

# **Continuous Quality Improvement Initiatives Report (2024-25)**

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## **Quality priorities 2025/26**

The Glebe Centre has been a cornerstone of care for older residents in the Ottawa area for over 130 years. Founded in 1886, we continue to serve seniors through the provision of long-term care, community support services and senior active living programming. As a not-for-profit seniors' care organization with 254 licensed long-term care beds, our focus on quality is reflected in our commitment to implementing robust management systems that ensure the highest standards of care and service for our residents. By fostering a culture of continuous improvement, we empower all stakeholders to contribute to enhancing resident satisfaction and overall service quality.

At the Glebe Centre, our mission is to provide quality care as defined by those we serve, to develop new and innovative approaches to care that respond to changing healthcare needs and systemic pressures, and to create a culture that attracts and retains employees and volunteers committed to exceptional care and services. Our vision is to be the home of choice for those requiring long-term care while helping seniors remain safe and healthy in their homes for as long as possible through community programs & services.

In 2025, we developed our 3-year strategic plan in collaboration with both internal and external stakeholders. The final version was then approved by the Board of Directors. This strategic plan outlines our focus on creating a resilient infrastructure, fostering a high-performance organizational culture, leveraging knowledge and experience for effective policies and procedures, and enhancing community engagement and relationships. These goals form the foundation of our Quality Improvement Plan (QIP) for 2025/26, which will continue to guide our commitment to excellence in care and services.

Our QIP is aligned with the Quadruple Aim Framework, a patient-centered approach to care, and reflects the principles of the Excellent Care for All Act (ECFAA). The framework provides the template for Ontario's healthcare providers to transition to a system focused on improving the care experience, reducing costs, enhancing population health, and improving provider satisfaction. The QIP for 2025/26 focuses on achieving the following high-level priorities, as determined by the Glebe Centre's leadership team:

1. Enhance Resident and Family Experience
2. Enhance Health Outcomes
3. Maintain Quality of Care
4. Support Effective and Efficient Models of Care
5. Strengthen Staff skills and support professional development

Our Quality Improvement Plan serves as a roadmap to achieving these priorities and advancing our mission to provide high-quality, person-centered care. By aligning our QIP with our strategic plan and the Quadruple Aim, we aim to navigate the evolving healthcare landscape, meet the needs of our residents, and create a sustainable and compassionate environment for both our residents and staff.



## **Quality objectives 2025/26**

### **1. Enhance Resident and Family Experience:**

- Improve resident satisfaction and nutrition quality by collaborating with nutrition service staff to ensure meals are delivered to home areas in a timely manner and maintained at appropriate temperatures while adhering to best practices and Ottawa Public Health food safety regulations.
- Enhance outdoor spaces for the enjoyment of residents and families.
- Schedule regular feedback sessions with residents and families to ensure both personal and communal spaces are safe, accessible and clean
- Improve visibility and awareness of the activities, services and programs offered at The Glebe Centre through a structured social media campaign
- Increase resident participation and overall engagement through the implementation of an annual Resident Programming Satisfaction Audit and supporting action plan.

Enhance resident, family and staff safety through the installation of security cameras throughout the interior and exterior of the home. Support accurate and timely communication through the installation of display screens in communal and home areas.

### **2. Enhance Health Outcomes:**

- Falls Program: Implement revised policies and procedures based on best practices to reduce fall incidents and meet quality indicator targets. Strengthen post-fall follow-up to ensure appropriate interventions have been implemented and staff education has been conducted.
- Antipsychotic Use: Reduce the use of antipsychotics for residents without a diagnosis. Streamline the roles and activities of the antipsychotic deprescribing committee and improve monitoring of pertinent quality indicators.
- Palliative Care: Redesign palliative care strategies to provide a more supportive, inclusive and effective approach for frontline staff.
- Infection Prevention and Control (IPAC): Implement an audit process to assess IPAC best practices across all programs and departments.
- Reduce healthcare-associated infections (HAIs) and enhance the safety of residents, visitors, and staff through communication and implementation of IPAC best practices.

### **3. Maintain Quality of Care:**

- Emotion-Based Care –Expand the emotion-based model of care to all home areas and departments.
- Implement a lost and found program to efficiently manage misplaced resident clothing and personal items.
- Utilize TV monitors to communicate updates on the Glebe Centre's green initiatives, helping track progress on sustainability goals.

Incorporate technological solutions into recreation programs and activities to enhance resident engagement.

- Provide comprehensive emotion-based care training for all staff to effectively respond to resident needs and ensure residents feel heard and valued.
- Improve surveillance and audit of staff response systems to evaluate the appropriateness and timeliness of responses to resident requests.

#### 4. Support effective and Efficient Models of Cares:

- Food Production: Improve documentation accuracy in areas such as, waste tracking, pull sheets, and standing inventory to reduce waste.
- Collaborate with community businesses and peer organizations to introduce new products and menu items. Recruitment and Retention: Develop a robust recruitment and retention program aligned with The Glebe Centre's Strategic Plan to attract and retain quality staff.
- Increase staff knowledge of emotion-based care, both theoretical and practical and the Resident Bill of Rights.

