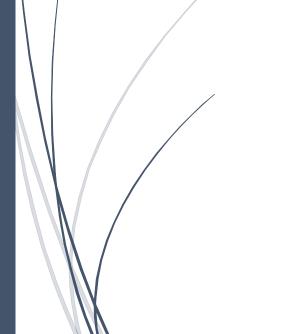
# Quality Progress Report for 2023

Caressant Care on Bonnie Place March 2024



Caressant Care Nursing and Retirement Homes Ltd.

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

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

Within the last fiscal year, we upgraded all common areas within the home and the parking lot with LED lighting. Repairs were completed on her rear parking lot and sidewalks to repair holes and uneven surfaces. Several improvements were also made in one of our outdoor areas: we replaced the chain link fence with a wood fence to create a safe environment for residents, removed a pergola and replaced it with a sunshade, removed some old plants and planted a new tree to provide shade in the future and a nesting area for birds to increase bird watching opportunities for our residents.

### **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.

We have completed two rounds of medication compression which involves a review of the residents' current medications to determine if changes to medications would be beneficial with a focus on possible reducing medications prescribed to reduce the risk of polypharmacy. Medication administration times are reviewed to try to minimize the number of times a day that residents need to take their medication.

### **Communication and Technology:**

Caressant Care continues to update and revise our infrastructure by updating WIFI and connections. We introduce virtual reality in our home in 2023. Residents have really enjoyed group and 1:1 VR experiences.

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.

We have utilized OneCall to communicate information to families and team members throughout 2023. Improved usage of PCC home page and communication board by the team at Bonnie Place as an additional method of communication.

### **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 though 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 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 get the health services they need 93 %.
- ✓ Residents are treated with respect by staff 85 %.

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

- ✓ If my family needs help right away, my family member can get it 92 %.
- ✓ Families feel their family members are treated with respect by staff 92 %.

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           |                          |                     |
|---|--------------------------|---------------------|--------------------------|---------------------|
| Indicator #2                                      | 46                       | 75                  | 82                       | NA                  |
| Resident experience: Overall satisfaction         | 40                       | 75                  | 02                       | IVA                 |
| Can speak freely (Caressant Care on Bonnie Place) | Performance<br>(2023/24) | Target<br>(2023/24) | Performance<br>(2024/25) | Target<br>(2024/25) |

# Change Idea #1 ☑ Implemented ☐ Not Implemented

- 1. Provide education and awareness to staff to promote Resident's Rights, customer service, 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 any agency staff to provide consistent care providers who know residents to increase their comfort level and familiarity with those providing care. 4. Enhanced participation of residents and families for CQI Meetings and sharing of information 5. Further promote an open-door policy for staff and managers. 6. Engage Social Worker to support residents and encourage and assist them to bring forward concerns.
- 7. Encourage feedback from residents and families and complete follow up as quickly as possible while ensuring the resident does not feel retaliation due to bringing concern forward

#### **Process measure**

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

### Target for process measure

• The home will endeavour to improve resident experience and survey score to 75% for the question: "I can express my opinion without fear of consequences" by December 31, 2023.

### **Lessons Learned**

The management team created an "open door" environment and encouraged residents to bring forward concerns, questions, suggestions. Bonnie Place team followed up and responded to concerns, questions and suggestions brought forward to build trust with residents and families which was helpful to us to exceed our goal for this QIP.

# Safety | Safe | Custom Indicator

|  | Last Year                |                     | This Year                |                     |
|--|--------------------------|---------------------|--------------------------|---------------------|
| Indicator #1                               | 106                      | 79                  | 69                       | NA                  |
| Resident experience:                       | 100                      | 19                  | 09                       | IVA                 |
| Skin Care (Caressant Care on Bonnie Place) | Performance<br>(2023/24) | Target<br>(2023/24) | Performance<br>(2024/25) | Target<br>(2024/25) |

# Change Idea #1 ☑ Implemented ☐ Not Implemented

1. Re-educate 100% of direct care staff (PSWs and Registered Staff) on preventative strategies using the RISE program, supplements and hydration and safe lifting techniques and education on ROHO cushions. 2. Review wound care champion (WCC) job routine and implement changes to improve skin and wound program in the home. 3. Implement an audit tool/resource for the skin and wound nurse to complete weekly to review practices in the home. 4. Review individual resident's continence plan of care and ensure incontinence is addressed as per TENA portraits. 5. Educate 100% of registered staff on wound classification. 6. Create order entries in PCC following best practice guidelines for treating skin injuries if an injury does occur as a way to maintain a consistent best practice approach and to decrease order entry time for registered staff.

### **Process measure**

• number of stage 2-4 pressure injuries

# Target for process measure

• The home will endeavour to prevent and reduce the number of stage 2-4 pressure injuries and skin tears by 25% or more by December 31st, 2023.

### **Lessons Learned**

Standardized wound order templates initiated in PCC to improve use of best practice guidelines for product selection were helpful in meeting and exceeding our target for this initiative.