

# CARETO IMPLEMENTATION INITIATIVE

## *Consultation Report*



St. John's Rehab Research Program -  
Sunnybrook Research Institute

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# ABOUT THE CARETO IMPLEMENTATION INITIATIVE

In February 2022, the City of Toronto approved a historic investment to transform how long-term care (LTC) is delivered in City-run LTC homes (1). This new person-centered approach is branded as 'CareTO' (2). The innovative philosophy would put the individual needs of Toronto's 2,619 LTC residents ahead of routine schedules, enabling people to live with greater friendship, freedom & activities that allow them to flourish at any age or ability.

Recognizing the complexity of promoting new practices & policies related to CareTO, the City of Toronto engaged the Sunnybrook Research Institute (Sunnybrook Team) to support decision-making on the implementation of CareTO.



Lakeshore Lodge

## GOALS

The goals of the Sunnybrook team are to: a) support the implementation of the pilot version of CareTO being rolled-out at Lakeshore Lodge; b) bring clarity on how to define CareTO & c) develop a set of recommendations to enable the adoption of CareTO across all of the City of Toronto-run LTC homes.

This report represents a snapshot of key milestones achieved & learnings to date related to the Sunnybrook Team's efforts to support the implementation of CareTO.

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1. 2022 Operating Budget Briefing Note - City's proposed approach to Emotion-Centred Care & associated costs:

<https://www.toronto.ca/legdocs/mmis/2022/bu/bgrd/backgroundfile-175608.pdf>

2. City Council approves new approach to care for long-term care homes:

<https://www.toronto.ca/news/city-council-approves-new-approach-to-care-for-long-term-care-homes/>



## THREE PHASE APPROACH

### PHASE I:

## CONSULTATION

To enable the City of Toronto to make evidence-based decision making related to CareTO, the Sunnybrook Team is using a three-phased approach to engage with various stakeholder groups – residents, family members, LTC staff. This ensures that all relevant perspectives are taken into account.

Between January & April 2022 (**Phase I**), the Sunnybrook Team learned about CareTO by consulting with Lakeshore Lodge & City of Toronto staff. This included attending regular meetings with staff & taking part in the monthly CareTO Steering Committee at Lakeshore Lodge.

### PHASE II:

## SURVEY & STAKEHOLDER MEETING

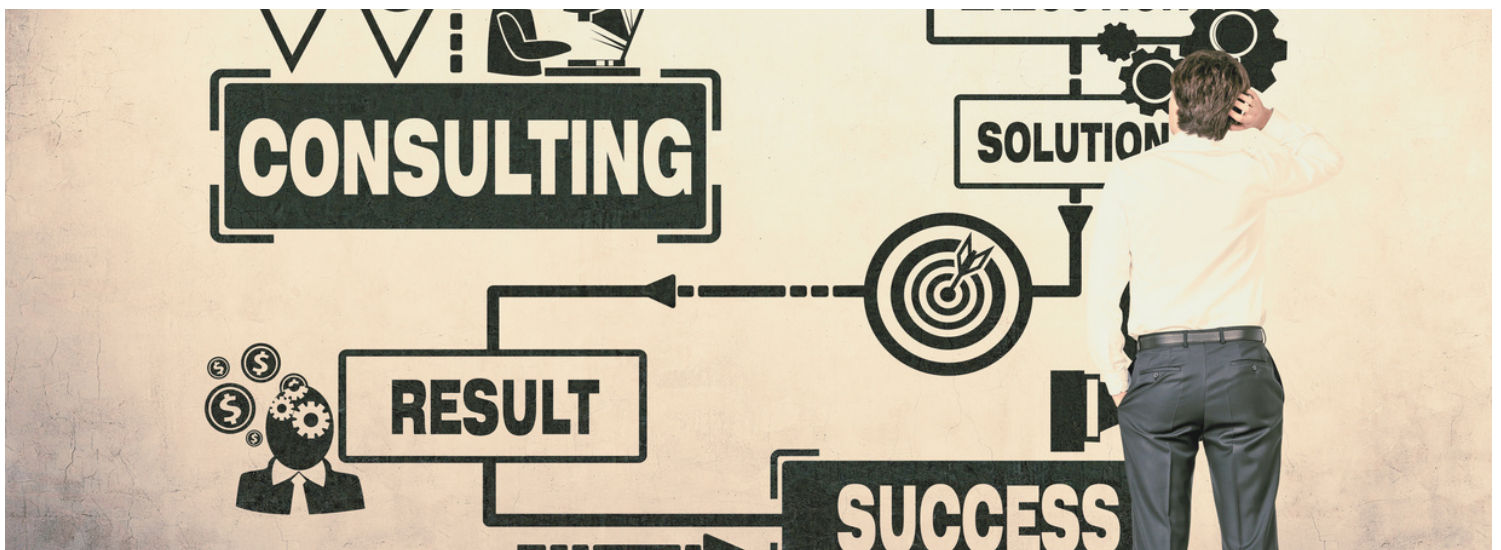
In May 2022 (**Phase II**), the Sunnybrook Team surveyed all stakeholders to get a snapshot about the state of CareTO. A half-day meeting with residents, family members & staff at City-run LTC homes allowed for an exchange of knowledge about CareTO.

