



Quality Plan and Report

Caressant Care Bourget

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 the Food 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 Vicky Bertrand.

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

At Caressant Care we continue to improve programs and services as well as home enhancements as detailed below. We recognize the importance of consistent care and continue to work with community partnerships to enhance our programs and strengthen our health human resources.

To continue with the quality improvements of 2023, a month-to-month education and training plan is a priority, as well as ensuring program committees are fully functioning and actively engaged in reporting to the QI & PAC Committee.

Overall, we aim to see improvement in the communication and customer service approach between the team and residents and families.

The team will continue its recruitment efforts to maintain little to no agency staff in the home and ensure there are always adequate staffing levels.

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. Plan to replace outdoor lighting.
2. Plan to complete 5 resident bathroom refurbishments.
3. Plan to replace door leading to the exterior.

Clinical Programs:

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

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.

We have a plan to replace all our lifts in the first part of 2024. These lifts will all include weigh scales to promote consistent weight review.

We plan to educate all nurses on the palliative program and develop new champion duties to expand the current palliative program to be more through inclusive of families.

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 redundance and efficiencies when paying invoices.

Compliance and Conformance

We have a centralized system for any legislated compliance reports, all reports are sent to the 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.

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 (or will 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.

Some of the improvements we are implementing for staff experience to manage current health workforce challenges are as below:

- longer Orientation periods with more shifts, tailored specifically to staff needs to help increase their success.
- 2 RNs completing the DOC course in 2024.
- one RN completing the IPAC course at Queen's University in 2024.
- adjusted the schedule to accommodate suggestions from team members, based on their experiences and feedback.

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. Ongoing education is in place to ensure a safe environment for residents and team members including, but not limited to:

- Upgrade CPR certification.
- Lift and transfer training
- Personality disorder education

Population Health Approach/Community Partnerships

We have a partnership with Algonquin College for student placement. Additional partnerships include but are not limited to:

- Hospice – volunteers for end-of-life support
- On site income tax service offered in spring
- On site dental and hearing aid services offered

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 QIP Goals (Detailed) 2024 attached.

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1st 2022 to September 30th 2023 (Q3 to the end of the following Q2)	24.39	21.00	We feel treating residents at the home level increases quality of life and reduces stress on the resident. Caressant Care Bourget would like to align with the current provincial average of 21 %.	

Change Ideas

Change Idea #1 1. We will continue to strive to reduce our current performance by identifying each resident with an ED transfer. Each resident will be monitored and we will work within the care team (internal and external-medical director, attending physicians, and caregivers) and collaborative partners to avoid repetitive visits and for proper identification of residents needs and interventions which can be provided by our home. 2. Increase and improve access to mobile and other services the home offers as a first line to non-emergent issues.

Methods	Process measures	Target for process measure	Comments
1. Increase communication with interdisciplinary huddles and collaboration within the team and our community partners to identify at risk residents and review the possibility to provide alternative access to assessment resources such as utilization of other services. 2. Access to mobile services as LAB, Xray scans 3. Team members will provide education to residents, families and the multidisciplinary team for better	1. Nursing team to identify residents with a change of health status and apply appropriate interventions and education regarding hospital transfers if avoidable. Identify and monitor falls resulting in hospital transfers. Identify number of care and diagnostic assessments, and sensitive conditions resulting in hospital transfers. Track all meetings using the multidisciplinary tool that all departments can access for reference.	The home will plan to reduce the number of avoidable ED visits to 21 % by the end of the fiscal year.	

support. Education to include advanced directives and informed consent. Education will be completed at move in, care conferences and with change of treatment or change in health status. Program education is started with move in. Advanced Care Planning will be ongoing through the trajectory with Pallium recommendations such as PPS assessment. Medication education will be provided to support comfort measures and all changes will be communicated to ensure understanding of avoiding ED visits.

Shift huddles occur at every change of team shift with a registered team member for the use of reporting resident changes and identifying risk factors. Identified high risk residents are supported by external partners (Royal Ottawa Hospital, Dementia Society, Geriatric Mental Health Services/local Hospital, Pharmacy, etc.). Extensive review of care plans is completed at time of fall risk and/or a resident is identified as a high risk. 2. Identify the number of residents who are transferred to the ED who are transitioning to end of life and/or comfort measures utilizing the palliative performance scale (PPS) of 30% or less. Maintain education related to avoiding ED visits with admission, changes in status and with each change in treatment. Care plan changes will be adapted to support each resident with the collaboration of their caregiver. Care conferences are completed at 6 weeks, annual and as needed to ensure that the resident, family/caregiver needs are met for communication and education. Quarterly newsletters are also distributed.

Safety

Measure - Dimension: Safe

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	13.38	12.00	Reducing falls remains a priority to ensure residents' quality of life.	

Change Ideas

Change Idea #1 1. Identifying each resident at a high fall risk. Each resident will be monitored and we will work within the care team (internal and external-medical director, attending physicians, and caregivers) and collaborative partners for proper identification of residents needs and interventions which can be provided by our home. 2. Improve Fall Committee within the home to identify champions who can educate staff and families on day to day activities that can help reduce falls and provide closer monitoring. 3. Improve interdisciplinary team work such as more inclusion of disciplines like activity to create specific activities unique to the resident to create distractions and deterrents to fall risks.

