



Quality Progress Report for 2023

Caressant Care McLaughlin Rd.

March 2024

Caressant Care Nursing and Retirement Homes Ltd.

Brief Summary of Quality Improvement Achievements fiscal year 2023:

Building and Environmental Improvements:

During the last fiscal year our home has had the boilers replaced and installed, painting in some home areas, resident windows have been repaired and purchased a new medication refrigerator.

Clinical Programs:

The following clinical programs have been reviewed and revised in 2023: wheelchair assessments, pain management, IPAC and medication administration. We are continuing to enhance the use and functionality of our electronic documentation system by scheduling assessments and updating the care plan library.

We also participated in several lunch and learn sessions to enhance care planning knowledge.

Communication and Technology:

Caressant Care continues to update and revise our infrastructure by updating WIFI and connections.

Caressant Care continues to update and restructure our online learning management system to ensure required education modules are available and current.

We continue to implement our communication strategy with more mobile devices, so we can connect residents and people of importance to them virtually. We continue to encourage the use of virtual technology and software to participate in Communities of Practice both internally within Caressant Care and externally with our community partners.

Compliance and Conformance

In 2023 we began an extensive auditing process. The management team members complete various audits and identify gaps. Once completed, a plan is created with corrective actions and dates for implementation.

Additionally, a process has been implemented for any compliance issues, with a monthly call where action plans are reviewed, updated, and revised with opportunities for discussion and support to assist in moving forward.

The corporation continues to manage any areas of non-compliance through our centralized reporting system. Caressant Care continues to support a learning environment as it pertains to compliance by sharing information about inspections with all homes through our Compliance Key Messages, and Compliance Communication Tips program.

Infection Control:

Caressant Care recognizes the correlation between infection control practices and keeping our residents safe. Caressant Care has supported the introduction of a dedicated IPAC lead. Monthly community practice calls were implemented for networking and sharing resources. A comprehensive review of all IPAC policies and procedures was completed in 2023 to ensure that policies and procedures are current and align with best practices with a certified IPAC professional.

The re-implementation of the IPAC Module in PCC along with the development of various corporate tracking tools has now allowed for homes to begin trending and analyzing of IPAC data.

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.

Resident and Family Experience:

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

We had some positive results indicating a high level of satisfaction with areas on the Resident Satisfaction Survey, some examples are below:

- ✓ Residents get the health services they need – 83 %.
- ✓ Residents feel privacy is respected – 91 %.
- ✓ Staff pay attention – 90%.

Families additionally had feedback in many areas, some examples are:

- ✓ Family feel privacy respected – 63%.
- ✓ Families feel residents get the health services needed- 44%.

Based on feedback received from residents and family members we have again revised our Satisfaction Survey process. We have streamlined the survey with relevant questions and created a shorter survey with less options to answer questions and a comment section to provide further feedback, as well as added “if I wish to” as ultimately resident choice is our number one priority.

Quality Program

We continue to revise on an ongoing basis and update many of our policies, education packages, program audits and operational audits to reflect and improve quality practices and to align with the relevant legislation.

Progress Summary from our Quality Plan 2023

Please see attached QIP Progress Report for 2023.

Indicator #2	Last Year		This Year	
	To build on the restorative program to encompass the needs of our residents and improve functioning and satisfaction with our restorative program. (Caressant Care on Mclaughlin Road)	CB Performance (2023/24)	85 Target (2023/24)	83 Performance (2024/25)

Change Idea #1 Implemented Not Implemented

Lifemark to audit current program in place for effectiveness, modify as necessary. Lifemark to provide additional training for our current restorative staff, RAI Coordinator, and the DOC or designate. Regular meetings with the DOC, RAI Coordinator, and restorative care team to evaluate the program and discuss the need to modify. Collaboration with RAI Coordinator, the restorative team, and the nursing team to include restorative tasks in the daily plan of care.

Process measure

- % of resident satisfied with health services

Target for process measure

- 85 % of residents will indicate they are satisfied with the heath services they receive most of the time/always by December 2023 through the in house survey.

Lessons Learned

Team members need to follow up with programing and interventions. Education is needed to keep team members up to date and implementation of the program. We feel that we were successful as we were very close to our target and will move forward with other quality initiatives.

Safety | Safe | Priority Indicator

	Last Year		This Year	
Indicator #1	23.62	20	26.74	NA
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Caressant Care on Mclaughlin Road)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Residents will be provided with medications appropriate to their diagnoses and to promote safe care outcomes this indicator will be monitored and reviewed.

Process measure

- 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.

Target for process measure

- The home will endeavour to achieve 20 % LTC residents without psychosis who were given antipsychotic medication by end of year 2023.

Lessons Learned

We experienced an increase of residents that were on medications. The team needs to continue to follow-up and monitor. We will continue to work on this initiative in 2024.