



Quality Progress Report for 2023

Caressant Care Mary St Lindsay

March 2024

Caressant Care Nursing and Retirement Homes Ltd.

Brief Summary of Quality Improvement Achievements fiscal year 2023:

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.

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 installing 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.

New window coverings were just purchased, and some have already been installed. This program was focused on getting rid of old blinds and curtains that were worn out and replaced with new more modern window coverings that give the home a nice facelift.

Our Maintenance dept for 2024 will continue with their flooring and painting program where old floors are replaced with new flooring which helps reduce tripping hazards on odors. They are also committing to one resident room per week that is repainted to give them a nice new look for our residents.

Clinical Programs:

The following clinical programs have been reviewed and revised in 2023: Falls Program, IPAC, Incontinence Program, Skin & Wound Program. We review these programs monthly for continued success through a variety of meetings and education sessions such as Quality, PAC, Dept and Indicator meetings. Our goal is to achieve our benchmark which will meet or exceed MOH expectations.

Communication and Technology:

Caressant Care continues to update and revise our infrastructure by updating WIFI and connections.

Caressant Care continues to update and restructure our online learning management system to ensure required education modules are available and current.

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.

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.

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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 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 (or will) 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 on the Resident Satisfaction Survey, some examples are below:

- ✓ Residents get the health services they need – 88 %.
- ✓ Incontinence Products meets my needs – 82 %.
- ✓ Staff Pay attention to me- 83%

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

- ✓ Feel Privacy is Respected- 100%
- ✓ Residents get health services needed- 93%.
- ✓ Feel their family member is supported and cared for – 93%.

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 Lindsay Nursing Home)	27.63 Performance (2023/24)	18.50 Target (2023/24)	23.73 Performance (2024/25)

Change Idea #1 Implemented Not Implemented

Monitor Registered Staff orientation for completeness prior to working shift, provide mentorship and support staff with questions and concerns. 2. Reduce number of agency staffing, build workforce within, and continue to actively recruit vacancies. 3. Communication is imperative, including Huddles, staff meetings, PCC dashboard; highlight high risk residents. 4. Review individual care needs for in house support and skills to prevent admissions. 5. Continued use of BSO Support to work with residents to customize care needs and provide support as able.

Process measure

- Identify # of change of status residents and apply appropriate interventions and education regarding hospital transfers (if avoidable.) Identify # of Falls resulting in hospital transfers. Implement purposeful rounding in all new admission and residents who have frequent falls. Track and review # of residents at end-of-life process/ # of residents transferred to ER related to end-of-life processes.

Target for process measure

- The home will plan to reduce avoidable ED visits to 18.5 % by the end of the year Dec 2023.

Lessons Learned

Despite education some families and POAs still want their loved ones sent to the hospital even after speaking to NP Stat or Charge Nurse. We weren't utilizing NP STAT as much as we are now so that was a gap in 2023 but should see better results in 2024. No staffing contingency plan in 2023 leaving nurses unsure on next steps. We have corrected this for 2024. In 2023 we had over 50 new residents move in within a short time, and this resulted in more ED transfers.

Comment

We will continue to work on this QIP in 2024 for improved results.

Experience | Patient-centred | **Custom Indicator**

	Last Year		This Year	
Indicator #2	69	75	70	NA
Resident experience: Overall satisfaction Staff take the time to have a friendly conversation with me. (Caressant Care Lindsay Nursing Home)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

1. Provide customized personal information about residents for awareness to all staff. 2. On Admission huddles with all staff to inform them of new resident likes/dislikes and some history to promote resident-centred care. 3. Educate staff to utilize down time to promote interaction with residents and include residents in conversations when working.

Process measure

- % increase in satisfaction evidenced by surveys throughout the year

Target for process measure

- % of residents that respond positively to the survey question: “Staff take the time to have a friendly conversation with me” increased to 75 % by December 31, 2023

Lessons Learned

We had 50 new residents move in during a 3-month span and the entire team was very busy, and time passed by quickly. We also had to get to know so many of the residents in a short period of time and this had an impact on our goal. Staff turnover was above average for last year as we had many agency team members in the home and these staff do not know the residents as well as our permanent staff do, which could have an impact as well.

Comment

We will continue to work on this in 2024 for improved results.