

Continuous Quality Improvement – Annual Report

DESIGNATED LEAD

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QUALITY PRIORITIES FOR 2025/26

Perley Health is pleased to share its 2025/26 Quality Improvement Plan (QIP). Our ongoing commitment to quality is reflected in our mission “to achieve excellence in the health, safety and well-being of Seniors and Veterans with a focus on innovation in person-centred and frailty-informed care and service” and in our long-term strategic plan, which identifies Excellence in Resident Care and Service as one of Perley Health's four key strategic pillars. In 2021, Perley Health's strategic plan was refreshed in response to several unprecedented factors which resulted in a fundamentally changed healthcare landscape. These factors included, amongst others, the ongoing impacts of the COVID-19 pandemic, persistent healthcare worker shortage and burnout, increased public attention on long term care, and increased regulation of an already highly regulated environment. The core pillars of the long-term strategy remain relevant and are reflected in the interim strategy which outlines objectives and priorities for 2022 - 2025. These objectives include “Sustaining excellence in Seniors' and Veterans' care”, as well as embodying a “People First” philosophy. The QIP is a roadmap to achieving both objectives, while navigating challenges and opportunities in our environment.

Perley Health's QIP is aligned with our Quality Framework, based on the Quadruple Aim framework adopted by Ontario Health. The high-level priorities for this year's QIP are informed by the quality and safety aims under the various pillars of the framework, as determined by Perley Health's Board of Directors:

- increase resident and family experience
- reduce preventable harm
- provide the “right care” 100% of the time
- improve health-related quality of life
- improve staff experience

Priorities are divided into 3 categories based on the projected scope of work anticipated for the year – focused action, moderate action and monitoring. Areas for **action** are included in this report.

QUALITY OBJECTIVES FOR 2025/26

- Improve the staff experience by continuing to implement People First initiatives. Work in this area will focus on enhancing Employee Engagement, Diversity, Equity and Inclusion and Workplace safety and Wellbeing.
- Improve the experience of residents by continuing to focus on enhancing opportunities for activation and engagement as well as mealtimes. New work in this area will include a focus on enhancing resident perceptions of staff responsiveness.
- Improve the experience of residents and family members by focusing on person-centred communication. Anticipated work for this QIP includes development and implementation of a post-admission communication plan as well as a re-design of care conferences in collaboration with residents/families.
- Enhance pain assessment and management practices. Work will focus on sustainability and spread of the PainChek mobile application to increase quality of pain assessment for residents with cognitive and communication challenges; as well as strengthening our approach to non-pharmacological pain management.
- Optimize antipsychotic use. Focus on sustaining interprofessional approach to regularly review and evaluate antipsychotic use aligned with best practice to ensure maximum therapeutic benefit and minimize negative outcomes.
- Enhance person-centred care at end-of-life. Continue to build capacity across interprofessional team through enhanced palliative and end-of-life care training opportunities. Strengthen new and existing supportive processes to ensure consistent, quality care at end-of-life.
- Minimize potentially avoidable emergency department transfers. Work in this area will be aligned with other priority areas, including person-centred care and communication, and end-of-life care. Work will focus on enhancing key practices to better support provision of care aligned with resident/family goals of care following an acute health event, or at end-of-life.

2025/26 QIP PLANNING AND PRIORITY SETTING PROCESS

Perley Health has developed QIPs as part of the annual planning cycle since 2015, with QIPs submitted to Health Quality Ontario (HQP) every April. Perley Health's QIP planning cycle typically begins in August, and includes an evaluation of the following factors to identify preliminary priorities:

- progress achieved in recent years;
- ongoing analysis of performance data over time available from the Canadian Institute for Health Information (CIHI); with areas indicating a decline in performance over time and/or where benchmarking against self-identified peer organizations (and/or other available benchmarks) suggests improvement required
- resident, family and staff experience survey results;
- emergent issues identified internally (trends in critical incidents, complaints) and/or externally;

- input from residents, families, staff/volunteers, leaders and external partners, including the MOLTC.

Preliminary priorities are subsequently presented and discussed at various forums to validate priorities and identify additional priorities that may have been missed. For the 2025/26 QIP, these forums included (in chronological order) Perley Health's CQI committee (*Quality Council*), Resident Councils, Family and Friends Council, the operational leadership team, and the Quality of Life and Safety Committee (QLSC) of the Board of Directors. This is an iterative process with multiple touchpoints of engagement with different stakeholder groups as QIP priorities, targets and high-level change ideas are identified and confirmed. Final review of the QIP is completed by the QLSC, which endorses the plan for approval by the Board of Directors.

Perley Health's *Quality Council*

Perley Health's QIP planning cycle begins with recommendations from our *Quality Council*. At the September 23 meeting, council members reviewed CIHI QI indicator data, year-to-date progress against the 2024/25 QIP, as well as preliminary resident experience survey results to recommend draft QI priorities for the 2025/26 QIP. The subsequent discussion included identification of the 2024/25 priorities that would need to remain on the QIP as well as any new priorities to be included based on performance data. These recommendations were shared and discussed with subsequent stakeholder groups as outlined above.

PERLEY HEALTH'S APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS)

Perley Health's nursing and administrative policies, combined with practice standards, provide a baseline for staff in providing quality care and service. Perley Health has adopted the *Model for Improvement* to guide quality improvement activity. Interprofessional quality improvement teams, including resident and family advisors, work through the phases of the model to:

1. Diagnose/Analyze the Problem

Teams use various QI methodologies to understand some of the root causes of the problem and identify opportunities for improvement. This work can include process mapping or value stream mapping, Gemba, 5 whys, fishbone, etc. Also included in this work, is an analysis of relevant data and completion of a gap analysis against relevant Best Practice Guidelines.

2. Set Improvement Aims

Once teams have a better understanding of the current system they aim to improve as well as an understanding of what is important to the resident, an overall improvement aim is identified.

This aim will be used to evaluate the impact of the change ideas through implementation and sustainability.

At Perley Health, improvement teams develop aim statements that are Specific, Measurable, Attainable, Relevant, Time-Bound (SMART). A good aim statement includes the following parameters - “How much” (amount of improvement – e.g. 30%), “by when” (a month and year), “as measured by” (a big dot indicator or a general description of the indicator) and/or “target population” (e.g. all Perley Health residents, residents in specific area, etc.).

3. Develop and Test Change Ideas

With a better understanding of the current system, improvement teams identify various change ideas that will move Perley Health towards meeting its aim statement. During this phase, teams will prioritize alignment with best/prevaling practices when designing preliminary change ideas for testing. Additionally, teams leverage the Hierarchy for Effectiveness when selecting change ideas, with teams favouring system redesign, process standardization, and force function over education and policy change.

Plan-Do-Study-Act (PDSA) cycles are used to test change ideas through small tests of change. PDSAs provide an opportunity for teams to iteratively refine their change ideas and build confidence in the solution prior to implementation. Change ideas typically undergo several PDSA cycles before implementation.

4. Implement, Spread and Sustain

Improvement teams consider the following factors when developing a strong implementation/change management plan:

- Outstanding work to be completed prior to implementation (e.g. final revisions to change ideas based on PDSAs, embedding changes into existing workflow, updating relevant P&P, etc.)
- Education required to support implementation, including key staff resources (e.g. Change Champions)
- Communication required to various stakeholders, both before, during and after implementation
- Approach for spread across the facility, if completed in a phased approach

At this stage, teams will also identify key project measures to determine if the changes implemented resulted in improvement. This family of measures includes the following types of measures:

Outcome:

- Measures what the team is trying to achieve (the aim)

Process:

- Measures key activities, tasks, processes implemented to achieve aim

Balancing:

- Measures other parts of the system that could be unintentionally impacted by changes (this includes both positive and negative impacts)

Prior to implementation, improvement teams develop a sustainability plan. The plan identifies the different strategies the team will use to evaluate and address both short-term and long-term sustainability of the changes implemented.

PROCESS TO MONITOR AND MEASURE PROGRESS, IDENTIFY AND IMPLEMENT ADJUSTMENTS AND COMMUNICATE OUTCOMES

A key component of the sustainability plan is the collection and monitoring of the key project measures over time. Run charts and Statistical Control Charts, with established rules for interpretation, are essential to understanding if there has been an improvement or deterioration in performance. Analysis of the Outcome measure(s) will be used to identify if the Home is achieving the desired outcomes or not. If not achieving desired outcomes, the team can review the Process measure(s) over time to either confirm compliance with key change ideas (suggesting the change idea may not be as effective at improvement outcomes) or identify gaps in compliance that need to be addressed. Based on the results of this analysis, the team may consider alternative change ideas, provide coaching to staff to enhance compliance, engage with staff to better understand gaps in compliance, etc.

At an organizational level, Perley Health has adopted a “Big Dot” report to monitor and measure progress on strategic aims, aligned with the Quadruple Aim. A “Small Dot” report is used for Operational indicators.

Communication strategies are tailored to the specific improvement initiative. These include, but are not limited to:

- Publishing stories and results on Quality TVs located throughout the Home, the website, on social media or via newsletters
- Direct email to staff and residents/families and other stakeholders
- Handouts and one:one communication with residents
- Presentations at staff meetings, Operations meetings, Quality of Life and Safety Committee, Town Halls, Quality Council, Resident Councils, Family and Friends Council
- Huddles at change of shift
- Use of Champions to communicate directly with peers

RESIDENT AND FAMILY/CAREGIVER EXPERIENCE SURVEY

Through its membership in the Seniors Quality Leap Initiative (SQLI), Perley Health has been administering interRAI's "Self-Reported Quality of Life Survey for Long-Term Care Facilities" (Resident Experience Survey) since 2015 to measure resident experience annually. Additionally, in 2021, Perley Health adopted interRAI's "Family Survey on Nursing Home Quality of Life" (Family Experience Survey) to measure family/caregiver experience annually.

2024 Surveys

The Resident Experience Survey was administered February through mid-December 2024. All residents with a Cognitive Performance Scale score between 0-2 were eligible to participate in the survey. At the end of the survey period, 81 surveys were completed.

The Family Experience Survey was administered November through mid-December 2024. All individuals with a connection to a current resident, or a resident who lived at Perley Health within the previous year were eligible to participate in the survey. At the end of the survey period, 110 surveys were completed.