Methods	Process measures	Target for process measure	Comments
1. Increase communication with interdisciplinary huddles and collaboration within the team and our community partners to identify high fall risk residents and review the possibility to provide added fall prevention and injury reduction through care plan updates using assistive devices. Data will be monitored and reviewed monthly at fall prevention meetings and quarterly at	1. Identify residents with a change of health status and apply appropriate interventions and education regarding fall prevention and injury reduction. Identify and monitor falls resulting in hospital transfers. Track all meetings using the multidisciplinary tool that all departments can access for reference. Shift huddles occur at every change of team shift with a registered team	The home will plan to reduce the number of falls to 12% by the end of the year December 2024.	

the Professional Advisory Committee meetings. 2. Team members will provide education to residents, families and the multidisciplinary team for better support. Education to include fall prevention, injury reduction, care plan management, safety monitoring and use of fall prevention equipment. Education will be completed at move in, care conferences and with change of treatment or change in health status. Program education is started with move in and will be ongoing through the trajectory of residents stay. Medication education will be provided to support resident needs and all changes will be communicated to ensure understanding by residents and/or caregivers. 3. Include an activity staff on the fall committee

member for the use of reporting resident changes and identifying risk factors. Identified high risk residents are supported by external partners (Medical Director, Attending Physicians, Pharmacy etc.). Extensive review of care plans is completed at time of fall risk and/or a resident is identified as a high risk. Care plan changes will be adapted to support each resident with the collaboration of their caregiver. Care conferences are completed at 6 weeks, annual and as needed to ensure that the resident, family/caregiver needs are met for communication and education. Quarterly newsletters are also distributed. 2. Mandatory fall prevention and injury reduction education will be completed annually by all team members. Fall Program will be reviewed by clinical leadership annually and when required to ensure team members are following tasks and adapting appropriate interventions to meet resident specific needs. Monthly fall meetings will be completed and staff will have access to documented minutes for review. Behavioural Support Nurse will add interventions where required to assist in care plan adaptations to support residents.



CARESSANT CARE NURSING & RETIREMENT HOMES LTD. Resident and Family Satisfaction Surveys Summary and Plan of Action

Resident Satisfaction Survey			
Date: Jan 26th, 2024		Number of Participants: 8 (management team)	
Top 3 Areas of Improvement	Plan	Responsible Person(s)	Date:
1. Would Recommend Us	Ask Residents during resident council and during 1:1 with managers, what can we do to improve. Encourage residents to provide feedback, ideas, and opinions – remind residents that we have an open-door policy, and they are welcome to come and speak to any managers.	Full Management Team.	Jan 31 st , 2024, + on going reminders.
2. Can Express Opinion Freely	Encourage residents to express their opinion freely, go to a managers or charge nurse when management are not available. Again, remind residents that we have an open-door policy, and they are welcome to come and speak to any managers.	Full Management Team and all Employees	Jan 31 st 2024
3. Staff engage in Friendly Conversation	Encourage staff to speak with residents at mealtimes and when providing care. Speak and engage with residents sitting in the hallway. Take the time to get to know the residents.	All staff and management.	On going – during huddles/report/meetings.
Top 3 Successes:			
1. Get Health Services Needed			

2. Feel Privacy respected		
3. Incontinence Products meet needs		
Survey Feedback	Date:	Comments:
Shared with Residents:	Jan 31 st , 2024	Presented by AD – ED could not attend – will elaborate during Feb RC. Residents were happy with the action plan. Expressed that they knew they could go see the managers when they had any issues.
Shared with Staff:	Posted Feb 5 th , 2024	No comments now - will elaborate in Feb dept meetings.
Shared with Others:	-	-
Shared with Family:	March 5 th , 2024.	Sent survey results – will share and discuss with family council in March.
Shared with CQI/PAC as applicable	March 26 th , 2024.	
Any Changes requested to survey:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Residents are happy to see that we have made changes for the 2024 survey.

Family Satisfaction Survey			
Date: Jan 26, 2024,		Number of Participants: 8 (management team)	
Top 3 Areas of Improvement	Plan	Responsible Person(s)	Date:
1.Explore New Skills and Interest	Encourage families and friends to tell us about the residents’ likes and dislikes, what their interests are. Encourage all employees and managers to speak with residents and ask what their interests are.	Management/Employees/POA	Upon admission + on regular basis.
2. Can Bathe/Shower anytime	Educate and Inform staff that residents may take their bath and/or shower whenever they wish. Inform residents about their right to ask to be bathed or showered when they wish to do so.	All Staff. – Monitored by Management.	Jan 31 st , 2024. + on going during huddle, meetings, report.
3.Feel Privacy Respected	Offer to bring residents and their family to a quiet and private location while visiting. Ensure privacy curtains are used when providing care. Do not speak about residents’ conditions in front of other employees or residents.	All staff + Management team.	On going.
Top 3 Successes:			
1.Get Health Services Needed			
2.Variety in Meals			
3.Would Recommend Us			
Survey Feedback	Date:	Comments:	
Shared with Residents:	January 31 st . 2024	Presented by AD – ED could not attend – will elaborate during Feb RC.	
Shared with Staff:	Posted Feb 5 th ,	No comments now – will elaborate in Feb dept meetings.	
Shared with Family:	March 5 th , 2024.	Sent survey results – will share and discuss with family council in March.	
Shared with Others:	-	-	
Shared with CQI/PAC as	March 26 th , 2024.		

applicable:		
Any Changes requested to survey:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Families are happy to see bilingual surveys.