Quality Report

Caressant Care Harriston

June 2022

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 (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.

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 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 is Judy Llamido, RN.

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 Monthly.

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:

Caressant Care 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	16.0	15.0	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, Nurse Practitioner, Nurse Led Outreach Team (NLOT) Life Mark 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, Nurse Practitioner and Attending physicians to avoid emergency room admissions.

Methods	**Process measures**	**Targets**	**Comments**
Increase communication through the dashboard with collaborative huddles to identify residents at risk.	Identify # of change of status residents and apply appropriate interventions and education regarding hospital transfers (if avoidable.) Identify # of Falls resulting in hospital transfers	As above	

Review and evaluation of high-risk residents, such as falls or other areas 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.			

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.			
Methods	**Process measures**	**Targets**	**Comments**
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.	# of residents at end-of-life process/ # of residents transferred to ER related to end-of-life processes		

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-centred	% residents responding +: "Staff pay	Priority	%/LTC residents	In house survey data	73	80	Caressant Care wants to provide a resident/ce	Online survey software

| | | attention/listen to me" | | | | | | ntred environment where residents are active participants in the care process. | |

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 provided education and training all outside providers are provided information for concerns and residents rights. Encourage survey participation through newsletters and move in process.	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: I feel staff pay attention to me. (most of the time or always).	80%	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. As survey results are provided action plans will be shared regularly, and further change ideas developed and implemented by QI committee, as necessary.

Other:

Issue	Quality Dimension	Measure Indicator	Type	Population	Source	Current	Target	Target Justification	External Partners

						Performance			
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	74%	80%	Caressant Care wants to provide a resident-centred environment where residents are active participants in the care process and feel free to speak openly.	Online survey software

Change Ideas

Change 1. Caressant Care will endeavour 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
Increase knowledge of residents' rights, and how to address concerns, provided at move in, posted and discussed at resident council meetings and Executive Director Monthly information sessions with residents. Open door policy for management, staff	Inhouse survey completed and tabulated corporately. Results will be provided mid- year to determine change percentages and discussed with the QI Committee. This will be measured by the percentage of resident responses to the question: I can express my opinion without fear of consequences". (Most of the time or always).	Overall, 80% positive response to I can express my opinion without fear of consequen ces". (Most	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 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.

| 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. | | | | | | of the time or always) by end of year December 2022 | | | |

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 psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	priority	residents	CIHI Insights on PCC	19.1	17%	To ensure residents are provided medications for safe, effective use for their quality of care.	Physicians, pharmacy consultant, Nurse Practitioner, Geriatric outreach team

Change Ideas Residents will be provided with medications appropriate to their diagnoses and to promote safe care outcomes this indicator will be monitored and reviewed.			
Change 1.			
Methods	**Process measures**	**Targets for Process Measures**	**Comments**
The DOC or designate will review PCC data on at least a monthly basis to identify any disparities, review	Reports provided for the number of residents with antipsychotic to be reviewed on at least a monthly basis by the QI team and appropriate health professionals.	Achieve 17 % by end of year	

results at QI meetings and refer results to physicians/ Nurse Practitioner for a review of medication and diagnoses. Pharmacy consultant will review and provide reports noting any discrepancies and discuss with the home's leadership to identify any concerns for review.			
Change 2.			
Methods	**Process measures**	**Targets for Process Measures**	**Comments**
The home will continue to attempt to taper stable residents off anti-psychotic medication.	RAI to continue to complete monthly audits to ensure accuracy of coding. BSO Team in collaboration with Nurse Practitioner will review medications upon admission and annually.	**17%**	Although the home has not eliminated the use of antipsychotics in some residents, the home has managed to lower the total daily dose.