



# Quality Report

Caressant Care Cobden

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 (HQP) 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 Tami Sandrelli.**

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:**

1. Plan to complete upgrades to parking lot including curb installation and replacement of signs.
2. Plan to repair and paint all walls in commons areas and hallways of the home.
3. Plan to replace worn curtains and shades in common areas of the home.

#### **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 behaviors.

We are continuing to enhance the use and functionality of our electronic documentation system by scheduling and updating the care plan library.

Our wound care program will continue to provide up to date assessments utilizing technology to interface with the Point Click Care skin and wound program. Education will be ongoing with staff including updates on best practice guidelines and advanced product selection to promote moisture balanced wound healing. Referrals to the interdisciplinary team will include dietician, physiotherapy, and the home's wound care nurse.

#### **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 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.

## **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 I: Timely and Efficient Transitions

### Measure Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 2021 - Sep 2022	17.24	15.00	Target is close to a 2 % reduction from our current performance as we move towards our target and exceeding the provincial average.	

### Change Ideas

Change Idea #1 1. We will continue to strive to reduce our current performance by identifying each resident with an ED transfer. 2. Each resident will be monitored, and work will be completed with our external / internal collaborative partners to avoid repetitive visits. 3. We will work with the multidisciplinary team, our Medical Director, attending physicians and our residents and families for proper identification of needs and interventions which can be provided by the home to avoid ED visits.

Methods	Process measures	Target for process measure	Comments
Increase communication with multidisciplinary huddles and collaboration within the team and community partners to identify high risk residents and review possibility to provide alternative access to assessment resources such as utilization of virtual services. Data to be monitored and reviewed at quarterly CQI meetings.	Identify change of status residents and apply appropriate intervention and education regarding hospital transfers if avoidable. Identify and monitor number of Falls resulting in hospital transfers. Identify number of care and diagnostic assessment sensitive conditions resulting in hospital transfers. Track meetings using multidisciplinary tool that all departments have access to reference. Shift huddles occur at every single change of staff with a registered staff member used for the means of reporting resident changes and identifying risk factors. Identified high risk residents are supported by external partners (Royal Ottawa Hospital, Dementia Society, Geriatric Mental Health Services/Pembroke Regional Hospital, Pharmacy, etc) Extensive review of care plans is completed each time a fall risk occurs and/or a resident is identified as a high risk	The home will plan to reduce avoidable Emergency Department visits to 15 % by the end of the year Dec 2023.	

Change Idea #2 Provide education to enhance awareness of services that the home can provide to support residents and avoid a transfer to hospital.

Methods	Process measures	Target for process measure	Comments
<p>DOC/designate to provide education to residents, families and the multidisciplinary team. Education to include advanced directives and informed consent and will be completed at move in, care conferences and with each change of treatment. Program education is started with admission and completed with each change in health status and/or change of treatment. Advanced care planning ongoing through trajectory based on Pallium recommendations such as PPS of 60% and then again at 30%. Medication education to be provided to support comfort measure and all changes will be communicated to ensure understanding to avoid ED visit</p>	<p>Number of residents transferred to ED who are transitioning to end of life process utilizing palliative performance scale (PPS) of 30% or less. Maintain education related to avoiding ED visits with admission, changes in status and with each change of treatment. Care conferences are completed at 6 weeks, annual and as needed to ensure that resident and/or family needs are met for communication. Quarterly newsletters are also distributed.</p>	<p>The home will plan to reduce avoidable Emergency Department visits to 15 % by the end of the year Dec 2023.</p>	



## Theme II: Service Excellence

### Measure Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident experience: Overall satisfaction	C	% / Residents	In house data collection / January - December 31, 2023	84.00	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. Resident and family satisfaction surveys will be completed monthly to allow ongoing collection of data throughout the year to support more analytics of results. 2. Residents and families will be supported holistically by the multidisciplinary team through a transparent and open communication forum where they feel comfortable to speak with staff. 3. "Open door policy" will be supported and all concerns / opinions will be addressed within the team and the resident supports system immediately upon discussion.

Methods	Process measures	Target for process measure	Comments
<p>Increased knowledge of Resident's Rights and how to address concerns provided and reviewed at move in, posted in the home and they are discussed at Resident's Council. Open door policy adapted for management to address questions in a timely manner and provide support where required. New packages have been created for residents, families and others who provide services in the home. These packages include the resident rights (both in English and in French) Residents' Rights are posted in the home (both in English and in French). Reporting of concerns and complaints is also posted in the common area of the home for quick access by residents, families and employees. Current residents have received up to date packages with the latest information regarding residents rights and concerns/complaints reporting process. Policies and procedures which have been revised are reviewed. All staff, contract agencies and volunteers are provided education and training on customer service and the residents bills of rights Survey participation is encouraged through newsletters and during the move in education/informatio</p>	<p>Inhouse surveys are completed with the residents and families by the activity department and/or delegates monthly. These results are tabulated corporately and utilized by the home as quality indicators. Results are provided throughout the year to determine change percentages and are discussed at the Quality Committee meetings. Survey results are provided to residents and families twice a year. This is measured by the percentage of resident responses to the question: "I feel staff pay attention to me"</p>	<p>Caressant Care Cobden will endeavor to increase the % of residents that respond positively "I feel staff pay attention to me" to 90 % by December 31, 2023.</p>	<p>Caressant Care Cobden will endeavor to provide information and education to residents and others, so they are empowered to express their opinion without fear or consequences to ensure the high standard of quality care is received. As survey results are provided, action plans will be shared, and further change ideas developed and implemented by the QI committee (as required)</p>