



Quality Report

Caressant Care Woodstock

March 2023

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 staff. 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 continuous 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. Caressant Care seeks input from residents, families, persons of importance to residents, and staff through an ongoing survey process. Surveys are summarized semi-annually, and results are shared with residents, staff and families.

Feedback is sought through resident driven committees such as the Food Committee and Residents' Council as well as Family Councils (if available), 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 staff are provided information on improvement processes and initiatives when onboarding and on an annual basis. Active engagement is sought through departmental meetings as well as, interprofessional meetings such as Professional Advisory Council and Continuous Quality Improvement meetings 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, staff, 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-Centred 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 Lisa Evans (ED)

Our Terms of Reference for the CQI Committee at each home 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

1. QI Initiatives may be identified through various means such as surveys, concerns or complaint review, informal and formal meetings, weekly walkthroughs, or through audits or compliance. Once initiatives are determined and identified by the CQI Team they can be addressed on a priority basis, this may be determined through feedback, based on high risk or resident and or family satisfaction.
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 staff. Transparency is the key to success.

Brief Summary of Quality Improvement Initiatives fiscal year 2023:

Building and Environmental Improvements planned include:

1. Plan to replace some windows and flooring.
2. Upgrades to parking lot
3. Replacing call bell system (North Wing)
4. Replacing Nursing Stations

Clinical Programs:

The following clinical programs have been reviewed and revised and we are continuing to roll them out into 2023: continence management, IPAC and responsive behaviours. We are implementing a new program to enhance medication safety through bar coding and e-prescribe. We are continuing to enhance the use and functionality of our electronic documentation system by scheduling assessments and updating the care plan library.

Review and re-education for direct care staff regarding Skin and Wound and Pain and Palliative Programs in the home.

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 transitioned to a new online policy system, which promotes a more user-friendly system for employees.

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.

Compliance and Conformance

We have a new centralized system for any legislated compliance reports, where they are sent to the Risk Management email once received, a corrective action template is sent (if required) to complete with support from their 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.

Additionally, Caressant Care has started a new program, a Comprehensive Proactive Home Visit where all Corporate Team Departments attend the home annually and do a thorough review completing

various program audits to determine and identify any gaps in processes. The home is then provided with a plan for follow-up and review.

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 further enhanced our Infection Control processes by increased auditing in areas such as hand hygiene, screening, swabbing, PPE, and dietary and housekeeping processes. As a result of these audits, we have enhanced our cleaning processes, and have further engaged and 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 is carefully reviewing, trending and analyzing data and supporting IPAC Leads with additional education and training.

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 our review for 2022 results we have determined some areas for improvement.

See: Family and Resident Survey Satisfaction Summary for further information.

The home additionally has monthly resident council meetings where residents can bring forward any concerns, questions or comments for further discussion and action if necessary. Updates are provided to families as well on a regular basis, with an opportunity for input and discussion.

Quality Program and Operations

Caressant Care has revised the quality program and created a comprehensive document for reporting and tracking indicators. The “Roadmap to Success” has monthly tasks, meeting templates, scheduled 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.

Our electronic software documentation system has revised their quality program “Insights” and is in the process of rolling out to the homes. This system will certainly expedite report options and help to create corporate reports that can be shared and discussed within the organization.

Please see attached for our planned priority Quality Improvement Initiatives for 2023.

Theme II: Service Excellence

Measure Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident experience: Overall satisfaction Residents have a voice	C	% / Residents	In house data collection / January - December 31, 2023	77.00	90.00	We have recognized this as an area of improvement and want to work towards this goal to enhance the quality of our lives of our residents and to promote customer service excellence.	

Change Ideas

Change Idea #1 1. Ensure that all resident complaints are addressed in an appropriate and timely fashion. 2. Improve staff to resident engagement by re-educating staff regarding the importance of resident and family involvement in their plan of care. 3. Resident council meetings occur monthly. Will continue to ensure residents feel comfortable and supported in bringing any concerns forward so that their voices are heard. 4. Discussion of Resident's Rights will be held at the beginning of meetings, posted as well as included in orientation and regular education throughout the year.

