to staff recovery during the pandemic and post-pandemic, our providers at The Glebe Centre have experienced many challenges related to the changes Covid-19 has brought to the healthcare industry. A significant challenge we have experienced is staffing in nursing and food services. Human Resources continues to utilize several sources to hire leveraging direct networking, the Glebe Centre site, job boards, and from post-secondary institutions.

The Glebe Centre continues to hire employees from diverse backgrounds to create a diverse workforce representative of varied age groups, cultures, religions, sexual orientations, and educational levels. From January 01, 2023, to March 01, 2023, twenty-one (21) new employees were hired at the Glebe Centre

Employee Engagement

Employee Survey;

The Glebe Centre HR conducts staff satisfaction surveys to team members in the Home to gather feedback on the employee's experience at the Glebe Centre. The results of our Staff Satisfaction survey are reviewed, and a plan is developed to improve areas where high percentages of unfavourable responses are noted these action plans are reviewed regularly throughout the year to identify the impact is having on the focus areas and continue to update the plan as needed based on each review.

The Glebe Centre conducted a staff satisfaction survey in 2021. This survey was initiated through Human Resources to ensure employee privacy and anonymity for comments and answers. The results of the survey were communicated to management with primary 'concerns' identified as perceived low wages and a need for parking. Participation in the survey was approximately 50% and the majority of respondents were the nursing staff. The results showed 78% of our employees placed a high indicator for the Glebe Centre's mission, vision, and values and 90% saw a clear link between the work they do and our Residents' well-being. Improvements were identified as communication improvements, pay, and places to park. There was an increase in stress as the survey was done during the height of the pandemic period.

In May 2023, our next employee survey will be provided to Glebe Centre employees.

Employee Events;

Human Resources, in collaboration with managers, initiated an Employee Satisfaction Action Plan. There were areas identified to improve. Multiple staff appreciation events and departmental awareness weeks were celebrated and these activities continue to be arranged on an ongoing basis to engage employees in

celebrating their contributions, efforts, and successes. Employees indicated that The Glebe Centre offers a safe and diverse work environment. Employees' number one reason to work at the Glebe Centre are the interactions with our Residents and their friendships with co-workers.

Mental Health and Awareness

In 2023, we hosted Mental Health and Awareness Events for employees including an on-site event on health and awareness and well-being. Information was provided, health assessments, a free massage by RMTs, and healthy living nutrition products and services provided by Glebe Centre service provider and attended by over 200 Glebe Centre employees.

Education & Training;

The Glebe Centre actively promotes and supports ongoing training, education, and professional development to enhance personal growth that will assist with fostering a person-centred philosophy of care, and better-quality outcomes. The training is provided in person and on the Surge Learning LMS site and AdvantAge Ontario.

WORKPLACE VIOLENCE PREVENTION

1)The Glebe Centre has two councils focused on resident and family experience: Residents Council, and the Family Council. The councils are a valuable forum for collaboration and engagement. The leadership team and councils enjoy a positive and productive relationship. Members of the Management team are invited to attend all council meetings. In addition, at least one leader attends all meetings of the Family Council. The Management team routinely seeks feedback and involvement from the councils regarding various aspects of the Glebe Center including the annual resident/family experience surveys and quality improvement

priorities. In an effort to further formalize resident and family engagement in quality improvement activities, the Members of the Resident Council and the Family Council are participating in the Palliative Care committee in the preparation for the implementation of the program in the center.

2) Results of the annual inter RAI Quality of Life Survey and Family Experience Survey are brought to the Family Council and Residents Council, providing a platform for the Councils to further inform the final QIP.

3) Some members of the family council and resident council are participating in the Palliative Care committee to work on and provide their feedback on the preparation, implementation, and evaluation of the Palliative Care program.

4) A member of the family council attends the Continuous Quality Committee meeting and participates in the discussion, and brainstorms on the initiation of quality improvement initiatives.

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PATIENT SAFETY

We value Safety. We believe we must provide a safe place to live, visit, and work, free of abuse, neglect, and discrimination, which is expressed through a policy of zero tolerance and proactive education and training

The QIP initiatives are to:

1) Increase the percentage of residents who feels safe at Glebe center (currently 83%, target at or above 90%).

2) Eliminate resident and staff abuse/neglect (reduce incidents reported to the MOHLTC to 0).

3) Reduce the percentage of residents who have been prescribed antipsychotics without a diagnosis of psychosis from 22.4% to 21.7% (Provincial Benchmark).

4) Maintain the percentage of residents who had a worsening pressure ulcer at 1.9% (2.4% Provincial average).