Raw results of the resident and family experience surveys are available as appendices to this report (see Appendix A). Following an analysis of both surveys and subsequent discussion of results with resident, family and staff representatives, the following themes have been included as priorities in the 2025/26 QIP:

- Dining Experience
- Social Life
- Resident and Family Centred Communication
- Staff Responsiveness

Extensive communication of results and discussion of next steps has been completed with various stakeholder groups. Please refer to the table below for a complete listing of the stakeholder groups that have received a presentation of the high-level results and participated in discussion about next steps. All communication provided by the Director of Quality & Interprofessional Care, unless otherwise noted.

Date	Meeting	Content
September 23, 2023	Quality Council	Presentation on preliminary Resident Experience Survey results, as part of development of 2025/26 QIP.
January 16, 2025	Family and Friends Council	Presentation on the Family Experience Survey and discussion of results.
January 27, 2025	Quality Council	Full presentation on Resident and Family Experience Survey Results and discussion of results, including Next Steps.
February 7, 2025	Resident Information Session	Verbal report of the Resident Experience Survey results, including areas of strength and opportunities for improvement. Opportunity for residents in attendance to ask questions, and further inform next steps. Endorsement from residents in attendance on areas of focus, including addition of Staff Responsiveness.
February 12, 2025	Operations Management Committee	Presentation on the Resident and Family Experience Survey and discussion of results, including Next Steps.
April 14, 2025	Quality of Life and Safety Committee of the Board	Presentation on the Resident and Family Experience Surveys and discussion of results.

IMPROVEMENTS TO CARE, SERVICES, PROGRAMS AND GOODS AT PERLEY HEALTH (2024-2025)

Care/Services – additional content to be confirmed by leads

- Enhanced complement of Nurse Practitioners from 2 to 4 (April 2024 - May 2025)
- Introduced 2nd Foot Care Nurse (November 2024)
- Introduced Registered Massage Therapist (fall 2024)
- Introduction of dementia-friendly name tags (fall 2024)
- Met Ministry target of 4 hours of nursing care (winter 2024)
- Ongoing implementation of 2024/25 QIP (see Appendix B for QIP Summary Report, and Appendix C for QIP Update presentation brought forward to Quality Council April 22, 2025)

Programming (Therapeutic Recreation & Creative Arts)

- Reintroduced monthly building-specific birthday parties (November 2024)
- Ongoing collaboration with Centre of Excellence to support the evaluation of various interventions to enhance resident engagement/mental stimulation
 - Pilot and evaluation of “magic table” on R1N. Complement of Magic Table increased to four facility wide. Various Magic Table activities have been integrated into Therapeutic Recreation & Creative Arts (TRCA) programming
 - Cognitive Stimulation Therapy research program (ongoing)
- Evaluation of programming times/offerings with a focus on maximizing not only the quantity, but quality of unit-specific programs offered daily (currently underway)
- ActivityPro Gold Package Implementation (program plans, calendar creation)
 - Program plans updated and created for all current TRCA programs (initiated Q3 2024, completed Feb 2025)
 - Digital calendar feature launched (April 2025)

Facility Enhancements

- Upgraded telephone system across campus from analog to IP solution (spring 2024)
- Replaced roof for Gatineau Residential Building – (summer/fall 2024)
- Exterior landscaping (Ottawa, Gatineau, and Rideau main entrances/patios), sidewalks and created additional parking spots (Summer/Fall 2024)
- LED lighting upgrade campus wide – in progress
- Changed IT MSP providers (March 2024)
- Upgraded tub/shower rooms on Convalescent unit (March 2024)
- Completed facility-wide migration to Microsoft 365 (winter 2025)
- HVAC upgrades consisting of the following components:
 1. Chiller Optimization – complete
 2. Cooling tower refurbishment– in progress
 3. New BAS system- in progress
 4. Installation of four EV stations- in progress
 5. Installation of Variable Frequency Drives (VFD's) - complete and Variable Air Volume (VAV's) and thermostats in resident rooms – in progress
- Roof replacement for the Ottawa Residential Building- in progress
- Construction of Admissions office (Spring 2025)
- Upgraded Nurse Call system (Fall 2024)

Resident and Family Engagement and Partnering (Role of Resident and Family Councils, Quality Council, Resident and Family Advisors)

Perley Health has three active councils focused on resident and family experience; the Veteran Residents' Council, the Community Residents' Council, and the Family and Friends Council (FFC). These councils are a valuable forum for ongoing collaboration and engagement. The leadership team and councils enjoy a positive and productive relationship. The Management team routinely seeks feedback and involvement from the councils regarding various aspects of Perley Health's operations such as the annual budget, operating plan and quality improvement plan (QIP). Results of the annual Resident Experience Survey and Family Experience Survey are brought to the FFC and Residents' Councils, providing a platform for the councils to further inform the final QIP.

In 2022, Perley Health established its first Quality Council (aligned with requirements from the FLTCA to establish a Continuous Quality Committee). The Quality Council serves in an advisory capacity, providing recommendations to leadership related to the ongoing implementation of continuous quality improvement at Perley Health, including identification of priority areas for the annual QIP. This council also plays a role in reviewing and evaluating progress of initiatives identified in the annual QIP, and supports preparation of the annual report on continuous quality improvement.

In an effort to more directly involve residents and families in quality improvement activities, the Resident and Family Advisor Program was established in 2017. The goal of this program is to promote resident and/or family participation on all of Perley Health's QI projects, and other initiatives, as appropriate. Since its inception, this program has successfully matched resident/family advisors with a variety of QIP teams as well as other initiatives across the Home. Active QIP teams that currently have advisors, include Social Life, Dining Experience, Palliative Care, Pain, Resident and Family Centered Care (RFCC) Steering Committee, Care Conference Redesign.

Approach to Communication

Communication about improvements to care, facilities and programming varies based on the nature of the change. Communication methods include, but are not limited to, the following:

- Verbal reports to Family and Friends Council Executive, as well as Family and Friends Council Meetings (meeting minutes available)
- Verbal reports to Veteran Residents' Council and Community Residents' Council Meetings (meeting minutes available)
- Verbal reports to Resident Information Sessions (meeting minutes available)
- Verbal reports at departmental meetings, e.g. RN/RPN, PSW, etc. (meeting minutes available)
- Written communication via email to resident and family distribution list
- Written communication via email to All Users staff distribution list
- Written communication via TVs installed and signage posted across the Home
- Written communication on website and through social media channels (as applicable)

