



Quality Plan and Report

Caressant Care ARTHUR

March 2024

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 team members. 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 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. In 2024 we will be participating in the CARF Survey process.

Additionally, Caressant Care seeks input from residents, families, persons of importance to residents, and team members through an ongoing survey process. Surveys are summarized semi-annually, and results are shared with residents, team members and families. Opportunities are provided for input and feedback on determined prioritized actions and objectives for quality improvement from residents and families as well as the CQI Committee.

Feedback is sought through resident driven committees such as our Pleasurable Dining Committee and Residents' Council as well as Family Council, 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 team members are provided information on improvement processes and initiatives when onboarding and on an annual basis. Active engagement is sought through departmental meetings such as, Town Halls, and interprofessional meetings such as Professional Advisory Council and Continuous Quality Improvement meetings which 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, team members, 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 Lindsay Ross.

Our Terms of Reference for the CQI Committee for membership 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 and Operations

1. QI Initiatives may be identified through various means such as satisfaction surveys, concerns or complaint reviews, informal and formal meetings, weekly walkthroughs, or through other program evaluations, audits, or compliance. Once initiatives are determined and identified by the CQI Team they can be addressed on a priority basis, determined through feedback, based on high risk or resident and/or family satisfaction feedback.
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 team members. Transparency is the key to success. The PAC/CQI will review and update quality initiatives at regular meetings throughout the year, and course adjust, as necessary. Outcomes will be communicated, and progress reported back to the Resident's Council and families, as well as team members.
3. Policies, procedures, audits, and other resources are available to all team members on our online policy software and can be made available to others on request.
4. Caressant Care continues to revise the quality program with our comprehensive document for reporting and tracking indicators. The "Roadmap to Success" has monthly tasks, meeting templates, scheduled monthly tasks, 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.
5. Distribution of the quality plan and report will be observed on our website, with copies provided to the Resident's Council, families, as well as available in the home.

Brief Summary of Quality Improvement Initiatives fiscal year 2024:

Overview

Caressant Care Arthur was built in 1985 in a rural community with a current population of 2,600. This Long-Term Care Home (LTCH) is known for providing resident-centred care to its 60 Residents. Caressant Care Arthur is one of 15 LTCHs within the organization. Throughout the decades and long tenured staff, this Home has remained a competing employer and a 'first choice' Home for Residents and their families.

Building and Environmental Improvements:

We continue to enhance our maintenance program and plan to undertake a comprehensive review of maintenance tasks on our online software system to improve service and efficiency.

Home specific environmental goals or improvements for 2024 include but are not limited to:

1. Install sprinkler system.
2. Replace main Nursing Station
3. Renovate Palliative Care Room
4. Replace resident washroom vanities & flooring.

5. Complete paving to parking lot
6. Upgrade exterior lighting.
7. Install new call bell system.

Clinical Programs:

Many clinical programs have been reviewed and revised and we are continuing to roll them out throughout 2024.

We have implemented a new program to enhance medication safety through bar coding. We have a plan to review and update restorative care programs. We are continuing to enhance the use and functionality of our electronic documentation system by scheduling assessments, updating the care plan library, and including the development of a care plan resource binder.

Caressant Care Arthur is participating in the following clinical initiatives that are supporting resident access to care in the right place at the right time.

- Implementation of the Accu-Chek system for monitoring blood-glucose for residents
- Expanded External Care Services offered in-house to include Massage Therapy and Hearing Clinics and Geriatric Psychiatrist clinics.
- Access with Clinical Connect to enhance access to medical history information of our residents.

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 an online policy system, as well as a comprehensive library on our learning management system, which promotes a more user-friendly system for employees. We continue to add extensive resources to our library such as “how-to’s” and other relevant information.

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 also are continuing to upgrade our internet systems to improve WIFI as well as use of a companion app which connects directly to our electronic documentation system. This should promote efficiency and streamline data flow.

We have streamlined and automated our accounts payable process for redundancy and efficiencies when paying invoices.

Compliance and Conformance

We have a centralized system for any legislated compliance reports, all reports are sent to Risk Management email. Once received, a corrective action template is sent (if required) to complete with support from the 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.

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 continued to enhance our Infection Control processes by increased auditing in areas such as hand hygiene, passive screening, PPE, and dietary and housekeeping processes. As a result of these audits, we have enhanced our cleaning processes, and will 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 continues to carefully review trends and analyze data with support to IPAC Leads with additional education, training, and community of practice sessions.

