



Quality Plan and Report

Caressant Care Mary St Lindsay

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 Family Councils (if available), 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 Jason Gay

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 Caressant Care Mary St we take pride in our Mission, Vision and Values and our Quality Improvement Program is a huge part of that as it is what stives us to better every day. We have seen successes like our new admission program, new hire process, our person-centered language roll out, our TENA program, Reducing pressure ulcers, BSO Program/training, meal service and food quality.

This year we will be focusing on the continued success of all those initiatives as well as improving in areas such as ED Transfer, Falls, and ensuring the home is adequately supplied by adopting the 5s System.

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.

New window coverings were just purchased, and some have already been installed. We have replaced with new more modern window coverings.

Our Maintenance team will continue with the flooring and painting program where old floors are replaced with new flooring for safety and a more pleasant home. They are also committing to one resident room per week to refresh them for our residents.

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 weight scales to promote consistent weight review.

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.

For 2024 we will be focusing on improving our network to improve signal in the home as we have many new upgrades from 2023 that are keeping our current system busy. The home is also transitioning to SSC (Staff Scheduled Care) which is used for automated staff sign in and sign out.

Recently the home just installed a modern camera system in the home with 16 hi-resolution cameras and recording system. These are installed in all home areas in the hallways and at each exit door to keep our residents safe.

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 see attachment for determined areas of improvement.

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.

The leadership team has currently created a Communication Committee that has representation from every department and shift that will allow us to get feedback on how to improve this area while at the same time creating champions to help us implement any change ideas.

We have launched a meaningful Attendance Management Program to help with staff call-ins and we are working with an external HR recruiter to help hire more PSWs to promote consistent staffing.

We are now including recognition of staff who have been mentioned or noticed going above and beyond, during every morning staff huddle. We are handing out gift cards to staff who are continuously giving outstanding care and service to the home.

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.

We take resident safety seriously and we continue to promote ways to decrease behaviors, prevent falls, improve range of motion & physio, elopement from the home and wandering residents.

Some of the programs and initiatives we use at the home:

- a full-time Behavioral Support Specialist
- an internal transfer program we use to relocate residents in the home to keep them safe and we implement, when necessary, a 1-1 program
- 16 cameras in the home to monitor residents in the common area hallways and exit doors as well we have wander guard alarms in the home for when high risk residents get to close to the Exit doors.

- When a resident is a fall risk, we have various alarms we use as part of our fall programs.

Population Health Approach/Community Partnerships

Frequently we have students from local high schools assisting us to get her credits. We also have nursing students from Fleming College work in the home as PSW's and RPN's. We use the services of Maxwell Management Group to help us hire for International Exchange Nurses.

We are part of the IPAC team overseen by Ross Memorial Hospital in Lindsay and are represented there by our IPAC Lead from the home. Our Activity Manager was asked to represent all LTC homes in the area on the Kawartha Lakes Estate Planning Council and this is a wonderful opportunity for our Activity Manager and the LTC homes to educate and voice how LTC works and how the community can partner for additional support.

Access and Flow

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

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.

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)	23.73	20.83	Caressant Care will stive to align with the current provincial average.	

Change Ideas

Change Idea #1 1. Improve Communication between NP, Dr, REG staff Management to make sure we are aligned with this program. 2. It is imperative we update all staff via huddles, staff meetings, PCC to highlight high risk residents. 3. BSO program has been successful in preventing ED transfers and need to continue this effort through more education. 4. Reduce the number of Agency Staff who simply don't know our home or residents. 5. Continue to focus on individual care needs for in house support and skills to prevent transfers

Methods	Process measures	Target for process measure	Comments
Improve communications in the home as surveys show this is still an area of concern. As such we are creating an Interdisciplinary Communication Committee to review current practices and put forward new initiatives. We need to review in house skill sets to prevent transfer with physicians, NP and Lab services. This will include using virtual information and in house services. Need to continue utilizing BSO & Nursing management team to educate staff, residents, and families regarding advanced care directives at move in, care conferences and newsletters.	Focus on Falls Program as that is the main reason for transfer to hospital. Record all falls that result in transfer. Track and review # of residents at end of life process & # of residents transferred to ER related to end of life processes. Review ED Transfers data at all future Quality Meetings for improved outcomes	The home will plan to reduce avoidable ED visits to 20.83% by the end of Dec 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	23.35	15.54	Caressant Care will stive to align with the current provincial average.	