APPENDIX A: 2024 Resident QOL Survey Results

	Never (#)	Never (%)	Rarely (#)	Rarely (%)	Sometimes	Sometimes	Most of the	Most of the	Always (#)	Always (%)	Don't know	Don't know	Refused (#)	Refused (%)	No response	No response or cannot	Positive %
I can be alone when I wish.		0.00%	6.00	7.41%	9.00	11.11%	24.00	29.63%	41.00	50.62%		0.00%		0.00%	1.00	1.23%	80.3%
My privacy is respected when people care for me.	1.00	1.23%	2.00	2.47%	10.00	12.35%	21.00	25.93%	45.00	55.56%	1.00	1.23%		0.00%	1.00	1.23%	81.5%
I get my favorite foods here.	18.00	22.22%	10.00	12.35%	15.00	18.52%	23.00	28.40%	11.00	13.58%	1.00	1.23%	1.00	1.23%	2.00	2.47%	42.0%
I can eat when I want.	18.00	22.22%	9.00	11.11%	13.00	16.05%	15.00	18.52%	22.00	27.16%	1.00	1.23%		0.00%	3.00	3.70%	45.7%
I have enough variety in my meals.	9.00	11.11%	9.00	11.11%	9.00	11.11%	18.00	22.22%	33.00	40.74%		0.00%		0.00%	3.00	3.70%	63.0%
I enjoy mealtimes.	6.00	7.41%	7.00	8.64%	13.00	16.05%	28.00	34.57%	25.00	30.86%		0.00%		0.00%	2.00	2.47%	65.4%
Food is the right temperature when I get to eat it.	11.00	13.58%	11.00	13.58%	23.00	28.40%	23.00	28.40%	11.00	13.58%		0.00%		0.00%	2.00	2.47%	42.0%
If I need help right away, I can get it.	2.00	2.47%	7.00	8.64%	11.00	13.58%	31.00	38.27%	27.00	33.33%	1.00	1.23%	1.00	1.23%	1.00	1.23%	71.6%
I feel my possessions are secure.	1.00	1.23%	2.00	2.47%	7.00	8.64%	21.00	25.93%	45.00	55.56%		0.00%		0.00%	5.00	6.17%	81.5%
I feel safe when I am alone.		0.00%		0.00%	5.00	6.17%	12.00	14.81%	64.00	79.01%		0.00%		0.00%		0.00%	93.8%
I get the services I need.		0.00%	3.00	3.70%	10.00	12.35%	29.00	35.80%	33.00	40.74%	1.00	1.23%		0.00%	5.00	6.17%	76.5%
I would recommend this site or organization to others.	2.00	2.47%		0.00%	2.00	2.47%	12.00	14.81%	61.00	75.31%	1.00	1.23%	2.00	2.47%	1.00	1.23%	90.1%
This place feels like home to me.	19.00	23.46%	10.00	12.35%	11.00	13.58%	16.00	19.75%	23.00	28.40%		0.00%		0.00%	2.00	2.47%	48.2%
I can easily go outdoors if I want.	9.00	11.11%	4.00	4.94%	3.00	3.70%	16.00	19.75%	45.00	55.56%	1.00	1.23%		0.00%	3.00	3.70%	75.3%
I am bothered by the noise here.	32.00	39.51%	18.00	22.22%	19.00	23.46%	9.00	11.11%	3.00	3.70%		0.00%		0.00%		0.00%	14.8%
I can have a bath or shower as often as I want.	20.00	24.69%	12.00	14.81%	8.00	9.88%	12.00	14.81%	19.00	23.46%	3.00	3.70%		0.00%	7.00	8.64%	38.3%
I decide when to get up.	10.00	12.35%	8.00	9.88%	7.00	8.64%	24.00	29.63%	27.00	33.33%		0.00%		0.00%	5.00	6.17%	63.0%
I decide when to go to bed.	4.00	4.94%	1.00	1.23%	4.00	4.94%	18.00	22.22%	51.00	62.96%	1.00	1.23%		0.00%	2.00	2.47%	85.2%
I can go where I want on the “spur of the moment.”	14.00	17.28%	3.00	3.70%	7.00	8.64%	9.00	11.11%	36.00	44.44%	8.00	9.88%		0.00%	4.00	4.94%	55.6%
I control who comes into my room.	6.00	7.41%	11.00	13.58%	9.00	11.11%	23.00	28.40%	28.00	34.57%	2.00	2.47%		0.00%	2.00	2.47%	63.0%
I decide which clothes to wear.		0.00%	2.00	2.47%		0.00%	9.00	11.11%	69.00	85.19%	1.00	1.23%		0.00%		0.00%	96.3%
I decide how to spend my time.	1.00	1.23%		0.00%	5.00	6.17%	23.00	28.40%	50.00	61.73%	1.00	1.23%		0.00%	1.00	1.23%	90.1%
I am treated with respect by staff.	1.00	1.23%	2.00	2.47%	1.00	1.23%	18.00	22.22%	56.00	69.14%	1.00	1.23%		0.00%	2.00	2.47%	91.4%
Staff pay attention to me.		0.00%	1.00	1.23%	4.00	4.94%	33.00	40.74%	42.00	51.85%		0.00%		0.00%	1.00	1.23%	92.6%
I can express my opinion without fear of consequences.	1.00	1.23%	5.00	6.17%	7.00	8.64%	19.00	23.46%	43.00	53.09%	1.00	1.23%	2.00	2.47%	3.00	3.70%	76.6%
Staff respect what I like and dislike.	3.00	3.70%	1.00	1.23%	13.00	16.05%	16.00	19.75%	39.00	48.15%	7.00	8.64%		0.00%	2.00	2.47%	67.9%
The care and support I get help me live my life the way I want.	4.00	4.94%	3.00	3.70%	5.00	6.17%	26.00	32.10%	36.00	44.44%	4.00	4.94%	1.00	1.23%	2.00	2.47%	76.5%
Staff respond quickly when I ask for assistance.	1.00	1.23%	3.00	3.70%	14.00	17.28%	29.00	35.80%	31.00	38.27%		0.00%		0.00%	3.00	3.70%	74.1%
[This site] staff respond to my suggestions.	3.00	3.70%	3.00	3.70%	19.00	23.46%	22.00	27.16%	23.00	28.40%	4.00	4.94%	2.00	2.47%	5.00	6.17%	55.6%
I get the health services I need.	1.00	1.23%	2.00	2.47%	9.00	11.11%	22.00	27.16%	44.00	54.32%	1.00	1.23%		0.00%	2.00	2.47%	81.5%
Staff have enough time for me.	5.00	6.17%	7.00	8.64%	14.00	17.28%	30.00	37.04%	19.00	23.46%	1.00	1.23%	1.00	1.23%	4.00	4.94%	60.5%
Staff know what they are doing.		0.00%	1.00	1.23%	9.00	11.11%	28.00	34.57%	35.00	43.21%	1.00	1.23%		0.00%	7.00	8.64%	77.8%
My services are delivered when I want them.	2.00	2.47%	2.00	2.47%	15.00	18.52%	25.00	30.86%	32.00	39.51%	2.00	2.47%	1.00	1.23%	2.00	2.47%	70.4%
Some of the staff know the story of my life.	11.00	13.58%	11.00	13.58%	23.00	28.40%	10.00	12.35%	16.00	19.75%	2.00	2.47%		0.00%	8.00	9.88%	32.1%
I consider a staff member my friend.	5.00	6.17%	1.00	1.23%	10.00	12.35%	17.00	20.99%	40.00	49.38%	1.00	1.23%		0.00%	7.00	8.64%	70.4%
I have a special relationship with a staff member.	15.00	18.52%	7.00	8.64%	11.00	13.58%	14.00	17.28%	26.00	32.10%		0.00%		0.00%	8.00	9.88%	49.4%
Staff take the time to have a friendly conversation with me.	3.00	3.70%	7.00	8.64%	13.00	16.05%	26.00	32.10%	30.00	37.04%		0.00%		0.00%	2.00	2.47%	69.1%
Staff ask how my needs can be met.	8.00	9.88%	10.00	12.35%	20.00	24.69%	12.00	14.81%	26.00	32.10%	3.00	3.70%		0.00%	2.00	2.47%	46.9%
I have the same nurse assistant on most weekdays.	13.00	16.05%	9.00	11.11%	14.00	17.28%	21.00	25.93%	14.00	17.28%	6.00	7.41%	2.00	2.47%	2.00	2.47%	43.2%
I have enjoyable things to do here on weekends.	6.00	7.41%	13.00	16.05%	13.00	16.05%	14.00	17.28%	21.00	25.93%	3.00	3.70%	3.00	3.70%	8.00	9.88%	43.2%
I have enjoyable things to do here in the evenings.	4.00	4.94%	7.00	8.64%	15.00	18.52%	21.00	25.93%	23.00	28.40%	2.00	2.47%	3.00	3.70%	6.00	7.41%	54.3%
I participate in meaningful activities.	4.00	4.94%	8.00	9.88%	21.00	25.93%	16.00	19.75%	22.00	27.16%	5.00	6.17%	2.00	2.47%	3.00	3.70%	46.9%
If I want, I can participate in religious activities that have meaning to me	3.00	3.70%	7.00	8.64%	3.00	3.70%	11.00	13.58%	49.00	60.49%	2.00	2.47%	2.00	2.47%	4.00	4.94%	74.1%
I have opportunities to spend time with other like-minded residents.	5.00	6.17%	12.00	14.81%	14.00	17.28%	15.00	18.52%	28.00	34.57%	1.00	1.23%	2.00	2.47%	4.00	4.94%	53.1%
I have the opportunity to explore new skills and interests.	9.00	11.11%	7.00	8.64%	12.00	14.81%	20.00	24.69%	27.00	33.33%		0.00%	2.00	2.47%	4.00	4.94%	58.0%
Another resident here is my close friend.	23.00	28.40%	9.00	11.11%	13.00	16.05%	8.00	9.88%	20.00	24.69%	1.00	1.23%	2.00	2.47%	5.00	6.17%	34.6%
People ask for my help or advice.	18.00	22.22%	21.00	25.93%	25.00	30.86%	6.00	7.41%	7.00	8.64%		0.00%	2.00	2.47%	2.00	2.47%	16.1%
I have opportunities for affection or romance.	44.00	54.32%	12.00	14.81%	3.00	3.70%	4.00	4.94%	4.00	4.94%	5.00	6.17%	2.00	2.47%	7.00	8.64%	9.9%
It is easy to make friends here.	3.00	3.70%	11.00	13.58%	15.00	18.52%	20.00	24.69%	27.00	33.33%		0.00%	2.00	2.47%	3.00	3.70%	58.0%
I have people who want to do things together with me.	14.00	17.28%	18.00	22.22%	19.00	23.46%	13.00	16.05%	11.00	13.58%	2.00	2.47%	3.00	3.70%	1.00	1.23%	29.6%

APPENDIX A: 2024 Family QOL Survey Results

	Never (#)	Never (%)	Rarely (#)	Rarely (%)	Sometimes	Sometimes	Most of the	Most of the	Always (#)	Always (%)	Don't know	Don't know	Prefer not to	Prefer not to say (%)	Positive %
A1. My family member enjoys mealtimes.	1.00	0.94%	7.00	6.60%	29.00	27.36%	46.00	43.40%	20.00	18.87%	3.00	2.83%		0.00%	62.27%
A2. My family member has enough variety in their meals.	1.00	0.93%	8.00	7.48%	15.00	14.02%	44.00	41.12%	33.00	30.84%	6.00	5.61%		0.00%	71.96%
B1. My family member's possessions are secure.	4.00	3.74%	2.00	1.87%	6.00	5.61%	51.00	47.66%	40.00	37.38%	4.00	3.74%		0.00%	85.04%
B2. If he/she needs help right away, my family member can get it.	4.00	3.77%	4.00	3.77%	14.00	13.21%	51.00	48.11%	29.00	27.36%	4.00	3.77%		0.00%	75.47%
B3. My family member is safe living at this home.	1.00	0.93%	2.00	1.87%	5.00	4.67%	33.00	30.84%	66.00	61.68%		0.00%		0.00%	92.52%
B4. My family member can be alone when they wish.	1.00	0.97%	7.00	6.80%	4.00	3.88%	30.00	29.13%	55.00	53.40%	4.00	3.88%	2.00	1.94%	82.53%
C1. My family member gets the services he/she needs.	2.00	1.87%	2.00	1.87%	12.00	11.21%	38.00	35.51%	51.00	47.66%	2.00	1.87%		0.00%	83.17%
C2. I would recommend this site or organization to others.	6.00	5.71%		0.00%	1.00	0.95%	13.00	12.38%	85.00	80.95%		0.00%		0.00%	93.33%
C3. This home has a clean and pleasant environment	1.00	0.95%	1.00	0.95%	5.00	4.76%	30.00	28.57%	68.00	64.76%		0.00%		0.00%	93.33%
C4. This home is the best place to meet my family member's needs.	4.00	3.81%	2.00	1.90%	2.00	1.90%	19.00	18.10%	78.00	74.29%		0.00%		0.00%	92.39%
D1. Staff pay attention to my family member.		0.00%	4.00	3.81%	6.00	5.71%	42.00	40.00%	52.00	49.52%		0.00%	1.00	0.95%	89.52%
D2. This home is well managed.	4.00	3.81%	2.00	1.90%	6.00	5.71%	32.00	30.48%	58.00	55.24%	2.00	1.90%	1.00	0.95%	85.72%
D3. I trust the staff to take good care of my family member.		0.00%	3.00	2.86%	5.00	4.76%	34.00	32.38%	62.00	59.05%		0.00%	1.00	0.95%	91.43%
D4. I trust the information I receive from staff here.	4.00	3.81%		0.00%	9.00	8.57%	30.00	28.57%	61.00	58.10%		0.00%	1.00	0.95%	86.67%
E1. My family member is treated with respect by staff.		0.00%	2.00	1.92%	6.00	5.77%	27.00	25.96%	69.00	66.35%		0.00%		0.00%	92.31%
E2. Staff treat me with respect.		0.00%	2.00	1.92%	4.00	3.85%	14.00	13.46%	84.00	80.77%		0.00%		0.00%	94.23%
F1. Staff respond quickly when my family member asks for assistance.	4.00	3.85%	3.00	2.88%	12.00	11.54%	42.00	40.38%	36.00	34.62%	6.00	5.77%	1.00	0.96%	75.00%
G1. I have the information I need about my family member's health status.	3.00	2.94%	6.00	5.88%	9.00	8.82%	30.00	29.41%	53.00	51.96%	1.00	0.98%		0.00%	81.37%
G2. I know who to contact if I have concerns about my family member's car	5.00	4.90%	1.00	0.98%	9.00	8.82%	28.00	27.45%	59.00	57.84%		0.00%		0.00%	85.29%
H1. I can visit my family member when I choose.		0.00%		0.00%		0.00%	10.00	9.62%	93.00	89.42%	1.00	0.96%		0.00%	99.04%
H2. There are comfortable places to visit with my family member here.	1.00	0.96%	4.00	3.85%	6.00	5.77%	20.00	19.23%	72.00	69.23%	1.00	0.96%		0.00%	88.46%
I1. I participate in care decisions about my family member.	7.00	6.80%		0.00%	11.00	10.68%	18.00	17.48%	67.00	65.05%		0.00%		0.00%	82.53%
I2. I am consulted about changes in my family member's care plan.	10.00	9.80%	2.00	1.96%	7.00	6.86%	17.00	16.67%	63.00	61.76%	3.00	2.94%		0.00%	78.43%
J1. My family member participated in meaningful activities in the past week	5.00	4.90%	12.00	11.76%	23.00	22.55%	26.00	25.49%	26.00	25.49%	8.00	7.84%	2.00	1.96%	50.98%
J2. Another resident is my family member's close friend.	45.00	45.45%	18.00	18.18%	15.00	15.15%	6.00	6.06%	3.00	3.03%	8.00	8.08%	4.00	4.04%	9.09%