#### 5. Strengthen Staff Skills and Support Professional Development

- Review, update, and streamline policies and procedures in collaboration with interdisciplinary teams to ensure accessibility and consistency across departments.
- Implement electronic document control platform to ensure access to current policies and procedures.
- Conduct an annual volunteer satisfaction survey and recruit volunteers to support programs such as Cycling Without Age.
- Promote mental health awareness by providing resources, tools, and support for employee well-being.
- Engage Environmental Services (EVS) in the training and education of new and current staff on cleaning protocols and best practices.
- Enhance the knowledge of all staff, including new hires, on Equity, Diversity, and Inclusion (EDI) principles and practices.

The Glebe Centre has a Continuous Quality Improvement (CQI) Program that includes a detailed description of its policies and procedures. The program is evaluated annually, and departmental updates are shared with all stakeholders during quarterly CQIC meetings. The objectives are tailored based on survey results, and a summary of the survey is created by the Director of Operations. Action plans developed from the survey results are presented to the Resident and Family Councils during the quarterly CQIC and monthly RC/FC meetings for their recommendations by Quality Manager. Both committees are then updated quarterly on the progress of quality improvement initiatives during CQIC meetings.



## **The Glebe Centre's process to identify the priority areas for quality improvement for 2025/26**

The Glebe Centre is committed to meeting all regulatory requirements and continuously enhancing both operational and clinical practices to ensure the highest quality of care. The Continuous Quality Improvement Committee utilizes findings from audits, Quality Improvement Plans, and regulatory inspections to enhance care and services. The centre actively participates in external reviews and ensures that all audits, policies & procedures align with CQI standards. By leveraging ongoing data collection, reporting, monitoring, and education, the organization fosters a culture of continuous quality improvement, focusing on processes and systems to address the needs of all stakeholders.

### **Planning and Priority setting process:**

The home systematically monitors the quality of operational and clinical services through various tools as mentioned below:

- Results of satisfaction surveys and other feedback mechanisms, including suggestions, concerns and complaints
- Key performance indicators and quality indicators specific to the Home and Ontario Health's priority indicators, PCC insights (QIP & IA) and clinical reports
- Critical incidents reports, both operational and resident care-related
- Inspection reports, results and feedback from external partners (e.g., MOHLTC, OPH, CARF)
- Organizational Strategic Plan
- Results of internal and external evaluations of programs and services as per the Fixing Long-Term Care Act, 2021 and Regulations 246/22
- Recommendations from the Continuous Quality Improvement Committee
- Departmental audit results
- Benchmarking and risk management reports
- Ongoing analysis of quality data from the Canadian Institute for Health Information (CIHI), identifying areas of improvement and benchmarking against peer organizations
- Mandated provincial improvement priorities (e.g., HQO)

Quality Management methodologies such as gap or root cause analysis are used to identify quality improvement opportunities within the home. Prior year's goals and recommendations from the CQI committee are also considered in developing the following year's quality initiative plans.

For the annual Quality Improvement Plan (QIP), priorities are presented, discussed and validated with both internal and external stakeholders at various forums. These forums include (in chronological order) the Glebe Centre's Internal Quality Council, the Continuous Quality

Improvement (CQI) Committee (which encompasses both the Resident Council and Family Council representatives, staff members), the monthly Operations Meeting, and the Board of Directors meetings. This process is iterative, involving multiple engagement points with different stakeholder groups as QIP priorities, targets, and high-level change ideas are identified and confirmed. The final review of the QIP is conducted by the Board of Directors, who approves the plan for submission.

Each fiscal year, we select our Quality Improvement Plan goals from HQO and CQI committee's recommendation from the previous year. Our annual cycle is structured as follows:

**April- June:** Identify and validate improvement opportunities using current data analysis and annual QIP legislative requirements by HQO. Develop improvement initiatives, change ideas and associated implementation plan.

**July-September:** Implement quality initiatives, changes ideas and measure impact.

**October- December:** Review progress, address any new priorities, and evaluate the effectiveness of initiatives.

**Jan- March:** Ensure sustainability and continue to monitor progress. Complete evaluations, share results with stakeholders, submit QIP to HQO by March 31 every year.

To facilitate continuous quality improvement (CQI), the Glebe Centre uses a structured methodology that includes the following steps:

- **Diagnose and Analyze the Problem:** Teams apply quality improvement (QI) methodologies such as process mapping, the 5 Whys and fishbone diagrams to uncover root causes and opportunities for improvement. This analysis is complemented by data evaluation and gap assessments against best practice guidelines. The quality team prioritizes initiatives based on organizational needs and recognized best practices.

- **Set Improvement Aims:** Following a thorough understanding of the current system and residents' needs, teams develop Specific, Measurable, Attainable, Relevant, and Time-Bound (SMART) improvement aims. These aims serve as benchmarks for evaluating the impact of implemented changes.

- **Develop and Test Change Ideas:** Teams collaborate to generate and prioritize change ideas that align with best practices and utilize the Hierarchy for Effectiveness, focusing on system redesign, process standardization, and force functions rather than just education and policy changes. They utilize Plan-Do-Study-Act (PDSA) cycles for small-scale testing, or other strategies such as Lean Six Sigma as needed. This iterative process allows teams to refine their approaches and build

confidence before full implementation. Typically, change ideas undergo multiple PDSA cycles to ensure effectiveness.