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 feedback from residents and family members we have revised and streamlined our surveys for 2024 and increased opportunities for participation with paper, QR Codes, online links and support or assistance provided with in person or telephone options. We have also added an option to provide additional information for each category.

A survey summary for 2023 results is attached with determined areas of improvement. Detailed results of the surveys are posted in the home.

Leadership Development

Caressant Care recognizes the impact of our leadership team on overall operations and health human resources management and have contracted with a Professional Certified Leadership Coach to provide monthly interactive virtual training sessions for all management team members. These sessions may

enhance and build on our current management team members skillset(s) and support a culture of cohesiveness and a more collaborative workplace.

The Team at Caressant Care Arthur celebrates success in the following performance indicators:

- ✓ I am clear about my job expectations 91%.
- ✓ I feel comfortable reporting work-related and safety concerns with our Management Team 92%
- ✓ Our Residents feel safe and are treated with dignity by those who provide them with support and care 87%.

Equity and Indigenous Health

Caressant Care is committed to driving improved and equitable outcomes to reduce health inequities in our organization and to ensure appropriate treatment of all individuals regardless of race, gender identity and/or expression.

All management and supervisors have completed cultural awareness and safety education modules which includes Indigenous Relationship and Cultural Awareness courses, anti-Black racism, and gender diversity education modules. Planning is in place to enhance services and provide further education in these areas on a broader scale.

Provider Experience

It continues to be a challenging time for health care organizations with unprecedented human resources challenges. Caressant Care endeavors to improve workplace culture, by providing education incentives, and carefully reviewing and listening to our team members. We have reviewed our Team Member survey results and plan to focus on indicated areas.

Safety

Caressant Care will be conducting a comprehensive review of the Health and Safety Program with an expanded role at corporate office including internal health and safety policies and developing policies, programs and education aimed at enhancing health and safety compliance and accident reduction.

Population Health Approach/Community Partnerships

Caressant Care involvement in the recruiting process for internationally educated nurses (IEN) and through the Health Ontario for Supervised Practice Experience Partnership (SPEP) has proven positive with multiple positions filled.

Caressant Care is looking forward to continuing their partnership with Conestoga College, collaborating with the Practical Nursing (PN) diploma program.

Access and Flow

Optimizing system capacity with timely access to care, and the experience of care for residents is important to us. Caressant Care is working in partnership and across care sectors to avoid unnecessary

hospitalizations and to avoid visits to emergency departments whenever possible and to promote seamless transitions of care.

Resident-Centred Care

We continue to promote our resident-centred philosophy with a focus on language in 2024. We plan to discuss and engage team members at each meeting with a brief discussion of language and examples of resident-centred care, as well as other initiatives throughout the year.

QIP Information

Summary Goals (Detailed) 2024 attached.

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Staff-Resident Bonding: Some of the staff know the story of my life	C	% / LTC home residents	In-house survey / Jan - Dec 2024	65.00	75.00	As part of our strategic initiatives, we feel resident-centred care is important and part of that is ensuring we know the resident and the story of their life.	

Change Ideas

Change Idea #1 Resident personal history obtained by formal interview upon move-in. Consents obtained to post personal history of resident in the home, Continue to celebrate resident of the month. Ensure plan of care is complete with personal history. Pre-move-in notice to team members on all new residents planned move-ins, Customer Service & Resident-centred care education for all team members.

Methods	Process measures	Target for process measure	Comments
Recreation department to obtain move-in stories, stories posted in common areas and private (resident rooms). Recreation department to support completion of surveys. RAI Coordinator to review completion rates of personal history data in care plans. Administration to support and monitor team members completion of the Customer Service & Resident-centred Care education modules through Surge Learning.	Recreation department to report quarterly how many residents consented to share their story, how many move-in stories they obtained, how many stories were posted in common areas and private (resident rooms). In addition, Recreation department to report on how many Staff-Resident Bonding specific questionnaires were completed and their percentage scores of satisfaction. RAI Coordinator to report on completion rates of personal history data in plan of cares. Administration to report quarterly on percentage of staff completing the Customer Service & Resident-centred Care education modules through Surge Learning.	Survey results will increase by 10 % to 75 % by December 2024 results to the question: Staff know the story of my life if I want them to.	

Safety

Measure - Dimension: Safe

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who fell with injury resulting in a significant change in the residents health status	C	% / LTC home residents	POC/PCC Audits / Jan - Dec 2024	11.00	8.00	Caressant Care wants to provide a safe environment for residents and prevent significant injuries as a result of falls.	

