



# Quality Progress Report for 2023

Caressant Care Bourget

March 2024

Caressant Care Nursing and Retirement Homes Ltd.

## **Brief Summary of Quality Improvement Achievements fiscal year 2023:**

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

- ✓ New Call bell system
- ✓ 5 resident bathrooms refurbished.
- ✓ 3 rooms with new light fixtures
- ✓ New light fixtures in 2<sup>nd</sup> floor dining room
- ✓ Increase in camera surveillance.

### **Clinical Programs:**

**The following clinical programs have been reviewed and revised in 2023: continence management, IPAC and responsive behaviours. We are continuing to enhance the use and functionality of our electronic documentation system by scheduling assessments and updating the care plan library.**

**We also participated in several lunch and learn sessions to enhance care planning knowledge.**

**Improvements seen in lease restraint program where this home maintains no physical restraints and an increase in effective alternatives to restraints being in place. This has helped ensure residents remain safe without requiring any form of restraints.**

### **Communication and Technology:**

Caressant Care continues to update and revise our infrastructure by updating WIFI and connections.

There has been an increase in the use of resident WIFI allowing better accessibility to families and community for residents. Some residents now have their own tablets and laptops and others use facility owned devices to connect to the community or bridge the web.

Caressant Care continues to update and restructure our online learning management system to ensure required education modules are available and current.

We continue to implement our communication strategy with more mobile devices, so we can 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.

### **Compliance and Conformance**

In 2023 we began an extensive auditing process. The Comprehensive Proactive Home Visit through the corporate clinical and operations teams with subject matter experts doing a thorough review with

several audits for every department. Corporate team members complete various audits and identify gaps. Once completed, a plan is created with corrective actions and dates for implementation.

Additionally, a process has been implemented for any compliance issues, with a monthly call where action plans are reviewed, updated, and revised with opportunities for discussion and support to assist in moving forward.

The corporation continues to manage any areas of non-compliance through our centralized reporting system. 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, and Compliance Communication Tips program.

### **Infection Control:**

Caressant Care recognizes the correlation between infection control practices and keeping our residents safe. Caressant Care has supported the introduction of a dedicated IPAC lead. Monthly community of practice calls were implemented for networking and sharing resources. A comprehensive review of all IPAC policies and procedures was completed in 2023 to ensure that policies and procedures are current and align with best practices with a certified IPAC professional.

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.

### **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) completed cultural awareness and safety education modules which includes Indigenous Relationship and Cultural Awareness courses, anti-Black racism, and gender diversity education modules.

### **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 from families are below:

- ✓ Residents get the health services they need – 100 %.
- ✓ Residents feel privacy is respected – 100 %.
- ✓ Residents enjoy mealtimes – 83 %.

Families additionally had positive feedback in many areas, some examples are:

- ✓ My family member gets the services he/she needs 100 %.
- ✓ I would recommend this site organization to others 93%.

Based on feedback received from residents and family members we have again revised our Satisfaction Survey process. We have streamlined the survey with relevant questions and created a shorter survey with less options to answer questions and a comment section to provide further feedback, as well as added "if I wish to" as ultimately resident choice is our number one priority.

### **Quality Program**

We continue to revise on an ongoing basis and update many of our policies, education packages, program audits and operational audits to reflect and improve quality practices and to align with the relevant legislation.

### **Progress Summary from our Quality Plan 2023**

Please see attached QIP Progress Report for 2023.

**Experience | Patient-centred | Custom Indicator**

	Last Year		This Year	
<b>Indicator #2</b>	<b>60</b>	<b>75</b>	<b>75</b>	<b>NA</b>
Resident experience: Overall satisfaction Staff ask how needs can be met (Caressant Care Bourget)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1**  Implemented  Not Implemented

1. Provide education and awareness to staff to promote resident-centred care and encourage staff to further engage with residents whenever opportunities allow. 2. Discussion at team meetings and Resident Council regarding survey results and engage staff and residents for their input and ideas to improve. 3. Continue to recruit vacancies and reduction of agency staff to provide consistent care providers who know residents to increase their comfort level and familiarity with those providing care.

**Process measure**

- % increase in satisfaction evidenced by survey results throughout the year

**Target for process measure**

- The home plans to increase the satisfaction of residents to 75 % by December 31, 2023, to the survey question - "Staff ask how my needs can be met".

**Lessons Learned**

We have learned that addressing residents’ concerns creates a more positive experience for everyone. When residents feel they are able to voice their needs and staff are interested in how to assist, the overall environment is much more positive. By staff being able to see the positive shift in resident experience based on their interactions creates a domino effect of other positive interactions and experiences.

**Comment**

We want to continue to build upon this and are pleased that we met our target for this QIP.

**Safety | Safe | Priority Indicator**

---

	Last Year		This Year	
<b>Indicator #1</b>	<b>14.29</b>	<b>12</b>	<b>X</b>	<b>NA</b>
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Caessant Care Bourget)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

---

**Change Idea #1**  Implemented  Not Implemented

1. Dedicated review of medication prescription along with diagnosis to determine appropriateness and to identify any areas for alternative treatment options. 2. Will continue to monitor data and will implement the Antipsychotic Monitoring Form (case specific) with a focused review by registered staff, DOC, pharmacy consultant and physician(s) and nurse practitioners as appropriate. 3. Further engage BSO Support and identify non-pharmacological interventions for residents with responsive behaviours associated with Dementia with 4. Referrals to mental health services when appropriate.

**Process measure**

- % of residents without psychosis who were given antipsychotic medication in the last 7 days preceding their resident assessment

**Target for process measure**

- The home's goal will be 12.0 % or less of residents without psychosis are given antipsychotic medication in the last 7 days preceding their resident assessment to align with the indicated provincial average by December 31, 2023.

**Lessons Learned**

We learned that there needs to be closer oversight by the RAI Coordinator and nursing leadership to address any medication changes with the doctors. We feel this should be done upon move-in and a more detailed conversation had when this medication is ordered. It appears to happen without much discussion, and we would like to shift to a process where we more formally trial other interventions first to ensure medication is a last resort.

**Comment**

We are pleased with our results for exceeding our target for this QIP.