- **Implement, Spread, and Sustain:** Teams consider several key factors when creating a robust implementation and change management plan. This includes identifying essential pre-implementation tasks, such as finalizing revisions to change ideas based on Plan-Do-Study-Act (PDSA) cycles, integrating changes into existing workflows, and updating relevant policies and procedures. Teams will also determine the educational requirements needed to support implementation, including the roles of key staff members. A comprehensive communication strategy for stakeholders will address their needs before, during, and after implementation, along with outlining a spread strategy for disseminating changes across the facility, particularly if the implementation occurs in phases.

At this stage, teams define key project measures to assess whether the changes lead to improvements, including outcome measures that reflect the team's aims, process measures that track key activities and processes, and balancing measures that monitor other system areas potentially impacted by the changes. Additionally, improvement teams will develop a sustainability plan outlining strategies to evaluate and ensure both short-term and long-term sustainability of the implemented changes.



## **The Glebe Centre's Quality Improvement Approach**

All change ideas and quality initiatives are monitored throughout the implementation phases—before, during, and after—to measure progress and outcomes. We utilize audits, performance indicators, and feedback surveys to track the effectiveness of these initiatives. The frequency and results of audits are shared with the Quality Council as outlined in the implementation plan to ensure compliance and assess the impact of changes.

Indicator trends are analyzed using Excel data tables, charts (such as line charts or run charts), or CIHI- YHS data analysis formats. These tools provide insight into indicator performance, illustrating whether trends are stable, improving, or declining. Such analyses help us determine if changes result in measurable improvements, assess sustainability, and evaluate readiness for broader implementation of change ideas. We also benchmark the home's performance against provincial standards and applicable standards, including Ontario Health Priority Indicators for the Annual Quality Improvement Plan.

To strengthen our measurement strategy, we leverage existing information, build new and linked datasets, and enhance our analytic capabilities. This comprehensive approach not only addresses gaps but also ensures measurement and reporting are as efficient and relevant as possible.

To identify and implement necessary adjustments, we incorporate feedback surveys and suggestion boxes within the home. After analyzing progress, the Quality Council will discuss potential adjustments, risk mitigation strategies, and corrective actions needed to achieve desired outcomes. The Quality Council may consider alternative change ideas, provide coaching to staff to enhance compliance, and engage with staff to better understand gaps in compliance. Following the implementation of adjustments, teams will re-evaluate progress to determine if the change ideas have met, exceeded, or fallen short of targets, and make further adjustments or timeline readjustments as necessary to prepare for wider-scale implementation.

The Quality Council will share the results of progress measurements and adjustments with the Continuous Quality Improvement (CQI) Committee. Additionally, the Quality Council is responsible for documenting all findings related to progress, risk factors, adjustments, and results of initiatives, communicating these with stakeholders according to established timelines. All CQI documentation will be captured through various channels, including operational reports, meeting minutes from the Quality Council and CQI Committee, tracking tools, audits, PCC insights, QIP progress reports, narratives, and work plans. The home will ensure that there is documented evidence of continuous quality improvement activities. This documentation will encompass areas identified as requiring improvement, planned improvements or corrective actions, the dates those improvements were made, or corrective actions carried out, and the outcomes of those actions.





Where applicable, the names of individuals who participated in the quality initiatives will also be included.

The Glebe Centre takes pride in having a dedicated change management and communications lead who ensures that our quality initiatives are communicated effectively and efficiently to all stakeholders. Communication strategies for each specific improvement initiative are carefully tailored to ensure effectiveness. These strategies include publishing an annual Quality report on the website and in newsletters, as well as sending direct emails to staff, families, and other stakeholders. Regular updates are provided during CQIC meetings, and information is posted in common areas of the facility. One-on-one communication with residents is emphasized through handouts and personal engagement. Presentations are delivered at various meetings, including nursing meetings, Operations meetings, Town Hall meetings, Quality Council meetings, and Board meetings. Additionally, huddles are conducted during shift changes, and memos are distributed for important announcements and updates. Champions/ program leads are utilized to communicate directly with their peers, fostering a collaborative approach to sharing information.



## **Satisfaction Surveys**

The Glebe Centre conducts annual surveys for residents, families, and staff to evaluate satisfaction, monitor the quality of care, and identify opportunities for improvement. We use the interRAI Quality of Life (QOL) Survey for both resident and family feedback. Participation is encouraged through reminders in the monthly newsletter and during Resident and Family Council meetings. Survey results and updates on related initiatives are shared at Continuous Quality Improvement Committee (CQIC) meetings and during Residents' and Family Council meetings to ensure transparency and keep all stakeholders informed.

The Resident Survey was conducted from November 1 to December 31, 2024, with a total of 70 surveys completed. The results were first shared with the Residents' Council Chair at the CQIC meeting held on March 19, 2025, and then presented to all council members at the monthly Residents' Council meeting on March 31, 2025.

