



# Quality Report

The Maples Home for Seniors

June 2022

Caressant Care Nursing and Retirement Homes Ltd.

**Background:**

At The Maples 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 (QI) 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.

The Maples 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.

The Maples participates in an accreditation process through CARF International. Caressant Care seeks input from residents, families, persons of importance to residents, and staff through an ongoing survey process.

Feedback is sought through resident driven committees such as Food Committee and Residents' Council as well as Family Council (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, 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(s) are Mrs. Marcia Willson DOC and Mrs. Joan Hergott ED**

Members of the CQI Committee include but are not limited to the Executive Director, Director of Care, Medical Director, each designated lead of the home, registered dietitian, pharmacy consultant, personal support worker and nursing staff representation, 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 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.

**Meetings are held** at a minimum quarterly.

**Brief Summary of Quality Improvement Achievements fiscal year 2021:**

**Accreditation:**

In the second quarter of 2021, we were proud to be accredited By CARF Canada through the Bridge Process with a 3-year award until 2024. Accreditation is a voluntary process that Long-term Care (LTC) homes can use to assess their services and help them improve the quality, safety, and efficiency of their performance for the benefit of their residents and the health system.

**Building and Environmental Improvements:**

Within the last fiscal year, we now have HEPA filters and air conditioning provided in all hallways and common areas for staff.

**Clinical Programs:**

The following clinical programs were revised and rolled out last year: pain, falls, bed entrapment, restraints.

**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.

We learned early in the pandemic that we would need to alter our communication strategy due to visiting restrictions internally and externally. We have added more 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. To support safer medication practices, our home has implemented Secured Conversations and Practitioner Engagement on our electronic documentation system Point Click Care (PCC).

### **Infection Control:**

The Maples recognizes the correlation of infection control practices and keeping our residents safe. With an even greater emphasis with 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 Infection Prevention and Control (IPAC) Hub. Additionally, Caressant Care has appointed a corporate IPAC Lead to support the home's internal IPAC lead, as well as provide training/education, policy development, and outbreak management. To further optimize IPAC practices, Caressant Care engaged with a third party IPAC Consulting team to provide comprehensive auditing and education in the home.

Below is our workplan for priority areas of improvement for the upcoming year. These initiatives are highlighted, however are just a snapshot of our overall quality improvement process.

**Theme I: Timely and Efficient – a high quality health care system manages transitions well, providing people with the care they need, when and where they need it**

AIM									
MEASURE									
Issue	Quality Dimension	Measure Indicator	Type	Population	Source	Current Performance	Target	Target Justification	External Partners
Dimension:	efficient	# of avoidable ED visits/ 100 residents	Priority	other	CIHI	17.4	10	Caressant Care is committed to improving overall health care system efficiency, and to provide the best service, care, and outcomes for the residents we serve.	Home and Community Support Services, local hospital, Medical Director, Attending Physicians, LifeMark, PT/OT/Respiratory Therapists, Imaging Company, Medical Supply Vendors, Pharmacy Consultant Social Worker

**Change Ideas**

**Change 1.** We will continue to strive to reduce and improve our current performance by identifying and monitoring each resident with an ER room transfer individually working with our external collaborative partners and our Medical Director and attending physicians to avoid emergency room admissions.

Methods	Process measures	Targets	Comments
Increase communication through the dashboard, clinical conversations with registered staff on PCC and with collaborative huddles to identify residents at risk. Review and evaluation of high-risk residents, such as falls or other areas	Identify # of change of status residents and apply appropriate interventions and education regarding hospital transfers (if avoidable.) Identify # of Falls resulting in hospital transfers, focusing on what injuries were identified, and could the transfer have been prevented (i.e., in house x-rays or ultrasounds)	As above	The ability of the Registered Staff to accurately assess a resident after he/she has fallen can contribute to less ER transfers  Good communication with families and with other staff at change of shift about any change in a resident's status are imperative

<p>Engage external community partners as needed to provide alternate access to resources. (Lab services or Nurse Practitioner if available) Utilize virtual services if possible and expand on services in home if able.</p> <p>Ensure registered staff are aware of the resident's directives and the POA's wishes prior to contacting on call physicians for orders when a resident is ill</p>	<p>Registered staff to be orientated to this process upon hire.</p>		
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**Change 2. Educate residents, staff, and people of importance to residents, to provide knowledge of services in house that are provided and utilize resources to keep residents in the home if possible and acute services are not required or beneficial to the care process.**

<b>Methods</b>	<b>Process measures</b>	<b>Targets</b>	<b>Comments</b>
<p>Provide education to residents and families regarding advance directives at move in, and ongoing care conferences, as well as share and communicate information through newsletters.</p> <p>Communicate with families about their wishes for the resident, ensuring up to date advanced directives for treatment are in place</p>	<p># of residents at end-of-life process/ # of residents transferred to ER related to end-of-life processes</p> <p>Registered staff are trained to assess for injuries, and should be able to utilize their knowledge to potentially avoid an unnecessary hospital transfer</p> <p>Review advanced directives yearly and prn with POA's to ensure up to date. If residents' status changes, ensure discussion with POA's on advanced</p>	<p>As above</p>	<p>Increasing knowledge and having good communication with families and physicians will decrease the occurrence of unnecessary transfers to hospital.</p>

directives currently in place is held and update as necessary

**Theme II: Service Excellence – Better experiences result in better outcomes. Tracking and understanding experience is an essential element of quality.**

Issue	Quality Dimension	Measure Indicator	Type	Population	Source	Current Performance	Target	Target Justification	External Partners
Dimension	Resident-centered	% residents responding +: "Staff pay attention/listen to me"	Priority	%/LTC residents	In house survey data	100	100	The Maples wants to continue to provide a resident/centered environment where residents are active participants in the care process.	Online survey software

**Change Ideas**

**Change Idea 1.** Engaging residents is an especially important aspect of their wellbeing as well as beneficial in the care process to increase satisfaction for both residents and those who provide care for them. Residents are encouraged to actively participate in the care process.

