



Quality Plan and Report

Caressant Care on Bonnie Place

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 Crystal Forbes.

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.
4. 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.
1. 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.

Our environmental goals or improvements for 2024:

1. Repaint our dining rooms.
2. Further landscaping in our one of our outdoor patio areas
3. Installation of sprinklers throughout our home

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 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.

In addition to the clinical programs listed above we will also be focusing on falls prevention in our home this year. We plan to increase awareness in fall prevention strategies, increase our team's awareness of residents that are at a higher risk of falling and decrease the number of residents that fall.

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.

In 2024 we plan to roll out Staff Schedule Care and expand on our use of Point Click Care in our home in 2024. We also plan to purchase new cordless phones for the home to improve communication between residents, families and the team at Bonnie Place.

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.

Based on our review for 2023 results the following have been determined areas of improvement:

- Improving the mealtime experience for residents
- Ensuring residents can enjoy the outdoors if they would like.

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

Caessant 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. Caessant 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. We will continue to have weekly Town Hall meetings that provide an opportunity for information sharing for both the frontline team members and the management team. This year we will be focused on ensuring that our team members have the equipment and supplies they require to do a good job and that team members feel that Caessant Care offers them opportunities for personal growth.

Our home has struggled to recruit RPNs. We have covered available RPN shifts with our RNs to help ensure that nursing support is available within the home and to provide consistency of care when possible. We have had several SPEP nurses in our home as well as nursing students.

Safety

Caessant 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.

Our home discusses actual or potential resident safety events during team meetings to prevent future risks for residents. We complete emergency code practices each month to review what is expected during specific emergency events, ensure that we have all necessary resources available and to fix any gaps that are identified.

Population Health Approach/Community Partnerships

Our home has partnerships with local community colleges, universities and high schools. We support placement opportunities for several different programs such as PSW, RPN, RN, FNM, etc. We also welcome high school students completing their volunteer hours within our home.

Access and Flow

Optimizing system capacity with timely access to care, and the experience of care for residents is important to us. Caessant 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.

This year we will be focusing on reviews of body system assessments and the SBAR communication method to ensure assessments are completed accurately and that necessary information is shared with the physicians to decrease unnecessary hospital transfers. Our nurse practitioner is in the home 3 days a week and our two physicians are each in the home once a week. This frequency of medical services also helps our residents to receive the care they need in the home.

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 "I enjoy meal times."	C	% / LTC home residents	In-house survey / Jan - Dec 2024	57.00	70.00	We have recognized this is an area of improvement and want to work towards this goal to enhance the quality of the lives of our residents and to promote customer service excellence.	

Change Ideas

Change Idea #1 1. Meet with residents to determine what changes they would like to see to increase their enjoyment at meal times. 2. Look at current dining room service model and determine if a change to two separate seating times would be achievable to improve the atmosphere in the dining room. 3. Improve the physical appearance of the dining room by painting the dining room, minimize clutter and improve the overall aesthetics of the space.

Methods	Process measures	Target for process measure	Comments
In house surveys are completed with the residents and families by the activity department and/or delegates monthly. These results are tabulated corporately and utilized by the home as quality indicators. This is measured by the percentage of resident Responses to the question "I enjoy meal times." Results are provided throughout the year to determine change percentages and are discussed at the quarterly CQI meetings. Survey results are provided to residents and families twice a year or as requested. Informal survey of residents to identify areas for improvement. Use of Surge Learning module to provide education for staff regarding dining excellence. Working Group and Town Hall meetings used to engage in further discussions regarding dining excellence.	% increased in satisfaction evidenced by survey results throughout the year	The home will endeavour to improve resident experience and survey score to 70% for the question: "I enjoy meal times" by December 31, 2024.	

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	18.81	15.00	We have recognized this is an area of improvement and want to work towards this goal to enhance the quality of the lives of our residents and to promote resident safety and reduced injuries. Additionally, the home would like to come in line with the current provincial average of 15.54 %.	

Change Ideas

Change Idea #1 1. Increase presence on the floor by having PSW/HCA complete documentation while observing a resident that is a high risk of falling. 2. Increase the awareness in the home of the residents that are at high risk of falling. Discuss at Town Hall meetings and interventions in place to decrease fall risk. Involve the multidisciplinary team with identifying possible fall prevention interventions. 3. Fall prevention education for multidisciplinary team, residents and families.

Methods	Process measures	Target for process measure	Comments
Quarterly interRAI assessments completed. Data from these assessments are used to tabulate data are utilized by the home as quality indicators. This is measured by the percentage of resident who fell in the 30 days leading up to their assessment. Data is reviewed monthly to determine change percentages and are discussed monthly at the fall prevention meeting and quarterly at CQI meetings. Data will be shared during our Town Hall Meetings. Use of Surge Learning module to provide education for staff regarding fall prevention. Education opportunities will be available for residents and families through in person sessions and written formats.	% decrease in residents that fall evidenced by interRAI assessments	The home will endeavour to decrease the percentage of LTC residents who fall in the 30 days leading up to their assessment to 15% by December 31, 2024.	



