

Royal Ottawa Place

Continuous Quality Improvement (CQI) Annual Report

April 1st 2023 – March 31st 2024

Submitted by: Debbie Pilon – Director of LTC/Administrator
CQI Lead - Sarah Anderson -Director of Nursing

Royal Ottawa Place is a 64 bed Long Term Care Home which is a part of the Royal Ottawa Health Care Group. We function under the Fixing Long Term Care Homes Act and Regulations. Our home's mission is to support and enhance the quality of life for adults with a chronic stable severe mental illness, as well as those who could benefit from a mental health focused environment.

Our continuous quality initiatives are developed through resident, family and staff collaboration, implementation of best practices, evaluation of quality indicators and Ministry of long term care requirements.

Continuous quality improvement (CQI) is a team approach and it requires the skills, expertise and suggestions of all team members to help in the CQI process. Our resident and family councils are involved in collaboration with the home with the development, implementation and evaluation of quality initiatives. In addition, the quality aspect is embedded within the structure of all of our required programs and services in the home.

Overview of Royal Ottawa Place

- Average age is 68 years
- Most common primary diagnosis is Schizophrenia 34/64 residents have this diagnosis
- 84% of current residents have a severe mental health diagnosis at admission
- The current average length of stay for a Royal Ottawa Place resident is 3378 days (9.25 yrs)
- 75% of residents currently display responsive behaviours
- 14% (10) of residents have had a re-admission to hospital for a psychiatric reason in the past 10 years or since admission. 5 of these have had multiple admissions. All have a psychiatrist.
- 113 Individuals are on the waitlist - 80 requesting basic accommodation. Most of the residents on the waitlist and in our home are on ODSP (Ontario disability support program) and they cannot afford a basic room
- ROP LTC continues to advocate for specialized mental health designation with The Province of Ontario for our program.

Demographics

<u>Age in Years</u>		<u>Gender</u>	<u>Mobility</u>
0-50	1 resident	34 Males	38 residents use a mobility device
51-60	15 residents	30 Females	23 residents use lifts for transfer
61-70	24 residents		
71-80	17 residents		
81-90	5 residents		
91-100	2 residents		

of Admissions in 2023 – 9 admissions

of Discharges in 2023 – 9 discharges (8 deaths, 1 transfer to another LTC)

Primary Diagnosis

- ❖ Mental Health
 - Schizophrenia
 - Anxiety Disorder
 - Bipolar Affective disorder
 - Personality Disorder
 - Depression
- ❖ Developmental Delay/Intellectual Disability
- ❖ Diabetes
- ❖ Dementia
- ❖ Cerebral Palsy
- ❖ Acquired Brain Injury
- ❖ Parkinson's
- ❖ COPD

Staff and Services

- ❖ Nursing – RN, RPN, PSW
- ❖ Physical Therapy – PT, PTA
- ❖ Recreation Therapists/Recreation Therapy Assistants
- ❖ Music Therapy - Contract
- ❖ Dietary – Dietician, Aides
- ❖ Behavioural Supports Ontario (BSO) PSW, RPN and Behavioural Therapist
- ❖ Restorative Care
- ❖ Occupational Therapy – contract
- ❖ Speech Language Pathology – referral with Home and Community Care
- ❖ IPAC team and LTC Infection Control RN lead
- ❖ Pharmacy – Contract
- ❖ Laboratory Services
- ❖ X-ray Services – Contract
- ❖ Dental Services – Contract
- ❖ Optometry Services - Contract
- ❖ Massage Therapy – Contract
- ❖ Hairdresser
- ❖ Volunteer Program
- ❖ Collaboration with Assertive Community Assessment Team (ACTT)
- ❖ Collaboration with Flexible Assertive Community Assessment Team – Dual Diagnosis (FACTT)

Medical Services

- ❖ Medical Director
- ❖ 2 Long Term Care Family Physicians – 1 new physician Dr. Trangmar joined our team 2023.
- ❖ Geriatric Psychiatry through BSO
- ❖ General Psychiatry referrals

Unique Challenges for Royal Ottawa Place LTC versus Other Long Term Care Homes

- Younger population- average age is 68 years
- 84% of current residents admitted have a severe mental illness diagnosis
- Higher proportion of Male residents
- High proportion of psychiatric diagnosis which do not score well on RAI classification which negatively impacts funding. Current funded Case Mix Index (CMI) is
- No Mental Health Designation. There are challenges with providing services for very different populations. Continued advocacy with the Ministry to have mental health designation and increased funding.