### PHASE III:

## IN-DEPTH INTERVIEWS

Between June 2022 & September 2022 (**Phase III**), the Sunnybrook Team will undertake interviews with stakeholders to learn about critical implementation considerations related to CareTO.

Across each phase, key learnings are shared back with stakeholders to optimize the City of Toronto's ability to deliver CareTO.



## WHAT WE LEARNED IN PHASE I

Between January & April 2022, a site visit to Lakeshore Lodge & a series of consultations with Lakeshore Lodge & City of Toronto staff were undertaken to learn....

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### HOW STAFF DESCRIBED CARETO?

CareTO is seen as a flexible, person-centered & emotion-based approach to care. It is seen as a timely & radical cultural change in how care is delivered in LTC. Importantly, it takes into account the diversity of the residents who are receiving care as well as by the staff delivering care.

There is a unanimous agreement that CareTO will enrich the lives of residents & their families, while providing staff the opportunity to grow professionally.

*"CareTO is about elevating residents' voices & responding to concerns."*

02

### WHAT STAFF THOUGHT WAS UNIQUE ABOUT CARETO?

There is strong agreement that CareTO goes beyond attending the physical & medical needs of residents. It emphasizes the importance of meeting their social & emotional care needs.

Compared to other approaches in LTC, CareTO is seen as being unique in that it: a) is informed by research, evaluation & implementation science (*bringing evidence into action*) & b) has the potential to be applicable to more diverse populations, in terms of culture & ethnicity as well as different levels of dementia.

*"CareTO is changing the core values of long-term care."*

03

### WHAT DOES CARETO LOOK LIKE ON THE GROUND?

Since CareTO is flexible & person-centered, it enhances resident autonomy when it comes to their habits & preferences. This is strongly evident in dining preferences whereby residents can choose to eat & drink on their own terms, as well as being offered more culturally-diverse meals, & the use of a mobile food cart.

Similar to dining, there are efforts being undertaken to create a home-like environment whereby residents can have more autonomy of when to participate in self-care (e.g., when to shower) & therapies.

*"Now you can wear house coats to have your coffee. It used to be that you had to be dressed to come for your breakfast."*

## PHASE I - POTENTIAL ROADBLOCKS



*The COVID-19 pandemic & regulatory policies are barriers to CareTO.*

In our consultations, staff talked about how LTC is a heavily regulated industry that operates in an ageist society & is therefore underfunded & undervalued. For a long time, the way to 'fix' LTC was to add more standards & rules – which makes accomplishing tasks more important than caring. Changing the LTC culture from being a task-based (medical) model to one that is focused on meeting all residents needs (i.e., social, emotional) will be a major challenge. Time spent on charting & other regulatory tasks should not come at the expense of time spent socializing with residents.