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

Resident Satisfaction Survey			
Date: January 15, 2023		Number of Participants: 64	
Top 3 Areas of Improvement	Plan	Responsible Person(s)	Date:
1. I can go outdoors if I want to with assistance if necessary	<ul style="list-style-type: none"> Communicate to staff that they would like to go outside, and a plan will be made to assist residents outside if assistance is needed. Daily programming with recreation to be outside when weather permits 	<ul style="list-style-type: none"> Bonnie Place Team 	April 1, 2024
2. I can have a bath or shower at the times that I have picked	<ul style="list-style-type: none"> Survey residents to confirm what time they prefer to have their bath or shower. Confirm that this time aligns with current bath/shower list 	<ul style="list-style-type: none"> Clinical Managers Clinical Managers 	March 30, 2024 April 30, 2024 April 30, 2024
3. I enjoy mealtimes.	<ul style="list-style-type: none"> Working group was created to look at current dining service and review improvements that can be made to improve the atmosphere in the dining room for mealtimes. Recommendations / plans to be shared with Caressant Care Head Office team and Seasons Care consultants for feedback on plan. 	<ul style="list-style-type: none"> Working group team members Bonnie Place Mangers 	February 16, 2024 March 15, 2024

	<ul style="list-style-type: none"> • Bring to Resident’s council for review and approval to move forward with plan. • Trial improvements and survey residents to determine effectiveness of interventions. • Evaluate results and make changes as necessary for further improvements 	<ul style="list-style-type: none"> • Crystal Forbes, ED • Working Group • Working Group 	<p>May 1, 2024</p> <p>June 1, 2024</p> <p>September 31, 2024</p>
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Top 3 Successes:

1. My privacy is respected when people care for me (increase of 75.5%)

2. I can express my opinion without fear of consequence (increased by 36.5%)

3. I control who comes in my room (increased by 32.21%)

Survey Feedback	Date:	Comments:
Shared with Residents:	January 15, 2024	<ul style="list-style-type: none"> • Shared during January Resident Council Meeting. Discussed areas with lower scores that were going to continue to be tracked in the 2024 Resident Satisfaction Survey. Residents helped to identify the top 3 areas for improvement.
	February 6, 2024	<ul style="list-style-type: none"> • Copy of Resident and Family Surveys and action plans provided to Resident Council President, Wanda Hepburn.
	February 26, 2024	<ul style="list-style-type: none"> • Completed Action Plans shared with resident’s during Resident’s Council Meeting
Shared with Staff:	January 31, 2024	<ul style="list-style-type: none"> • Town Hall Meeting
Shared with Others:	February 6, 2024	<ul style="list-style-type: none"> • Posted on Quality Improvement Board
Shared with Family:	January 29, 2024	<ul style="list-style-type: none"> • Shared during virtual family meeting
Shared with CQI/PAC as applicable	February 6, 2024	<ul style="list-style-type: none"> • Emailed to CQI/PAC group
Any Changes requested to survey:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Family Satisfaction Survey			
Date: January 15, 2024		Number of Participants: 12	
Top 3 Areas of Improvement	Plan	Responsible Person(s)	Date:
1. My family member enjoys mealtimes	<ul style="list-style-type: none"> Working group was created to look at current dining service and review improvements that can be made to improve the atmosphere in the dining room for mealtimes. Recommendations / plans to be shared with Caressant Care Head Office team and Seasons Care consultants for feedback on plan. Bring to Resident's council for review and approval to move forward with plan. Trial improvements and survey residents to determine effectiveness of interventions. Evaluate results and make changes as necessary for further improvements 	<ul style="list-style-type: none"> Working group team members Bonnie Place Mangers Crystal Forbes, ED Working Group Working Group 	<p>February 16, 2024</p> <p>March 15, 2024</p> <p>May 1, 2024</p> <p>June 1, 2024</p> <p>September 31, 2024</p>
2. My family member can go outdoors if they want to with assistance if necessary	<ul style="list-style-type: none"> Communicate to staff that they would like to go outside, and a plan will be made to assist residents outside if assistance is needed. Daily programming with recreation to be outside when weather permits 	<ul style="list-style-type: none"> Bonnie Place Team 	<p>April 1, 2024</p>
3. Some of the staff know the story of my family member's life.	<ul style="list-style-type: none"> BSO team will continue to complete "My Personhood" with residents upon move in BSO RPN to complete a write up about the residents with information learned during "My Personhood" 	<ul style="list-style-type: none"> BSO Team Jody Travers, BSO RPN 	<p>Ongoing</p> <p>July 31, 2024</p>

	<ul style="list-style-type: none"> • Write up to be shared with team with resident's permission 	<ul style="list-style-type: none"> • BSO Team 	July 31, 2024, and ongoing
Top 3 Successes:			
1. My family member's privacy is respected when people care for him/her. (91%)			
2. If he/she needs help right away, my family member can get it. (91.67%)			
3. My family member gets the services he/she needs (91.66%)			
Survey Feedback	Date:	Comments:	
Shared with Residents:	February 6, 2024	<ul style="list-style-type: none"> • Copy of Surveys Action Plan & Family Survey Results shared with Resident Council President, Wanda Hepburn 	
	February 26, 2024	<ul style="list-style-type: none"> • Resident's Council Meeting 	
Shared with Staff:	January 31, 2024	<ul style="list-style-type: none"> • Town Hall Meeting 	
Shared with Family:	January 29, 2024	<ul style="list-style-type: none"> • Family Virtual Meeting 	
Shared with Others:	February 6, 2024	<ul style="list-style-type: none"> • Posted on Quality Improvement Board 	
Shared with CQI/PAC as applicable:	February 6, 2024	<ul style="list-style-type: none"> • Emailed to CQI/PAC group 	
Any Changes requested to survey:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		