The Family Survey ran from November 1, 2024, and was extended to January 31, 2025, and a total of 29 responses were received. Results were shared with the Family Council Chair during the March 19, 2025, CQIC meeting and subsequently shared with all council members at the Family Council meeting held the same day.

Electronic copies of the survey results are distributed via email along with meeting invitations, while printed copies are made available during Residents' Council meetings held in the Gathering Place.

### Families Satisfaction Survey Results:

|   | Never<br>(#) | Never<br>(%) | Rarely<br>(#) | Rarely<br>(%) | Sometimes<br>(#) | Sometimes<br>(%) | Most of<br>the time<br>(#) | Most of<br>the time<br>(%) | Always<br>(#) | Always<br>(%) | Don't know<br>(#) | Don't know<br>(%) | Prefer not<br>to say (#) | Prefer not<br>to say (%) |
|---|--------------|--------------|---------------|---------------|------------------|------------------|----------------------------|----------------------------|---------------|---------------|-------------------|-------------------|--------------------------|--------------------------|
| A1. My family member enjoys mealtimes.                            |              | 0.00%        | 1             | 4.35%         | 5                | 21.74%           | 10                         | 43.48%                     | 5             | 21.74%        | 2                 | 8.70%             |                          | 0.00%                    |
| A2. My family member has enough variety in their meals.           |              | 0.00%        | 2             | 9.09%         | 4                | 18.18%           | 11                         | 50.00%                     | 4             | 18.18%        | 1                 | 4.55%             |                          | 0.00%                    |
| B1. My family member's possessions are secure.                    |              | 0.00%        | 2             | 9.09%         | 2                | 9.09%            | 5                          | 22.73%                     | 11            | 50.00%        | 2                 | 9.09%             |                          | 0.00%                    |
| B2. If he/she needs help right away, my family member can get it. |              | 0.00%        | 1             | 4.55%         | 5                | 22.73%           | 7                          | 31.82%                     | 8             | 36.36%        | 1                 | 4.55%             |                          | 0.00%                    |
| B3. My family member is safe living at this home.                 | 1            | 4.76%        |               | 0.00%         |                  | 0.00%            | 6                          | 28.57%                     | 14            | 66.67%        |                   | 0.00%             |                          | 0.00%                    |
| B4. My family member can be alone when they wish.                 | 1            | 4.76%        | 1             | 4.76%         | 1                | 4.76%            | 9                          | 42.86%                     | 6             | 28.57%        | 2                 | 9.52%             | 1                        | 4.76%                    |

|   |  |       |   |       |   |        |   |        |    |        |   |        |   |       |
|---|--|-------|---|-------|---|--------|---|--------|----|--------|---|--------|---|-------|
| C1. My family member gets the services he/she needs.              |  | 0.00% |   | 0.00% | 3 | 14.29% | 9 | 42.86% | 9  | 42.86% |   | 0.00%  |   | 0.00% |
| C2. I would recommend this site or organization to others.        |  | 0.00% | 2 | 9.52% | 2 | 9.52%  | 5 | 23.81% | 11 | 52.38% |   | 0.00%  | 1 | 4.76% |
| C3. This home has a clean and pleasant environment                |  | 0.00% |   | 0.00% | 2 | 9.52%  | 8 | 38.10% | 11 | 52.38% |   | 0.00%  |   | 0.00% |
| C4. This home is the best place to meet my family member's needs. |  | 0.00% |   | 0.00% | 3 | 14.29% | 7 | 33.33% | 11 | 52.38% |   | 0.00%  |   | 0.00% |
| D1. Staff pay attention to my family member.                      |  | 0.00% |   | 0.00% | 3 | 14.29% | 6 | 28.57% | 12 | 57.14% |   | 0.00%  |   | 0.00% |
| D2. This home is well managed.                                    |  | 0.00% |   | 0.00% | 5 | 23.81% | 6 | 28.57% | 7  | 33.33% | 3 | 14.29% |   | 0.00% |
| D3. I trust the staff to take good care of my family member.      |  | 0.00% |   | 0.00% | 4 | 19.05% | 4 | 19.05% | 13 | 61.90% |   | 0.00%  |   | 0.00% |
| D4. I trust the information I                                     |  | 0.00% |   | 0.00% | 3 | 14.29% | 7 | 33.33% | 11 | 52.38% |   | 0.00%  |   | 0.00% |

|   |  |       |   |       |   |        |   |        |    |        |   |        |  |       |
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| receive from staff here.  |  |       |   |       |   |        |   |        |    |        |   |        |  |       |
| E1. My family member is treated with respect by staff.                      |  | 0.00% |   | 0.00% |   | 0.00%  | 9 | 42.86% | 11 | 52.38% | 1 | 4.76%  |  | 0.00% |
| E2. Staff treat me with respect.  |  | 0.00% |   | 0.00% |   | 0.00%  | 4 | 19.05% | 17 | 80.95% |   | 0.00%  |  | 0.00% |
| F1. Staff respond quickly when my family member asks for assistance.        |  | 0.00% |   | 0.00% | 2 | 9.52%  | 6 | 28.57% | 9  | 42.86% | 4 | 19.05% |  | 0.00% |
| G1. I have the information I need about my family member's health status.   |  | 0.00% |   | 0.00% | 4 | 19.05% | 9 | 42.86% | 8  | 38.10% |   | 0.00%  |  | 0.00% |
| G2. I know who to contact if I have concerns about my family member's care. |  | 0.00% | 1 | 4.76% | 2 | 9.52%  | 9 | 42.86% | 8  | 38.10% | 1 | 4.76%  |  | 0.00% |
| H1. I can visit my family member when I choose.                             |  | 0.00% |   | 0.00% |   | 0.00%  | 2 | 9.52%  | 19 | 90.48% |   | 0.00%  |  | 0.00% |

