



Quality Plan and Report

Caressant Care McLaughlin Rd.

March 2024

Caressant Care Nursing and Retirement Homes Ltd.

Background:

At Caressant Care continuous quality improvement (CQI) is a transparent process and an effective way to improve care for residents and to improve practice for team members. Quality improvement is not a linear process, and we believe there are always opportunities to be innovative, optimize, streamline, and revise or develop new processes for clinical and operational effectiveness and efficiency. CQI is an ongoing process and considered an integral part of everyone's work, regardless of role or position within the organization.

Caressant Care is committed to resident-directed, safe, quality care that responds to a resident's physical, psychological, emotional, social, spiritual, and cultural goals and needs and is respectful of every resident's individual identity and history and fostering an inclusive environment that supports continuous quality improvement and innovation.

Introduction:

Input for improvement is obtained in a variety of ways.

Caressant Care participates in a voluntary accreditation process through CARF International. In 2024 we will be participating in the CARF Survey process.

Additionally, Caressant Care seeks input from residents, families, persons of importance to residents, and team members through an ongoing survey process. Surveys are summarized semi-annually, and results are shared with residents, team members and families. Opportunities are provided for input and feedback on determined prioritized actions and objectives for quality improvement from residents and families as well as the CQI Committee.

Feedback is sought through resident driven committees such as the Food Committee and Residents' Council as well as Family Council, where suggestions and concerns can be brought forward.

Information about obtaining feedback, concerns and complaints is shared with residents and their designates at move in, and team members are provided information on improvement processes and initiatives when onboarding and on an annual basis. Active engagement is sought through the Professional meetings such as, Town Halls, and interprofessional meetings such as Professional Advisory Council and Continuous Quality Improvement meetings which are held regularly where Quality Improvement plans are reviewed and discussed.

Priorities and targets are determined through internal and external benchmarks, audits, legislation, program evaluations and other reviews such as the Ministry of Long-Term

Care, Ministry of Labour, Public Health Units, or other internal or external stakeholder inspections.

A variety of QI processes and tools may be utilized in the QI process. In addition, an individual Quality Improvement Plan will be submitted to Health Quality Ontario (HQO) on an annual basis.

The attached plan provides our quality commitment priorities that Caressant Care has made to residents, team members, and community partners to improve specific quality issues through focused targets and actions.

Definitions:

Health Quality Ontario is a provincial agency and the province's advisor on health care quality. The role of Health Quality Ontario is to monitor **and report on how the health system is performing**, provide guidance on important quality issues and assess evidence to determine what constitutes optimal care.

Resident-Centered Care is a model of senior care that invites, accommodates, and respects residents' personal wishes and desires in health care.

CIHI Canadian Institute for Health Information (CIHI) provides comparable and actionable data and information that are used to accelerate improvements in health care, health system performance and population health across Canada.

Continuous Quality Improvement (CQI) Committee

Our designated QI lead is Pauline Kendrick

Our Terms of Reference for the CQI Committee for membership include but may not be limited to: Executive Director, Director of Care, Medical Director, each designated lead of the home, registered dietitian, pharmacy consultant, personal support worker and nursing staff representation, other professionals as well as representation from Resident and Family Councils, if available.

Main Responsibilities of the CQI Team

1. To monitor and report to the long-term care home licensee on quality issues, residents' quality of life, and the overall quality of care and services provided in the long-term care home, with reference to appropriate data.
2. To consider, identify and make recommendations to the long-term care home licensee regarding priority areas for quality improvement in the home.
3. To coordinate and support the implementation of the continuous quality improvement initiative, including but not limited to, preparation of the report on the continuous quality improvement initiative.

Quality Improvement and Operations

1. QI Initiatives may be identified through various means such as satisfaction surveys, concerns or complaint reviews, informal and formal meetings, weekly walkthroughs, or through other program evaluations, audits, or compliance. Once initiatives are determined and identified by the CQI Team they can be addressed on a priority basis, determined through feedback, based on high risk or resident and/or family satisfaction feedback.
2. A QI Plan will be developed and implemented with reporting back to the CQI Team and information will be shared with residents, families, and team members. Transparency is the key to success. The PAC/CQI will review and update quality initiatives at regular meetings throughout the year, and course adjust, as necessary. Outcomes will be communicated, and progress reported back to the Resident's Council and families, as well as team members.
3. Policies, procedures, audits, and other resources are available to all team members on our online policy software and can be made available to others on request.
4. Caressant Care continues to revise the quality program with our comprehensive document for reporting and tracking indicators. The "Roadmap to Success" has monthly tasks, meeting templates, scheduled monthly tasks, operational and program evaluations, as well as documenting clinical and operational indicators. This document is posted on a shared drive and can be accessed by both the home and corporate team. This document demonstrates our accountability and commitment to quality.
5. Distribution of the quality plan and report will be observed on our website, with copies provided to the Resident's Council, families, as well as available in the home.