SAFETY – keeping people safe in 2023/24

- ❖ Annual Non-crisis intervention training completed with all staff.
- ❖ Annual Safe Patient handling education and access to ergonomic occupation health staff for training.
- ❖ Access to ROHCG occupational health and safety team
- ❖ Evacu-sleds purchased for all beds
- ❖ Bariatric evacu-sleds purchased for bariatric beds.
- ❖ Increased training and IPAC knowledge of all staff. Dedicated IPAC RN lead in the home. Access to ROHCG IPAC team and resources

This Years Successes

Accreditation Canada

October 2023 we were accredited by Accreditation Canada with exemplary status.

RNAO Best Practice Spotlight Organization (BPSO)

- ❖ ROP LTC applied for the RNAO BPSO designation and was selected in 2023.
- ❖ ROP endeavours to deliver resident care that reflects best practice. The areas we wanted to focus on were in areas of resident and family centered care, palliation and wound care.
- ❖ While we pride ourselves on our knowledge of mental illness and person centered care, we strive to enhance our knowledge on palliation and wound care to further meet our residents needs

RNAO BPSO and ROP LTC Initiatives

BPG Name	Rationale for selecting this BPG
Person and Family Centered Care	The Royal's new Strategic plan includes the innovating and shaping care to the client and family.
Palliative Approach to Care in the Last 12 Months of Life	To meet FLTCA regulations and meet a noted knowledge gap within the nursing department
Assessment and Management of Pressure Injuries for the Inter-professional Team	Nursing staff are predominantly psychiatric nurses requiring more skin and wound care. Increase in externally acquired wounds.



RNAO
BEST PRACTICE
SPOTLIGHT
ORGANIZATION



Quality improvement program meetings are held regularly in the areas of:

- Skin and Wound
- Falls
- Continence
- Pain
- Restraints
- Responsive Behaviours
- Infection Prevention and Control (IPAC)

Skin & Wound Program

23/24 Quality Improvement Initiative

Objective: Improving Skin Breakdown by Reducing in-house acquired pressure injuries.

- By the end of the 23/24 year we achieved our goal. Throughout the year we worked with the interdisciplinary team and residents and their families to achieve this goal.
- Skin and wound interdisciplinary team meets monthly and reviews all resident skin breakdown and interventions.
- In 2023 with the additional funding from MLTC for increasing direct care we added additional hours to one of our staff members specifically for skin and wound care and education to staff. This skin care champion RPN has completed additional training in Skin and wound
- We purchased a skin and wound app and assessment that we use with Point Click Care (PCC). It assists us with documenting wounds available for all team members to view on PCC.
- Utilize an artificial "butt" that is used for skin and wound training
- Provide dietary interventions to improve skin healing and integrity.
- Ensure residents at risk of pressure sores are on a positioning schedule.

Responsibility: Interdisciplinary skin and wound committee

Quality Improvement Initiative



Barriers:

- New Staff who come to the unit with little wound care education.
- Casual staff who fill shifts who do not have wound care skills.
- Residents who due to their behaviours cause skin breakdown (e.g. picking at skin, scratching, self-harm) or they are resistive to wound care treatment.
- Multiple aging residents with chronic medical co-morbidities

Current QIP Project aligns with RNAO Best Practice Spotlight Project goals and initiatives.

Opportunity – Reducing in-house acquired pressure sores.