2024-2025 ANNUAL QUALITY IMPROVEMENT PLAN

BETTER PROVIDER EXPERIENCE

Goal	Executive Summary of Status	Current Completion
Foster a Culture of Inclusivity and Engagement		On Track
→ Develop and implement Diversity, Equity and Inclusion Plan	NEW Progress: Plan has been completed and focus for DEI will be on accommodation processes, mental health supports and 2SLGBTQIA+ inclusion.	Complete
→ Implement "Connecting Sessions" across leadership team	NEW Progress: Implemented in 2024 with leadership team.	Complete
→ Follow-up on 2023 Employee Engagement survey results	NEW Progress: Our <i>Engagement Story</i> updates, published in July and November 2024, highlighted key areas of focus to enhance the workplace experience - such as strengthening staff recognition and fostering a safe space for open feedback. Based on the input we received, we planned focus groups to better understand staff concerns and have added Cultural Awareness Fairs to compliment our existing recognition events.	Complete

BETTER EXPERIENCE OF CARE

Goal	Executive Summary of Status	Current Completion
Enhance resident experience in engaging in meaningful activities		On Track
→ Introduce activity calendar changes including addition of new trivia program	NEW Progress: 3 new intellectual programs were added to the calendar (Advanced Trivia, Lecture Series and Documentary Club) as of January 2025. Evaluations are currently in progress with positive feedback across all programs	On Track
→ Explore feasibility of posting activity calendars online and on TVs in unit dining rooms	NEW Progress: Calendars are now created in format for digital posting. Infrastructure updates being reviewed for next steps.	On Track
→ Continue ongoing consultation of Community and Veteran Resident Councils regarding new programming ideas	NEW Progress: Program consultation is embedded into monthly Community & Veteran Resident Council agendas	Complete

Goal	Executive Summary of Status	Current Completion
→ Facility-wide roll-out of the revised tools and processes for the "All About Me" tool	NEW Progress: All About Me Posters fully implemented for new admissions. Process for completing tool for all existing residents nearing completion. Poster holder installation underway across home.	Complete
→ Expand availability of "Magic Tables" across the facility	NEW Progress: 3 additional Magic Tables installed in 2024 (Games Room, Gatineau building, Ottawa building), bringing facility-wide complement to 4. Champion Network established to optimize use.	Complete
Enhance resident dining experience		On Track
→ Implement daily table rotation for meal service using unit calendar	NEW Progress: Rolled out to Rideau and Ottawa bldg. Week of April 17/25 moving to Gatineau bldg. Rideau building changes resulted in notable improvements from Feb 2024 to present.	On Track
→ Implement use of resident census sheet to take meal orders	NEW Progress: Rolled out to Rideau and Ottawa bldg. Week of April 17/25 moving to Gatineau bldg. Rideau building changes resulted in notable improvements from Feb 2024 to present.	On Track
→ Refresh dining room decor	NEW Progress: Received interior design plan; scope of work will be planned for the fall.	On Track
Enhance resident and family engagement		On Track
→ Implement Resident and Family Centred Care Best Practice Guidelines	NEW Progress: Gap analysis completed, key opportunities for improvement identified and prioritized, initial action plan developed to guide key deliverables. Initial projects endorsed include care conference redesign and Welcome Book redesign. This work to begin in 2025.	On Track
→ Explore developing a resident and family ambassador program	NEW Progress: Deferred due to focus on other high priority areas.	Not started
→ Continue to leverage the Resident and Family Advisor Program	NEW Progress: All QI teams actively maintain at least one resident and/or family advisor. Currently only one team seeking to fill a family vacancy.	Complete
Improve resident perception of Perley Health feeling like a home		On Track
→ Engage residents in identifying factors affecting the feeling of home at Perley Health	NEW Progress: Scoping Review completed to inform Focus Group questions. FG sessions tentatively planned for early May. Work has been supported by 4th year Carleton U Health Sciences student.	On Track

Goal	Executive Summary of Status	Current Completion
Optimize pain management practices		On Track
→ Enhance existing pain documentation practices	NEW Progress: Efforts continue to enhance non-pharmacological pain interventions facility-wide. In the Ottawa building, work is underway to establish a stronger baseline for pain.	Complete
→ Trial technological solution for assessing pain in residents with cognitive and communication impairments	NEW Progress: Following PainChek pilot, significant progress has been made in the Gatineau building to streamline processes, develop process maps, and create educational materials. Unit Champions have been trained and conducted 1:1 staff training to ensure effective implementation. Ongoing efforts focus on identifying and addressing process gaps, with plans underway for the second phase of the the roll-out.	Complete
→ Introduce SOPs when residents have MDS Pain Scale score of >=2	NEW Progress: Residents with a pain score of 1-3 are audited by the Clinical Quality Lead and findings reviewed with members of the team. Ongoing collaboration with the Pharmacist ensures thorough review of residents triggering the Pain QIs	Complete
Enhance end-of-life care processes and supports		On Track
→ Enhance Palliative and End-of-life education for the interprofessional team	NEW Progress: Planning underway to deliver enhanced Palliative/EOL Care education to Palliative Volunteers, and all direct care staff. Early planning work launched to develop PSW Palliative Skills "Day"	On Track
→ Introduce and sustain process for revamped Comfort Care Carts and Chairs	NEW Progress: 10 Comfort Care Chairs and 10 Comfort Care Carts are currently available for staff and family use. Palliative QI team continues to work on process enhancements based on user feedback. Branding and supportive signage in progress.	On Track
→ Develop and implement EOL rituals	NEW Progress: Production of EOL wreaths completed. Initial awareness campaign completed to support implementation of the symbol. Launch communication plan has been developed and will be deployed within the month.	On Track
→ Enhance EOL care planning with a focus on preserving dignity	NEW Progress: Enhancements have been made to the care plan library.	Complete
→ Implement care conference enhancements and education	NEW Progress: Currently recruiting additional resident and family representation. Initial meeting planned for April 14 2025.	Not started
Optimize antipsychotic use across the home		On Track

Goal	Executive Summary of Status	Current Completion
→ Introduce targeted chart audits for all residents that trigger Antipsychotics QI based on RAI MDS	<div>NEW</div> <div>Progress: The AUA team is advancing key initiatives focusing on medication reviews, staff training and initial care conferences. Efforts focus on refining AUA processes, and identifying areas for improvement. Progress is monitored through audits and staff feedback.</div>	Complete
→ Develop supporting processes for antipsychotic optimization, including identification, tracking, outcomes, etc.	<div>NEW</div> <div>Progress: The AUA team is advancing key initiatives focusing on medication reviews, staff training and initial care conferences. Efforts focus on refining AUA processes, and identifying areas for improvement. Progress is monitored through audits and staff feedback.</div>	Complete
Improve mental health care with evidence-based assessment tools		On Track
→ Introduce evidence-based assessment tools and processes to ensure consistent depression screening	<div>NEW</div> <div>Progress: Implementation planning for PHQ-9 (depression screening tool) put on pause as 3Ds committee focused on other priorities. Work to resume April 2025.</div>	Behind
→ Introduce evidence based Suicide Risk Assessment tool and improved process	<div>NEW</div> <div>Progress: On hold - pending start of externally led research study.</div>	Not started

Welcome to Perley Health's *Quality Council!*

APPENDIX C

Meeting 9: April 22, 2025



Update on 2024/25 QIP

- ❖ Indicator performance
- ❖ Activities

2024/25 QIP Priorities

- **Focused Action**

- Enhance the staff experience – “People First” philosophy
- Enhance Resident QOL – participation in meaningful activities
- Enhance Resident QOL – enjoyable meal times

- **Moderate Action**

- Reduce Pain
- Reduce antipsychotics without diagnosis of psychosis
- Enhance emotional well-being
- Enhance End-of-life care planning

