



Quality Plan and Report

Caressant Care Cobden

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/Team Huddles 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 Tami Sandrelli-Crozier, Executive Director.

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 Council.

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 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 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 Resident's Council, families, as well as available in the home.

Brief Summary of Quality Improvement Initiatives fiscal year 2024:

Overview

Each year, Caressant Care Cobden identifies priority areas for quality improvement based on the recommendations throughout the previous year from the Resident's Council, Team Meetings, Internal and External Stakeholders and our Continuous Quality Improvement Committee and Professional Advisory Committee. We analyze and identify areas for improvement through data from the previous year. Such data includes, but is not limited to, results from the resident and family/caregiver satisfaction surveys. Quality Indicators, Team Member documented feedback/suggestions, Internal Quality Indicator Analysis and Provincial/Legislative requirements and initiatives.

Clinical programs have been clearly defined to include policy and best practice in alignment with the Fixing Long-Term Care Act. The programs include comprehensive assessment and holistic approach among the team to be inclusive of the resident bill of rights, enhanced resident assessments and referrals which are adapted to a resident specific plan of care.

Areas of focus for quality improvement will be fall prevention inclusive of the indicator of capturing the percentage of residents who fell during the 30n days preceding their resident assessment and reducing the number of avoidable emergency department visits to keep residents in their known environment.

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 home specific goals for 2024 for building and environmental improvements include:

1. Exterior beautification and improvement including upgrading flower beds, completing soil replacement around driveway curbs and landscaping.
2. Safe resident exterior spaces will be upgraded to include landscaping and the installation of 2 new gazebos.
3. Plan to repair and paint all walls in the common areas and the hallways of the home.
4. Plan to replace and upgrade worn curtains and shades in the common areas of the home.

Clinical Programs:

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

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 lifts have been received and staff training for safe transfers has started with the team.

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.

Communication upgrades with the home's internet are scheduled for 2024-2025. This will allow improved access for staff to complete electronic tasks in the far care areas of the home.

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

Resident Satisfaction Survey			
Date: 10 January 2024		Number of Participants: 39	
Top 3 Areas of Improvement	Plan	Responsible Person(s)	Date:
1. communication: can decide what to wear	<ul style="list-style-type: none"> • Staff meeting discussions regarding resident rights / personal right to choose; will be completed quarterly. • Increased manager presence on floor for support and encouragement of compliance of rights and therapeutic communication 	Clinical Team / ED support All staff	31 Dec 2024 Ongoing: Review quarterly
2. communication: staff ask how needs can be met	<ul style="list-style-type: none"> • Staff meeting discussions regarding resident rights / personal right to choose; will be completed quarterly. • Increased manager presence on floor for support and encouragement of compliance of rights and therapeutic communication 	All managers All staff	31 Dec 2024 Ongoing: Review quarterly
3. communication: staff engage in friendly conversation	<ul style="list-style-type: none"> • Staff meeting discussions regarding therapeutic communication and the resident bill of rights communication completed quarterly. • Increased manager presence on floor for support and encouragement of compliance of rights and therapeutic communication 	All managers All staff	31 Dec 2024 Ongoing: Review quarterly
Top 3 Successes:			
1. Staff Pay Attention (95%)			

2. Would Recommend Us (95%)		
3. Health, get health services needed, incontinence products meet needs, feels privacy is respected and can express opinion freely (92%)		
Survey Feedback	Date:	Comments:
Shared with Residents:	09 January 2024	Shared and discussed at residents' council meeting
Shared with Staff:	10 January 2024	Posted for staff review; will be included in January staff meetings (all departments)
Shared with Others:	10 January 2024	Posted on public quality board (outside of Willow Lane)
Shared with Family:	16 January 2024	Sent out with monthly PAP statement package; posted on public quality board (outside of Willow Lane)
Shared with CQI/PAC as applicable	18 January 2024	Multidisciplinary PAC Meeting
Any Changes requested to survey:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Family Satisfaction Survey			
Date: 10 January 2024		Number of Participants: 11	
Top 3 Areas of Improvement	Plan	Responsible Person(s)	Date:
1. Can bathe/shower anytime	<ul style="list-style-type: none"> Staff education is ongoing regarding resident rights and meeting resident needs in clinical department. Review of staffing patterns to ensure hygiene support is complimented with identified gaps 	Clinical Team / ED support All staff	31 Dec 2024 Ongoing: Review quarterly
2. Explore new skills and interests	<ul style="list-style-type: none"> Activity director to continue to schedule activities based on pre-pandemic schedule. Activity director to 	Activity Director / BSO Lead	31 Dec 2024 Ongoing: Review quarterly