|  |   |        |   |        |   |        |   |        |    |        |   |        |   |       |
|--|---|--------|---|--------|---|--------|---|--------|----|--------|---|--------|---|-------|
| H2. There are comfortable places to visit with my family member here.        |   | 0.00%  | 2 | 9.52%  | 2 | 9.52%  | 8 | 38.10% | 8  | 38.10% | 1 | 4.76%  |   | 0.00% |
| I1. I participate in care decisions about my family member.                  |   | 0.00%  |   | 0.00%  | 4 | 19.05% | 4 | 19.05% | 13 | 61.90% |   | 0.00%  |   | 0.00% |
| I2. I am consulted about changes in my family member's care plan.            |   | 0.00%  |   | 0.00%  | 3 | 14.29% | 7 | 33.33% | 11 | 52.38% |   | 0.00%  |   | 0.00% |
| J1. My family member participated in meaningful activities in the past week. | 2 | 9.52%  | 3 | 14.29% | 2 | 9.52%  | 6 | 28.57% | 5  | 23.81% | 2 | 9.52%  | 1 | 4.76% |
| J2. Another resident is my family member's close friend.                     | 4 | 20.00% | 6 | 30.00% | 1 | 5.00%  |   | 0.00%  |    | 0.00%  | 8 | 40.00% | 1 | 5.00% |

## Residents Satisfaction Survey Results:

|   | Never<br>(#) | Never<br>(%) | Rarely<br>(#) | Rarely<br>(%) | Sometimes<br>(#) | Sometimes<br>(%) | Most<br>of the<br>time<br>(#) | Most<br>of the<br>time<br>(%) | Always<br>(#) | Always<br>(%) | Don't<br>know<br>(#) | Don't<br>know<br>(%) | Refused<br>(#) | Refused<br>(%) | No<br>response | No response or<br>cannot be<br>coded from<br>response (write<br>down what is<br>said) (%) |
|---|--------------|--------------|---------------|---------------|------------------|------------------|-------------------------------|-------------------------------|---------------|---------------|----------------------|----------------------|----------------|----------------|----------------|---|
| I can be alone<br>when I wish.                                  |              | 0.00%        |               | 0.00%         | 6                | 9.68%            | 30                            | 48.39%                        | 26            | 41.94%        |                      | 0.00%                |                | 0.00%          |                | 0.00%   |
| My privacy is<br>respected<br>when people<br>care for me.       |              | 0.00%        | 1             | 1.61%         | 4                | 6.45%            | 18                            | 29.03%                        | 35            | 56.45%        | 4                    | 6.45%                |                | 0.00%          |                | 0.00%   |
| I get my<br>favorite foods<br>here.                             | 5            | 8.06%        | 5             | 8.06%         | 19               | 30.65%           | 19                            | 30.65%                        | 11            | 17.74%        | 1                    | 1.61%                | 1              | 1.61%          | 1              | 1.61%   |
| I can eat<br>when I want.                                       | 4            | 6.45%        | 7             | 11.29%        | 9                | 14.52%           | 18                            | 29.03%                        | 21            | 33.87%        | 1                    | 1.61%                | 2              | 3.23%          |                | 0.00%   |
| I have enough<br>variety in my<br>meals.                        | 2            | 3.23%        | 3             | 4.84%         | 17               | 27.42%           | 23                            | 37.10%                        | 16            | 25.81%        |                      | 0.00%                | 1              | 1.61%          |                | 0.00%   |
| I enjoy<br>mealtimes.   | 2            | 3.23%        | 4             | 6.45%         | 7                | 11.29%           | 13                            | 20.97%                        | 32            | 51.61%        | 3                    | 4.84%                | 1              | 1.61%          |                | 0.00%   |
| Food is the<br>right<br>temperature<br>when I get to<br>eat it. | 2            | 3.23%        | 5             | 8.06%         | 12               | 19.35%           | 11                            | 17.74%                        | 32            | 51.61%        |                      | 0.00%                |                | 0.00%          |                | 0.00%   |
| If I need help<br>right away, I<br>can get it.                  |              | 0.00%        | 6             | 9.68%         | 8                | 12.90%           | 31                            | 50.00%                        | 15            | 24.19%        |                      | 0.00%                |                | 0.00%          | 2              | 3.23%   |