Methods	Process measures	Target for process measure	Comments
The Executive Director (ED) will provide oversight, review and monitor the management team for assurance that they are listening to residents, following up on concerns and providing conclusion to any investigations. Complaints and concerns will be discussed at daily management huddles to ensure action plan is completed. ED to provide responses to any concerns form Resident Council in a timely manner and ensure follow-up and action plans are put in place. The Management Team will re-educate staff regarding the importance of resident and family participation in the care plan process. Education will include areas such as introducing yourself when you enter a resident's room, offering explanation as to what you are doing, offering choice as to what outfit they want to wear, etc. conducted through staff meetings and to	% increase in satisfaction evidenced by surveys throughout the year	The home will improve resident experience by improving outcomes regarding residents' feeling like they have a voice and improve survey satisfaction scores to the question "I can express my opinion without fear of consequences." to 90% by December 31, 2023	

Theme III: Safe and Effective Care

Measure Dimension: Safe

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Safe and effective care: Skin and Wound Care	C	Number / Residents	In house data collection / January - December 31, 2023	77.00	50.00	We have recognized this as an area of improvement and want to work towards this goal to enhance the quality of our lives of our residents and to promote customer service excellence.	

Change Ideas

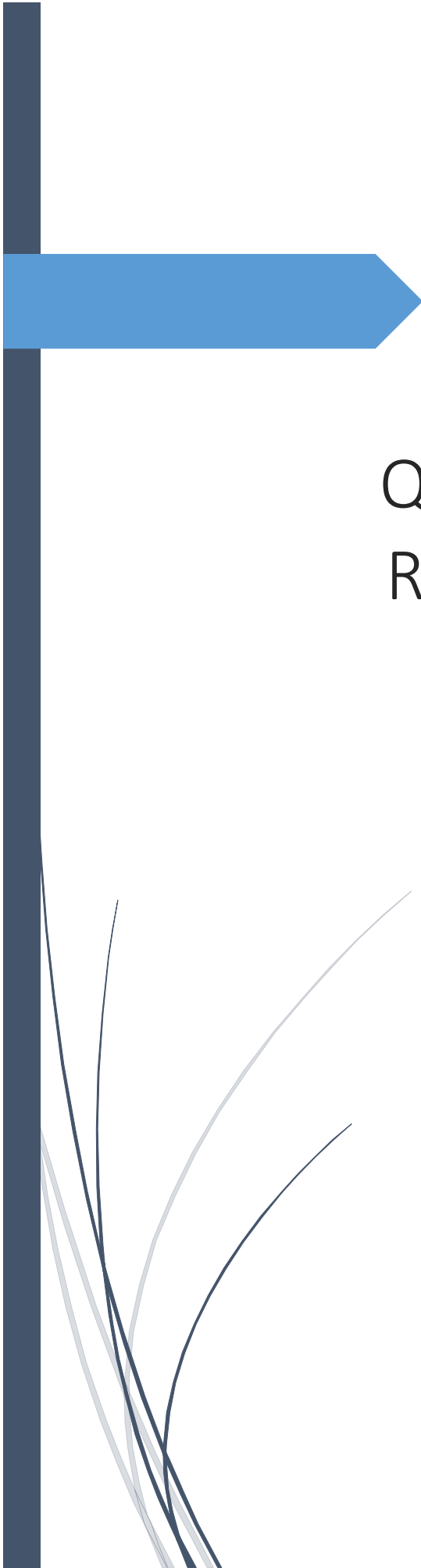
Change Idea #1 1. Re-educate 100% of direct care staff (PSWs and Registered Staff) on preventative strategies. 2. Registered Dietician to provide education to 100% of Registered Staff on supplements and hydration program with focus on healing skin integrity injuries. 3. Monitor registered staff for completion of RD referrals for skin integrity issues. 4. Physiotherapy and contracted vendor for lifts to provide education to direct care staff (PSWs and Registered Staff) on safe lifting and transfers and education on ROHO cushions (how to inflate/monitor) in order to decrease/eliminate the incidents of resident injuries due to improper lifting techniques which can cause shearing/friction injuries, skin tears, abrasions, pressure injuries, etc. 5. WCC to reeducate 100% of registered staff on completing the PURS assessment in PCC and audit care plans for risk of skin integrity focus. 6. Implement an audit tool/resource for the skin and wound nurse to complete weekly to review practices in the home, using Mini Wound Rounds Audit Tool on P&P. 7. DOC/designate to ensure POC task for skin integrity is being completed. 8. Review individual residents' continence plan of care and ensure incontinence is addressed as per TENA portraits.