Methods	Process measures	Targets for Process Measures	Comments
Increase knowledge of residents' rights, and how to address concerns, provided at move in, posted and discussed at resident council meetings. Open door policy for management, staff	Inhouse survey completed and tabulated corporately. Results will be provided throughout the year to determine change percentages and discussed with the QI Committee. This will be measured by the percentage of resident responses to the question:	100	New packages have been created for residents, families, and others who provide services at the home. New residents' rights have been posted. Current residents have received up to date packages with latest information regarding rights, and the concern reporting process. Policies and procedures have been revised and redistributed.



<p>provided education and training all outside providers are provided information for concerns and residents rights. Encourage survey participation through newsletters and move in process. Ensuring family members/POA's are educated as to the resident's rights and how to address concerns is equally important for increased resident satisfaction.</p>	<p>I feel staff pay attention to me. (most of the time or always).</p> <p>As our home is small, the DOC will endeavor to complete the admission paperwork to gain a better understanding of the resident prior to his or her admission.</p> <p>On admission and as needed, ensure families are aware of managements open door policy, and encourage them to contact management or registered staff with any concerns, at any time</p>		<p>As survey results are provided action plans will be shared regularly, and further change ideas developed and implemented by QI committee, as necessary.</p> <p>Being a small home, the Maples staff is fortunate to have the ability to form trusting, honest relationships with each resident and their loved ones. Building trust with families and having open communication will result in greater satisfaction for all.</p>
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Issue	Quality Dimension	Measure Indicator	Type	Population	Source	Current Performance	Target	Target Justification	External Partners
Dimension	Resident-centred	Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences"	Priority	%/LTC residents	In house survey data	93	100		

**Change Ideas**

**Change 1.** Caessant Care will endeavor to provide information and education to residents and others, so they are empowered to express their opinion without fear or consequences.

Methods	Process measures	Targets for Process Measures	Comments
<p>Increase knowledge of residents’ rights, and how to address concerns, provided at move in, posted and discussed at resident council meetings. Open door policy for management, staff provided education and training and all outside providers are provided information for concerns and residents rights. Encourage survey participation through newsletters and move in process.</p>	<p>The DOC will be available and assist the registered staff with the admission process, meeting with the resident/other caregivers on day 1 to answer any questions or concerns and make them feel as comfortable as possible. The ED is also available for the admission process to sign agreements, go over all the material provided and enables the opportunity to ask questions.</p>	<p>100</p>	<p>New packages have been created for residents, families, and others who provide services at the home. New residents’ rights have been posted and are reviewed by all staff at least yearly. Current residents have received up to date packages with latest information regarding rights, and the concern process. Policies and procedures have been revised and redistributed. As survey results are provided action plans will be shared regularly, and further change ideas developed and implemented by QI committee, as necessary.</p>

**Theme III: Safe and Effective Care – a high quality health system works together to ensure people have access to the best care for their condition and their care is delivered safely and effectively.**

Issue	Quality Dimension	Measure Indicator	Type	Population	Source	Current Performance	Target	Target Justification	External Partners
Dimension	Safe Effective	% LTC residents without a diagnosis of psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	priority	residents	CIHI Insights on PCC	18.75 Sept 21	15	To ensure residents are provided medications for safe, effective use for their quality of care.	Physicians, pharmacy consultant, geriatric outreach team
<b>Change Ideas</b> Residents will be provided with medications appropriate to their diagnoses and to promote safe care outcomes this indicator will be monitored and reviewed.									
<b>Change 1.</b>									
<b>Methods</b>		<b>Process measures</b>			<b>Targets for Process Measures</b>	<b>Comments</b>			
The DOC or designate will review PCC data on at least a quarterly basis to identify any disparities, review results at QI meetings and refer results to physicians for a review of medication and diagnoses. Pharmacy consultant will review and provide reports		Reports provided for the number of residents with antipsychotic to be reviewed on at least a quarterly basis by the Qi team and appropriate health professionals. Resident who are prescribed an antipsychotic medication will be referred to, if not already a part of the BSO team  Registered staff will contact POA's about any changes in medications or treatments			The Maples will endeavor to decrease the percentage of LTC residents	The Registered staff are educated on ensuring there is an appropriate diagnosis when receiving any orders from a physician, including on call physicians who may not be familiar with the process.			

<p>at least quarterly, noting any discrepancies and discuss with the home's leadership to identify any concerns for review. There will be quarterly PAC meetings held that will include at a minimum the Pharmacist, Medical Director, and DOC to review trends and utilization of antipsychotic medications</p>	<p>and give them adequate time to discuss any questions or concerns that they may have.</p>	<p>without psychosis who were given antipsychotic medication to 10% by the end of the year.</p>	
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