



# Quality Plan and Report

Caressant Care Fergus

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 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 Alero Eyewuoma.**

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.

### **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.

### **Clinical Programs:**

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

We are implementing 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 (PCC).

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.

### **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.

We are planning on replacing all portable phones to make communication between registered staff and family members easier.

### **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.

**The survey summary results for 2023 are included in a separate attachment.**

### **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.

Based on the results from the Employee satisfaction result, we will be focusing on improving the following.

1. Supplies
2. Management
3. Communication

We are also improving staff experience and health workforce challenges by continuing to recruit PSW and Registered Staff and continue to use agency staffing to fill staffing needs.

### **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**

We continue to partner with students from Conestoga College to be trained by our staff. Additional programs include 2 IEN International educated nurses working as PSWs and 2 SPEP students.

### **Access and Flow**

Optimizing system capacity, timely access to care, and patient flow improve outcomes and the experience of care for patients, clients, and residents. Health service organizations across the system, including interprofessional primary care, long-term care, and hospitals, are working in partnership and across care sectors on initiatives to avoid unnecessary hospitalizations and avoid visits to emergency departments through new models of care and by ensuring timely access to primary care providers.

### **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.**

## Experience

### Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "Staff take time to have a friendly conversation with me if able to?"	C	% / LTC home residents	In-house survey / Jan - Dec 2024	67.00	75.00	Caressant Care wants to provide a resident-centred environment where residents feel comfortable with opportunities for socialization whenever possible.	

### Change Ideas

**Change Idea #1** Provide opportunities to engage in conversation. Discuss at team members meetings and promote other opportunities for discussion. Plan for continued recruitment and retainment to ensure adequate staffing levels. Seek input from residents and team members for improvement. Encourage residents to complete the resident satisfaction survey.

Methods	Process measures	Target for process measure	Comments
Inhouse survey completed and tabulated corporately. Results will be provided mid-year to determine change percentages and discussed with the CQI/PAC Committee. This will be measured by the percentage of residents responses to the question: "Staff take time to have a friendly conversation with me if able to".	Overall Percentage increase of 8 % of residents responding positively to: "Staff take time to have a friendly conversation with me if able to"	Survey results will increase positively by 8 % to 75 % by December 2024 for results to the question: Staff take time to have a friendly conversation with me if able to.	



## Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement "I feel I have a voice and staff listen to me"	C	% / LTC home residents	In-house survey / Jan - Dec 2024	65.00	70.00	We have recognized this as an area of improvement and want to work towards this goal to enhance the quality of our lives of our residents and to promote customer service.	

## Change Ideas

Change Idea #1 1. Re-education on resident rights, addressing and resolving complaints and concerns. 2. open door policies of management team. 3 providing necessary training and orientation for newly hired team members, encourage more resident participation

Methods	Process measures	Target for process measure	Comments
Staff will be re-educated on the residents rights. Small huddles with existing staff on the process on how to address concerns. Orientation of newly hired staff on residents' bill of rights, attendance at resident council meetings to gather input and feedback.	In house survey results will be tabulated corporately. Results will be provided mid year to determine changes in percentages. This will be measured the responses of the residents that responded positively to the question " "I feel I have a voice and staff listen to me". (most of the times and always)shared quarterly at Resident Council and CQI Meetings, staff meetings, etc.	Overall Percentage increase of 5 % of residents resulting in a score of 70 % responding positively to: I feel I have a voice and staff listen to me by December 31, 2024.	



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

<b>Resident Satisfaction Survey</b>			
<b>Date: January/30/2024</b>		<b>Number of Participants: 33</b>	
<b>Top 3 Areas of Improvement</b>	<b>Plan</b>	<b>Responsible Person(s)</b>	<b>Date:</b>
1. Staff Responsiveness	1. Audit call bells daily to ensure residents request are being answered.	All managers	March 31/2024
2. Food and Meal	1. Request for input from residents during resident council meeting on meal preferences. 2. Provide a 3 <sup>rd</sup> option for resident who do not want the two options 3. Ensure meals are always served hot. 4. Dietary Manager to attend Resident council meeting to find out what the concerns are. 5. Dietary manager will have a mini survey regarding food choices. 7. Provide a pleasurable dining experience for all residents.	FNM	March 31/2024
3. Staff-Resident bonding	1. Provide more varieties of activities that will include staff. 2. Provide opportunities for staff to sometimes lead activity when able. 2. Ask for staff input on creating program and activities that will include staff and residents.	PM	March/31/2024

	<p>3. Activity Coordinator to include staff in activities, special events etc.</p> <p>4. Staff will be reminded on communicating with residents when providing care, assisting in the dining etc.</p>	All Managers	
<b>Top 3 Successes:</b>			
1. Respect by Staff			
2. Privacy			
3. Safety and Security			
<b>Survey Feedback</b>	<b>Date:</b>	<b>Comments:</b>	
<b>Shared with Residents:</b>	February 15, 2024		
<b>Shared with Staff:</b>	February/14/2024		
<b>Shared with Others:</b>			
<b>Shared with Family:</b>	February/15/2024		
<b>Shared with CQI/PAC as applicable</b>	April 23,2024		
<b>Any Changes requested to survey:</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

<b>Family Satisfaction Survey</b>			
<b>Date: January/30/2024</b>		<b>Number of Participants: 10</b>	
<b>Top 3 Areas of Improvement</b>	<b>Plan</b>	<b>Responsible Person(s)</b>	<b>Date:</b>
1. Meaningful Activities	<ol style="list-style-type: none"> <li>1. Provide more varieties of spiritual opportunities to meet the various faiths in the home.</li> <li>2. Provide opportunities for more varieties of activities.</li> <li>3. Provide opportunities for residents to run activities with residents of like interest.</li> </ol>	Danielle	March/31/2024
2. Daily Decision	<ol style="list-style-type: none"> <li>1. Provide residents with options for clothing.</li> <li>2. Provide residents with the opportunity to make decision regarding services offered in the home.</li> <li>3. Provide residents with extra baths when able.</li> </ol>	All Staff	March/31/2024
3. Personal Relationship	<ol style="list-style-type: none"> <li>1. Provide opportunity for residents to build friendship</li> <li>2. Provide activities for residents to lead programs thereby building relationships.</li> <li>3. Invite family members to attend programs and activities with their loved ones.</li> </ol>	PM	March/31/2024
<b>Top 3 Successes:</b>			
1.Privacy			
2.Respect by staff			
3.Comfort Items			
<b>Survey Feedback</b>	<b>Date:</b>	<b>Comments:</b>	
<b>Shared with Residents:</b>	February 15, 2024		
<b>Shared with Staff:</b>	February/17/2024		

<b>Shared with Family:</b>	February 15, 2024	
<b>Shared with Others:</b>	February/17/2024	
<b>Shared with CQI/PAC as applicable:</b>	April 23,2024	
<b>Any Changes requested to survey:</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	