Brief Summary of Quality Improvement Initiatives fiscal year 2024:

Overview

Each year, Caressant Care McLaughlin identifies priority areas for quality improvement based on the recommendations throughout the previous year from the Resident's Council, Team meetings, internal and External Stakeholders and our Continuous Quality Improvement Committee and Professional Advisory Committee. We analyze and identify areas for improvement through data from the previous year. Such data includes, but is not limited to, results from the resident and family/caregiver satisfaction surveys. Quality Indicators, Team members documented feedback/suggestions, Internal Quality Indicator Analysis and Provincial/ Legislative requirements and initiatives.

Clinical programs have been clearly defined to include policy and best practice in alignment with the Fixing Long-Term Care Act. The programs include comprehensive assessment and an holistic approach among the team to be inclusive of the resident's bill of rights, enhance resident assessments and referrals which are adapted to a resident specific plan of care.

Areas of focus for quality improvement will be fall prevention inclusive of the indicator of capturing the percentage of residents who fell during the 30 days preceding their resident assessment and reducing the percentage of residents without psychosis who were given antipsychotic medication in the 7 days preceding their assessment.

2024 will have our home recruiting, retaining, and building relationships, morale, and positive team members. Educating and shifting to a more culturally diverse environment.

Building and Environmental Improvements:

We continue to enhance our maintenance program and plan to undertake a comprehensive review of maintenance tasks on our online software system to improve service and efficiency. Our home has completed the replacement of all 3 nursing stations.

Our goals for 2024 for building and environmental improvements include:

1. Upgrades to thermostats
2. Replacing call bell system -Home area 1
3. Update painting in home areas with color.

Clinical Programs:

The following clinical programs have been reviewed and revised and we are continuing to roll them out into 2024:

We have a plan to review and update restorative care programs. We have a plan to review and update our pain and palliative program, restraints, and continence. We are continuing to enhance the use and functionality of our electronic documentation system by scheduling assessments, updating the care plan library, and including the development of a care plan resource binder.

We have a plan to replace all our lifts in the first part of 2024. These lifts will all include weigh scales to promote consistent weight review.

Communication and Technology:

Caressant Care as a corporation has updated and restructured our online learning management system as well as added new improved assessments into the care plan library. Caressant Care has an online policy system, as well as a comprehensive library on our learning management system, which promotes a more user-friendly system for employees. We continue to add extensive resources to our library such as “how-to’s” and other relevant information.

We continue to review our communication strategy, and have increased our use of mobile devices, so we are able to connect residents and people of importance to them virtually. We have enhanced our use of virtual technology and software to participate in Communities of Practice both internally within Caressant Care and externally with our community partners.

We also are continuing to upgrade our internet systems to improve WIFI as well as use of a companion app which connects directly to our electronic documentation system. This should promote efficiency and streamline data flow.

We have streamlined and automated our accounts payable process for redundancy and efficiencies when paying invoices.

Continue to educate managers in staff schedule care. We would like to implement a portable phone system.

Compliance and Conformance

We have a centralized system for any legislated compliance reports, all reports are sent to Risk Management email. Once received, a corrective action template is sent (if required) to complete with support from the regional team, and a centralized catalogue of all reports is maintained. There is also a system in place to communicate and share any areas of concern for follow-up and awareness to the homes.

Infection Control:

Caressant Care recognizes the correlation between infection control practices and keeping our residents safe. With an even greater emphasis since the COVID-19 pandemic, we have continued to enhance our Infection Control processes by increased auditing in areas such as hand hygiene, passive screening, PPE, and dietary and housekeeping processes. As a result of these audits, we have enhanced our cleaning processes, and will continue to engage with our local IPAC Hub. Additionally, Caressant Care has appointed an Infection Prevention and Control (IPAC) Lead to support the home as well as providing training/education, policy development, and outbreak management. To further optimize IPAC practices, Caressant Care continues to carefully review trends and analyze data with support to IPAC Leads with additional education, training, and community of practice sessions.

Resident and Family Experience:

Surveys are completed throughout the year, and summarized semiannually with results sent to the home, to be communicated and reviewed for improvement initiatives. This process supports a nimble turnaround time for actionable items.

Based on feedback from residents and family members we have revised and streamlined our surveys for 2024 and increased opportunities for participation with paper, QR Codes, online links and support or assistance provided with in person or telephone options. We have also added an option to provide additional information for each category.