Change Ideas

Change Idea #1 1. Improve Communication between PSWs, REG staff & Management to make sure we are aligned with this program. 2. Review toileting times & individualized care plans and updates care plans and Kardex. 3 Falls Lead to educate all staff on proper use of alarms. 4. Always initiate 1-1 when it qualifies. 5. Explore option of internal transfers to get high risk residents closer to nursing stations. 6. Ensure purposeful rounding is being done as assigned. 7. Install night lights in shared rooms as the space is limited and in the dark can be a risk.

Methods	Process measures	Target for process measure	Comments
<p>Improve communications in the home as surveys show this is still an area of concern. As such we are creating an Interdisciplinary Communication Committee to review current practices and put forward new initiatives. Education will be provided to all staff via Surge and in person with our Falls Lead to ensure staff know the Falls program, the various alarms and have a chance to provide a question and answer period. Audit all shifts for purposeful rounding to ensure compliance and educate any staff in the moment for any findings. Review all Care Plan, toileting plans to make sure up to date for high risk residents.</p>	<p>Gather all falls data daily at Risk Management, Monthly Dept meetings and Quality meetings to track progress on the falls program. Review the audits for purposeful rounding monthly and create an analysis. Modify any future education to reflect best practices or findings within the falls program.</p>	<p>The home will plan to reduce falls to 15.54% by the end of Dec 2024</p>	



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

Resident Satisfaction Survey			
Date: January 2024		Number of Participants: 77	
Top 3 Areas of Improvement	Plan	Responsible Person(s)	Date:
1. I control who comes into my room- 53%	<ul style="list-style-type: none"> - Remind staff at huddles and dept meetings to be mindful when entering a resident's room and make sure they are announcing their intentions of entering. - Educate residents so that we can out wander guards up on their doors to help keep other residents from entering their room. - Work with BSO to take a proactive approach in identifying residents who will wander in the home and possibly into other residents' rooms. Bigger room signs or other measures may need to be put in place. 	Managers, Reg staff & BSO	Jan 7th
2. Some Staff know the story of my life- 52%	-Activity Manager and her team will create and display a "My story" placard in each resident room that will highlight hobbies, likes, dislikes, places travelled etc. of each resident. Each staff will be educated to use these placards to get to know the residents better and be a good conversation starter.	Activity Director	Jan 30th

3. I have people who want to do things together with me- 52%	-Activity Manager and ED will create new programs for high functioning residents so that they can make friends. Goal is to have resident bond by having good conversations about politics, sports, family stories, travels, etc.	Activity Director + ED	Mar 30th
Top 3 Successes:			
1. Get health services needed- 88%			
2. Staff pay attention- 83%			
3. Incontinence products meet needs- 82%			
Survey Feedback	Date:	Comments:	
Shared with Residents:	Feb 22 nd	Resident Council meeting	
Shared with Staff:	Jan & Feb 2024	At huddles and dept meetings.	
Shared with Others:			
Shared with Family:	Feb 2024	Newsletter	
Shared with CQI/PAC as applicable	April 2024		
Any Changes requested to survey:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Too long in 2023. 2024 version to be shorter.	

Family Satisfaction Survey			
Date: Feb 15,2024		Number of Participants:17	
Top 3 Areas of Improvement	Plan	Responsible Person(s)	Date:
1.My Family member feels that his/her possessions are secure- 73%	-Inform new admissions that we recommend not bringing valuables into the home and leaving money in Trust. -Remind current residents through Resident Council and newsletters the same as above -Continue to use Wander Guards as a deterrent to keep others out of their rooms. -BSO to work with residents who are reported to wander and go in other resident rooms.	Managers, Reg staff	Feb 29th
2. Some of the staff know the story of my family members life 64%	-Activity Manager and her team will create and display a “My story” placard in each resident room that will highlight hobbies, likes, dislikes, places travelled etc. of each resident. Each staff will be educated to use these placards to get to know the residents better and be a good conversation starter.	Activity Director	Jan 30 th
3. My Family member has people who want to do things together with him/her- 33%	-Activity Manager and ED will create new programs for high functioning residents so that they can make friends. Goal is to have resident bond by having good conversations about politics, sports, family stories, travels, etc	Activity Director and ED	Mar 30th
Top 3 Successes:			
1.Feel Privacy is respected-100%			
2.Staff Respond quickly when my family needs assistance- 93%			
3.Residents get the health services needed- 93%			

Survey Feedback	Date:	Comments:
Shared with Residents:	Feb 22 nd 2024	Residents Council Meeting
Shared with Staff:	Jan & Feb 2024	At huddles and dept meetings
Shared with Family:	Feb 2024	Newsletter
Shared with Others:		
Shared with CQI/PAC as applicable:	April 2024	
Any Changes requested to survey:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	