Starting Percentage March 31 2023 7.8 %

Current Percentage : Q4 2024 3.1 %

Provincial average and facility target 6%

Actions by the team:

- Enhancing and improving wound care program by incorporating wound care nurse champion with dedicated hours. This nurse provides ongoing education with nurses.
- Updated all skin and wound protocols
- Created an audit tool and educating nurses on wounds and best practice treatments for wounds that we are currently treating in house.
- Developed a wound care champion team and are working with the RNAO best practice guidelines for assessment and management of pressure injuries.
- Added hours to have a dedicated wound care nurse 1 day per week working with the team, residents and families on wound care. Provided funding for wound care training to this champion.
- Skin and wound app is used for residents exhibiting skin breakdown weekly to assess and track progress.
- We have a contract Occupational Therapist working 1 day per week who ensures proper /appropriate resident equipment and provides seating assessments.
- Have a preferred vendor for skin and wound products – Smith and Nephew



NEW 24/25 Quality Improvement Initiative

For the 2024/25 year we are focusing on resident rounding. This aligns with our RNAO BPSO project. Resident rounding has shown to greatly reduce falls, pain medication use, call bell use, increase continence, as well as increase resident satisfaction and staff job satisfaction.

Change Idea #1 Completion of Resident Care Rounds by PCA staff.

Methods	Process measures	Target for process measure
• Usage of the 6 P's questions checklist to be used by staff for resident rounding. The staff will ask	• Staff charting on Point of Care that rounding is done each hour, except	100% by end of 2025, launch will occur in March/April after education and protocol development. Then

residents within their groups on the following topics: <ul style="list-style-type: none"> • Possessions, personal, pain, position, protect, promise. • Each resident will have a resident rounding focus in their care plan, with unique questions that reflect the 6 P's, but are written with that residents needs/behaviors in mind. 	for meal times, or when staff are on break. <ul style="list-style-type: none"> • Audits of POC, interviews with residents and physical auditing of rounding being done. • Pre and post implementation survey with residents 	mgmt. will expect to see at least 75% compliance within first 6 months and then 100% thereafter.
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Change Idea #2 Development of protocol, educational sessions, POC rounding development in Point Click Care

Methods	Process measures	Target for process measure
Team will develop a protocol, and education champion sessions with education for staff	% staff, including PCA/RPN/RN/RT will receive education on rounding by April 30th 2024. New employees will receive this education during LTC orientation.	100% staff, including PCA/RPN/RN/RT will receive education on rounding by April 30th 2024. New employees will receive this education during LTC orientation.

Change Idea #3 Care Planning of rounding with unique interventions for each of the 6 p's to reflect their unique needs.

Methods	Process measures	Target for process measure
Each resident will have a care plan focus of resident rounding with specific interventions that are personalized for that resident and tasked to the PCA so it shows on the Kardex	Number of residents with a unique Care Plan update	All 64 audit of care plans to be completed

Change Idea #4 1. Evaluate, review and analyze impact of the rounding through Pre and Post survey of residents. 2. Evaluate and review the impact of the rounding on other outcome measures like Falls and Pain

Methods	Process measures	Target for process measure
1. A survey will be created to ask capable residents if they feel the staff check on them consistently and do they feel their 6P's are currently met. This will be completed during the educational period (prior to April 31st). Post survey will be completed 6 months after the launch. Residents who have a CPS score of 1,2 or 3 will be included (~ 70% of our residents eligible). 2. The impact of resident rounding will be evaluated and reviewed on other contributing measures like falls and pain.	1. Completion of pre and post survey. 2. Review and report impact of rounding on other contributing measures like falls and pain on a regular basis	1. 50% of resident complete survey, and by 6 months at post survey, 75% of our residents are satisfied with the rounding. 2. Report the impact rounding on measures for falls (incident reports) and pain (PointClickCare) will be reviewed every quarter.