Change Ideas

Change Idea #1 Resident assessed upon move-in, quarterly and change in condition for risk factors on falls with injury. Assess Resident Risk Factor for injury with falls, utilize the A,B,C assessment tool in the Scott's Fall Assessment tool, identify assessed risk in care plan, educate all staff on preventative measures for injury with falls, safe lift & transfer training and, introduce new mechanical lifts and appropriate training and support. Quarterly review of prescribed medication to ensure that risks are addressed and reduced as appropriate through pharmacological interventions. Seek out external resources for education on falls and injury prevention.

Methods	Process measures	Target for process measure	Comments
Nursing department to monitor and report # of falls with injury in monthly and at interdisciplinary falls and medication management meetings, quarterly summaries of CIs discussed at quarterly Quality multidisciplinary meetings, Quarterly reporting on percentage of education completion through Surge Learning and number of participants participating in external resource education .	-# of falls with injury statistics reported at monthly and quarterly meetings as identified -percentage education completed reported quarterly	Overall reduction of resident falls with injury by 3% by the end of December 2024.	



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Resident and Family Satisfaction Surveys Summary and Plan of Action 2024

Resident Satisfaction Survey

Date: March 25 th 2024		Number of Participants: 34	
Top 2 Areas of Improvement	Plan	Responsible Person(s)	Date:
<p>1. Resident Focus Staff engage in friendly conversation. 2023: 56%</p>	<p>Customer Service Module 1 & 2 completion for all staff through Surge Learning Share information about Residents personal history through move-in process, informed huddles, Trivia Team Building exercises such as 'who am I' Mini surveys quarterly Update data collected monthly, report quarterly through Quality Meetings</p>	Management Team	Dec 2024
<p>2. Staff Staff ask how needs can be met. 2023: 50%</p>	<p>Customer Service – Complaints, Concerns & Comments education for all staff through Surge Learning Reminder pins 'how can I help?' Role-play activities through in-service education. Mini surveys quarterly Update data collected monthly, report quarterly through Quality Meetings</p>	Management Team	Dec 2024
<p>3. Patient Centred Some of the staff know the story of my life. 2023: 64%</p>	<p>Resident of the Month celebrations Staff engagement in move-in Activity Programs, 'My Story' shared with staff</p>	Activity Coordinator	Dec 2024

Top 3 Successes:		
1. 2022: 71% to 2023: 82% = 11% increase in satisfaction with 'I can easily go outdoors if I want'		
2. 2022: 77% to 2023: 88% = 11% increase in satisfaction with 'I feel safe when I am alone'		
3. 2022: 39% to 2023: 50% = 11% increase in satisfaction with 'Caessant Care staff respond to my suggestions'		
Survey Feedback	Date:	Comments:
Shared with Residents:	April 21 2024	
Shared with Staff:	March 28 2024	
Shared with Others:	March 26 2024	
Shared with Family:	May 2 2024	
Shared with CQI/PAC as applicable	April 19 2024	

**CARESSANT CARE
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Resident and Family Satisfaction Surveys
Summary and Plan of Action 2024**

Family Satisfaction Survey			
Date: March 25th 2024		Number of Participants: 17	
Top 2 Areas of Improvement	Plan	Responsible Person(s)	Date:
1. Resident Focus Staff engage in friendly conversation. 2023: 59%	As above		
1. Staff Staff ask how needs can be met. 2023: 76%	As above		
1. Patient Centred Some of the staff know the story of my life. 2023: 53%	As above		
Top 3 Successes:			
1. 2022: 48% to 2023: 59% = 11% increase in satisfaction with 'my family member enjoys mealtimes'			
2. 2022: 65% to 2023: 76% = 11% increase in satisfaction with 'the care and support my family member gets helps him/her live life the way he/she wants residents receiving health services that meet their needs'			
3. 2022: 57% to 2023: 71% = 14% increase in satisfaction with 'My family member considers a staff member his/her friend'			
Survey Feedback	Date:	Comments:	
Shared with Residents:	April 21 2024		
Shared with Staff:	March 28 2024		
Shared with Family:	March 26 2024		
Shared with Others:	May 2 2024		
Shared with CQI/PAC as applicable	April 19 2024		
Any Changes requested to survey:	Yes	Too long, questions are confusing, too many choices for response to questions.	