Based on our review for 2023 results the following have been determined areas of improvement

Resident Satisfaction Survey	Date: January 10, 2024	Number of Participants:	
Top 3 areas for improvement	Plan	Responsible persons	Target Date
1. Enjoy Mealtimes	Changing the atmosphere in dining areas: welcoming, pleasurable dining	All staff	Ongoing
2. Residents recommending us	Resident focus, team member ratio	All staff	Ongoing
3. Residents making decisions	Educate team members on Residents Rights	All staff	Ongoing

Top Successes:
1. Residents receive the privacy needed
2. Team members pay attention to residents
3. Residents get the health services they need.

Survey Feed back	Date	Comments
Shared with Residents	February/ 24	Shared at Residents Council
Shared with Families	March 20/24	Shared at Family Council
Shared with Team member	February/24	Posted on CQI board
Shared with CQI/PAC	March 4/24	Shared at meeting

Family Satisfaction Survey		January 10/24	
Top 3 Areas of Improvement	Plan	Responsible Person	Date
Staff asking residents how needs can be met	Educating team members – Residents rights	All team member	ongoing
Explore new skills and interests	Add new programing	Activities	ongoing
Staff engage in friendly conversation	Educate the importance of communication with residents	All Team members	ongoing
Top 3 successes:			
1. Residents feel privacy is respected			
2. Residents receive health services needed			
3. Residents can bath/shower anytime: the home cares and supports family members			
Survey Feedback	Date	Comments	
Shared with Residents	February /24	Discussed at Residents Council	
Shared with Family	March/24	Posted on CQI board	
Shared with team member	February/24	Posted on CQI board	

Shared PAC meeting	March/24	Meeting
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Leadership Development

Caressant Care recognizes the impact of our leadership team on overall operations and health human resources management and have contracted with a Professional Certified Leadership Coach to provide monthly interactive virtual training sessions for all management team members. These sessions may enhance and build on our current management team members skillset(s) and support a culture of cohesiveness and a more collaborative workplace.

Caressant Care McLaughlin now has a full complement managerial team and building a strong work ethic.

Equity and Indigenous Health

Caressant Care is committed to driving improved and equitable outcomes to reduce health inequities in our organization and to ensure appropriate treatment of all individuals regardless of race, gender identity and/or expression.

All management and supervisors have completed cultural awareness and safety education modules which includes Indigenous Relationship and Cultural Awareness courses, anti-Black racism, and gender diversity education modules. Ongoing planning continues to enhance services and provide further education in these areas on a broader scale.

Provider Experience

It continues to be a challenging time for health care organizations with unprecedented human resources challenges. Caressant Care endeavors to improve workplace culture, by providing education incentives, and carefully reviewing and listening to our team members. We have reviewed our Team Member survey results and plan to focus on indicated areas. Team building with new and senior team members, including a mentoring program, and ensuring that team members are clear on job expectations and have an opportunity to set goals for the home. We will continue to do staff appreciation days, BBQs, including a team member, residents, and family fun day.

Team Member Satisfaction Survey			
Date: January 2024		Number of Participants: 131	
Top areas of improvement	Plan	Responsible Person	Date
1. I am involved in setting goals for this home and have the opportunity to provide input when changes are made	Team members are encouraged to attend meetings and participate in setting the goals and having opportunity for input.	All team members	Ongoing
2. I feel like an important member of the	All team members to be educated that their input is necessary and	All team members	Ongoing

Resident care team.	important in caring for our residents		
3. The incontinence products supplied by the home, meet the needs of the home.	Continance lead to follow-up and ensures that the needs of the residents are met. Team members to update RCC as to the needs	RCC	Ongoing
Top 3 successes			
1. I feel comfortable reporting near misses or safety concerns.			
2. I am clear about my job expectations			
3. Our residents feel safe and are treated with dignity by those who provide them with support			
Survey Feedback	Date	Comments	
Shared with team members	February/24	Shared in Huddle and posted on CQI board	
Shared with others	February /24	Posted on the community quality board	

Safety

Caressant Care will be conducting a comprehensive review of the Health and Safety Program with an expanded role at corporate office including internal health and safety policies and developing policies, programs and education aimed at enhancing health and safety compliance and accident reduction.

Annual education will continue for team members to ensure a safe and healthy work environment. Education includes modules regarding policy and process for Caressant Care and the Ministry of Labor Safe at Work Modules.

Population Health Approach/Community Partnerships

Ongoing communication with our external stakeholders, team members, residents, and families/caregivers. We are recruiting International Educated Nurses to gain employment and experience working within Canadian Health care.

