



Quality Progress Report for 2023

Caressant Care Fergus

March 2024

Caressant Care Nursing and Retirement Homes Ltd.

Brief Summary of Quality Improvement Achievements fiscal year 2023:

Building and Environmental Improvements:

- A new scrubber Machine was purchased for floor care.
- The front lobby was repainted, and the lighting replaced with brighter lights.
- Replacement of both dining floor and serveries.
- Replacement of a new industrial washing machine.
- The parking lot was repainted, and more lighting was added to the parking lot.

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.

Other information or education sessions held:

- Several huddles and training were done on POC documentation.
- Alzheimer's Society information
- Homewood Outreach was invited to provide education on responsive behaviors.
- Huntington Society was invited to provide education on management of the disease process.
- Lifemark trained staff on Restorative Care
- Staff were trained on DementiAbility.

Communication and Technology:

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

We added 6 new iPads for PSWs documentation, and 4 new laptops were also added for the nurses as well.

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 have) 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 are below:

- ✓ Residents enjoy mealtimes – 79 %.
- ✓ Residents feel privacy is respected – 81 %.

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

- ✓ Feels privacy is respected 90%.
- ✓ My Family member has enough variety in his/her meals – 100%.

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.

Indicator #2	Last Year		This Year	
	Resident experience: Overall satisfaction "I enjoy mealtimes". (Caressant Care Fergus Nursing Home)	40 Performance (2023/24)	50 Target (2023/24)	79 Performance (2024/25)

Change Idea #1 Implemented Not Implemented

1. Provide education and awareness to staff regarding the meal service process to promote resident-centred care and encourage staff to enhance the dining experience. 2. Enhanced review and monitoring of audits to ensure food temperatures are recorded and are appropriate with action if necessary 3. Discussion at team meetings and Resident Council regarding survey results and engage staff and residents for their input and ideas to improve. 4. Implement new Tray Service Policy

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 the survey question "I enjoy mealtimes" to at least 50 % by December 31, 2023.

Lessons Learned

We feel the changes made a difference and were happy to exceed our target for this QIP.

Safety | Safe | Priority Indicator

	Last Year		This Year	
Indicator #1	22.99	21	10.05	NA
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Caressant Care Fergus Nursing Home)	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 21.0 % 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 are pleased with our results for this QIP and exceeding our target.