Fall Program

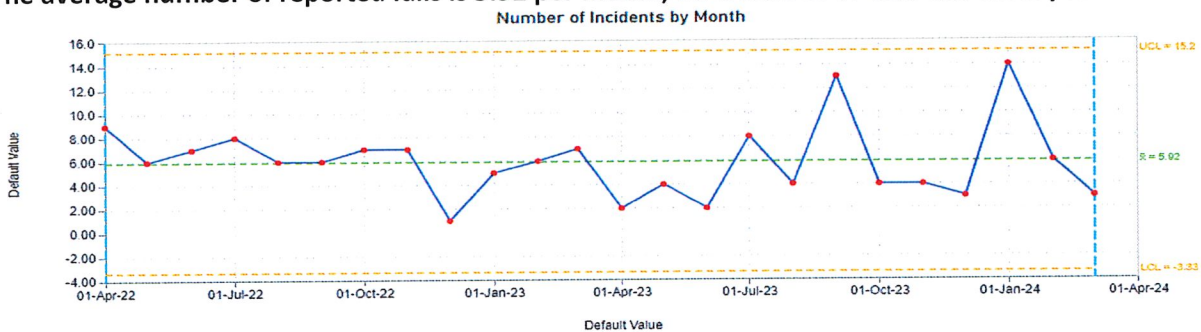
Objective: Reduce resident fall and reduce significant injury.

Interventions:

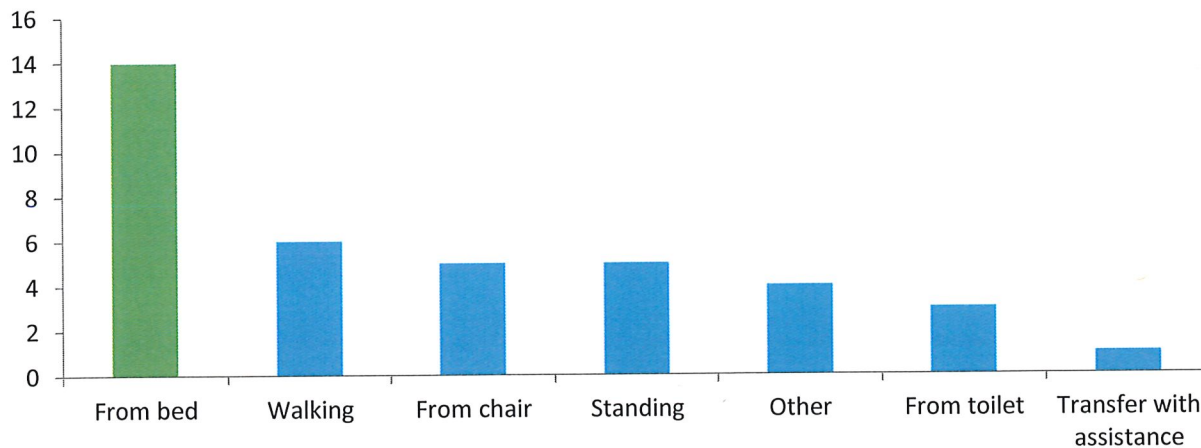
- Identify areas of resident falls and reasons for falls.
- Provide fall mats in resident rooms
- Beds placed in lowest position for those at risk of falls
- New beds provided in 2023 with night light when up at night, call bell system in headboard for easy access and bed alarms embedded in bed system if required.
- Fall pre and post assessments are completed and fall huddles occur and are documented after each resident fall.