The COVID-19 pandemic has exacerbated the stigma associated with LTC & led to new regulations to protect residents (e.g., masking, limiting visitors, etc.); all of which have made implementing CareTO more challenging. Due to interruptions from COVID (e.g., staff getting sick), the roll-out of CareTO has been staggered, which has made measuring the early successes of CareTO more difficult (i.e., no clear baseline).

To enable change, it is critical that funding is used strategically to train, recruit & retain LTC staff. One means for achieving this is to better communicate about CareTO to staff, which may lead to stronger buy-in. However, communication needs to be a two-way street. Staff, residents & families should not only learn about CareTO & what changes are coming their way, but also have an opportunity to provide feedback & to share ideas with leadership.

With the way LTC has traditionally been structured (i.e., task-oriented & heavily regulated) & the impact of the pandemic, concerns around funding & sustainability of CareTO were frequently mentioned by staff. An added pressure is the high level of attention by the City of Toronto for CareTO to succeed.

Despite these potential roadblocks, there is an unbridled enthusiasm for CareTO as staff feel it is 'the right thing to do' & that it is the right time for this change.



This survey was administered before the roll-out of all the components of CareTO at Lakeshore Lodge. This may have impacted respondents' perceptions regarding the ease or difficulty of implementing each domain.

## CARETO CONSULTATION EVENT (PHASE II)

On May 5, 2022, approximately 100 stakeholders (residents, family members, Lakeshore Lodge & other LTC staff from 9 City-run LTC homes, City of Toronto staff) took part in a half-day event to learn about the survey results & were given the opportunity to share their thoughts about CareTO.

### How did Meeting Attendees describe CareTO?

Meeting attendees highlighted that CareTO is a culture shift from focusing on task-based care to offering a more personalized & resident-driven approach to care. This includes focusing on the emotional well-being of residents & building in opportunities for residents to have an active voice in the direction of their care (e.g., culturally diverse foods, what types of activities & when to participate, etc.). As a result, issues of equity & diversity can be better recognized by LTC staff & can elevate residents' quality of life.

**When asked why CareTO is needed**, there was recognition by the meeting attendees that current models of LTC are simply not working. The COVID-19 pandemic has exposed weakness in the LTC system as well as magnifying existing issues like residents feeling lonely or isolated. Hence, being focused on completing tasks only addresses the physical needs of residents & de-emphasizes their emotional & social care needs. Importantly, the residents in City-run LTC homes are more diverse & require more "culturally-aware" care. CareTO is an opportunity to bring a "forward thinking" philosophy to LTC & may bring a more inclusive & home-like experience for residents living in LTC.



# CARETO IMPLEMENTATION CONSIDERATIONS (PHASE II)

When asked about implementation considerations related to CareTO, meeting attendees highlighted the following issues:

## SYSTEM-LEVEL ISSUES

- CareTO is a shift in culture, & regulatory bodies (i.e., Provincial ministry overseeing LTC) need to be educated about CareTO. Relatedly, there is a need to showcase the impact of CareTO as opposed to high levels of documentation of tasks.
- Negative societal attitudes related to LTC need to be addressed.
- COVID-19 will affect the roll-out of CareTO.
- Current staff hiring models are slow & time-intensive.
- There have been lots of new programs & innovations introduced in LTC but not always sustainable.
- Availability of funding & limitations to being able to change infrastructure are on-going concerns.

## STAFF-LEVEL ISSUES

- Although staff are on-board to support CareTO, time will be required to allow staff to re-think their scope of practice in the team & how they can work together. Creating opportunities to involve people with decision-making can help with this.
- There is a need to find ways to incentivize the staff to stay in LTC (i.e., minimize staff turnover) & to provide positive feedback when staff exemplify CareTO values.
- New education & training will help staff with these changes, but it is critical to keep lines of communication open to keep staff engaged. The use of peer-to-peer engagement will also help with staff buy-in.

## RESIDENT & FAMILIES CONSIDERATIONS

- Engage with residents & families via Family & Resident Councils to communicate & create opportunities for shared decision-making.
- Ensure communications & information about CareTO are easy to find, approachable & accessible (e.g., translated).