	<p>add two new activities to the 2024 schedule.</p> <ul style="list-style-type: none"> • Individual activities and interests to be explored between activity department, social work, and behavioral support to meet resident individual needs. • Resource volunteers to enhance and support the activity department 		
3. Staff ask how needs can be met, engage in friendly conversation	<ul style="list-style-type: none"> • Continue education of staff regarding resident rights at every staff meeting in all departments. • Continuing education on communication with staff regarding resident and family interaction 	All managers All staff	31 Dec 2024 Ongoing: Review quarterly

Top 3 Successes:

1. Would recommend us (100%)
2. Care and support of family member, get health services needed (100%)
3. Feel privacy is respected and staff respond quickly when my family needs assistance (100%)

Survey Feedback	Date:	Comments:
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Shared with Staff:	10 January 2024	Posted for staff review; will be included in January staff meetings (all departments)
Shared with Family:	16 January 2024	Sent out with monthly PAP statement package; posted on public quality board (outside of Willow Lane)
Shared with Others:	10 January 2024	Posted on public quality board (outside of Willow Lane)
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Any Changes requested to survey:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

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.

Team Member Satisfaction Survey			
Date: 01 Feb 2024		Number of Participants: 106	
Top 3 Areas of Improvement	Plan	Responsible Person(s)	Date:
1. I am involved in setting the goals for this home and have the opportunity to provide input when changes are made	Team members will continue to be encouraged to attend team meetings and review meeting minutes which include their opportunity for participation in the QIP process, feedback for routines and change process and to offer input into shift routines, updates, and changes. Team members will continue to be encouraged to participate in the review and sign off	All Team Members/ Department Leaders	Target: 31 Dec 2024 Reviewed: Quarterly

	of meeting minutes if attendance is not possible.		
2. I am comfortable discussing a work-related concern with our management team	<p>Change in management team / department leaders will / has offered an increased support for team members and has allowed an increased presence for conversations and appreciation.</p> <p>8 appreciations for all shifts held over 12 months to improve work-related communication and team building in 2023; Opportunities to remain in 2024 for team building and communications relations</p>	All Team Members / Department Leaders	<p>Target: 31 Dec 2024</p> <p>Reviewed: Quarterly</p>
3. I feel the organization offers me opportunities for personal and professional growth	<p>Team members will continue to be encouraged to attend meetings and review meeting minutes which includes opportunity for educational exercises.</p> <p>Monthly education and activities are posted on the communication board and team members will continue to be encouraged to participate in knowledge break exercises</p> <p>GPA training being investigated through ROH and BSO Ontario for all interested team members</p>	All Team Members / Department Leaders	<p>Target: 31 Dec 2024</p> <p>Reviewed: Quarterly</p>
Top 3 Successes:			
1. Employees are clear about job expectations			
2. I can on my supervisor when I ask for help			
3. I feel comfortable reporting "near misses" or safety concerns			

Survey Feedback	Date:	Comments:
Shared with Team Members:	20 Feb 2024 21 Feb 2024	Team meetings scheduled for February; Team Members / Staff survey results included in power points. Posted on communication boards in hallway
Shared with CQI Committee:	18 Apr 2024	Next scheduled PAC/QI meeting; in meeting template for all team members, department leaders and stakeholders
Shared with others:	01 Feb 2024	Posted to community quality board

The leadership team will continue to support and mentor all team members. We are investigating enhanced opportunities for staff education and continuous learning. Staff appreciation festivities will continue ongoing to promote satisfaction and recruitment.

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.

Annual education will continue for team members to ensure that a safe and healthy workplace. This education includes modules regarding policy and process for Caressant Care and the Ministry of Labor Safe at Work Modules. Team member training will remain ongoing at team meetings and huddles when potential risk is identified to promote employee safety. We continue to promote a safe return to work program for all team members.

Population Health Approach/Community Partnerships

Improvements in communication with our external stakeholders, team members, residents and families/caregivers are always ongoing. The use of current and the addition of innovative communication resources such as One Call, newsletter, email, personal manager support, etc. has proven to remain key in the improvement of our family and resident satisfaction surveys. We will continue to communicate changes and options for communication with all new residents upon move in and with current residents and partners to ensure that transparency and accessibility remain of high importance to lead with increased satisfaction.

We continue to explore partnerships with educational organizations to support continuing education for students (all disciplines). We are also developing recruitment opportunities to support Internationally Educated Nurses to gain employment and experience working within Canadian Health Care.

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.

Caressant Care Cobden has developed a work plan to include improvement targets and initiatives for residents as part of our quality improvement plan for 2024/2025 to support decreasing the rate of avoidable emergency room visits to promote our residents' outcomes for staying in their 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.

Summary Goals (Detailed) for QIP is attached.

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1st 2022 to September 30th 2023 (Q3 to the end of the following Q2)	17.71	15.00	Target is a 2.71% reduction from our current performance as we move towards our target and exceeding the provincial average.	