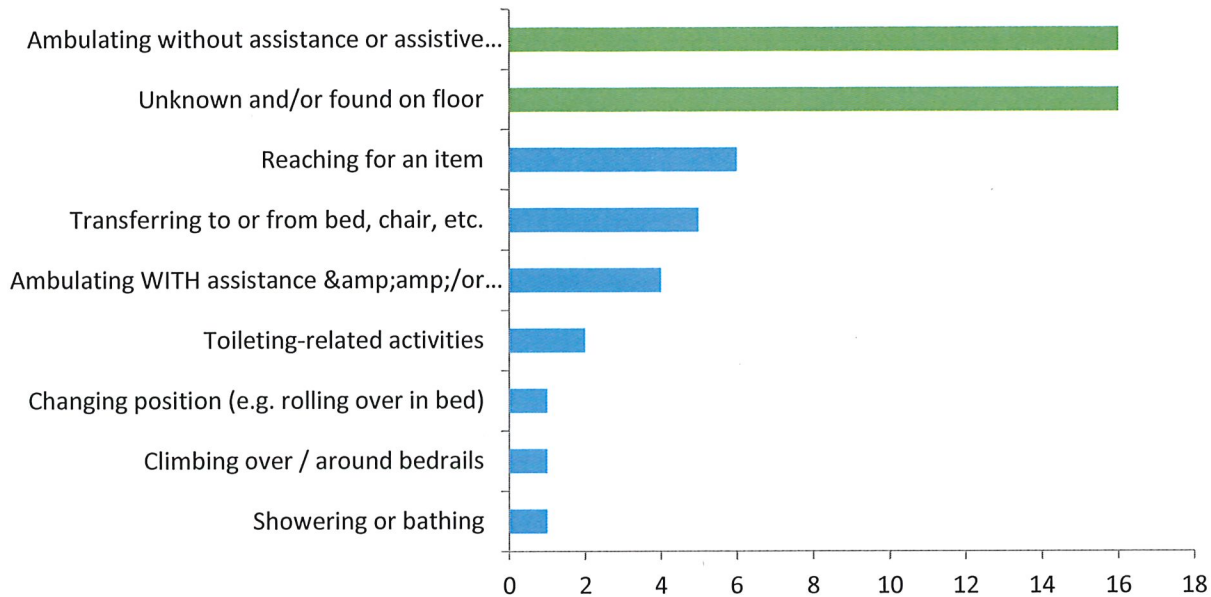
Responsibility: Interdisciplinary Falls Committee

The average number of reported falls is 5.92 per month, for a total of 67 falls this fiscal year



Most falls occurred as the resident was standing from or going to the bed.





Contenance Program

Objective: Ensure all residents continence is reviewed, interventions applied to reduce worsening incontinence ensure residents with incontinence are on toileting schedules and reduce urinary tract infections and identify residents with improved bladder continence.

Interventions:

- Ensure residents who require are on toileting schedules
- Monitor and encourage resident fluid intake.
- Work with independent residents on improving hygiene for peri care.

Responsibility: Interdisciplinary continence committee

Prevalence of urinary tract infections

<u>Q1</u>	<u>Q2</u>	<u>Q3</u>	<u>Q4</u>
8.10%	6.60%	3.20%	9.5%

MDS Threshold

2.5 -
8.8%

Pain Program

Objective: Reduce resident pain and ensure resident pain is controlled and treated. In the past year interdisciplinary pain meetings are held quarterly. During meeting each resident experiencing pain is discussed and evaluated. Review of pain medications, PRN pain med usage, physiotherapy interventions and response to physio, restorative nursing and nursing interventions are reviewed. Discuss residents who have chronic pain and reasons and also residents with history of med seeking behaviours.

Interventions:

- Review of residents who experience pain
- Review if PRN's are utilized when needed for pain relief
- Pain is identified for residents who are unable to vocalize pain
- Physical Therapy interventions are provided for those with identified pain.

Responsibility: Interdisciplinary pain committee

Restraint Program

Objective: Use least restraints with residents

Interventions:

- Educate residents and families on least restraint.
- Utilize PASD's where appropriate.
- Ensure restraint assessments are completed
- Compare resident restraints with fall data.
- Utilize wander guards where appropriate.

Prevalence of daily physical restraints

<u>Q1</u>	<u>Q2</u>	<u>Q3</u>	<u>Q4</u>	<u>MDS Threshold</u>
4.80%	4.90%	6.30%	7.9%	1.5- 6.9%

Responsibility: Interdisciplinary Restraint Committee

Responsive Behaviours

In 2023 we were able to hire a behaviour therapist .6 FTE and a full time behavioural support PSW with support and funding from Behavioural Support Ontario (BSO). We continue to have a BSO psychiatrist and nurse for our residents who are over 65 who require a psychiatrist and don't have one. We have had a very successful year with the reduction of resident responsive behaviours.

Objective: Reduce resident responsive behaviours.

Interventions:

- Identify resident behaviours and triggers.
- Work with residents, families and staff on reducing responsive behaviours. Monthly responsive behaviour meetings held on both floors.
- Identify supports for residents
- Identify safety concerns
- Identify routines and interventions that reduce responsive behaviours.

