



Quality Report

Caressant Care on Bonnie Place

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 Crystal Forbes, 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:

Building and Environmental Improvements:

Our planned environmental goals or improvements for 2023 include:

1. Complete updates to one of our tub rooms
2. Plan to install additional security cameras within the home.
3. Installation of accessible door buttons to allow improved accessibility to another outdoor space at our home.
4. Repairs to parking lot and front entrance
5. Replacing current lights with energy efficient LED lighting.

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.

We are also continuing with our medication compression within the home. Medication compression includes a review of the residents' current medications to determine if changes to medications would be beneficial to the resident. Medication administration times are also reviewed to try to minimize the number of times a day that a resident needs to take medication.

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 also plan to roll out our new Snoezelen cart. This cart will allow us to provide Snoezelen therapy to residents where they are most comfortable.

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 have a plan to roll out our new virtual reality programming within the home. Virtual reality reduces social isolation and depression by helping people connect and stay engaged.

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 Can speak freely	C	% / Residents	In house data collection / January - December 2023	46.00	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. Provide education and awareness to staff to promote Resident's Rights, customer service, resident-centred care and encourage staff to further engage with residents whenever opportunities allow. 2. Discussion at team meetings and Resident Council regarding survey results and engage staff and residents for their input and ideas to improve. 3. Continue to recruit vacancies and reduction of any agency staff to provide consistent care providers who know residents to increase their comfort level and familiarity with those providing care. 4. Enhanced participation of residents and families for CQI Meetings and sharing of information 5. Further promote an open-door policy for staff and managers. 6. Engage Social Worker to support residents and encourage and assist them to bring forward concerns. 7. Encourage feedback from residents and families and complete follow up as quickly as possible while ensuring the resident does not feel retaliation due to bringing concern forward

Methods	Process measures	Target for process measure	Comments
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. This is measured by the percentage of resident responses to the question: ""Staff pay attention/listen to me." Results are provided throughout the year to determine change percentages and are discussed at the quarterly CQI meetings. Survey results are provided to residents and families twice a year or as requested. Use of Town Hall Meetings to provide education for staff regarding customer service education and engage in discussion for ongoing improvement. Discussion held and results reviewed with staff and residents to be a consistent topic to engage further improvement ideas at monthly meetings	% increase in satisfaction evidenced by survey results throughout the year	The home will endeavour to improve resident experience and survey score to 75% for the question : "I can express my opinion without fear of consequences" 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
Resident experience: Skin Care	C	Number / Residents	In house data collection / January - December 31, 2023	106.00	79.00	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 using the RISE program, supplements and hydration and safe lifting techniques and education on ROHO cushions. 2. Review wound care champion (WCC) job routine and implement changes to improve skin and wound program in the home. 3. Implement an audit tool/resource for the skin and wound nurse to complete weekly to review practices in the home. 4. Review individual resident's continence plan of care and ensure incontinence is addressed as per TENA portraits. 5. Educate 100% of registered staff on wound classification. 6. Create order entries in PCC following best practice guidelines for treating skin injuries if an injury does occur as a way to maintain a consistent best practice approach and to decrease order entry time for registered staff.

Methods	Process measures	Target for process measure	Comments
---------	------------------	----------------------------	----------

1. Wound Care Champion to audit 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.) monthly. 2. Registered Dietitian to provide education to 100% direct care staff (PSWs and Registered Staff) on supplements and hydration program with focus on healing skin integrity injuries. DOC monitors registered staff for completion of RD referrals for skin integrity issues. 3. Physiotherapy to provide education to 100% direct care staff (PSWs and Registered Staff) on safe lifting and education on ROHO cushions (how to inflate/monitor) 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. 4. WCC /DOC to reeducate 100% of registered staff on completing the PURS assessment in PCC and audit care plans for risk of skin integrity focus. 5. Rai Coordinator POC task for skin integrity is being completed. 6. DOC/Continence Lead to review monthly individual residents' continence plan of care and ensure incontinence is addressed as per TENA portraits. 7. DOC/designate to share statistical data at program meetings and review at quarterly CQI meetings. 8. DOC/designate to train 100 % of Registered Staff on wound classification.

number of stage 2-4 pressure injuries

The home will endeavour to prevent and reduce the number of stage 2-4 pressure injuries and skin tears by 25% or more by December 31st, 2023. *Indicator information is from Skin and Wound Dashboard in PCC* Baseline is total # of pressure injuries and skin tears for the calendar year 2022