



# Quality Plan and Report

Cambridge Country Manor

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 as well as our Family Council or family representation, 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 identified areas or suggestions through CQI/PAC, Resident Council, any concerns, or complaints brought forward, satisfaction

survey results, internal and external benchmarks, audits, legislation, program meeting statistics, 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 (QIP) 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.

The plan is communicated and shared with Residents Council, families, or Family Council if available, posted on our website, and the Quality Initiatives posted on

#### **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 Mari Duncan.**

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 Cambridge Country Manor 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. In the last few months, we have improved our staffing levels, and we are using less agency workers (direct care providers specifically).

#### **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.

We continue to improve the atmosphere of the dining rooms. We purchased additional accessible tables and continue to modernize our dinnerware and glassware. Our cooks now wear Chef coats when

serving lunch and dinner and PSWs wear black aprons when in the dining rooms. This adds a touch of elegance to the meals.

On an ongoing basis, we are continuing to replace curtains in the resident rooms and were able to also add complementary new comforters. Additionally, we are refreshing resident rooms and repainting them with some new colours.

In aligning with our person-centred care philosophy we renamed our 3 resident home areas, Speed River, Eramosa, and Grand River. Residents were involved and chose the names of local rivers as the new names for their home areas.

Our Speed River spa room was completely renovated and modernized.

We believe getting outside and accessing fresh air is important to well-being. We created an additional pathway for residents to utilize in our courtyard. Trees were also trimmed or cut down to improve the look of the home and additional plants and flowers were planted as well.

A vanity was installed, and water pipes re-routed to improve the esthetics of our Birch Lounge Dining Room.

#### **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.

The nursing team has moved to using reusable cups for resident medication passes as well as biodegradable spoons made from corn starch to reduce our carbon footprint.

#### **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 now utilizing the Amplifi program allowing more improved communication and sharing of information between participating hospitals and the Home when a resident moves in.

### **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 long-term care 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 and have organized education based on feedback.

We continue to provide education for all departments related to resident care with an emphasis on Palliative care/End of Life education for all team members as all play a role in the resident's transition.

We introduced a new team member recognition program. When a team member exceeds customer service expectations they are presented with a pin in acknowledgement of their dedication to the residents and families.

### **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.

The home continues to work with Behavioural Supports Ontario (BSO) when residents with Behavioural and Psychological Symptoms of dementia (BPSD) triggers are recognized. BSO and the Psychogeriatric Resource Consultant (PRC) educate team members on interventions as well as utilizing community resources such as the Psychogeriatric Assessment Team. If necessary, the home utilizes a security company for 1:1 supervision for high-risk residents when needed.

The management team continues to have an open-door policy for team members to bring forward any concerns they may have regarding health and safety and suggestions. Some examples of equipment purchase from suggestions that have been implemented to assist with ergonomics are slider sheets for resident transfers, a fatigue mat, and upgrading utility carts as needed for ease of movement.

### **Population Health Approach/Community Partnerships**

Cambridge Country Manor continues to work with Waterloo Wellington Palliative care team as well as the PRC and Behavioural Support Ontario education teams to enhance our team members' knowledge to improve the residents' experience.

The Nursing team uses students from Conestoga College and independent career colleges to provide a workplace experience, in hopes of recruiting PSW and RPN students.

All departments in the home continue to work with community partners to provide student placements with workplace experience with the hope of hiring new team members.

### **Access and Flow**

Cambridge Country Manor continues to work in partnership with interprofessional primary care providers and hospitals on initiatives to avoid unnecessary hospitalizations and avoid visits to emergency departments whenever possible through our models of care and by ensuring timely access to primary care providers and to improve outcomes and the experience of care for our residents.

Some examples of this include, but are not limited to:

- The Medical Director attends the home twice a week to address any medical issues of residents and calls daily to address any urgent medical need of a resident in hopes of preventing any unnecessary emergency department visits.
- On call physicians are utilized during off hours.
- A bladder scanner was purchased for the nursing team to use in early detection for potential bladder infections to eliminate emergency department visits, whenever possible.
- supporting families and residents in Advanced Care Planning so wishes can be respected.
- communicating with residents and families when any significant change is noted and adjusting the plan of care accordingly, this is especially important for palliative residents or where the end of life is near



**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 responding positively to: "I feel I have a voice and staff listen to me".	C	% / LTC home residents	In-house survey / Jan - Dec 2024	75.00	80.00	The Home understands the importance of residents feeling their voices are being heard and strive to continue with positive outcomes.	

## Change Ideas

Change Idea #1 1. Continue education with staff on the importance of building therapeutic relationships and the impact it has on resident quality of life.

### Methods

1. Continue to review resident survey results. 2. Discuss at Resident Council quarterly 3. Review resident survey results at team meetings quarterly 3. Solicit ideas from residents and team members for improvements.