Responsibility: Interdisciplinary Responsive behaviour team.

Behavioural Therapy Findings from chart documentation from Q2-Q4:

Second Floor Total Number of Responsive Behaviours- 947

Third Floor Total Number of Responsive Behaviours- 778

Total Number of Responsive Behaviours at Royal Ottawa Place this year: 1725

Residents who display responsive behaviours 48 / 64 (75%)

Residents who do not display responsive behaviours 16 / 64 (25%)

Target Behaviours

1. **Sensory Expressions** 138 / 1725 incidents (8%)

-Vocal Expressions including crying, humming, moaning

-Motor Expressions including banging, rummaging, wandering pacing

2. Verbal Expressions of Risk 432 / 1725 incidents (25%)

- Screaming, cursing, threatening, insulting, arguing

3. Physical Expressions of Risk 354 / 1725 incidents (21%)

- Hitting, punching, pinching, scratching, grabbing, pushing, slapping, spitting, kicking, biting, throwing or hair pulling

4. Sexual Expressions of Risk 56 / 1725 incidents (3%)

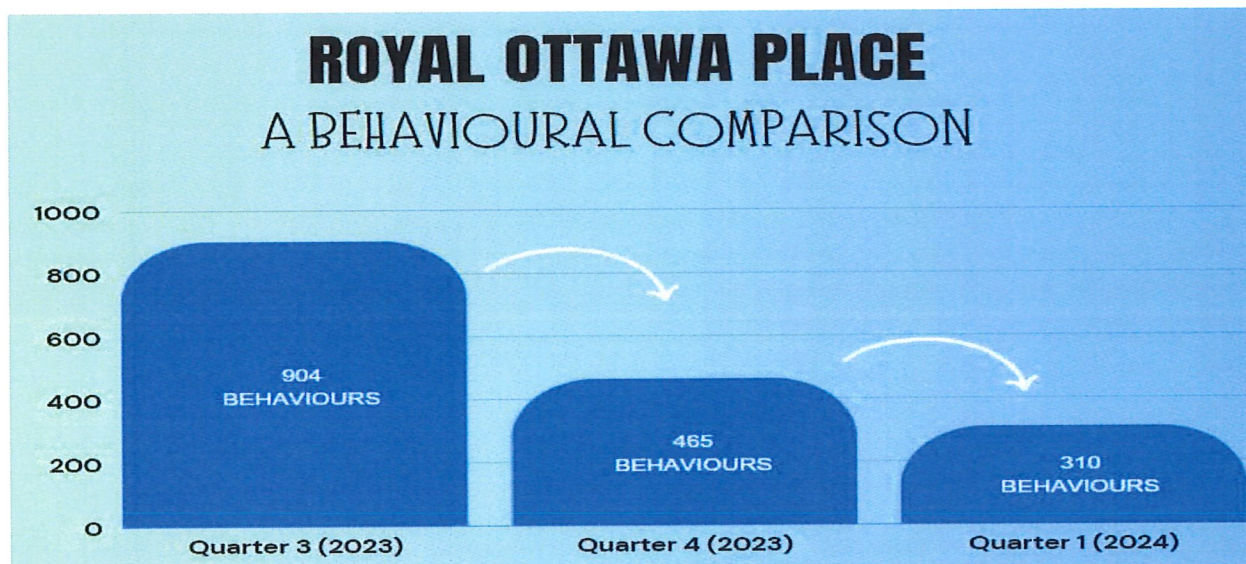
- Sexual comments, inappropriate touching of others, public masturbation, public disrobing

5. Non-Compliance 558 / 1725 incidents (32%)

- Repetitive questions, placing demands, perseverating, difficulty following directions, hoarding, stealing, refusal of personal care, medication, meals, etc.