Methods	Process measures	Target for process measure	Comments
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1. DOC/WCC/designate to audit monthly % reduction from baseline the availability of skin protective/preventative devices/creams, etc. in the home and ensure staff have access to these products as required (i.e., heel poses, pillows, wedges, etc.) 2. DOC/designate to arrange for 3M education in home for direct care staff (PSWs and Registered Staff) 3. DOC/designate to arrange TENA education direct in home to review with direct care staff (PSWs and Registered Staff) regarding product specific details and appropriate product use. 4. Wound Care Champion to audit completion of RD referrals for skin integrity issues, and follow up with direct Registered Staff. 5. Physiotherapy to provide enhanced education to 100% direct care staff (PSWs and Registered Staff) as indicated. 6. Handicare to provide direct in-home education for direct staff regarding safe lifts and transfers while using mechanical lifting devices (i.e., Hoyer Lifts, and Sara-Steady Lifts). 7. Review wound care champion (WCC) job routine and implement changes to improve skin and wound program in the home. 8. Share statistical data at program meetings and information to be reported and discussed at quarterly CQI meetings, action taken as necessary.

The home endeavours to reduce the number of internally acquired skin integrity injuries (bruising and skin tears) by 35% by December 31st, 2023.

Indicator information is from Skin and Wound Dashboard in PCC



Quality Progress Report for 2023

Caressant Care Woodstock

March 2024

Caressant Care Nursing and Retirement Homes Ltd.

Brief Summary of Quality Improvement Achievements fiscal year 2023:

Building and Environmental Improvements:

1. Continue to plan and replace windows and flooring.
2. Upgrades to parking lot (line painting)
3. Replaced call bell system (North Wing)
4. Replaced Nursing Stations Desks

Clinical Programs:

The following clinical programs have been reviewed and revised in 2023: continence management, IPAC and responsive behaviours. 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 Comprehensive Proactive Home Visit through the corporate clinical and operations teams with subject matter experts doing a thorough review with several audits for every department. Corporate 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 of 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 (or will) 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 – 82 %.
- ✓ Residents feel privacy is respected – 88 %.
- ✓ Residents feel they can choose what to wear- 90%.

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

- ✓ Loyalty Question – Would you recommend this organization to others? 78%
- ✓ Families feel staff care and support family members- 88%.

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.

Experience | Patient-centred | Custom Indicator

	Last Year		This Year	
Indicator #1	77	90	67	NA
Resident experience: Overall satisfaction Residents have a voice (Caressant Care Woodstock Nursing Home)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

1. Ensure that all resident complaints are addressed in an appropriate and timely fashion. 2. Improve staff to resident engagement by re-educating staff regarding the importance of resident and family involvement in their plan of care. 3. Resident council meetings occur monthly. Will continue to ensure residents feel comfortable and supported in bringing any concerns forward so that their voices are heard. 4. Discussion of Resident’s Rights will be held at the beginning of meetings, posted as well as included in orientation and regular education throughout the year.

Process measure

- % increase in satisfaction evidenced by surveys throughout the year

Target for process measure

- The home will improve resident experience by improving outcomes regarding residents’ feeling like they have a voice and improve survey satisfaction scores to the question "I can express my opinion without fear of consequences." to 90% by December 31, 2023

Lessons Learned

One challenge that may have contributed to not meeting our target may have been lack of enough communication with team members that residents are feeling this way and they feel they do not have a voice and may be scared to express their opinion without any consequences. In 2024, management will continue to communicate this to team members during town halls and meetings to focus and bring this concern forward to develop a plan with team members supporting so residents feel they can express themselves with no fear of consequences.

Comment

We feel this is a very important initiative and will continue to focus on this QIP in 2024 for improved results.

Safety | Safe | Custom Indicator

	Last Year		This Year	
Indicator #2	77	50	16	NA
Safe and effective care: Skin and Wound Care (Caressant Care Woodstock Nursing Home)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

1. Re-educate 100% of direct care staff (PSWs and Registered Staff) on preventative strategies. 2. Registered Dietician to provide education to 100% of Registered Staff on supplements and hydration program with focus on healing skin integrity injuries. 3. Monitor registered staff for completion of RD referrals for skin integrity issues. 4. Physiotherapy and contracted vendor for lifts to provide education to direct care staff (PSWs and Registered Staff) on safe lifting and transfers and education on ROHO cushions (how to inflate/monitor) in order to decrease/eliminate the incidents of resident injuries due to improper lifting techniques which can cause shearing/friction injuries, skin tears, abrasions, pressure injuries, etc. 5. WCC to reeducate 100% of registered staff on completing the PURS assessment in PCC and audit care plans for risk of skin integrity focus. 6. Implement an audit tool/resource for the skin and wound nurse to complete weekly to review practices in the home, using Mini Wound Rounds Audit Tool on P&P. 7. DOC/designate to ensure POC task for skin integrity is being completed. 8. Review individual residents' continence plan of care and ensure incontinence is addressed as per TENA portraits.