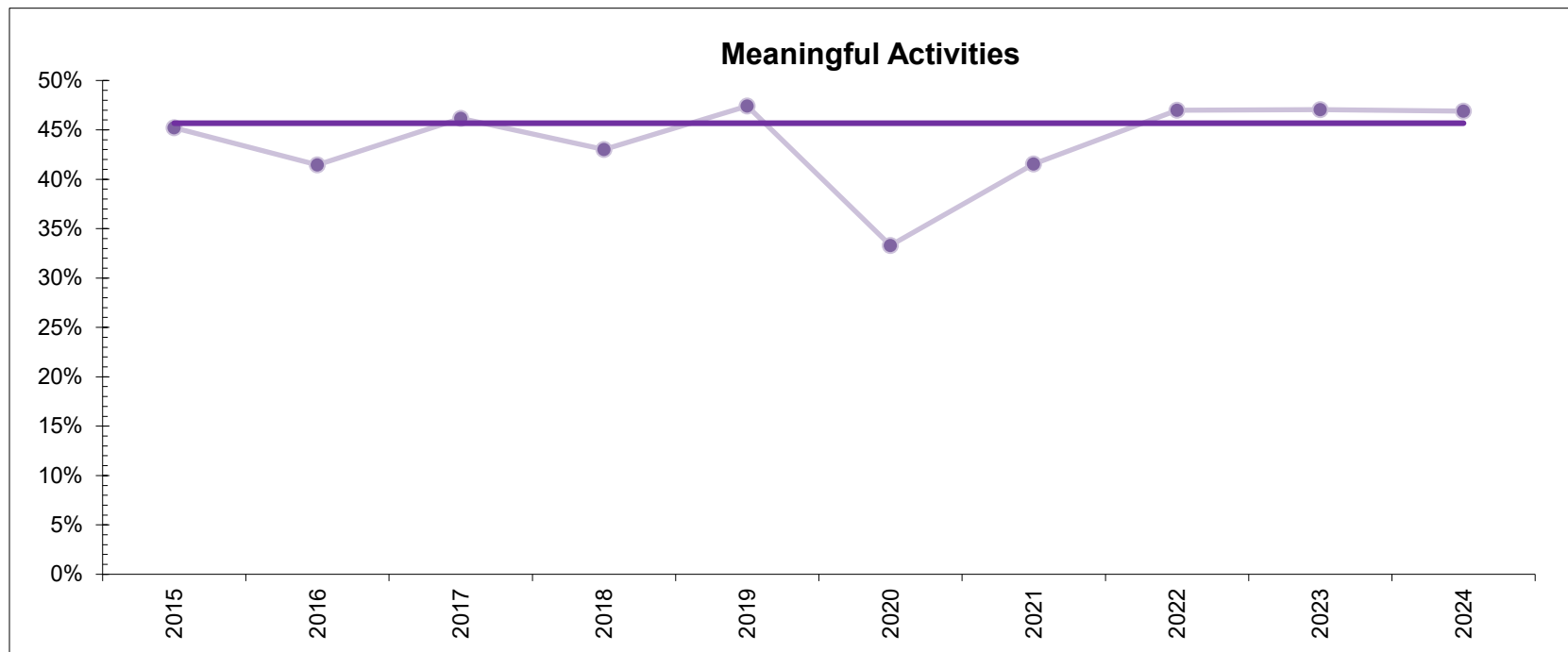
“People First” Initiatives

Highlights for 2024/25

- Advance Engagement and Inclusivity
 - Connecting Sessions rolled out across Leadership team in 2024
 - Finalized Diversity, Equity & Inclusion (DEI) strategy was presented to Cultural Awareness and Inclusion Committee. Focus areas include:
 - Mental health supports (March 2025: event to celebrate international happiness day and random acts of kindness)
 - Awareness of accommodations in the workplace
 - Multi-cultural Perley fairs (April 2025: initial fair showcasing the Philippines)
 - Enhanced inclusionary efforts for the 2SLGBTQIA+ community

Resident QOL – Social Life

Definition: Percentage of residents who responded positively to “I participate in meaningful activities” (Source: Resident Experience Survey)



Resident QOL – Social Life

Work completed in 2024/25

- Adapt the current “Getting to Know Me” tool to incorporate a social engagement lens.
 - “All About Me” tool
- Enhance availability of Magic Tables across the facility
 - 4 Magic Tables installed across the home
 - Training of Champion Network completed

All About Me

- Implemented for new admissions
- Implemented for existing residents
- Awaiting full roll-out of poster holders

All About Ronald-Test



My story



- I am from Ottawa
- I speak English and some French
- I was a mechanic for 37 years
- My favourite place is Britannia Beach
- My family and my dog Steve are important to me

What I enjoy most



- Watching sports
- Woodworking
- Listening to music

Talk to me about



- Sports
- Music
- Cars

How to communicate with me



- Be brief and to the point
- Keep your voice calm and quiet
- Talk to me even if I can't respond back
- Sing to me

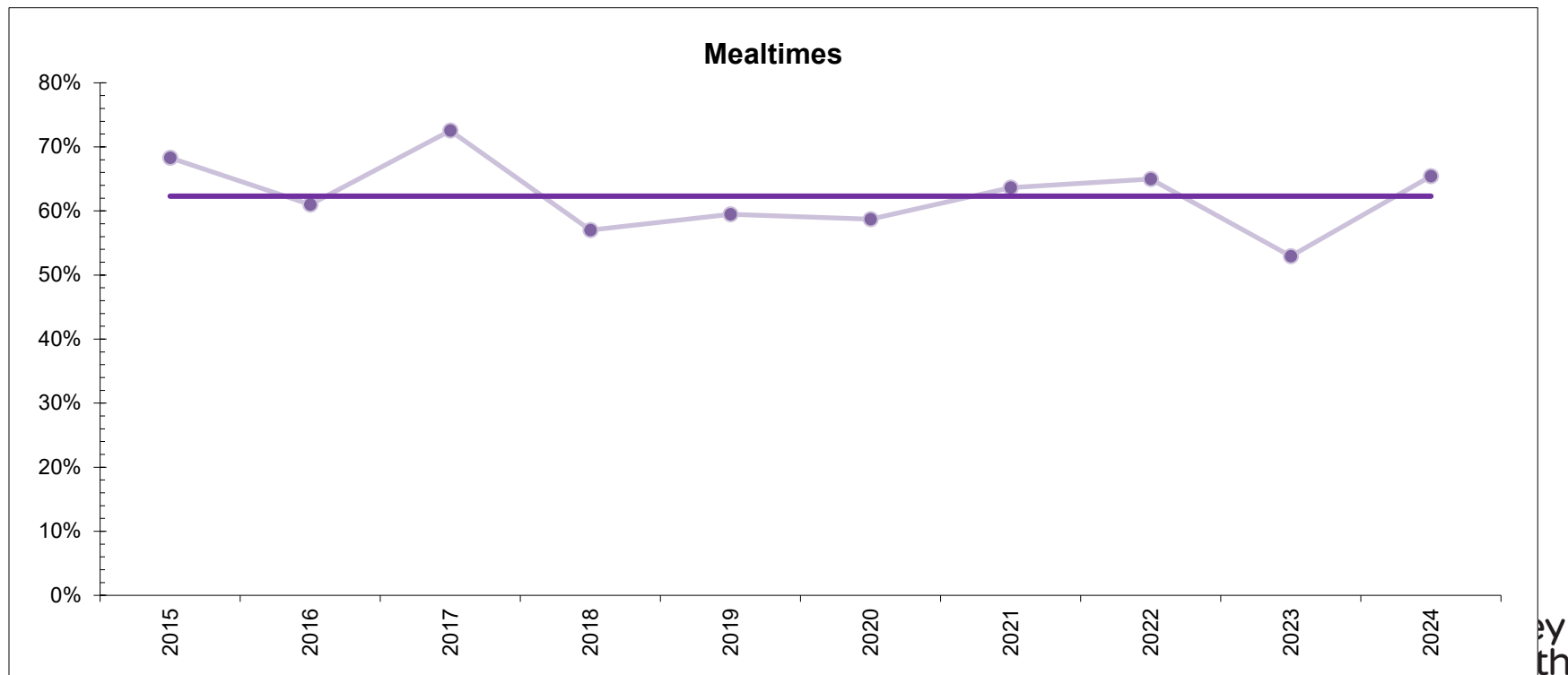
Progress - Social Life

Work completed in 2024/25

- Enhancing availability of intellectual programming
 - Completed – advanced trivia nights, lecture series and documentary club introduced
- Enhancing current methods of communicating available activities to enhance awareness
 - Changes to Master Calendar have been made - indicating which programs/activities are available to all residents.

Resident QOL – Food & Dining

Definition: Percentage of residents who responded positively to “I enjoy meal times”
(Source: Resident Experience Survey)



Resident QOL – Food & Dining Experience

Initial priorities:

- Provide residents with their preferred meal choice more frequently
- Serve all residents together (seated at the table)
- Prevent same tables from always being served first/last

Resident QOL – Food & Dining Experience

Work completed in 2024/25

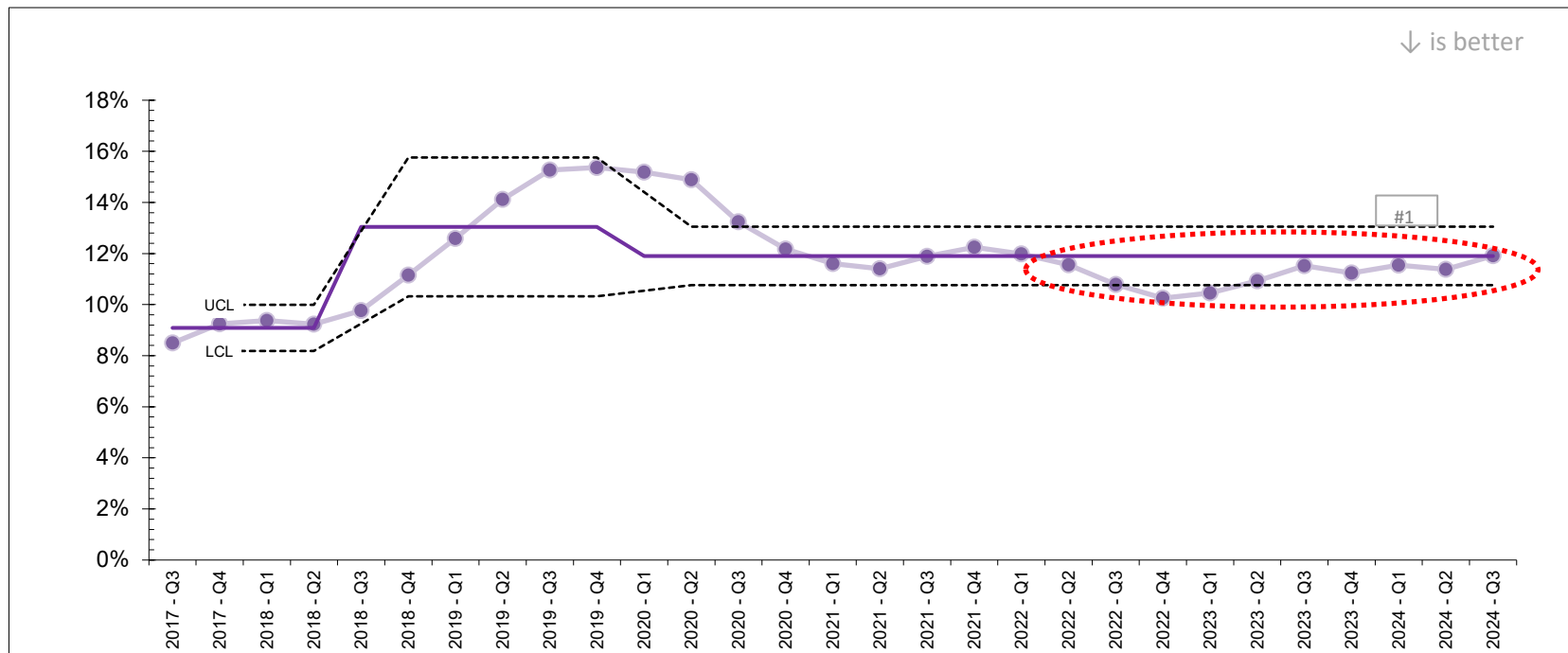
- Taking orders of all residents seated at a table utilizing the resident census sheet (one PSW takes order, another resident delivers meals)
- Daily table rotation for meal service using unit calendar
- Both changes have been implemented across Rideau and Ottawa buildings, planning for spread in Gatineau building in early May