Access and Flow

Optimizing system capacity, timely access to care, and patient flow improve outcomes and the experience of care for patients, clients, and residents. Health service organizations across the system, including interprofessional primary care, long-term care, and hospitals, are working in partnership and across care sectors on initiatives to avoid unnecessary hospitalizations and avoid visits to emergency departments through new models of care and by ensuring timely access to primary care providers.

Caressant Care McLaughlin has developed a work plan to include improvement targets and initiative for residents as part of our quality improvement plan for 2024/2025. Nurse Practitioner is utilized, along with IPAC Hub and our newly hired Social Worker to assist residents' needs.

Resident-Centered Care

We continue to promote our resident-centered philosophy with a focus on language in 2024. We plan to discuss and engage team members at each meeting with a brief discussion of language and examples of resident-centered care, as well as other initiatives throughout the year.

On going education in many areas including In Services: Developmental Delay and Mental Health

Caressant Care McLaughlin IPAC lead is working towards all residents' immunizations up to date.

We will continue with educating McLaughlin team members with Zero Tolerance Bullying and Harassment, Code of Conduct, IPAC education, Repositioning, Documentation and Residents Rights. Team members' priority is for a safe and happy environment for all residents, team members and families.

QIP Information

Our new goal for 2024/2025

1. Reduce percentage of LTC home residents who fell in the 30 days leading up to their assessment. We will continue to strive to reduce our current performance by identifying each resident with a high fall risk. Each resident will be monitored, and we will work within the care team and collaborative partners for proper identification of residents needs and interventions which can be provided by our home.

Please see attached for detailed workplan for 2024 QIPs.

Safety

Measure - Dimension: Safe

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	22.88	18.00	Caressant Care wants to provide a safe environment for residents and prevent significant injuries as a result of falls.	

Change Ideas

Change Idea #1 Increase communication with interdisciplinary huddles and collaboration within the team and our community partners to identify high fall risk residents and review the possibility to provide added fall prevention and injury reduction through care plan updates using assistive devices. Data will be monitored and reviewed monthly at fall prevention meetings and quarterly at the Professional Advisory Committee meetings. Team members will provide education to residents families and the multidisciplinary team for better support. Education to include fall prevention, injury reduction, care plan management, safety monitoring and use of fall prevention and equipment.

Methods	Process measures	Target for process measure	Comments
<p>Identify residents with a change in health status and apply appropriate interventions and education regarding fall prevention and injury reduction. Identify and monitor falls resulting in hospital transfers. Track all meetings using the multidisciplinary tool that all departments can access for reference. Shift huddles occur at shift change with a registered team member for the use of reporting residents changes and risk factors. Identified high risk residents are supported by external partners. Extensive review of care plan is completed at time of fall risk and /or a resident is identified as a high risk. Care plan changes will be adapted to support each resident with the collaboration of their caregiver. Fall program will be reviewed by clinical leadership annual and when required to ensure staff are following task and adapting appropriate interventions to meet residents' specific needs.</p>	<p>-number of falls reviewed at meetings and care plan reviews by the clinical team</p>	<p>The home will plan to reduce the number of residents who fell in the 30 days leading up to their assessment to 18% by the end of the fiscal year (Mar 31/25).</p>	<p>We will continue to strive to reduce our current performance by identifying each resident with a high fall risk. Each resident will be monitored and we will work within the care team (internal and external- medical director, physicians, and caregivers) and collaborative partners for proper identification of residents needs and interventions which can be provided by our home.</p>

Measure - Dimension: Safe

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	26.74	20.00	Residents will be provided with medications appropriate to their diagnosis to promote safe care outcomes to be reviewed, and Caressant Care will endeavour to align with the current provincial average.	

Change Ideas

Change Idea #1 DOC or designate will review PCC data on at least a quarterly basis to identify any disparities, review results at QI meetings and refer results to physicians for a review of medication and diagnoses. Pharmacy consultant will review and provide reports noting any discrepancies and discuss with the home leadership to identify any concerns for review.

Methods	Process measures	Target for process measure	Comments
Regular meetings with the DOC, Pharmacy consultant, Physician or NP, RAI coordinator and BSO to review usage of antipsychotic medication in the home. Regular meetings with the clinical team to evaluate and observed behaviours and formulate interventions with a focus on non- pharmacological treatments.	Reports provided for the number of residents with antipsychotic to be reviewed on at least a quarterly basis by the QI team and appropriate allied health professionals.	The Home will endeavour to reduce the current percentage by 6.74 % to 20% residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment by the end of year 2024.	