



# Quality Progress Report for 2023

Caressant Care Cobden

March 2024

Caressant Care Nursing and Retirement Homes Ltd.

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

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

During the last fiscal year our home focused on completion of the new call bell system on Daisy Lane, the boiler installation for the home and the parking lot upgrade for paving and curb installation.

Further improvements for the esthetics of the inner and outer areas of the home will continue into 2024/2025.

### **Clinical Programs:**

The following clinical programs have been reviewed and revised in 2023: Continence Management, Infection Prevention and Control (IPAC) and Responsive Behaviors. We will continue to review and implement changes to programs as they are adapted.

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 clinical and care planning knowledge. Information from these sessions was shared within the team to provide support and guidance to improve the clinical programs and the focus of the resident experience.

### **Communication and Technology:**

Caressant Care continues to update and revise our infrastructure by updating WIFI and connections throughout the home. This ensures team members have increased ability to support resident needs and documentation in all care areas of the home.

Caressant Care continues to update and restructure our online learning management system to ensure required education modules are available and current. The ongoing updates and restructure to our online learning management system to ensure required education modules are available and current based on the MLTC - Fixing Long Term Care Act and our other regulatory bodies such as the Ministry of Labor and Ontario Public Health.

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.

## **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 through 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 practice calls were implemented for networking and sharing resources. A comprehensive review of all Infection Prevention and Control (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 in the Resident Satisfaction Survey. Please see examples are below:

- ✓ Get the health services needed – 92%.
- ✓ Incontinence products meet needs – 92%.

- ✓ Feels privacy is respected – 92%.
- ✓ Can express opinion freely – 92%.
- ✓ Staff pay attention – 95%.
- ✓ Would recommend us – 95%.
- ✓ Enjoys mealtimes – 92%.

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

- ✓ Food; variety in meals – 100%
- ✓ Get the health services needed – 100%.
- ✓ Feels Privacy is respected – 100%.
- ✓ Staff care and support family member – 100%.
- ✓ Staff ask how needs can be met – 91%.
- ✓ Staff engage in friendly conversation – 91%.
- ✓ Staff respond quickly when need assistance – 100%.
- ✓ Would recommend us – 100%.

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.

**Access and Flow | Efficient | Priority Indicator**

Indicator #1	Last Year		This Year	
	Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Caressant Care Cobden)	<b>17.24</b> Performance (2023/24)	<b>15</b> Target (2023/24)	<b>17.71</b> Performance (2024/25)

**Change Idea #1**  Implemented  Not Implemented

1. We will continue to strive to reduce our current performance by identifying each resident with an ED transfer. 2. Each resident will be monitored, and work will be completed with our external / internal collaborative partners to avoid repetitive visits. 3. We will work with the multidisciplinary team, our Medical Director, attending physicians and our residents and families for proper identification of needs and interventions which can be provided by the home to avoid ED visits.

**Process measure**

- Identify change of status residents and apply appropriate intervention and education regarding hospital transfers if avoidable. Identify and monitor number of Falls resulting in hospital transfers. Identify number of care and diagnostic assessment sensitive conditions resulting in hospital transfers. Track meetings using multidisciplinary tool that all departments have access to reference. Shift huddles occur at every single change of staff with a registered staff member used for the means 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 each time a fall risk occurs and/or a resident is identified as a high risk

**Target for process measure**

- The home will plan to reduce avoidable Emergency Department visits to 15 % by the end of the year Dec 2023.

**Lessons Learned**

Educational review required to be completed monthly with team members and added to meetings to ensure effective assessments, interventions and follow-up for all team members to avoid ED visits.  
Ongoing education with caregivers and families regarding care, assessments and monitoring which can be offered in the home to ensure residents can remain in their home environment where possible.

**Change Idea #2**  **Implemented**  **Not Implemented**

Provide education to enhance awareness of services that the home can provide to support residents and avoid a transfer to hospital.

**Process measure**

- Number of residents transferred to ED who are transitioning to end of life process utilizing palliative performance scale (PPS) of 30% or less. Maintain education related to avoiding ED visits with admission, changes in status and with each change of treatment. Care conferences are completed at 6 weeks, annual and as needed to ensure that resident and/or family needs are met for communication. Quarterly newsletters are also distributed.

**Target for process measure**

- The home will plan to reduce avoidable Emergency Department visits to 15 % by the end of the year Dec 2023.

**Lessons Learned**

Improved identification of Palliation transition to End of Life utilizing PPS scores ensured improved assessment for residents which decreased ER transfers.  
Increased educational opportunities identified to decrease transfers (with team members and caregivers) proved to be effective for end of life.

**Comment**

We will continue to work on this QIP for improved results.

Indicator #2	Last Year		This Year	
	Resident experience: Overall satisfaction (Caressant Care Cobden)	<b>84</b> Performance (2023/24)	<b>90</b> Target (2023/24)	<b>95</b> Performance (2024/25)

**Change Idea #1**  Implemented  Not Implemented

1. Resident and family satisfaction surveys will be completed monthly to allow ongoing collection of data throughout the year to support more analytics of results. 2. Residents and families will be supported holistically by the multidisciplinary team through a transparent and open communication forum where they feel comfortable to speak with staff. 3. “Open door policy” will be supported and all concerns / opinions will be addressed within the team and the resident supports system immediately upon discussion.

**Process measure**

- Inhouse 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. Results are provided throughout the year to determine change percentages and are discussed at the Quality Committee meetings. Survey results are provided to residents and families twice a year. This is measured by the percentage of resident responses to the question: “I feel staff pay attention to me”

**Target for process measure**

- Caressant Care Cobden will endeavor to increase the % of residents that respond positively “I feel staff pay attention to me” to 90 % by December 31, 2023.

**Lessons Learned**

Communication is key to satisfaction. Added transparency and responsiveness by all team members contributed to increased satisfaction. Monthly follow-up allows better tracking and an increase in surveys being completed and we are pleased to have exceeded our target for this QIP.