



# Quality Progress Report for 2023

Caressant Care Woodstock

March 2024

Caressant Care Nursing and Retirement Homes Ltd.

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

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

1. Continue to plan and replace windows and flooring.
2. Upgrades to parking lot (line painting)
3. Replaced call bell system (North Wing)
4. Replaced Nursing Stations Desks

### **Clinical Programs:**

The following clinical programs have been reviewed and revised in 2023: continence management, IPAC and responsive behaviours. 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 care planning knowledge.

### **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.

### **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 of 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 – 82 %.
- ✓ Residents feel privacy is respected – 88 %.
- ✓ Residents feel they can choose what to wear- 90%.

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

- ✓ Loyalty Question – Would you recommend this organization to others? 78%
- ✓ Families feel staff care and support family members- 88%.

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.

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

	Last Year		This Year	
<b>Indicator #1</b>	<b>77</b>	<b>90</b>	<b>67</b>	<b>NA</b>
Resident experience: Overall satisfaction Residents have a voice (Caressant Care Woodstock Nursing Home)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1**  Implemented  Not Implemented

1. Ensure that all resident complaints are addressed in an appropriate and timely fashion. 2. Improve staff to resident engagement by re-educating staff regarding the importance of resident and family involvement in their plan of care. 3. Resident council meetings occur monthly. Will continue to ensure residents feel comfortable and supported in bringing any concerns forward so that their voices are heard. 4. Discussion of Resident’s Rights will be held at the beginning of meetings, posted as well as included in orientation and regular education throughout the year.

**Process measure**

- % increase in satisfaction evidenced by surveys throughout the year

**Target for process measure**

- The home will improve resident experience by improving outcomes regarding residents’ feeling like they have a voice and improve survey satisfaction scores to the question "I can express my opinion without fear of consequences." to 90% by December 31, 2023

**Lessons Learned**

One challenge that may have contributed to not meeting our target may have been lack of enough communication with team members that residents are feeling this way and they feel they do not have a voice and may be scared to express their opinion without any consequences. In 2024, management will continue to communicate this to team members during town halls and meetings to focus and bring this concern forward to develop a plan with team members supporting so residents feel they can express themselves with no fear of consequences.

**Comment**

We feel this is a very important initiative and will continue to focus on this QIP in 2024 for improved results.

**Safety | Safe | Custom Indicator**

	Last Year		This Year	
<b>Indicator #2</b>	<b>77</b>	<b>50</b>	<b>16</b>	<b>NA</b>
Safe and effective care: Skin and Wound Care (Caressant Care Woodstock Nursing Home)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1**  Implemented  Not Implemented

1. Re-educate 100% of direct care staff (PSWs and Registered Staff) on preventative strategies. 2. Registered Dietician to provide education to 100% of Registered Staff on supplements and hydration program with focus on healing skin integrity injuries. 3. Monitor registered staff for completion of RD referrals for skin integrity issues. 4. Physiotherapy and contracted vendor for lifts to provide education to direct care staff (PSWs and Registered Staff) on safe lifting and transfers and education on ROHO cushions (how to inflate/monitor) in order to decrease/eliminate the incidents of resident injuries due to improper lifting techniques which can cause shearing/friction injuries, skin tears, abrasions, pressure injuries, etc. 5. WCC to reeducate 100% of registered staff on completing the PURS assessment in PCC and audit care plans for risk of skin integrity focus. 6. Implement an audit tool/resource for the skin and wound nurse to complete weekly to review practices in the home, using Mini Wound Rounds Audit Tool on P&P. 7. DOC/designate to ensure POC task for skin integrity is being completed. 8. Review individual residents' continence plan of care and ensure incontinence is addressed as per TENA portraits.

**Process measure**

- % reduction from baseline

**Target for process measure**

- The home endeavours to reduce the number of internally acquired skin integrity injuries (bruising and skin tears) by 35% by December 31st, 2023.

**Lessons Learned**

Data indicates a significant change. We will consider this QIP successful.