



# Quality Report

Caressant Care  
The Maples Home for Seniors

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 Joan Hergott - 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 planned include:**

1. Upgrade emergency lighting with LED lights
2. Update sprinkler system
3. Various home upgrades
4. Replace brick facia in front of building
5. Replacement of beds

#### **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.

#### **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.

We will be trialing a new electronic payroll system through partnership with our IT department. This will allow staff to get comfortable and familiar with electronic payroll once we move to a new platform.

## **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 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 III: Safe and Effective Care

### Measure Dimension: Safe

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	P	% / LTC home residents	CIHI CCRS / Jul - Sept 2022	25.00	21.00	Target is close to a 4 % reduction from our current performance as we move towards the provincial average.	

### Change Ideas

Change Idea #1 1. Will continue to monitor data and will implement the Antipsychotic Monitoring Form (case specific) with a focused review by registered staff, DOC, pharmacy consultant and physician(s) and nurse practitioners as appropriate. 2. Dedicated review of medication prescription along with diagnosis to determine appropriateness. 3. Further engage BSO Support with referrals to mental health services when appropriate.

Methods	Process measures	Target for process measure	Comments
The DOC will provide oversight to professionals in the home to oversee this initiative. Results will be monitored frequently by the nursing team, pharmacy consultant and other medial professionals. Additionally, this information will be shared and reviewed by the CQI Committee at quarterly meetings.	% of residents without psychosis who were given antipsychotic medication in the last 7 days preceding their resident assessment	The home's goal will be 21.0 % of residents without psychosis are given antipsychotic medication in the last 7 days preceding their resident assessment to align with the indicated provincial average by December 31, 2023.	

**Measure**      Dimension: Safe

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident experience: Falls reduction	C	% / Residents	In house data collection / January 1 - December 31, 2023	13.00	10.00	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. Analyze history of falls for all residents prior to admission so that safety precautions and purposeful safety tasks are in place and also care-planned at time of admission by reviewing admission paperwork and communicating with family. 2. Ensure room arrangement and furniture placement is safe for residents by conducting the Pre Move-in Environmental Scan upon admission and readmission and the Post Move-in Environmental Scan for fall risks. 3. Ensure protective measures are in place for residents identified to be at risk of frequent falls using devices such as: bed alarms, fall mats, hip pads. 4. Purposeful rounding and safety checks of residents who are prone to frequent falls by personal support workers and documentation of completion to be done through assigning tasks on POC to these residents.

Methods	Process measures	Target for process measure	Comments
Huddles will be held as necessary to review falls from the multidisciplinary team. DOC/designate will provide oversight to the program. Falls committee will monitor data closely monthly, and rates will be reviewed at quarterly at CQI meetings.	% reduction in number of falls reviewed by falls committee	The home will endeavour to reduce the number of falls by 3 % by December 31, 2023	