6. Managing Emotion 187 / 1725 incidents (11%)

- Self-injurious behaviour, suicidal ideation, homicidal ideation, interpersonal relationship difficulties, hallucinations, delusions, delirium



Invention Prevention and Control (IPAC)

Objective: Ensure Royal Ottawa Place is a leader with Infection Prevention and Control and compliant with all IPAC requirements from the MOLTC and Ottawa Public Health (OPH).

- In 2023 no Covid outbreaks in the home.
- Additional IPAC supplies purchased for the home including isolation carts, isolation garbage cans
- Completed 2 OPH IPAC audits with no concerns identified.
- Support provided by ROHCG IPAC department.
- IPAC supplies are ordered by ROHCG supply chain management.
- For short time in summer of 2023 mask mandate was lifted and ROP used POCRA for masking. We implemented masking again in Fall 2023 prior to ministry mandate as Covid outbreaks were rising in the region.
- IPAC of ROP works in collaboration with IPAC of ROHCG for policies and IPAC guidelines.

- ROP continues to have policy that all staff, visitors and volunteers are required to have minimum 2 Covid vaccinations to be in the home.
- Training provided this year to all staff, volunteers, residents and families on IPAC best practices.
- IPAC committee reviews: monthly hand hygiene results, monthly disease surveillance, OPH guidelines, and medical device reprocessing issues, environmental services IPAC, nursing department IPAC, Dietary services IPAC and staff education.

Responsibility : IPAC interdisciplinary committee

Collaboration with Resident and Family Councils.

In 2023/24 year we had 2 resident councils and 1 family council.

There is a resident council on both the 2nd floor and 3rd floor. During Covid years we separated the 2 floors for council meetings. During 2023 the resident councils of both floors determined that they wanted to continue with having separate councils – 1 on each floor. Both of these councils have voted that the structure of these councils are with co-leaders, sharing the responsibility of leadership. Resident council meets every 2 months. Resident council invites staff each meeting to work collaboratively with them. Resident council has a staff assistant who assists the council with typing the agenda and minutes.

In 2023 the resident annual survey was completed in October 2023. Residents who had a cognitive performance score (CPS) of 1-3 were offered the survey. Those residents with a CPS score of 4-6 have cognitive deficits and are not able to complete the survey. For these residents the survey was sent to the residents substitute decision maker or power of attorney.

Overview of 2023 Resident Satisfaction Survey Results **Results Received: October 4, 2023**

General

- 44 residents were offered the survey, 30/44 completed the survey (68%).
- 20 family members/POAs (Power of Attorney) were sent the survey on behalf of a resident based on their Cognitive Performance Score (CPS). A CPS of 4, 5, or 6 means the resident has a severe cognitive impairment and would not be able to understand or complete the survey themselves. We will also send to families/POAs if a resident requests us to.
- 51% from second floor and 48% from third floor.

Top Positive Results

- 89% of residents/respondents feel that they are informed of activities within the home.
- 89% say they participate in activities within the home.
- 89% feel the activities available are of interest to them.
- 89% feel activities help improve their mood.
- 86% feel their personal and physical privacy is respected in the home.
- 86% feel they are treated with respect in the home.
- 91% feel that the unit provides a safe environment.
- 78% rated the care they are receiving as good or very good (top two levels).
- 78% say they would recommend ROP to families and friends.

Suggestions/Improvement Areas

- 46% of respondents do not make suggestions to the recreation department for new activities and programs – trying to figure out why this is the case. Recreation therapy mentioned the suggestion sheet on the resident boards in the hallways on the unit are always filled with resident ideas that are then implemented on the calendar. We also ask residents in Resident Council if they have any suggestions – we also ask this in annual and post-admission care conferences.

- 71% say there are persistent noises in the home that bother them. Unfortunately, we do have residents who yell and scream as part of their diagnosis/responsive behaviours. The RTs have a group called “coping skills” we will ask residents who have trouble with the noises to join that group in order to receiving coping mechanisms to use when these noises occur in the home.
- 31% say they are not happy with the food on the menu and the dining room layout (2nd floor). We had asked the independent residents on second floor if they wanted to move to the other side but they all refused and wanted to stay in the same dining room. Since then, we moved some of our dependent residents to the other side and after following up with residents they mentioned that things have since improved. Regarding the food quality – we are assuming that the main issue with this is the texture/diet that they need based on their current needs. We have a food committee in which the residents choose the menu so we believe that it is more about the texture of the food vs. the food itself. Residents have the option to not follow their recommended diet plan but must sign a waiver and go over the risks of not following their diet plan with Dietitian.

