



# 2022 Quality Progress Report

Caressant Care  
The Maples Home for Seniors  
March 2023

## **Brief Summary of Quality Improvement Achievements fiscal year 2022:**

### **Building and Environmental Improvements:**

Within the last fiscal year air conditioning has been provided in all resident bedrooms

Additionally we also had additional building and capital improvements such as:

- Parking lot lines were repainted
- New privacy curtains were approved and ordered for resident rooms
- New lift chair for tub was approved and purchased, now in use
- New lifts (both Hoyer & Sit and Stand) approved and purchased
- New countertops at the nursing station desks were installed

### **Clinical Programs:**

The following clinical programs were revised and rolled out last year: Skin and Wound Program, Plan for CPR (Advanced Directives) and Palliative Care. Further enhancements to the medication management program included the re-implementation of secured conversations and phase one of e-prescribe in Point Click Care (PPC) to support safer medication administration practices.

### **Communication and Technology:**

Caressant Care continues to update and restructure our online learning management system to ensure required education modules are available and current. In 2022 we transitioned to a new electronic policy software platform with improved search functions and the ability to quickly update and revise if necessary which provides a user-friendly system for team members.

We have altered our communication strategy with more mobile devices, so we were able to connect residents and people of importance to them virtually. We continue to encourage the use of virtual technology and software to participate in Communities of Practice both internally within Caressant Care and externally with our community partners.

“One Call” was a useful tool used to reach residents, staff and families and was found to be extremely effective in sending information to multiple people at once.

“One Call” has since been initiated to be a part of our home’s emergency response for sending information quickly if needed in an emergency.

## **Compliance and Conformance**

The corporation continues to manage any areas of non-compliance through our centralized reporting system. Further enhancement to this system included the sharing of “Compliance Communication Tip” sheets for all departments in the homes. Caressant Care continues to support a learning environment as it pertains to compliance by sharing information about inspections with all homes through our Compliance Key Messages program.

## **Infection Control:**

Caressant Care recognizes the correlation between infection control practices and keeping our residents safe. Based on lessons learned during the height of the COVID-19 pandemic and the implementation of the Fixing Long-Term Care Act, 2021, our Pandemic Plan and several IPAC policies were reviewed and revised. Additionally, Caressant Care has supported the introduction of dedicated IPAC leads. The re-implementation of the IPAC Module in PCC along with the development of various corporate tracking tools has now allowed for homes to begin trending and analyzing of IPAC data.

## **Resident and Family Experience:**

Surveys are completed throughout the year, and summarized semiannually with results returned to the home, to be communicated and reviewed for improvement initiatives. This process supports a nimble turnaround time for actionable items.

We had some positive results indicating a high level of satisfaction with areas on the Resident Satisfaction Survey, Some examples are below:

- 100 % feel privacy is respected.
- 100 % feel our continence products meets their needs.
- 100 % feel staff take time to engage in a friendly conversation with them.

Based on overall feedback received from family members we have revised our Satisfaction Survey process to indicate no response if families are unable to answer due to communication issues or a diagnosis of dementia or Alzheimer’s.

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**

Our electronic software documentation system has revised their quality program “Insights” which can expedite report options and help to create reports that can be shared and discussed.

We have revised and updated many of our policies, education packages, program audits and operational audits to reflect and improve quality practices and to align with the Fixing Long-Term Care Act and regulations.

**Please see attached for our priority Quality Improvement Initiative Progress Report for 2022.**

**Theme III: Safe and Effective Care | Safe | Priority Indicator**

	Last Year		This Year	
<b>Indicator #1</b>	<b>18.75</b>	<b>10</b>	<b>25</b>	<b>21</b>
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (The Maples Home for Seniors)	Performance (2022/23)	Target (2022/23)	Performance (2023/24)	Target (2023/24)

**Change Idea #1**  Implemented  Not Implemented

Residents will be provided with medications appropriate to their diagnoses and to promote safe care outcomes this indicator will be monitored and reviewed.

**Target for process measure**

- The Maples will endeavour to decrease the percentage of LTC residents without psychosis who were given antipsychotic medication to 10 % by the end of the year.

**Lessons Learned**

Often residents are admitted to the home and have been prescribed antipsychotics prior to admission, it can be challenging to discontinue immediately.  
 Additionally resident census, population and dynamics change over time which presents further challenges to the initiative.

**Comment**

Changes were implemented as planned, although the home did not meet the target, we are currently less than 4 % above the indicated provincial average. This will remain a priority quality improvement initiative plan for 2023 with a revised target.