



Quality Report

Caressant Care **Mary Bucke**

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 Angie Cashmore, Executive Director.

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:

Planned building and environmental improvements include:

1. Repair ceiling(s) in center core area above nursing station and outside laundry room entrance and in main dining room.
2. Upgrades to kitchen flooring and dishwasher station.
3. Restore back deck for residents/family and outdoor programs.
4. Remodeling the Staff Room.
5. Preventative Maintenance and refreshing i.e., painting upgrades, lighting, trim and handrails.

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.

Mary Bucke has taken great consideration in reviewing the 2022 satisfaction surveys from residents and family members. With the information gathered and summarized, the following programs will be reviewed, and changes made to implement better service and quality for our residents. For further details see: Family and Resident Survey Satisfaction Summary for further information.

1. GPA training for all staff. In 2023 our new Director of Care recognizes the importance of enhancing our team members approach to care. Some diagnoses can make it difficult to provide resident-centered high-quality care and in such the implementation of Gentle Persuasive Approach will have a high impact for our care services. Our DOC recognizes that annual GPA training will facilitate reversing barriers to resident care, especially those with dementia and cognitive deficiencies.
2. Revise bath schedule for all residents to ensure alignment with resident-choice.

Due to a significantly low score for family satisfaction survey results of “Residents can shower/bathe when they want” our quality team is implementing a complete revision to our current bath/shower schedule. The goal is to:

1. Have a more specific conversation of resident’s pre-admission baseline for bathing and allow resident/family to decide on the best time to align with their choices.
2. Better informing of bath schedule at admission, 6-week and annual care conferences to ensure open dialogue and facilitate changes to schedule at resident/family requests if necessary.

3. Pain program: re-education

In 2018-2019, Mary Bucke undertook a significant pain program overhaul that was in line with Ministry standards and best practice. Due to new recruits, the pandemic and changes in nursing structure (such as agency use), vital adherence to the pain program has shifted away from our mission and expectations. With a new Director of Care, re-education and strict adherence to our pain policy and procedure and specialized audits to ensure compliance, our goal is to show a 25% reduction in resident pain by May 2023. This will be achieved through reviewing facility/corporate policies and FLTCA regulations and onboarding regular staff members to our Pain Program Committee.

4. Palliative Care at Mary Bucke in 2023

The current palliative approach to nearing or end-of-life residents has shifted due to the Covid pandemic. Guidelines from Public Health and the Ministry have shown that removing family members from end-of-life care can have a negative impact on high-quality, resident-centered care. Mary Bucke will re-introduce our Palliative Committee's mission by holding regular meetings to highlight areas of improvement. The adherence to the use of Palliative Performance Scale (PPS) allows team members, families, and the clinical team adequate time to prepare for resident wishes for end-of-life care. Keeping residents in their own space during their end of life time has been shown to reduce confusion, increase comfort and alleviate stress.

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.

Mary Bucke was the pilot home for Staff Schedule Care and is a significant component to our consistent scheduling, mass messaging and reduction of missed shifts, scheduling errors or insufficient staffing since 2019. The use of this technology in our home has allowed the management team to create Master Schedules for all departments. This allows closer monitoring of vacancies, missed shifts, errors and promotes a reduction in agency/travelling nurses.

BOOMR program initiative: Better Coordinated Cross-sectoral medication reconciliation. Mary Bucke's Director of Care is working with CareRx to integrate the BOOMR program into our health systems to reduce the potential for errors during transition from hospital to long-term care.

"BOOMR is an integrated practice change that drives improvement in medication safety during patient transitions by seeking to reduce harmful medication errors during transitions from

hospital to long-term-care”.

<https://www.health.gov.on.ca/en/pro/programs/transformation/docs/medal/2016/boomer-2016.pdf>.

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.

Mary Bucke is excited to have recruited a new Resident Care Coordinator/IPAC Lead in February 2023. Our IPAC leads main responsibilities will be:

1. Monitoring of infectious diseases, ARO's and ongoing IPAC audits.
2. Reviewing Antibiotic Stewardship program.
3. Annual and regular Immunization clinics for residents/staff.
4. Continuous/ongoing education to staff and residents for the prevention of spreading of infections.
5. Liaising with Public Health on an ongoing basis.
6. Good documentation/records of ongoing AROs/infections through PCC-Infection section
7. Communication between all members of the clinical care team, residents, and family members.

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 Can speak freely	C	% / Residents	In house data collection / January - December 31, 2023	87.00	95.00	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. Activity Director to host “open communication forums” to allow residents to ventilate their feelings, thoughts, or opinions in a safe and accepting environment during all Resident Council Meetings. 2. Education to staff of therapeutic communication. 3. Introduction of our Social Worker Program during Resident Council Meetings and providing a pamphlet at admission to all residents/family members . 4. Enlisting a “Resident Champion” that provides a safe support for information to be shared amongst the residents that can be brought forward to the home in a non-judgmental, empathetic and therapeutic way.

Methods	Process measures	Target for process measure	Comments
<p>Activity Director will provide open forum at monthly Resident Council.</p> <p>Management Team will provide education to staff such as upon leaving an interaction with a resident, provide open ended questions...“Is there anything else you want to discuss, any issues you need addressed” and avoid yes/no close ended questions and bring forward to Quality Improvement committee during 1-1 visits or clinical assessments. GPA training will facilitate better performance in communication between staff/residents. Social Worker pamphlet to include highlights that support his/her role provided to residents that includes support for families as well. Social worker to provide introductions to all residents that assists in educating them on his/her role in Mary Bucke. Recruit Resident Champion/Ambassador to support residents.</p>	<p>% increase in satisfaction evidenced by survey results throughout the year</p>	<p>Improve resident experience and survey score to 95% for the question : "I can express my opinion without fear of consequences" by December 31, 2023</p>	

Measure **Dimension:** Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident experience: Overall satisfaction Bathing Choice	C	% / Family	In house data collection / January - December 31, 2023	36.00	75.00	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. Alter care conference form to include bath day by involving RAI Coordinator to ensure resident and family preference is included at admissions. 2. Inform Family Members using One Call. ("Did you know?" Templates to ensure relevant and up-to-date information is shared consistently and in a timely manner). 3. Engage residents/ families staff in creating new schedule. 4. New shower heads for consistency in temp/pressure to increase resident satisfaction/comfort during bathing and showering. 5. Provide Shower/Bath bags or caddy -to be included at resident/staff request to include personal items during bathing for resident's enjoyment.

Methods	Process measures	Target for process measure	Comments
1. Re-doing schedule and seeking consent to bath day/time that includes resident/family/staff input. 2. Engage and communicate to team members, families and residents by sharing information regarding this initiative, seek ideas for improvement and implement if possible. 3. Share information and review updates as part of quarterly CQI Meetings. 4. Review staff schedule for areas of improvement to accommodate revised requirements.	% increase in satisfaction evidenced by survey results throughout the year	The home will endeavour to increase satisfaction score to 75% on Family Satisfaction Survey to the question my resident "Can bathe/shower anytime" by December 31, 2023	

Mary Bucke Bath Schedule Gap Analysis

Appendix A