## HOW TO EVALUATE CARETO?

- Feedback from Resident & Family Councils.
- Evaluate staff retention & satisfaction levels.
- Obtain feedback (qualitative) on residents' levels of satisfaction (i.e., food quality).
- Document resident non-verbal cues (e.g., smiles, activity levels) & reduction in responsive behaviours.
- Examine changes in current LTC indicators over time.



## INSIGHTS & RECOMMENDATIONS

At this preliminary stage, the learnings from Phase I & Phase II have provided some important insights about CareTO. First, the reflections shared by stakeholders about CareTO is well-aligned with how it was originally envisioned. In particular, there are clear examples of what is meant by 'person-centered' care – which emphasizes the voice of residents' in the direction of their care (the *when* & the *how*) as well as elevating the importance of meeting mental & social health care needs.

By taking this into consideration, residents will experience higher levels of autonomy, which can foster a more home-like experience for them. This approach will enable LTC staff to address the personalized needs of an increasingly diverse (culturally, racially, etc.) group of residents. Consequently, a sense of community among residents, family members & staff will emerge & lead to a better quality of life for residents.

*There is a great deal of excitement & enthusiasm about CareTO by everyone involved.*

There is a strong degree of goodwill regarding CareTO by all stakeholders at the pilot site (Lakeshore Lodge) & at other LTC homes. This enthusiasm & engagement will be critical for moving CareTO forward. Although the core domains of CareTO (e.g., staff training & education modules, use of Care Coaches, etc.) will likely serve as the 'backbone' of the structure of CareTO, the differences across LTC homes (i.e., physical layout/structure of the homes, staffing composition, resident characteristics, etc.) will influence how these domains are applied to each setting.

To prepare each home & to help this cultural change in LTC at the home & system level, it is critical to keep lines of communication open. At the system level, it will be important to advocate why CareTO is needed & to understand what regulatory bodies may need to help 'quantify' it.

At the individual home level, it is essential to provide clear examples of 'person-centered' care & to provide opportunity for staff, residents & families to co-create an implementation strategy. A more grassroots approach will enable each home to tailor CareTO to their unique context & create a greater sense of ownership. Doing so may also identify ways to sustain CareTO over the long-term.

A meaningful evaluation of CareTO can also provide metrics for sustainability. The full impact of CareTO may not be seen in the short-term. Therefore, capturing initial feedback about CareTO by staff, residents & family members will offer insights on what outcomes should be tracked over time to demonstrate long-term impact.

## A PATH FORWARD FOR CARETO



Importantly, it would help if everyone could see a visual picture of how the implementation of CareTO will take place. Therefore, one of the valuable items to consider for ongoing consultation is an implementation road map. The road map should highlight the key stages of the implementation & allows participants to provide feedback on each step of the process.