|  |    |        |    |        |    |        |    |        |    |        |   |       |   |       |   |       |
|--|----|--------|----|--------|----|--------|----|--------|----|--------|---|-------|---|-------|---|-------|
| I feel my possessions are secure.                      | 3  | 4.84%  | 3  | 4.84%  | 8  | 12.90% | 11 | 17.74% | 36 | 58.06% | 1 | 1.61% |   | 0.00% |   | 0.00% |
| I feel safe when I am alone.                           | 1  | 1.61%  | 1  | 1.61%  | 4  | 6.45%  | 15 | 24.19% | 39 | 62.90% | 1 | 1.61% | 1 | 1.61% |   | 0.00% |
| I get the services I need.                             | 1  | 1.61%  | 2  | 3.23%  | 6  | 9.68%  | 28 | 45.16% | 20 | 32.26% | 4 | 6.45% | 1 | 1.61% |   | 0.00% |
| I would recommend this site or organization to others. | 4  | 6.45%  | 2  | 3.23%  | 7  | 11.29% | 28 | 45.16% | 17 | 27.42% | 2 | 3.23% | 2 | 3.23% |   | 0.00% |
| This place feels like home to me.                      | 6  | 9.68%  | 5  | 8.06%  | 10 | 16.13% | 19 | 30.65% | 17 | 27.42% | 2 | 3.23% | 2 | 3.23% | 1 | 1.61% |
| I can easily go outdoors if I want.                    | 7  | 11.29% | 3  | 4.84%  | 5  | 8.06%  | 21 | 33.87% | 24 | 38.71% | 1 | 1.61% |   | 0.00% | 1 | 1.61% |
| I am bothered by the noise here.                       | 12 | 19.35% | 25 | 40.32% | 11 | 17.74% | 4  | 6.45%  | 8  | 12.90% | 2 | 3.23% |   | 0.00% |   | 0.00% |
| I can have a bath or shower as often as I want.        | 9  | 14.52% | 9  | 14.52% | 3  | 4.84%  | 17 | 27.42% | 23 | 37.10% | 1 | 1.61% |   | 0.00% |   | 0.00% |
| I decide when to get up.                               | 7  | 11.29% | 2  | 3.23%  | 6  | 9.68%  | 11 | 17.74% | 34 | 54.84% | 1 | 1.61% | 1 | 1.61% |   | 0.00% |
| I decide when to go to bed.                            | 1  | 1.61%  | 1  | 1.61%  | 4  | 6.45%  | 5  | 8.06%  | 49 | 79.03% | 1 | 1.61% | 1 | 1.61% |   | 0.00% |

|   |    |        |   |        |    |        |    |        |    |        |   |       |   |       |   |       |
|---|----|--------|---|--------|----|--------|----|--------|----|--------|---|-------|---|-------|---|-------|
| I can go where I want on the “spur of the moment.”              | 9  | 14.52% | 8 | 12.90% | 11 | 17.74% | 13 | 20.97% | 18 | 29.03% | 2 | 3.23% |   | 0.00% | 1 | 1.61% |
| I control who comes into my room.                               | 11 | 17.74% | 3 | 4.84%  | 10 | 16.13% | 14 | 22.58% | 23 | 37.10% | 1 | 1.61% |   | 0.00% |   | 0.00% |
| I decide which clothes to wear.                                 | 1  | 1.64%  | 1 | 1.64%  |    | 0.00%  | 11 | 18.03% | 47 | 77.05% |   | 0.00% | 1 | 1.64% |   | 0.00% |
| I decide how to spend my time.                                  |    | 0.00%  | 1 | 1.64%  | 4  | 6.56%  | 27 | 44.26% | 28 | 45.90% | 1 | 1.64% |   | 0.00% |   | 0.00% |
| I am treated with respect by staff.                             |    | 0.00%  | 2 | 3.28%  | 3  | 4.92%  | 13 | 21.31% | 42 | 68.85% | 1 | 1.64% |   | 0.00% |   | 0.00% |
| Staff pay attention to me.                                      |    | 0.00%  | 2 | 3.28%  | 9  | 14.75% | 22 | 36.07% | 25 | 40.98% | 2 | 3.28% | 1 | 1.64% |   | 0.00% |
| I can express my opinion without fear of consequences.          | 2  | 3.28%  |   | 0.00%  | 7  | 11.48% | 14 | 22.95% | 35 | 57.38% | 3 | 4.92% |   | 0.00% |   | 0.00% |
| Staff respect what I like and dislike.                          |    | 0.00%  | 4 | 6.56%  | 8  | 13.11% | 20 | 32.79% | 27 | 44.26% | 1 | 1.64% | 1 | 1.64% |   | 0.00% |
| The care and support I get help me live my life the way I want. | 4  | 6.45%  | 2 | 3.23%  | 8  | 12.90% | 24 | 38.71% | 20 | 32.26% | 3 | 4.84% | 1 | 1.61% |   | 0.00% |

