



Quality Plan and Report

Caressant Care Listowel

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 Lenora Belle

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 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.

We continue to actively recruit PSWs and a Charge Nurse and PSW Lead position. We successfully hired an IPAC Lead that oversees the infection control practices and outbreaks, as well as providing education to our team members and making sure the Ministry guidelines are updated and implemented.

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.

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.

We are still in the process of trying to hire a charge nurse position and PSW Lead.

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.

There is a plan to roll out scheduling software at some point in 2024. The home is upgrading to Eastlink for faster internet access ability.

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.

Caressant Care, Listowel, will continue to promote more resident and family surveys completed for 2024 by ensuring quarterly invites sent to families via one-call, by posting the survey QR code in the home, and by assisting residents with iPad devices and/or paper surveys to ensure participation.

A survey summary for 2023 results is attached with determined areas of improvement. Detailed results of the surveys are posted in the home.

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.

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.

Population Health Approach/Community Partnerships

Caressant Care, Listowel, continues to partner with colleges to enable PSW students to complete their placement and have an assigned mentor.

Caressant Care, Listowel, continues to partner with local schools and provide co-op hours for students.

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.

Caressant Care continues to utilize on-call physicians at the Listowel Memorial Hospital. Caressant Care's Medical Director visits our home bi-weekly and acts as a liaison for the home and hospital. We have one other visiting physician who visits the home on a rotational basis with the Medical Director.

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.

Caressant Care, Listowel, with the help of the Resident Council, renamed our two dining rooms.

QIP Information

Summary QIP 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)	32.26	30.00	Target is aimed to decrease by 2.5% to move closer to the current provincial average.	

Change Ideas

Change Idea #1 1. huddles to identify residents who are at risk. 2. engage external partners (i.e. SMH, Skin & wound specialist, Palliative Team, OT/PT, Pharmacist) that are needed to provide alternative access to resources. 3. provide education to Registered Staff(i.e.: catheterization, bladder scanner use) which could be managed at the home level.

Methods	Process measures	Target for process measure	Comments
<p>Communicate with Team Members through reports, review updates at PAC/CQI Quarterly meetings. DOC will take the lead on this initiative for reporting, reviewing and educational opportunities. 1. Registered staff to identify resident's change of status in a timely manner and provide interventions . 2. make use of other services for consultations 3. consult with resident physician in a timely manner before sending resident to emergency. 4. discuss with POA or res about the Palliative program during admission and annual resident/family conference. 5. Continue to use external services (x-ray, u/s, care partners, lab.</p>	<p>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.</p>	<p>The home will plan to reduce the number of avoidable ED visits to 30 % by the end of the year December 31st, 2024.</p>	

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	20.00	18.00	Target is aimed to decrease by 2% to come closer to the current provincial average.	

Change Ideas

Change Idea #1 Closely monitor and identify residents who are at high risk for fall and implement fall interventions upon move in.1. Inform and communicate with team members during report about residents who are at high risk, ensure fall safety interventions are in place. 2. Pharmacist medication review to be completed annually for high risk residents. 3. Physician to review medication review for residents who fell more than 2x per month. 4. Ongoing safety auditing (call bell, hip protectors, chair alarms, etc.).

Methods	Process measures	Target for process measure	Comments
Monthly meetings with Falls Committee Meeting to discuss each resident and update care plans for changes. Review and discuss interventions for effectiveness, make changes as appropriate. Discuss initiatives at CQI/PAC Meetings.	number of fall risk assessments reviewed per month by the Falls Committee	Caressant Care Listowel endeavours to decrease the number of falls by 2% by December 31st, 2024.	



CARESSANT CARE

NURSING & RETIREMENT HOMES LTD.

Resident and Family Satisfaction Surveys Summary and Plan of Action

Resident Satisfaction Survey			
Date: March 19, 2024		Number of Participants: 29	
Top 3 Areas of Improvement	Plan	Responsible Person(s)	Date:
1. Food	Continue to work with Seasons Care and Residents to improve and make changes to our Menus and Recipes to increase Resident Satisfaction	FNM	Ongoing
2. Participation in Surveys	Continue to send survey links out quarterly for residents and families. Posting the QR Codes in the Home Assisting Residents with iPad to complete surveys	A.D	Ongoing
3. Residents can Decide what to wear	Encouraging Team Members to ask residents what they'd like to wear or offer choices for residents to select from.	PSW/DOC	Ongoing
Top 3 Successes:			
1. Privacy when receiving care			
2. Receive the Health Services they need			
3. Staff Pay Attention			
Survey Feedback	Date:	Comments:	
Shared with Residents:	February 21, 2024	ED attended Resident Council Meeting to Review Survey Results	
Shared with Staff:	February 21, 2024	Posted Results in the Home and Staff Room	
Shared with Others:	February 21, 2024	Posted on Resident Board and sent on One Call	
Shared with Family:	January 24, 2024	Results & 2024 Survey Links where shared through OneCall	
Shared with CQI/PAC as applicable		Will Share at April PAC/CQI Meeting	
Any Changes requested	Yes <input type="checkbox"/>		

to survey:	No <input checked="" type="checkbox"/>	All Residents are satisfied with questions on the Survey.
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Family Satisfaction Survey			
Date: March 19, 2024		Number of Participants: 15	
Top 3 Areas of Improvement	Plan	Responsible Person(s)	Date:
1. Food	Continue to Post Menus in the Home, allow Families the Opportunity to share the concerns through Family Council or Complaints Forms	FNM/Dieticians	Ongoing
2. Can Bathe or Shower Anytime	Encourage staff to Offer Baths if a resident requests and to communicate with their coworkers the change in schedule	PSW/Nursing Teams	Ongoing
3. Participation in Surveys	Continue to send Survey Links through OneCall and posting QR Codes in the Home	AD/ED	Ongoing
Top 3 Successes:			
1. Resident gets the Health Services Needed			
2. Staff Encourage Friendly Conversation			
3. 73% Would recommend us.			
Survey Feedback	Date:	Comments:	
Shared with Residents:	February 21, 2024	ED attended Resident Council Meeting to Review Survey Results	
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Shared with CQI/PAC as applicable:		Will Share at April PAC/CQI Meeting	
Any Changes requested to survey:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		