Change Ideas

Change Idea #1 1. We will continue to strive to reduce our current performance by identifying each resident with an ED transfer. Each resident will be monitored and we will work within the care team (internal and external-medical director, attending physicians, and caregivers) and collaborative partners to avoid repetitive visits and for proper identification of residents needs and interventions which can be provided by our home. 2. Provide education to enhance awareness of services that our home can provide to support residents and avoid a transfer to hospital.

Methods	Process measures	Target for process measure	Comments
1. Increase communication with interdisciplinary huddles and collaboration within the team and our community partners to identify high risk residents and review the possibility to provide alternative access to assessment resources such as utilization of virtual services. Data will be monitored and reviewed quarterly at Professional Advisory Committee meetings. 2. Team members will provide education to	Identify % residents with a change of health status and apply appropriate interventions and education regarding hospital transfers if avoidable. Identify and monitor falls resulting in hospital transfers. Identify number of care and diagnostic assessments, and sensitive conditions resulting in hospital transfers. Track all meetings using the multidisciplinary tool that all departments can access for reference.	The home will plan to reduce the number of avoidable ED visits to 15% by the end of the fiscal year (31Mar25)	

residents, families and the multidisciplinary team for better support. Education to include advanced directives and informed consent. Education will be completed at move in, care conferences and with change of treatment or change in health status. Program education is started with move in. Advanced Care Planning will be ongoing through the trajectory with Pallium recommendations such as PPS assessment. Medication education will be provided to support comfort measures and all changes will be communicated to ensure understanding of avoiding ED visits.

Shift huddles occur at every change of team shift with a registered team member for the use of reporting resident changes and identifying risk factors. Identified high risk residents are supported by external partners (Royal Ottawa Hospital, Dementia Society, Geriatric Mental Health Services/Pembroke Regional Hospital, Pharmacy, etc.). Extensive review of care plans is completed at time of fall risk and/or a resident is identified as a high risk. 2. Identify the number of residents who are transferred to the ED who are transitioning to end of life and/or comfort measures utilizing the palliative performance scale (PPS) of 30% or less. Maintain education related to avoiding ED visits with admission, changes in status and with each change in treatment. Care plan changes will be adapted to support each resident with the collaboration of their caregiver. Care conferences are completed at 6 weeks, annual and as needed to ensure that the resident, family/caregiver needs are met for communication and education. Quarterly newsletters are also distributed.

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	14.80	12.50	Target is a 2.3% reduction in falls from our current performance as we move towards our target and exceeding the provincial average.	

Change Ideas

Change Idea #1 1. We will continue to strive to reduce our current performance by identifying each resident with a high fall risk. Each resident will be monitored and we will work within the care team (internal and external-medical director, attending physicians, and caregivers) and collaborative partners for proper identification of residents needs and interventions which can be provided by our home. 2. Provide education to enhance awareness of services that our home can provide to support residents to reduce falls and for injury prevention.

Methods	Process measures	Target for process measure	Comments
1. Increase communication with interdisciplinary huddles and collaboration within the team and our community partners to identify high fall risk residents and review the possibility to provide added fall prevention and injury reduction through care plan updates using assistive devices. Data will be monitored and reviewed monthly at fall prevention meetings and quarterly at the Professional Advisory Committee	1. Identify residents with a change of health status and apply appropriate interventions and education regarding fall prevention and injury reduction. Identify and monitor falls resulting in hospital transfers. Track all meetings using the multidisciplinary tool that all departments can access for reference. Shift huddles occur at every change of team shift with a registered team member for the use of reporting	The home will plan to reduce the number of residents who fell in the 30 days leading up to their assessment to 15% by the end of the fiscal year (31Mar25)	

meetings. 2. Team members will provide education to residents, families and the multidisciplinary team for better support. Education to include fall prevention, injury reduction, care plan management, safety monitoring and use of fall prevention equipment. Education will be completed at move in, care conferences and with change of treatment or change in health status. Program education is started with move in and will be ongoing through the trajectory of residents stay. Medication education will be provided to support resident needs and all changes will be communicated to ensure understanding by residents and/or caregivers.

resident changes and identifying risk factors. Identified high risk residents are supported by external partners (Medical Director, Attending Physician's, Pharmacy, etc.). Extensive review of care plans is completed at time of fall risk and/or a resident is identified as a high risk. Care plan changes will be adapted to support each resident with the collaboration of their caregiver. Care conferences are completed at 6 weeks, annual and as needed to ensure that the resident, family/caregiver needs are met for communication and education. Quarterly newsletters are also distributed. 2. Mandatory fall prevention and injury reduction education will be completed annually by all team members. Fall Program will be reviewed by clinical leadership annual and when required to ensure staff are following tasks and adapting appropriate interventions to meet resident specific needs. Monthly fall meetings will be completed and staff will have access to documented minutes for review. Behavioural Support Nurse will add interventions where required to assist in care plan adaptations to support residents.