### Process measures

Inhouse survey completed and tabulated corporately. Results will be provided mid-year to determine change percentages and discussed with the CQI Committee. This will be measured by the positive percentage of resident responses: "I feel I have a voice and staff listen to me"

### Target for process measure

Survey results will increase by 5 % to 80 % by December 2024 results to the question: "I feel I have a voice and staff listen to me"

### Comments

### 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 can express my opinion without fear of consequences".	C	% / LTC home residents	In-house survey / Jan - Dec 2024	65.00	70.00	The Home understands the importance to provide a safe environment where residents feel comfortable to speak up if they have any concerns, without having fear of reporting or consequences.	

### Change Ideas

**Change Idea #1** 1.continue to educate staff on the importance of open communication with residents. 2.Utilize our PRC and NLOT team Reach out to agencies and have them remind staff of how important communication is. 3.Speak with Resident and Family council and remind them to seek out registered team members or managers if they are uncomfortable speaking with staff on the floor. 4.Management team to follow up directly with resident on any concerns noted in report.5. Have front line team members report to Registered team or management when they feel they have not provided resident with enough information of any questions asked. 6. Review goal mid year and see if residents feel that there is any improvement

#### Methods

1.Continue to review resident survey results. 2. Discuss at Resident Council quarterly 3.Review resident survey results at team meetings quarterly	Process measures	Target for process measure	Comments
Determine change percentages and discuss with the CQI Committee. This will be measured by the positive percentage of resident responses: "I can express my opinion without fear of consequences"		Survey results will increase positively by 5 % to 70 % by December 2024	the question: "I can express my opinion without fear of consequences."



**CARESSANT CARE**  
**NURSING & RETIREMENT HOMES LTD.**  
**2023 Resident and Family Satisfaction Survey**  
**Summary and Plan of Action Cambridge Country Manor**

<b>Resident Satisfaction Survey</b>			
<b>Date: Jan 18, 2023</b>		<b>Number of Participants:</b>	
<b>Top 3 Areas of Improvement</b>	<b>Plan</b>	<b>Responsible Person(s)</b>	<b>Date:</b>
1. Express Opinion Freely	PRC to educate staff on how to communicate effectively with residents. To work alongside Recreation to explore home building activities for residents and staff to do together. To fully utilize BSO hours. To reduce agency use Ask Resident council if they would like to invite ED monthly to meetings	ED/DOC/ADOC/ACT	June
2. How resident needs can be met	PRC to educate staff about normalizing behaviour i.e. "I'm cold" repetitively may not be a behaviour. PSWs to include residents on care decisions. PSWs to be trained how to use Translator on iPhone	DOC/ADOC	June
3. Can bathe/shower anytime	Accommodate as best the home can time of day (before or after breakfast) or do they prefer day or eve or day of week. Give extra baths/showers when home aware of special occasions	DOC/ADOC	ongoing
<b>Top 3 Successes:</b>			
1.I feel safe when I am alone			
2.I get the health services I need			

3.1 am treated with respect by the staff	
<b>Survey Feedback</b>	<b>Comments:</b>
<b>Shared with Residents:</b>	<b>Date:</b> Feb 24
<b>Shared with Staff:</b>	Feb 24
<b>Shared with Others:</b>	Feb 24
<b>Shared with Family:</b>	Jan 24
<b>Shared with CQI/PAC as applicable</b>	Feb 24
<b>Any Changes requested to survey:</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

<b>Family Satisfaction Survey</b>	
<b>Date:</b> Jan 18, 2023	
<b>Top 3 Areas of Improvement</b>	<b>Number of Participants:</b>
1.Variety in meals	<b>Responsible Person(s)</b> FSM
	<b>Date:</b> ongoing
	<b>Plan</b> FSM will be sending a newsletter to families explaining the A la Carte menu. Along with RD will send a newsletter around nutrition month. Also touch base with families when

	there are seasonal menu changes		
2. My family can have a bath/shower when they want	Accommodate as best the home can time of day (before or after breakfast) or do they prefer day or eve or day of week. Give extra baths/showers when home aware of special occasions	DOC/ADOC	ongoing
3. My family member can express his/her opinion without fear of consequences	Have informal town hall meetings with families. Encourage families to seek out ED/DOC/ADOC if there are concerns that residents may have shared with families	ED/DOC/ADOC	ongoing
<b>Top 3 Successes:</b>			
1. Would recommend us			
2. The staff have friendly conversation with residents			
3. The residents get the service they need			
<b>Survey Feedback</b>	<b>Date:</b>	<b>Comments:</b>	
<b>Shared with Residents:</b>	Feb/24		
<b>Shared with Staff:</b>	Feb/24		
<b>Shared with Family:</b>	Jan/24		
<b>Shared with Others:</b>	Feb/24		
<b>Shared with CQI/PAC as applicable:</b>	Feb/24		
<b>Any Changes requested to survey:</b>	Yes <input type="checkbox"/>		
	No <input checked="" type="checkbox"/>		