

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 31, 2025



OVERVIEW

The Osgoode Care Centre is a not-for-profit long term care home, located in a small rural community south of Ottawa and is home to 100 people. It is governed by a volunteer Board of Directors.

Since 2017, the home has been on its culture change journey. In February 2024, the Osgoode Care Centre became a certified Eden Alternative home, one of two such LTC homes in Ontario. We were invited by CARP (Canadian Association of Retired Persons) Advocacy Working Group on Long-term Care in Ontario to present a webinar on our culture change journey and the Eden Alternative philosophy in October 2024. Throughout 2024, all members of our Leadership team received Eden Associate certification, supporting the further advancement of the vision of our home. As a certified Eden Alternative home, we are required to annually submit two quality improvement projects that support the further enhancement of the Eden Alternative principles and practices.

The Osgoode Care Centre is the first certified Positive Approach to Care (PAC) in Canada. Positive Approach to Care is used to support staff, family members and people living with dementia through in person and hands on learning, individual or group coaching as well as through consultations. Positive Approach to Care builds skill and awareness in care team members so that we can better support those who live in our home. Changing our approach and adapting to the changing abilities of someone living with dementia makes all the difference. "If we want a different outcome, we need to change how we are approaching the entire situation" -Teepa Snow

The adoption of the Positive Approach to Care (PAC) is one strategy to help decrease the use of antipsychotic medications for those

without a diagnosis of psychosis. We are also enhancing our knowledge in non-pharmacologic approaches to assisting a person exhibiting personal unmet needs. Our Recreation and BSO teams received DementiAbility training in 2024, and have been implementing the strategies learned. For example, we have stations set up in common areas where residents can "help" to match the sock or fold the towels. We have also set up one of lounge areas with a baby care station, a writing desk and a family style dining table. At times the home's dining room may be too stimulating for a person, but having a quiet meal with a family member or volunteer can promote a more pleasurable dining experience. We also have two Tovertafel table set up in common areas. These "magic tables" can provide either a calming or stimulating experience for a person.

The Osgoode Care Centre has been preparing for its 2026 Accreditation Canada survey. Through this rigorous assessment programs, our goal is to continue to improve the quality and safety of the care and services we provide to our residents. By striving to meet national and global standards, our home is endorsing a culture of continuous improvement, and supporting resident-centered care.

ACCESS AND FLOW

Our hospital system is strained and preventing avoidable ED visits for LTC residents is one way we can support reducing the strain. The Osgoode Care Centre continues to be below the provincial average for this indicator. In addition to augmenting the use of clinical tools to provide diagnostic measures in the home, such as bladder scanner, IV training for Registered staff, we have the support of a 0.5 Nurse Practitioner as part of our interdisciplinary team. The Osgoode Care Centre is also part of the Ottawa Hospital Nurse Practitioner Outreach program with a focus on reducing avoidable ED visits. This program is supporting our home in monitoring this indicator. This indicator is reported on at our quarterly Quality Risk and Safety meetings.

Reasons for a resident being sent to the ED include following a fall with suspected injuries, possible respiratory infection and request of the family. End of life discussion and review of goals of care with families have contributed to a decrease in ED visits.

EQUITY AND INDIGENOUS HEALTH

In 2024, the Osgoode Care Centre embarked on its Equality, Diversity and Inclusion journey, with the support of the Centre for Learning, Research and Innovation (CLRI). In September, two members of our leadership attended an one hour workshop with Ali Ladak (Regional Ethicist), entitled "Let's Start the Conversation: Addressing Racism in LTC", hosted by the Bruyere CLRI. In November, Michelle Fleming, a Knowledge Broker with the CLRI, provided a half day workshop on Equity, Diversity and Inclusion to our Leadership team.

For 2025, 3 members of our Leadership team participated in "Creating a Culture of Belonging: From Awareness to Action" through the CLRI (Jan–March). From February - March, 4 members of our Leadership team participated in "2SLGBTQ+ Foundations" course from Rainbow Health Ontario; Sherbourne Health. Two members of our leadership team participate on the CLRI-led EDI Community of Practice.

In March this year, our EDI Committee was formed with 5 members of our staff. The focus of the first meeting was to develop a Terms of Reference

EDI training will be offered to all staff during Mandatory Training, utilizing a powerful 5 minute video on equity, diversity and inclusion developed by the CLRI.

PATIENT/CLIENT/RESIDENT EXPERIENCE

As per the Fixing Long Term care Act 2021, we administer an annual resident satisfaction survey. The resident satisfaction survey is administered to residents with a Cognitive Performance Score (CPS) for 0-3 by a college placement student. This helps to reduce bias and is also a good learning experience for the students.