Impact of Changes

	On a scale of 1-10 (10 being the best, 1 being the worst) how			On a scale of 1-10 (10 being the best, 1 being the worst) how		
	How often do you get your 1st meal choice ? Feb 5	Are you and your table mates served together? Feb 5	would you rate the dining room ambiance and service Feb 5	How often do you get your 1st meal choice? May 15	Are you and your table mates served together? May 15	would you rate the dining room ambiance and service? May 15
R2N Residents						
Average	31%	19%	3.25	88%	94%	7.875
R1S Residents						
	June 13	June 13	June 13	Aug 20	Aug 20	Aug 20
Average	35%	43%	3.3	85%	93%	7.1

Pain Experienced

Definition: Percentage of residents who experiencing pain



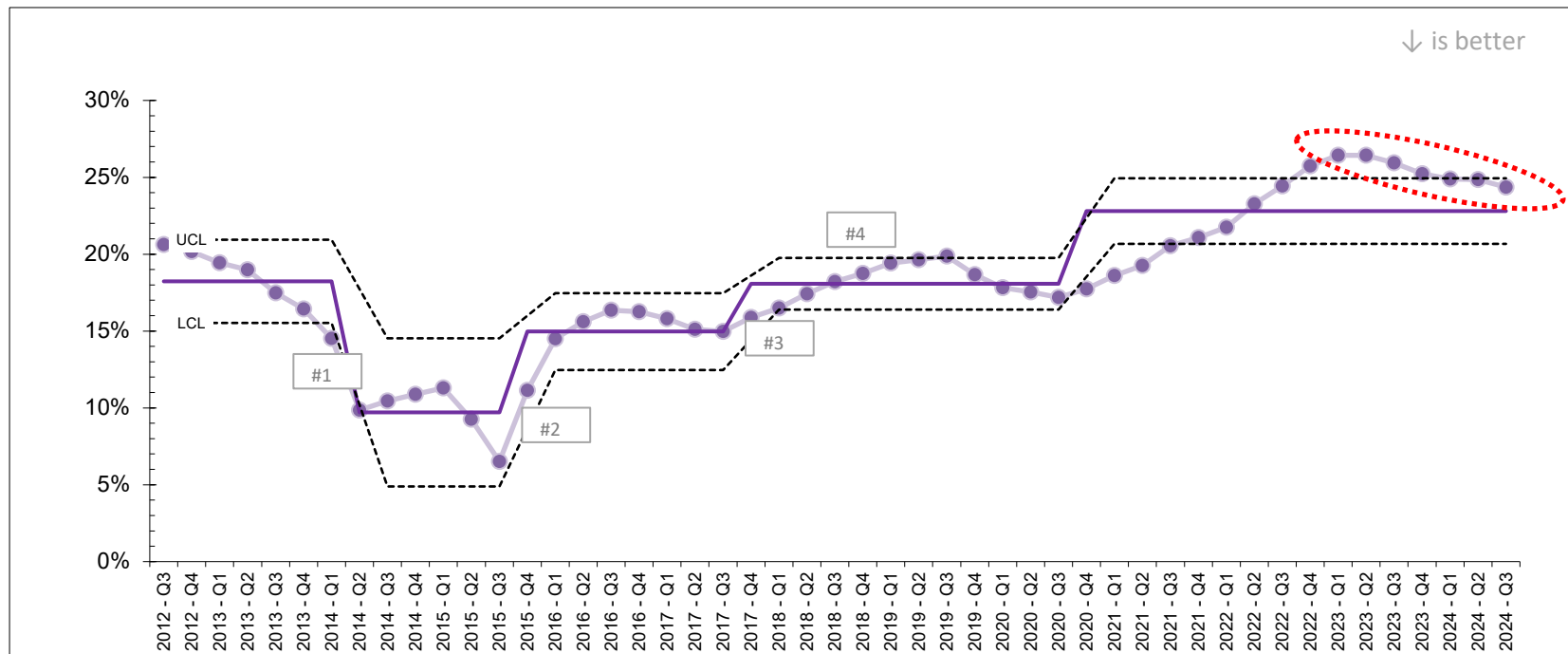
Pain Experienced

Work completed in 2024/25

- Audits and in-depth chart reviews completed for residents triggering the Pain indicator
 - Follow-up with teams at the bedside on individualized and system-based changes aligned with best practice
- Enhanced Pain Analysis (for trends) approach developed
 - Testing underway in Ottawa building
- Perley Health received grant funding to trial and evaluate PainChek – a mobile application that uses deep learning and artificial intelligence to identify and evaluate pain.
 - Initial trial and implementation in Gatineau building has been completed
 - Roll-out in Ottawa building to begin week of April 21

Antipsychotics

Definition: Percentage of residents on antipsychotics without diagnosis of psychosis



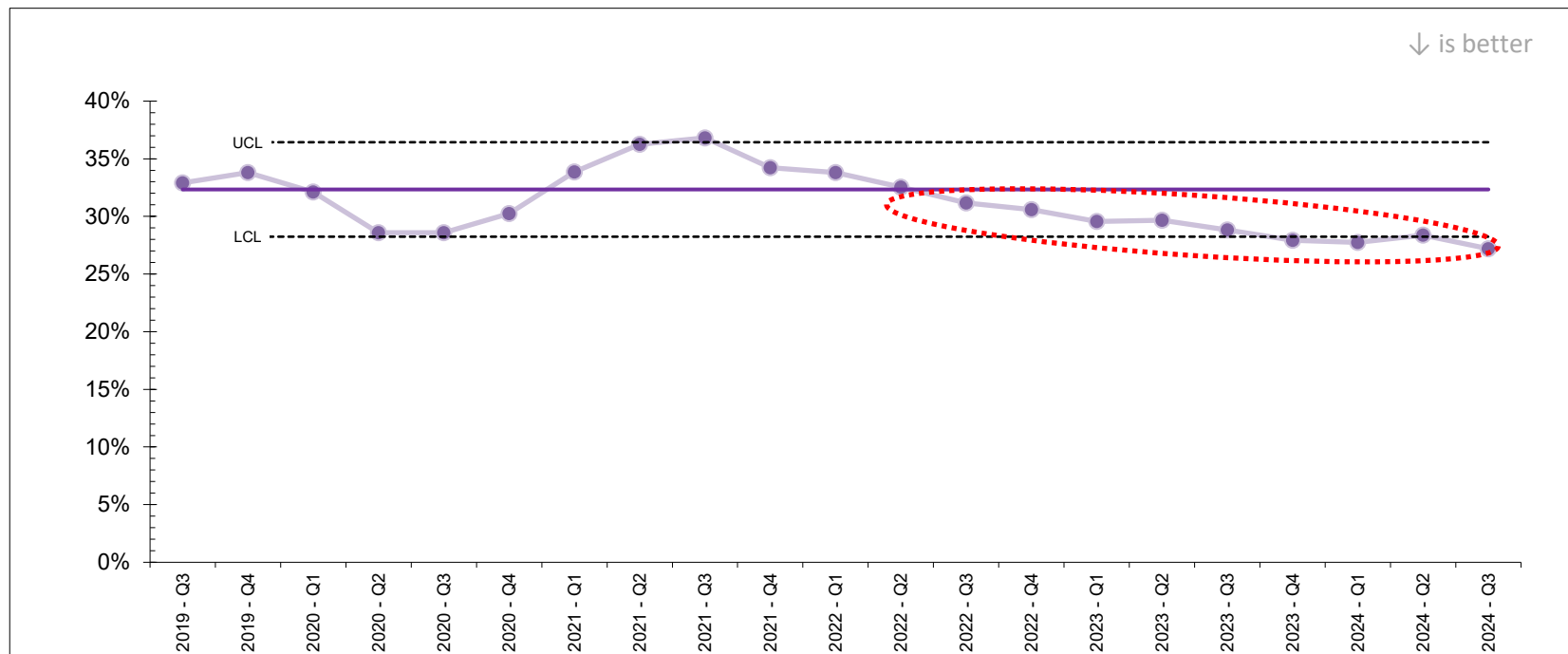
Antipsychotics

Work completed in 2024/25

- Audits and in-depth chart reviews completed for residents triggering the Antipsychotics indicator
- Follow-up with teams at the bedside to identify potential candidates for optimization, and work through the supportive process with the team.
 - Process includes a stream for new admissions and annually
- Established a standardized process for capturing supportive documentation for antipsychotic use
- This work is currently supported by “Sparking Change” initiative through *Healthcare Excellence Canada*

Symptoms of Depression

Definition: Percentage of residents whose mood from symptoms of depression worsened



Symptoms of Depression

Work completed in 2024/25

- PHQ-9 identified as a clinically appropriate tool to support new process. Feedback and testing of the PHQ-9 has been completed, including endorsement by physicians. Implementation planning currently underway.
- Streamlined PSW documentation to focus on key indicators of depression (aligned with Depression Rating Scale)

Palliative Care

Work completed in 2024/25

- Deployment of enhanced comfort care carts and chairs: 10 carts and 10 chairs are currently available for use across Perley Health.