5) Reduce the percentage of residents who had a fall in the last 30 days from 13% (Provincial average 14.9%)

6) Reduce the number of potentially avoidable Emergency Department visits per 100 residents from 12.13% to 11.5%

7) Improve the Residents' Dining Experience: QI Project "Enhanced Resident dining program for the breakfast meal" in one home area. Mealtimes in LTC homes are an opportunity for residents to socialize in a relaxed and pleasurable dining setting. The focus of this project is to respect residents' preferences and give them the autonomy to choose when they would like to eat their breakfast meal.

8) We are working with ISMP on improving incident reports as part of the Trailblazer project in the strengthening Medication in Long-Term Care initiative. The trailblazer project includes 100 Ontario Homes working to improve medication administration in long-term care homes. The aim of our project is to improve medication incident reporting. The project started in November 2022 and will run until April 2023. We will be continuously evaluating the project.

9) Focusing on the development and implementation of palliative approaches to care to offer our residents, their families, and caregivers to provide them with holistic care. This includes caring for their physical, psychological, social, cultural, and spiritual aspects as well as comfort and dignity up until the point of death as well as a peaceful passing.

10) Different Code training is provided by the Joint and health safety committee to all staff in the orientation training.

11) IPAC Emergency Plan has been created to meet the requirements of the new Fixing Long-Term Care Act, 2021, and delivered as an attachment to the Emergency plan.

HEALTH EQUITY

provide a safe place to live, visit, and work, free of abuse, neglect, and discrimination.

We updated our Policies and procedures that cover all aspects of staff safety, including a comprehensive Violence Prevention policy. We provide Consistent annual education in zero tolerance policy has been reinforced with a timely and consistent investigation process.

The Glebe Centre is a CARF-accredited 254-bed long-term care home that includes a well-established culturally appropriate 32-bed Chinese resident home area and additional Chinese-speaking Residents in other units in the home. The centre has a diversity and Anti-Racism policy. Increased clientele with mental health issues, along with individuals with increasingly complex care needs continue to present challenges but also opportunities to enhance the care we offer to the Ottawa community.

CONTACT INFORMATION/DESIGNATED LEAD

Board Chair / Licensee or delegate Gary Katz

Administrator /Executive Director Susan Zorz

Quality Committee Chair or delegate Maha El Bahkiry

OTHER

Collaboration and Integration

The facility's interdisciplinary team works with numerous members of Ottawa's healthcare community to enhance the care of Residents. Relationships exist with:

- ~ Medi-System Pharmacy Services
- ~ Royal Ottawa Geriatric Outreach Team
- ~ Ottawa Hospital's Nurse Lead Outreach Team (NLOT)

Program

- ~ Behaviour Support Ontario
- ~ Ottawa Public Health and Ontario Public Health (research project)
- ~ Bruyere Centre for Learning, Research, and Innovation
- ~ CARF Canada Accreditation Services
- ~ Surge Learning (education as well as surveys and audits)
- ~ AdvantAge Ontario - Advancing Senior Care

The center works extensively with various schools bringing students on placement for Social Services, along with Personal Support Workers, Registered Practical Nurses, and Registered Nursing students.

Engagement of Clinicians, Leadership & Staff

Quality improvement efforts are consistently brought for discussion and revision to the various standing committees which oversee the facility's operations and departmental staff meetings. Staff communication bulletin boards have continued to expand in use to increase awareness of issues and actions. The facility has increased its use of audits and surveys to gain feedback from staff in a variety of areas. We are currently working on updating our website to display the Quality Improvement Plan and Quality Improvement

Narrative, Emergency Plan preparedness, and Infection Prevention and Control Emergency Preparedness.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

The goal is to paint a clear image of the existing condition of opioid use at the Glebe Centre. The first stage will be accomplished by creating and keeping track of a list of Residents in collaboration with our Pharmacist and the Medical Advisory Committee:

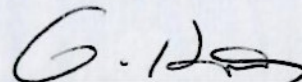
- who are currently taking one or more opioid prescriptions
- who are prescribed opioids and benzodiazepines at the same time
- who are now taking one or more opioid prescriptions with high morphine equivalent

Creating this list is the first step in gaining a full understanding of the scope of the issue in order to develop a program that adequately manages opioid prescriptions within our resident population.

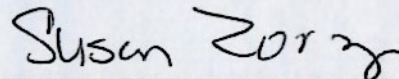
SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

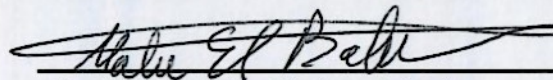
I have reviewed and approved our organization's Quality Improvement Plan on



Board Chair / Licensee or delegate



Administrator / Executive Director



Quality Committee Chair or delegate

Other leadership as appropriate