The results from our surveys is always positive, however we do look for ways to improve in areas identified as having a lower level satisfaction. In 2016, we began to administer the InterRAI Resident Quality of Life survey through an online platform QOLPRO. This online platform enabled us to collate results in a timely manner and to evaluate the results through various lens. From our 2024 survey, the one area of low satisfaction raised by our residents was in response to the statement "I have a close friend here". One impact of enhanced Infection Prevention and Control practices is to isolate residents and home areas during a confirmed outbreak. This does restrict residents from being able to enjoy the company of their friends in the home for sometimes significant periods of time and this may be a contributing factor. When residents are able to gather to enjoy programs together, we are very conscious to support the development and continuation of friendships made. Even at end-of-life, it's important for those who have developed meaningful friendships to spend time together and to have the opportunity to say goodbye.

One criticism of this survey tool is the likert scale used. There are 6 choices on how to respond to each statement : never, rarely, sometimes, most of the time, always, don't know. For 2025, the Osgoode Care Centre has implemented the the Eden Alternative Domain of Well-Being Assessment for Elders. This tool correlates with the Eden philosophy of culture change and is easier for our residents to respond to statements within the tool with an "agree" or "disagree".

The Eden Alternative Domains of Well-Being Assessment for Families was sent out to families in February this year and we had very positive responses overall, with a 50% return rate.

Our Resident Council continues to meet on a monthly basis and residents are always willing to provide feedback on ways to improve processes and services to enhance their quality of life at the Osgoode Care Centre. Our Family Council is growing in membership and we are beginning to add special education sessions to the meeting which families are appreciating. In March, we hosted a session through the Champlain Hospice and Palliative Care Program entitled "5 Things to know about Palliative Care". This session has helped with goals of care discussion with families, thereby reducing avoidable ED visits. In April, we plan to hold a special education session on our Essential Care Partner (ECP) program that is ready to launch. This program has been developing over the past 2 years, with the support of the Ontario Caregiver Organization.

The Osgoode Care is beginning to include residents and family members into committees and projects within the home. We have a resident and family member as part of the "Collaborative Project to Sustain a Palliative Approach to Care in LTC" with the CLRI and their insight and experiences have been so beneficial to the project.

PROVIDER EXPERIENCE

The Nursing and Personal Support Services Program consists of a mix of RN's, RPN's, PSW, BSO, RSA and other clinical specialties. This staffing group represents approximately 80 people (ft, pt & casual) who are scheduled to meet the care and support needs of our 100 residents. We have a 2 week regular schedule that supports a consistent assignment for residents and this did not change over the course of 2024. Each day we have on average:

Days: 1 RN, 3 RPN's, 16 PSW's,

Evenings: 1 RN, 3 RPN's 12 PSW's

Nights: 1 RN, 1 RPN's, 5 PSW's

In 2023, we were able to add a Skin and Wound RN dedicated to 3 days per week. In 2024 with the addition of an RPN dedicated to 1 day per week for Palliative Care and 1 Full time RPN in BSO, this enabled us to further enhance the Nursing support required to meet the growing needs of our residents' complexities. We have a dedicated IPAC RN at 26.25 hours per week and a part-time Nurse Practitioner. These clinical specialties have supported timely assessments, reduced ER transfers, increased resident safety and supported the implementation of best practices.

We continue to partner with a Nursing Agency (Plan A) to support our nursing vacancies and provide back up for our 24/7 RN requirements and for situations like extended periods of sick time, emergency call in's and vacant positions. We had 4 Registered staff from Plan A providing consistent staffing for our home during the first 6 – 8 months of 2024 while an aggressive recruitment plan was actioned.

PSW's are consistently scheduled to support resident care needs. We continue to have dedicated bath positions (3) to ensure consistent personal bathing routines are followed. Student placements are supported by (6) PSW preceptors. (Training through CLRI). No changes to current staffing levels required. Recruitment efforts were a strong focus and successful in 2024. We utilized various social media platforms such as Indeed, the Osgoode Care Centre website, Facebook and a billboard sign on our front lawn. The sign and ads through Indeed brought 19 hires into the staffing pool which filled 95% of our vacancies in the Nursing Program.

We were able to reduce agency usage by 80% in the late fall of 2024.

We partnered with Humber College and had 2 Cohort's of PSW Students that completed their education and fulfilled their placements requirements at the osgoode Care Centre. In total 8 PSW's were hired from this program.

We have 2 RPN's in the CCPN program.

Last Quarter of 2024 revealed that we are currently above (slightly) 4.0 hours of care.

For 2025, we will continue to actively recruit Registered staff, partner with Humber College for PSW student placements and implement the RNAO best practices through the Nursing Advantage Program and Point Click Care.

In 2024, 5 members of our Leadership team became Certified Mental Health Facilitators through the Mental health Commission of Canada. To date, one-2 hour course has been offered to employees. This will be a goal for 2025 to expand training to an increased number of employees. The tools provided through this program have been very beneficial to help support individual employees who may be facing mental health challenges in their life.

A goal for 2025 is to develop an Employee Wellness Committee to support our employees' physical and mental health, and overall well-being. As caregivers, we need to practice self-care to be able to provide care to others.