|  |    |        |   |        |    |        |    |        |    |        |    |        |   |       |  |       |
|--|----|--------|---|--------|----|--------|----|--------|----|--------|----|--------|---|-------|--|-------|
| Staff respond quickly when I ask for assistance. | 4  | 6.45%  | 4 | 6.45%  | 8  | 12.90% | 25 | 40.32% | 20 | 32.26% | 1  | 1.61%  |   | 0.00% |  | 0.00% |
| [This site] staff respond to my suggestions.     | 3  | 4.84%  | 3 | 4.84%  | 7  | 11.29% | 25 | 40.32% | 13 | 20.97% | 10 | 16.13% | 1 | 1.61% |  | 0.00% |
| I get the health services I need.                | 3  | 4.92%  | 3 | 4.92%  | 2  | 3.28%  | 12 | 19.67% | 35 | 57.38% | 5  | 8.20%  | 1 | 1.64% |  | 0.00% |
| Staff have enough time for me.                   | 3  | 4.92%  | 4 | 6.56%  | 9  | 14.75% | 23 | 37.70% | 21 | 34.43% |    | 0.00%  | 1 | 1.64% |  | 0.00% |
| Staff know what they are doing.                  |    | 0.00%  | 1 | 1.67%  | 6  | 10.00% | 24 | 40.00% | 27 | 45.00% | 2  | 3.33%  |   | 0.00% |  | 0.00% |
| My services are delivered when I want them.      | 1  | 1.67%  | 3 | 5.00%  | 9  | 15.00% | 23 | 38.33% | 23 | 38.33% |    | 0.00%  | 1 | 1.67% |  | 0.00% |
| Some of the staff know the story of my life.     | 13 | 21.67% | 6 | 10.00% | 3  | 5.00%  | 15 | 25.00% | 17 | 28.33% | 5  | 8.33%  | 1 | 1.67% |  | 0.00% |
| I consider a staff member my friend.             | 5  | 8.33%  | 2 | 3.33%  | 11 | 18.33% | 17 | 28.33% | 20 | 33.33% | 4  | 6.67%  | 1 | 1.67% |  | 0.00% |
| I have a special relationship                    | 11 | 18.33% | 4 | 6.67%  | 10 | 16.67% | 8  | 13.33% | 20 | 33.33% | 6  | 10.00% | 1 | 1.67% |  | 0.00% |

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| with a staff member.   |   |        |   |       |    |        |    |        |    |        |   |       |   |       |   |       |
| Staff take the time to have a friendly conversation with me. | 3 | 5.00%  | 2 | 3.33% | 22 | 36.67% | 16 | 26.67% | 16 | 26.67% |   | 0.00% | 1 | 1.67% |   | 0.00% |
| Staff ask how my needs can be met.                           | 7 | 11.67% | 3 | 5.00% | 10 | 16.67% | 23 | 38.33% | 16 | 26.67% |   | 0.00% | 1 | 1.67% |   | 0.00% |
| I have the same nurse assistant on most weekdays.            | 3 | 4.92%  | 3 | 4.92% | 12 | 19.67% | 17 | 27.87% | 18 | 29.51% | 6 | 9.84% | 2 | 3.28% |   | 0.00% |
| I have enjoyable things to do here on weekends.              | 5 | 8.33%  | 4 | 6.67% | 8  | 13.33% | 10 | 16.67% | 27 | 45.00% | 3 | 5.00% | 2 | 3.33% | 1 | 1.67% |
| I have enjoyable things to do here in the evenings.          | 2 | 3.33%  | 5 | 8.33% | 9  | 15.00% | 20 | 33.33% | 22 | 36.67% | 1 | 1.67% | 1 | 1.67% |   | 0.00% |
| I participate in meaningful activities.                      | 2 | 3.33%  | 2 | 3.33% | 10 | 16.67% | 14 | 23.33% | 27 | 45.00% | 3 | 5.00% | 2 | 3.33% |   | 0.00% |
| If I want, I can participate in religious activities that    | 5 | 8.33%  |   | 0.00% | 3  | 5.00%  | 4  | 6.67%  | 38 | 63.33% | 5 | 8.33% | 3 | 5.00% | 2 | 3.33% |

|  |    |        |   |        |    |        |    |        |    |        |   |       |   |       |   |       |
|--|----|--------|---|--------|----|--------|----|--------|----|--------|---|-------|---|-------|---|-------|
| have meaning to me.  |    |        |   |        |    |        |    |        |    |        |   |       |   |       |   |       |
| I have opportunities to spend time with other like-minded residents. | 2  | 3.39%  | 5 | 8.47%  | 10 | 16.95% | 22 | 37.29% | 17 | 28.81% | 1 | 1.69% | 2 | 3.39% |   | 0.00% |
| I have the opportunity to explore new skills and interests.          | 7  | 12.07% | 4 | 6.90%  | 9  | 15.52% | 17 | 29.31% | 15 | 25.86% | 4 | 6.90% | 2 | 3.45% |   | 0.00% |
| Another resident here is my close friend.                            | 5  | 8.62%  | 8 | 13.79% | 13 | 22.41% | 7  | 12.07% | 20 | 34.48% | 3 | 5.17% | 2 | 3.45% |   | 0.00% |
| People ask for my help or advice.                                    | 12 | 20.69% | 7 | 12.07% | 20 | 34.48% | 6  | 10.34% | 8  | 13.79% | 4 | 6.90% | 1 | 1.72% |   | 0.00% |
| I have opportunities for affection or romance.                       | 25 | 43.10% | 5 | 8.62%  | 5  | 8.62%  | 7  | 12.07% | 7  | 12.07% | 5 | 8.62% | 4 | 6.90% |   | 0.00% |
| It is easy to make friends here.                                     | 2  | 3.45%  | 4 | 6.90%  | 15 | 25.86% | 14 | 24.14% | 17 | 29.31% | 3 | 5.17% | 2 | 3.45% | 1 | 1.72% |
| I have people who want to do things together with me.                | 8  | 13.79% | 3 | 5.17%  | 16 | 27.59% | 17 | 29.31% | 13 | 22.41% |   | 0.00% | 1 | 1.72% |   | 0.00% |