Palliative Care

Work completed in 2024/25

- End-of-life communication and rituals
 - In collaboration with Creative Arts team, the EOL wreath was developed and approved by residents. The wreath can be put on the door when the resident is at EOL.
 - EOL Wreaths implemented April 22, 2025
 - Music Therapists working on roll-out of the “Heartbeat Project”

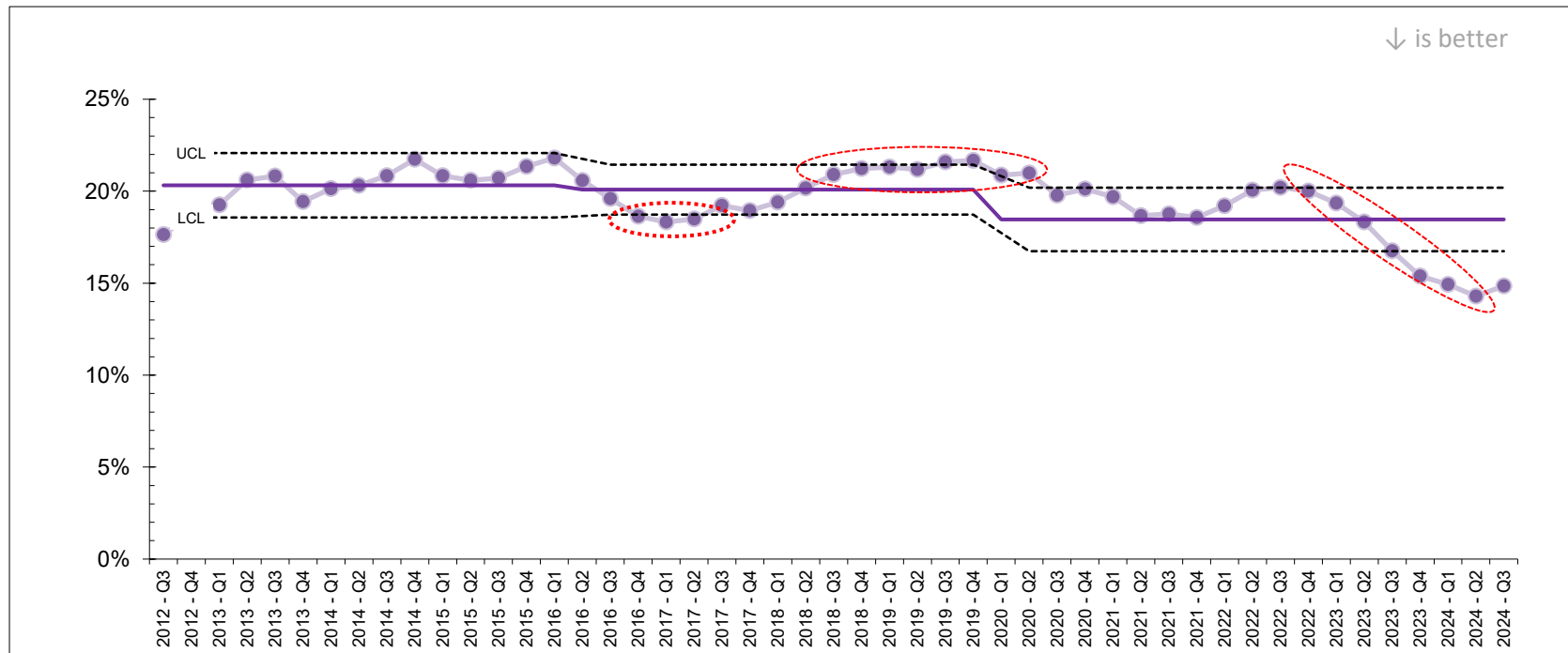
2024/25 QIP Priorities

- **Monitoring**

- Reduce falls rate
- Reduce worsening pressure injuries
- Reduce daily restraint rate
- Reduce worsening behavioural symptoms
- Reduce potentially avoidable ED visits
- Enhance/sustain IPAC practices

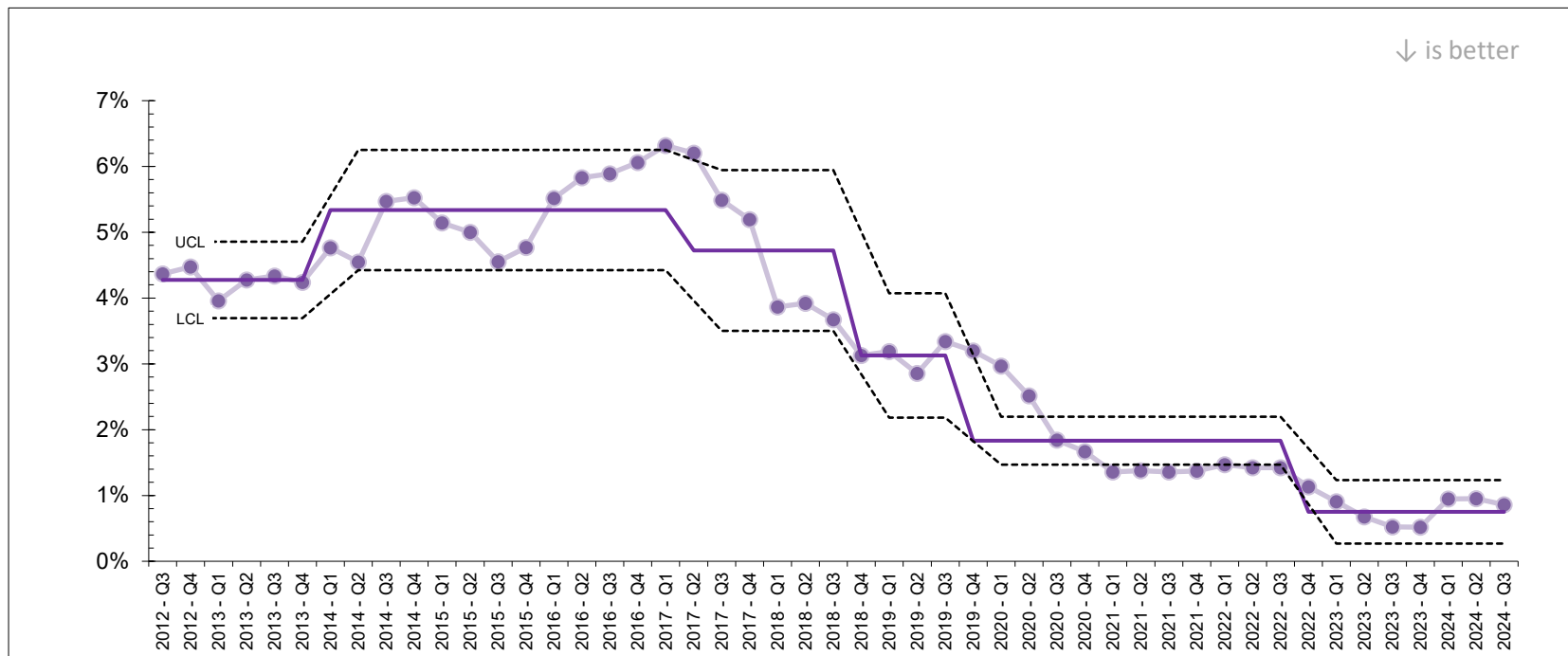
Falls

Definition: Percentage of residents who had a recent fall (in the last 30 days)



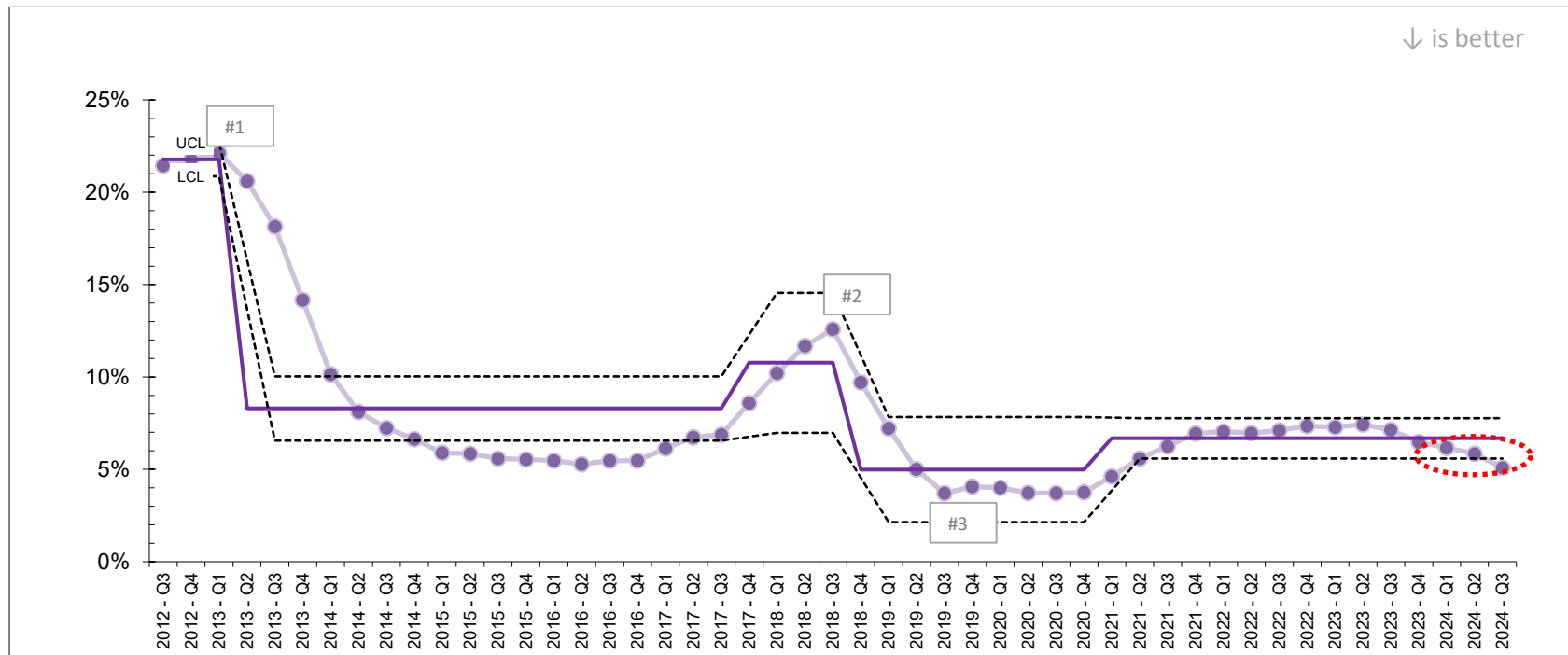
Worsening Pressure Injuries

Definition: Percentage of residents who had a pressure injury that recently got worse