Process measure

- % reduction from baseline

Target for process measure

- The home endeavours to reduce the number of internally acquired skin integrity injuries (bruising and skin tears) by 35% by December 31st, 2023.

Lessons Learned

Data indicates a significant change. We will consider this QIP successful.



CARESSANT CARE
NURSING & RETIREMENT HOMES LTD.
Resident and Family Satisfaction Surveys
Summary and Plan of Action

Resident Satisfaction Survey

Date: January 2023 (for 2022 year)		Number of Participants: 61	
Top 3 Areas of Improvement	Plan	Responsible Person(s)	Date:
1. If I need help right away, I get it. 31%	<ol style="list-style-type: none"> 1. All staff support with answering call bells and ensuring appropriate assistance is offered in a timely manner. 2. Ensure communication is present when providing support to residents 	All Staff	Ongoing
2. I have enjoyable things to do here on the weekends. 32% I participate in meaningful activities 22%	<ol style="list-style-type: none"> 1. Activity schedule revision to incorporate more activity staff scheduled daily. 2. Implement new programs suggested by residents and families. 	ED, FNM, Activity Director	May 1, 2023
3. <i>(Respect by Staff)</i> Can express opinions freely. 87% Staff take the time to have a friendly conversation with me. 54%	<ol style="list-style-type: none"> 1. Goal to reach 100%. All residents have the right to share their thoughts and opinions without judgement. 2. Continue to provide education to staff regarding resident rights and positive interactions and engagement 	All staff	Ongoing

Top 3 Successes:		
1. Privacy respected 90%		
2. Get health services that are needed 93%		
3. Enjoy Mealtimes 83%		
Survey Feedback	Date:	Comments:
Shared with Residents:	April 27, 2023	Resident's Council Meeting
Shared with Staff:	April 14, 2023	Posted on Quality Board
Shared with Others:	April 14, 2023	Posted on Quality Board
Shared with Family:	April 14, 2023	Posted on Quality Board
Any Changes requested to survey:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Family Satisfaction Survey			
Date: January 2023 (for 2022 year)		Number of Participants: 17	
Top 3 Areas of Improvement	Plan	Responsible Person(s)	Date:
1. Can bathe/shower anytime 36%	1. Review bathing process in the home, move to primary bathing.	DOC/Nursing staff	1-2 Months
	2. Ensure bathing preference care planned for all residents upon admission	RAI Coordinator/Nursing Staff	Ongoing
2. Explore new skills and interests 47%	1. Activity bulletin boards in each home area with current calendar of events and upcoming themed events.	Activity Co Ordinator	May 2023
	2. In-home survey to introduce new skills/services that residents express they would like to try.	Activity Department	May 2023

	<ol style="list-style-type: none"> 3. Have a sign-up board in the main activity room to gather data on which new skill/interest there would be interested participants in. 4. Ensure adequate activities/interests for residents with cognitive related illnesses. 5. Collaborate with Restorative Care and Physiotherapy to increase the amount of special interest groups and increase physical activities for residents who show interest. 	<p>Activity Co-Ordinator</p> <p>Activity Co-Ordinator</p> <p>Activity Co-Ordinator, Raj Physio, Restorative care team</p>	<p>Implement May 1, 2023 and On going</p> <p>On going</p> <p>On going</p>
<p>3. Staff respond quickly when my family needs assistance 62%</p>	<ol style="list-style-type: none"> 1. Staff huddles to remind staff members our workspace is our resident's home; reminders given to always be assessing the needs of our residents. 2. All staff to ensure call bells are being responded too in a timely manner. 3. Provide resources to family ie. Social work, community supports etc. 	<p>Multi-disciplinary</p> <p>All Staff</p> <p>All Staff</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
Top 3 Successes:			
1. Feel privacy respected 90%			
2. Get health services needed 87%			
3. Variety in meals 71%			
Survey Feedback	Date:	Comments:	
Shared with Residents:	April 27, 2023	Resident Council Meeting	
Shared with Staff:	April 14, 2023	Posted on quality Board	

Shared with Family:	April 14, 2023	Posted on quality board
Shared with Others:	April 14, 2023	Posted on quality board
Any Changes requested to survey:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Woodstock Survey Summary Actions and Results from Resident and Family Satisfaction Surveys 2023