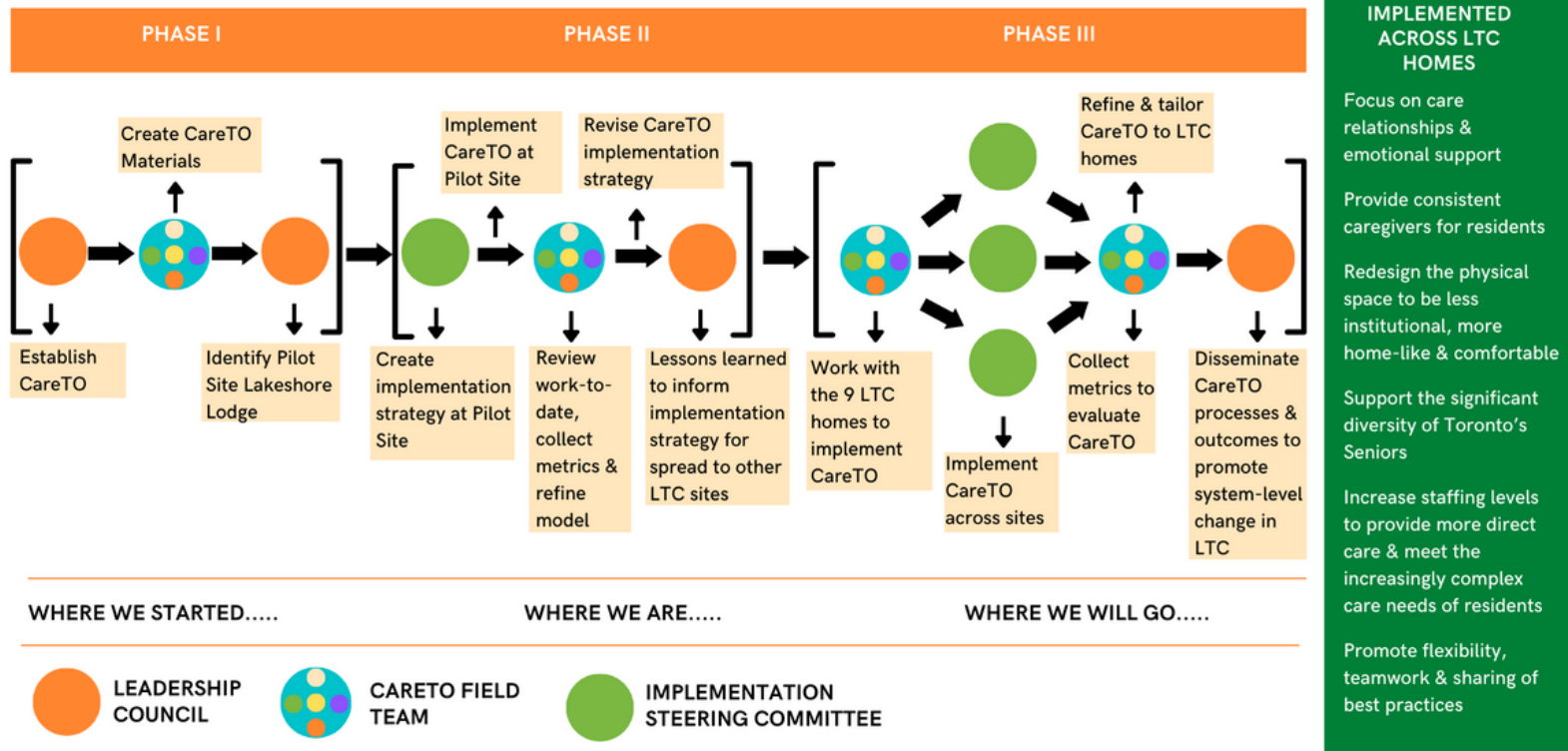
To support ongoing participation, we recommend a participation roadmap, instead of using a traditional project planning milestone chart. **See Figure 1** on pg. 10 for an example.

The implementation of CareTO is a multi-organizational project involving a wide variety of people (e.g., residents, family members, staff, leadership, etc.) for success. Therefore, considering a structure to support the full implementation is recommended. The framework could consist of the following engagement groups.

- **'Leadership Council'** – A group of individuals from each of the 10 City-run LTC Homes to oversee the overall transition to CareTO. This council should also include senior leadership at the division as well as staff from Lakeshore Lodge to share their front-line experience with implementation.
- **'Implementation Steering Committee'** – A cross-section of individuals who are responsible for implementation at each of the sites. At Lakeshore Lodge, a Steering Committee with staff, residents, external partners & senior leadership from the division has been organized. This committee meets monthly to share progress, problem-solve & engage in shared decision-making about the implementation of CareTO.
- **'CareTO Field Teams'** – A specialty group to support the transition from traditional models of care to CareTO at City-run LTC Homes. Critical to this team will be a 'knowledge broker' who is someone who supports the local sites while connecting with the Leadership Council & Implementation Steering Committees. A Management Consultant for CareTO has been hired & is someone who could serve in this role.

# ROADMAP EXAMPLE - FIGURE 1

## CareTO Participatory Implementation Roadmap



**Figure 1** provides an example of a participatory roadmap that could be applied to the implementation of CareTO. Using a standard visual language to describe the implementation process will provide everyone in the project with a common language to see what previously occurred, & how to support the implementation. This is accomplished by mapping out who is responsible for which component & when they are to be engaged.