## **Improvements to the care, services, programs and goods at the Glebe Centre (2024-25)**

### **Clinical initiatives:**

- Palliative Care: We have partnered with the Bruyere Palliative Care team and an external consultant to support the enhancement of our palliative care program. Completed initial meetings in August 2024, 8 nurses and 2 program facilitators for palliative care education given by CLRI in December 2024. Updates are shared to stakeholders in CQIC meetings held every quarter.
- Antipsychotics Deprescribing Committee: We have established a committee which includes Royal Ottawa Hospital (ROH) Outreach team, BSO, Nursing team & pharmacist. The Committee meets every other month and reviews the resident's list to evaluate the medication regime and recommend revisions where required. The Glebe Centre QI for prescribed antipsychotics without a diagnosis of psychosis was 21.2% in Q3 2023 which has been reduced to 18.7% for 2024 Q3. All stakeholders are informed regularly during quarterly CQIC meetings on committee progress.
- We have initiated a monthly recognition program "Hand Hygiene Hero" to keep encouraging each other's positive attitude and coaching on proper hand hygiene.
- Three additional home areas have complete Butterfly- Emotion Based Model of Care implementation. We aim to complete all floors by end of next fiscal year.
- The Fall Program has been redeveloped, the annual evaluation completed, and monthly tracking tool has been implemented to enhance monitoring and progress reporting of necessary interventions post fall.

### **Building enhancements:**

- The basement was renovated in P1 to add more office spaces, renovations started in Q1 and completed in September 2024. This enabled adequate distancing for employees and adherence to IPAC procedures.
- A replacement walk in freezer was installed in the main kitchen area in December 2024.
- Home area Information Posters were updated with new contacts and information for all stakeholders.
- A PSW living classroom was established in collaboration with Algonquin Careers Academy
- New software for surveillance of the building heating and cooling system (HVAC) was installed
- Garage repairs were assessed and completed.
- All windows were inspected and replaced ensuring opening less than 15 cm.



- 19 new security cameras were installed both internally and externally to the building.
- Automated Mag security locks power supply and SALTO software replaced.

**Other services and Programs:**

- A Manager for Education and Staff Development has been recruited.
- A mandatory Surge learning plan has been developed aligning with legislative and organizational requirements.
- All Glebe Centre staff now have individual emails for better communication.
- A Spiritual Care Coordinator has been recruited to support residents, family and staff wellbeing.
- The code Blue, Yellow and White procedure was revised and comprehensive education provided to various departments.
- Equity, Diversity and Inclusion education modules assigned through Surge learning to all staff.
- Wabano Indigenous safety training completed by leadership team.
- Antiracism workshop was held at the Glebe Centre.

The Glebe Centre supports two active councils focused on enhancing the resident and family experience: the Residents' Council and the Family Council. These councils serve as important forums for ongoing collaboration, engagement, and feedback. The management team maintains a strong, cooperative relationship with both councils, routinely seeking their input on various aspects of operations, including the Quality Improvement Initiatives.

The Glebe Centre's Continuous Quality Improvement Committee (CQIC) serves as an advisory body aligned with the requirements of the Fixing Long-Term Care Act (FLTCA) to establish a Continuous Quality Committee. The CQIC monitors and reports to the licensee on quality issues, residents' quality of life, and the overall quality of care and services provided, using relevant data. It also identifies and recommends priority areas for quality improvement and provides guidance for the annual Quality Improvement Plan (QIP). In addition, the committee supports the implementation of quality initiatives and contributes to the annual continuous quality improvement report, helping ensure care and services continue to evolve in a transparent and accountable manner.

To support continuous quality improvement, the Glebe Centre holds quarterly Continuous Quality Improvement Committee (CQIC) meetings, where both councils receive updates on quality initiatives from across all departments. These meetings promote transparency and ensure residents and families are informed and involved in improvement efforts. Minutes from CQIC meetings are recorded and distributed to maintain clear records and follow-up. In the past year, CQIC meetings were held on September 24, 2024, December 10, 2024, and March 19, 2025.



In addition, specific department heads may attend the monthly Residents' or Family Council meetings to share departmental updates or discuss relevant topics. These sessions also have minutes recorded and serve as an opportunity for two-way communication.

The Glebe Centre management team uses a combination of verbal (e.g., in-person meetings) and written (e.g., email updates, newsletters, website posts) methods to ensure consistent and accessible communication with council members and the wider community.