



Quality Report and Plan

Caressant Care Woodstock

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 staff. 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 continuous 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:

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 Lisa Evans (ED)

Our Terms of Reference for the CQI Committee at each home 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 collaborate with community partnerships to enhance our programs and strengthen our health human resources.

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.

1. Plan to replace some windows and flooring.
2. Upgrading resident rooms with new paint schemes
3. Update the palliative room with new paint, furniture, and décor.
4. Update family room and resident common areas with paint and décor.

Clinical Programs:

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.

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.

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 the following have been determined areas of improvement

1. Staff engaging in friendly conversations- 68%.
2. Enjoying mealtimes- 67%
3. Staff asking how needs can be met- 57%

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 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.

- Focus on team member appreciation monthly.
- Reintroduce team member of the month
- Following up on team member absentee through attendance management program with timely follow-up

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 have started to implement lap alarms for residents where chair alarms are not effective and have noted improvements already this year with residents who fall frequently.
- Fall prevention interventions are reviewed monthly for effectiveness.
- Fall prevention interventions are added and removed as deemed necessary.

Population Health Approach/Community Partnerships

Student placements and partnerships are in progress, working with local colleges and universities to provide PSW, RPN and RN student placements. Currently have partnerships with Conestoga College, Mohawk College, Fanshawe College and Western University

We are working on building and establishing a relationship with Woodstock General Hospital to provide support to the home and smoother admission and discharge transitions for our residents.

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. Additional measures include but are not limited to:

- A Nurse Practitioner in the home 3-5 days a week and this addition has improved unnecessary hospital transfers.
- Purchased a bladder scanner that has allowed registered staff to rule out urinary retention.
- Purchased Dopplers to be able to assess blood flow if a blood clot is suspected.
- Purchased new otoscopes to be able to assess and examine resident ears and ear drums.
- New vital towers purchased to assist registered staff with obtaining vital signs.
- VAC dressing pump purchased for any wounds that require VAC therapy.
- Further monitoring and tracking when residents are sent to hospital (reason sent) and what the result was (admitted or ED visit only)

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) for 2024 attached.

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	C	% / LTC home residents	In-house survey / Jan - Dec 2024	67.00	75.00	Caressant Care wants to provide a safe environment for residents where they can speak freely and feel comfortable to do so without any fear of consequences.	

Change Ideas

Change Idea #1 1. Improve staff to resident engagement through person-centred care and language. 2. Ensure that all resident complaints are addressed in an appropriate and timely fashion. 3. Educate team members regarding the importance of resident and family involvement in their plan of care. 4. Encourage residents to voice concerns and opinions freely.

Methods	Process measures	Target for process measure	Comments
Encourage person-centred language at every meeting. Continue to provide concern reporting information at move in and at Resident Council meetings. Discussion at Town Hall Meetings with a focus on this initiative.	Inhouse survey completed and tabulated corporately. Results will be provided mid-year to determine change percentages and discussed with the CQI Committee. This will be measured by the positive percentage of resident responses: "I can express my opinion without fear of consequences."	Survey results will increase by 8 % to 75 % by December 2024 results to the question: "I can express my opinion without fear of consequences."	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "Staff ask how needs can be met"	C	% / LTC home residents	In-house survey / Jan - Dec 2024	57.00	65.00	We feel this is an important initiative as indicated by previous low survey results, we want our residents to feel comfortable to express themselves, to meet their needs and to recognize when further assistance may be required.	

Change Ideas

Change Idea #1 Provide opportunities to engage in conversation. Discuss at team members meetings and promote team members asking residents if needs have been met, introduce themselves and explain care. Recognize non-verbal residents and ensure care plan identifies non-verbal responses specific to their needs. Plan for continued recruitment and retainment to ensure adequate and consistent staffing. Seek input from residents and team members for improvement. Encourage residents to complete the resident satisfaction survey.

Methods	Process measures	Target for process measure	Comments
Discussion at team member meetings, Resident Council, and CQI Meetings. Care plans reviewed and revised to provide details and alert for non-verbal residents' responses. Surveys are summarized biannually and will be reviewed for effectiveness of changes and discussed at various meetings at the home.	Inhouse survey completed and tabulated corporately. Results will be provided mid-year to determine change percentages and discussed with the CQI/PAC Committee. This will be measured by the percentage of residents responses to the question: "Staff ask how needs can be met".	Overall percentage increase of 8 % to 65 % of residents responding positively on satisfaction survey to: "Staff ask how needs can be met?" by December 31st, 2024.	



CARESSANT CARE

NURSING & RETIREMENT HOMES LTD.

Resident and Family Satisfaction Surveys Summary and Plan of Action

Resident Satisfaction Survey			
Date: January 13, 2024		Number of Participants: 61	
Top 3 Areas of Improvement	Plan	Responsible Person(s)	Date:
1. Food 67%	Audit meal service and gather resident feedback. Sample resident meals and provide feedback to cooks. Monitor meal temperatures during meal preparation	FNM Dietary Team	Ongoing
2. Staff ask how care needs can be met 57%	Promote staff to resident engagement during team meetings and town halls. Staff to ask residents how they can meet their care needs while responding to call bells and resident inquiries. Staff introduce themselves to residents and explain the care being provided. Gather resident feedback through resident council and adjust care plans accordingly.	All staff	Ongoing
3. Can engage in friendly conversation 68%	Promote staff to resident engagement during team meetings and town halls. Staff to introduce themselves to residents and explain care being provided.	All staff	Ongoing

		Staff engage in friendly conversation with residents when providing care and having visits		
Top 3 Successes:				
1.Can decide what to wear 90%				
2.Privacy Respected 88%				
3. Incontinence products meet needs 84%				
Survey Feedback	Date:	Comments:		
Shared with Residents:	April 18, 2024	Resident Council Meeting		
Shared with Staff:	January 13, 2024	Posted on quality board for staff to review, results reviewed in Townhall Meeting		
Shared with Others:				
Shared with Family:	January 13, 2024	Posted on quality board, no family council at this time		
Shared with CQI/PAC as applicable	April 19, 2024			
Any Changes requested to survey:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

Family Satisfaction Survey			
Date: January 13, 2024		Number of Participants: 19	
Top 3 Areas of Improvement	Plan	Responsible Person(s)	Date:
1. Food 67%	Audit meal service and gather resident feedback. Sample resident meals and provide feedback to cooks. Monitor meal temperatures during meal preparation	FNM Dietary Team	Ongoing
2. Staff ask how care needs can be met 57%	Promote staff to resident engagement during team meetings and town halls. Staff to ask residents how they can meet their care needs while responding to call bells and resident inquiries. Staff to introduce themselves to residents and explain care being provided. Gather resident feedback through resident council and adjust care plans accordingly.	All staff	Ongoing
3. Explore new skills and Interests 60%	Gather information and feedback from residents regarding the ongoing program. Introduce new programs through feedback results.	Activity Department	Ongoing
Top 3 Successes:			
1. Get health services needed			
2. Care and support family members			
3. Privacy is respected			
Survey Feedback	Date:	Comments:	
Shared with Residents:	April 18, 2024	Resident Council Meeting	
Shared with Staff:	January 13, 2024	Posted on quality board for staff to review, results reviewed in Townhall Meeting	
Shared with Family:	January 13, 2024	Posted on quality board, no family council at this time	

Shared with Others:		
Shared with CQI/PAC as applicable:	April 19, 2024	
Any Changes requested to survey:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	