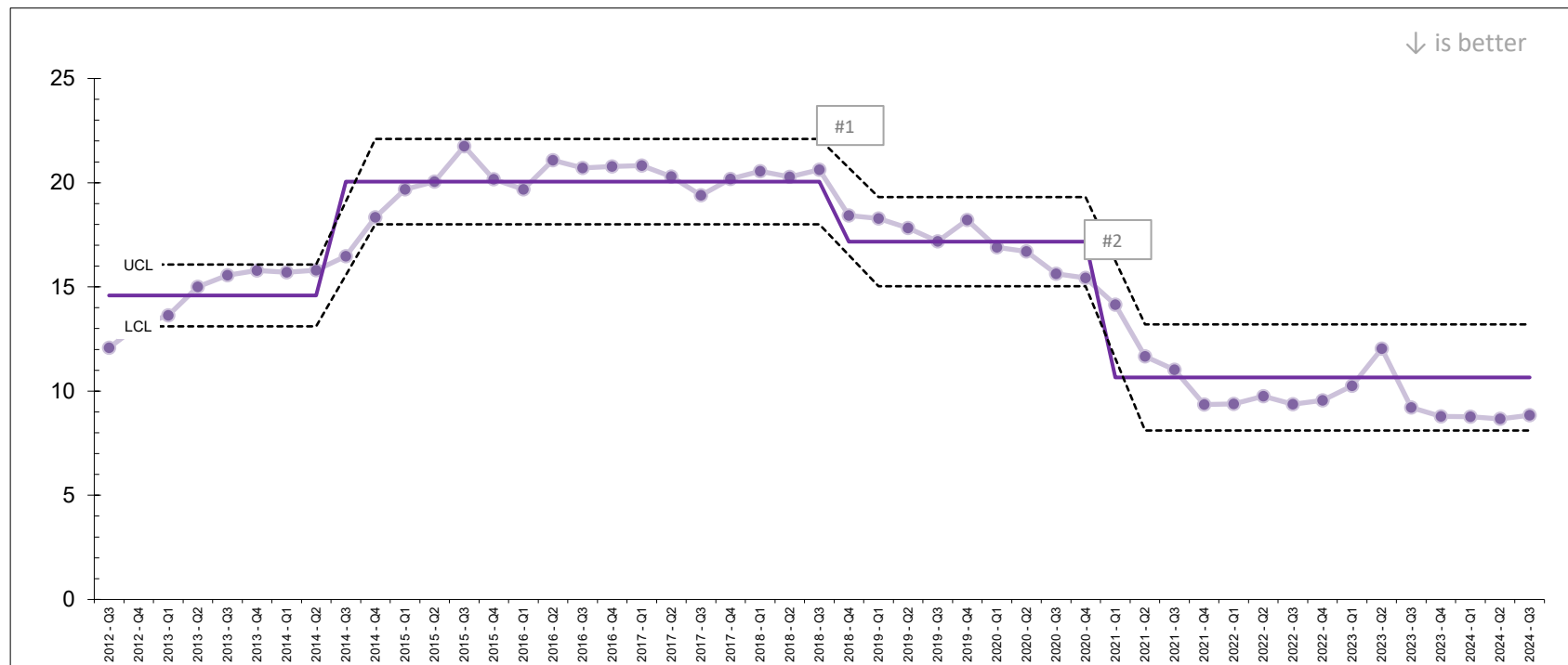
Physical Restraints

Definition: Percentage of residents who were physically restrained (daily)



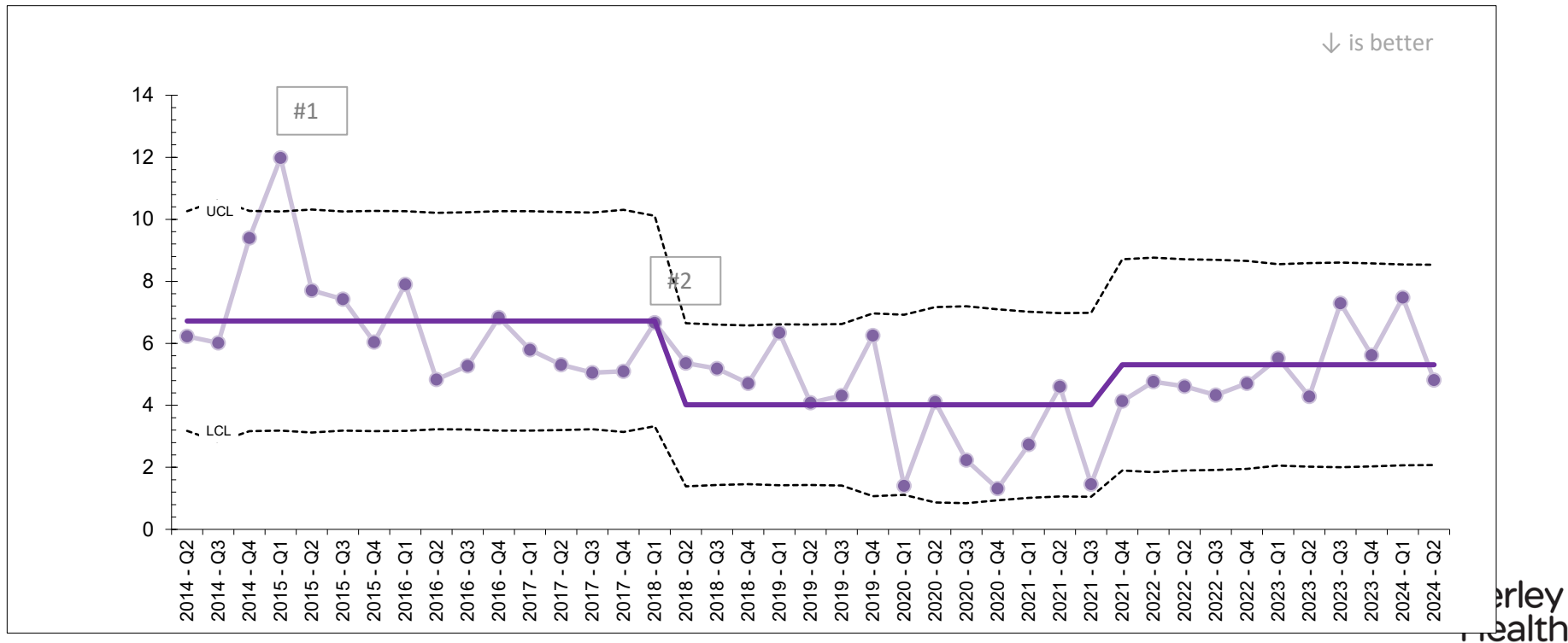
Worsening Behaviours

Definition: Percentage of residents whose behavioural symptoms worsened



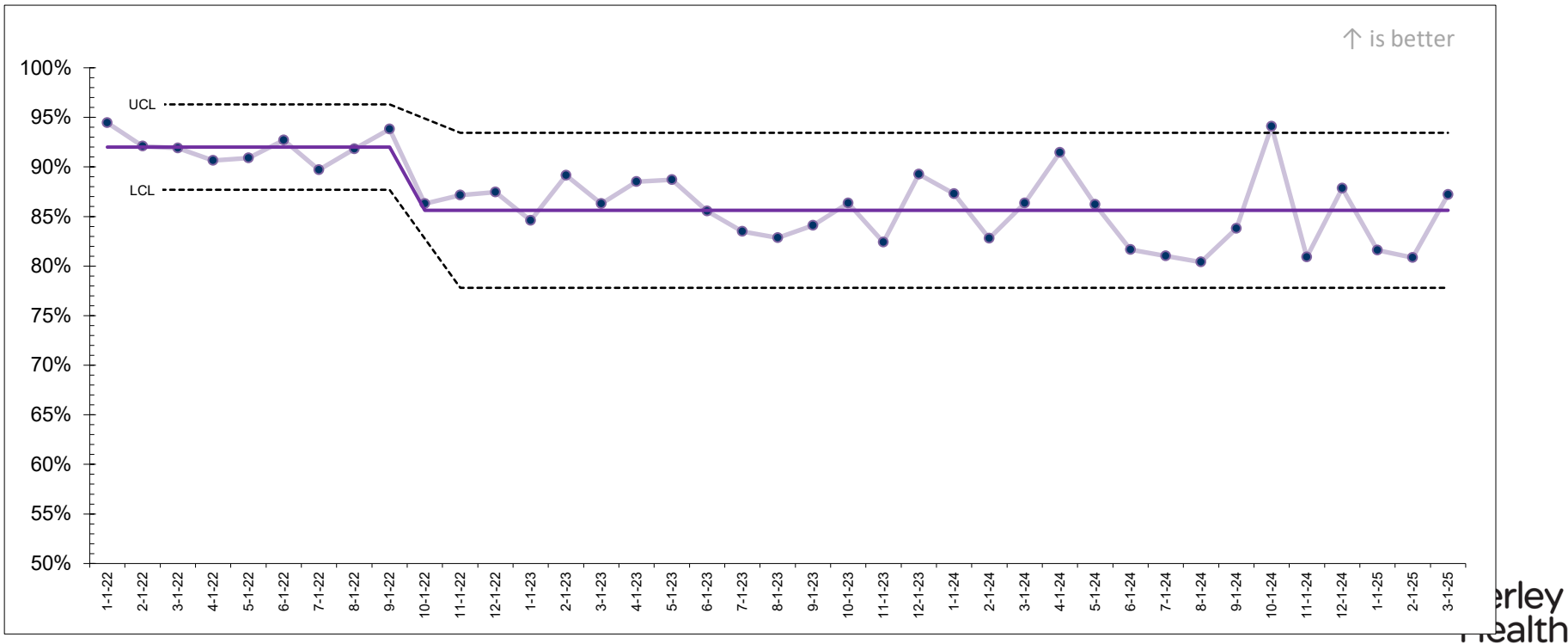
Potentially Avoidable ED Visits

Definition: Rate (per 100 LTC residents) of ED visits for modified list of ambulatory care sensitive conditions



Hand Hygiene Compliance

Definition: Average percentage of audits where hand hygiene compliance was noted for moment one and four



Hand Hygiene Compliance

Work completed in 2024/25

- Monthly scorecards
 - Rates are shared every month for each unit
- Education
- Targeted audits
 - Heightened focus on areas with lower compliance
- Hand Hygiene Campaign
 - *“Ask me if I cleaned my hands”*