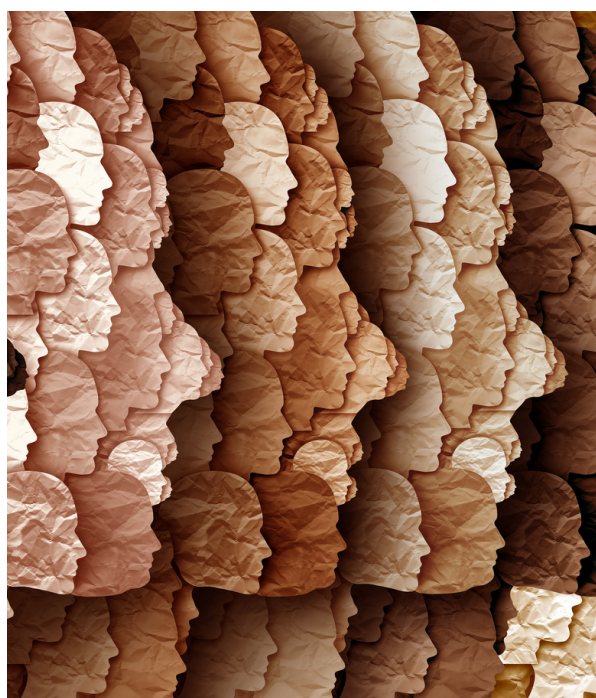
Critically, there are meaningful changes that occur after each phase & there is a long-term vision that can be used to reflect on whether activities are making progress to achieving the intended goal. The consultations (Phase I & Phase II) raised several implementation considerations that can be supported if everyone has a shared process & vision, whereby ideas can be exchanged in a way that everyone - staff, family members & residents - feels heard.



## OUR GOALS FOR PHASE III

- Starting in June 2022, the Sunnybrook Team will be doing one-to-one interviews with various stakeholders at Lakeshore Lodge, including managers, front-line staff, family members & residents.
- These interviews will help to obtain an in-depth understanding of how the roll-out of CareTO has progressed over the past few months, what aspects are going well & where there is still a need for further support.
- Key learnings from these interviews will be shared to help Lakeshore Lodge & other LTC homes with their decision-making on how to implement CareTO.
- Phase III has received ethics approval from the Sunnybrook Health Sciences Centre & the City of Toronto's research ethics boards.
- Ethics approval has been obtained to ensure that any person interested in taking part in an interview has a choice if they wish to participate or not. It also ensures that people's identities & anything discussed with the Sunnybrook Team will be kept confidential. Research ethics ensures that people's rights (residents, family members & LTC staff) are protected.

## BRINGING IT ALL TOGETHER...



In September 2022, the Sunnybrook Team will summarize all the key findings from our consultations to develop a set of recommendations to help other City of Toronto-run LTC homes plan their own roll-out of CareTO.

The three phase approach by the Sunnybrook Team is providing the opportunity for stakeholder groups to share their thoughts, opinions & ideas on how to implement CareTO, which will build buy-in by residents, family members & staff. Consequently, this will set the stage for CareTO's success.



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## THE SUNNYBROOK TEAM

The Sunnybrook Team is based at the St. John's Rehab Research Program at the Sunnybrook Health Sciences Centre. Drs. Sander Hitzig & Christine Sheppard are leading the CareTO initiative with the support of Julia Hemphill.

The Sunnybrook Team has a strong track-record of using implementation approaches to co-design & evaluate complex interventions for seniors' health & wellbeing. This includes supporting: a) the City of Toronto with the development of a new integrated service model for seniors' social housing; b) the implementation of new technologies in long-term care; & c) development & evaluation of new approaches to care at Sunnybrook Hospital, including the use of patient navigators for older adult patients with complex care needs.

The Sunnybrook Team would like to thank Ethan J. Mings from the Desk Consulting Group Inc. (<https://thedesk.ca>) for his support in facilitating the Phase II Planning Event & insights into this report.

## HOW TO CONTACT US?

Questions about the CareTO Implementation Initiative can be directed to Julia Hemphill at:  
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You can follow us on Twitter at:

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