SAFETY

The Osgoode Care Centre's Quality, Risk and Safety Committee reviews indicators related to risk on a quarterly basis. Indicators include : # of falls, # of ED visits, # of medication errors, # of

incidents involving residents and staff or resident to resident, # of codes and # of outbreaks. The goal of reporting is to develop QI projects to reduce those indicators and mitigate the risk.

For example, if we notice that there is an increase in the number of outbreaks occurring in the home, what QI initiative can we implement to help reduce the risk of transmission? This may involve increase hand washing audits, education huddles on proper hand washing and how to properly don and doff PPE. With earlier detection of symptoms with point of care assessments, and subsequent isolation of a resident with symptoms, we have been able to slow the transmission of the virus and subsequently reduce the number of residents and staff affected. The Champlain IPAC Hub has been a valuable resource and support to our home.

When there is an incident involving a resident who has wandered into another resident's room, resulting in a verbal or physical altercation, we quickly analyze the situation as a team, what were the circumstances surrounding this encounter (this may involve watching video tape to have a clear understand of what happened when) and quickly implementing interventions to reduce the risk of reoccurrences. The team will contact the POA/SDM to inform them of the incident and of the interventions put into place. These interventions are continually monitored and adjusted as necessary. This is not a focus on just the physical safety of the residents, but also their emotional safety. Everyone has a right to feel safe in their home.

If medication errors are occurring due to multiple interruptions, what are ways to reduce those disruptions without disregarding the importance of sharing important information about a resident's

well-being - maybe a notebook on the medication cart. For a resident new to the home, implementing increased rounding to help reduce falls, to help reduce anxiety and to help that person feel supported during their settle-in time. It is important to ensure that new staff are properly oriented and on-boarded to appreciate the culture of safety the Osgoode Care Centre aspires to.

The Osgoode Care Centre endorses a "just culture" - a culture focused on the prevention of harm. We have a culture that focuses on openness, transparency and learning from adverse events rather than assigning blame. Every member of the team, from every department, works to provide our residents with a safe environment to live in.

In preparation for our 2026 Accreditation Canada survey, we have been self-assessing the various indicators of safety and risk of quality this survey requires and identifying areas for improvement.

PALLIATIVE CARE

We continue to further enhance our palliative and end-of-life program. In November of 2024, we were accepted into the Centre for Learning and Research (CLRI) "Collaborative Project to Sustain a Palliative Approach to Care in LTC" project. Through a self assessment, we identified 7 focus areas for this project:

- 1) staff education on a palliative approach to care and grief and bereavement
- 2) family education- "5 Things to Know About Palliative Care" . A one hour session was delivered during the March Family Council meeting and was very well-received.
- 3) review of our current palliative care and end-of-life policies and protocols. We will be working with a consultant to further develop

these policies and protocols to ensure they are reflective of best-practices.

- 4) training of champions within the home to sustain palliative education going forward
 - 5) Advance care planning- how do we move to goals of care?
 - 6) training for select team members related to supporting staff through their grief and bereavement using the INNPOT model.
 - 7) development of an end-of-life survey to be completed by families and staff to help us identify key performance indicators to continuously improve our palliative and end-of-life program
- Throughout the month of March 2025, our home was supported through the CLRI, the Champlain Hospice and Palliative Care Program and the PoET program to achieve our identified goals for this project.

To date, we have found that having care conferences with families when a resident is experiencing a significant change of status has facilitated the sometimes difficult conversation around goals of care going forward and the expressed wishes of the resident. These meetings support families in the decisions to not send a resident to hospital for a reason that can be managed in the home. Throughout this project, we have had the involvement of a resident and a family member, who have brought with them valuable insights and personal-lived experiences to our discussions.

POPULATION HEALTH MANAGEMENT

The Osgoode Care Centre is a partner organization with the Great River Ontario Health team. Our role, as a long term care provider within this Health Team, is to provide quality care and a safe living environment to those who require more care and support than the community can provide. We work closely with Ontario Health At Home, Champlain to determine eligibility, categorize applicants to our home and to oversee our ever-growing waitlist.

The Osgoode Care Centre was accepted into Cohort 8 of the Registered Nurses of Ontario Association (RNAO) Clinical Pathways project and began its journey with 20 other long term care homes within the province to implement best practices into the care of those living in long term care. This is a 3-year project that will review, revise and incorporate best-practices into the following areas: admission process, delirium, resident and family centred care, falls, pain, palliative care, depression, dementia, bowel bladder management and pressure injury. It is said that it takes 16-17 years to implement a best-practice but the Clinical Pathways project significantly reduces that length of time. The RNAO Clinical Pathways project is designed around change management strategies - an implementation framework, coaching and support and education and resources. It is a monumental quality improvement initiative that will significantly and positively change the care we are providing to our residents in long term care.

CONTACT INFORMATION/DESIGNATED LEAD

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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