FAMILY COUNCIL

In 2023 family council met quarterly by zoom. The council decided in 2023 that they wanted to continue with zoom meetings. Membership has dramatically increased with the utilization of zoom meetings. Families from all of the world join in via zoom. No family survey was completed in 2023 per family council decision. Family council has determined to send out a family survey in 2024. We have a collaborative approach and work together with family council. In 2023 Family council president is Gordon Reynan, the brother of one of our residents who resides on 3rd floor.

TRAINING in 2023

In addition to mandatory annual training modules for all staff in 2023 we utilized the MLTC professional growth funding to train staff in the following areas:

- Trained RPN in Wound Care Canada program
- Trained RN in IPAC certification.
- Trained RN with Red Cross CPR trainer certification.
- GPA training for RPN's
- Trained 17 champions with the RNAO BPSO training.
- Behaviour support training for 3 BSO staff
- Evacuated training
- Added additional training days to new employee orientation.
- Registered staff training day
- NCI training for all staff

Additional Direct Care Staffing added 2023

In 2023/24 year we received additional funding from the ministry to add additional direct care staff. We added:

- ❖ 2.1 FTE RPN to have a 1:16 ratio for days and evening shift.
- ❖ 0.2 FTE RPN Wound care nurse
- ❖ 0.6 FTE Behaviour Therapist
- ❖ 0.9 FTE Behaviour Support PSW
- ❖ 0.6 FTE Recreation Therapist Assistant
- ❖ 0.2 FTE Occupational Therapist contract
- ❖ 0.2 FTE Music Therapist contract
- ❖ 4-8pm PSW shift daily on each unit

RESEARCH PROJECT

In 2023/24 year Royal Ottawa Place Recreation Therapy department and the psychology department of the ROHCG were involved in a trishaw research program evaluating the effects of trishaw bike rides on mood and responsive behaviours. 12 residents were involved in the research project during the 2023/24 year. Results of this study will be available 2024.



STUDENT PREP PROGRAM

In 2023 Royal Ottawa Place enrolled in the LTC PREP program. We hired a PSW supervisor to both supervise the PSW's and run the LTC Prep Program. In 2023 we had 12 PSW students and 2 RPN students complete their consolidation in the program.

Quality Projects Completed 2023/24

In consultation with staff, resident and family councils we completed a number of quality improvement projects in the home including:

- Development of accessible entranceway at the front
- Dining room project – synergy dining program for food service.
- Hairdressing room renovation including accessible sink, chair and bariatric doorway.
- Revamp of nursing stations to have proper IPAC surfaces and improve confidentiality.
- Wifi added to individual resident rooms and common area for families and visitors

Safety Elements:

1. We have a Joint occupational health and safety committee. This committee reviews and analyses staff safety data and conducts risk assessments.
2. Client Safety Incident Feedback (CSIF) reporting for resident and staff incident review. Near miss incidents are also reported.
3. Recognition of hazards. Point of care risk assessment is completed by staff and Do not walk by program.
4. Quality Reviews for critical incidents are completed.

This 2023/24 quality review has been reviewed and accepted by:

Debbie Pilon

Debbie Pilon – Director of LTC

5/28/24

Date

Sarah Anderson

Sarah Anderson – Director of Nursing/QIP Lead

May 28th 2024

Date

Heather Bocz

Heather Bocz – LTC Medical Director

May 30th 2024

Date

Cara Vaccarino

Cara Vaccarino – CEO ROHCG

May 28, 2024

Date

Gordon Reynan

Gordon Reynan- Family Council President

June 4 2024

Date

Don Towell

Don Towell – Resident Representative Quality

May 31 2024

Date

Alison Middlebro'

Director of Quality Alison Middlebro'

May 29/24

Date