Resident and Family Survey Action Plan and Summary

Actions Taken on Areas for Improvement	Date Implemented	Outcome of the Actions	Role of Resident Council and Family Council PAC /CQI	Comments or Feedback
<p><i>If I need help right away, I get it.</i> 2022 score residents 31%</p> <p>1.All staff support with answering call bells and ensuring appropriate assistance is offered in a timely manner. 2. Ensure communication is present when providing support to residents</p>	<p>March 2023 – December 2023</p>	<p>2023 score residents 72 % Results were higher than last year.</p>	<p>-shared initiative -supported By Resident’s Council, PAC/CQI</p>	
<p><i>Improve programs. I have enjoyable things to do here on the weekends.</i> 2022 score residents 32 % <i>I participate in meaningful activities</i> 2022 score residents 22%</p> <p>1.Activity schedule revision to incorporate more activity staff scheduled daily. 2.Implement new programs suggested by residents and families.</p>	<p>March 2023 – December 2023</p>	<p><i>I have enjoyable things to do here on the weekends.</i> 2023 score residents 37 % <i>I participate in meaningful activities</i> 2023 score residents 46 % Results were higher than last year.</p>	<p>-shared initiative -supported By Resident’s Council PAC/CQI</p>	
<p><i>Respect by Staff</i> <i>Can express opinions freely.</i> 2022 score residents 87% <i>Staff take the time to have a friendly conversation with me.</i> 2022 score residents 54%</p> <p>1.Goal to reach 100%. All residents have the right to</p>	<p>March 2023 – December 2023</p>	<p><i>Can express opinions freely.</i> 2023 score residents 67% <i>Staff take the time to have a friendly conversation with me.</i> 2023 score residents 68 %</p>	<p>-shared initiative -supported By Resident’s Council PAC/CQI</p>	

<p>share their thoughts and opinions without judgement. 2.Continue to provide education to staff regarding resident rights and positive interactions and engagement</p>				
<p><i>Can bathe/shower anytime</i> <i>2022 score families 36%</i> 1.Review bathing process in the home, move to primary bathing. 2.Ensure bathing preference care planned for all residents upon admission</p>	<p>March 2023 – December 2023</p>	<p><i>2023 score families 78%</i> Results were higher than last year.</p>	<p>shared initiative -supported By Resident’s Council PAC/CQI</p>	
<p><i>Explore new skills and interests</i> <i>2022 score families 47%</i> 1.Activity bulletin boards in each home area with current calendar of events and upcoming themed events. 2. In-home survey to introduce new skills/services that residents express they would like to try. 3.Have a sign-up board in the main activity room to gather data on which new skill/interest there would be interested participants in. 4.Ensure adequate activities/interests for residents with cognitive related illnesses. 5.Collaborate with Restorative Care and Physiotherapy to increase the amount of special interest groups and increase physical activities for residents who show interest.</p>	<p>March 2023 – December 2023</p>	<p><i>2023 score families 60%</i> Results were higher than last year.</p>	<p>shared initiative -supported By Resident’s Council PAC/CQI</p>	

<p><i>Staff respond quickly when my family needs assistance</i> <i>2022 score families 62%</i> 1. Staff huddles to remind staff members our workspace is our resident's home; reminders given to always be assessing the needs of our residents. 2. All staff to ensure call bells are being responded too in a timely manner. 3. Provide resources to family ie. Social work, community supports etc.</p>	<p>March 2023 – December 2023</p>	<p><i>2023 score families 63 %</i> Results were very close to the same as last year.</p>	<p>shared initiative -supported By Resident's Council PAC/CQI</p>	
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Communication of actions and summary provided:

Who	Date Shared	Feedback/Comments
Resident Council	April 18, 2024	No noted concerns or feedback.
Family Council	January 13, 2024	Posted on quality board, no family council at this time
Team Members	January 13, 2024	No noted concerns or feedback. Posted on quality board
PAC/CQI	April 19, 2024	No noted concerns or feedback.
Others (please list)		

Surveys were available for both families and residents to participate in throughout 2023. Surveys are available in hard or soft copy with links provided and are also posted in the home.

Results were summarized in July 2023 (January – June participation) and January 2024 for overall review (January -December 2023 participation).

Feedback for survey content is solicited at Resident Council Meetings and from families throughout the year. We have revised our 2024 surveys based on feedback received.