



Quality Progress Report for 2023

Caressant Care Mary Bucke

March 2024

Caressant Care Nursing and Retirement Homes Ltd.

Brief Summary of Quality Improvement Achievements fiscal year 2023:

Building and Environmental Improvements:

- Ceiling repair in center core area above nursing station and outside laundry room.
- Main dining room ceiling repair with 6 new recessed lights that provide better lighting and a more aesthetically pleasing appearance.
- Repair of back deck pergola/roof.
- Replacement of team member kitchenette and replacement of furniture & lighting in staff room.
- Significant preventative maintenance plan achievements with painting upgrades, trim, and spot-checks.
- Widening of large activity door as part of our accessibility plan.
- Replacing all keys to a master key system.
- New furniture for resident areas.

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.

Other clinical improvement include, but are not limited to:

- The home was supplied with 6 new Hoyer lifts and 3 new sit-to-stand lifts in January 2023.
- One staff member was trained in DementiAbility as the lead.
- 8 Staff trained in GPA (as leads).
- Pain & Palliative committee re-established. The home purchased a palliative cart that is mobile and accessible from room to room complete with palliation comfort supplies. Implementation of the Palliative Performance Scale assessment at move in, quarterly, return from hospital and any significant change.
- BOOMR program has been put on hold due to discrepancies in execution with hope to re-establish a new start date.

Communication and Technology:

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

- Caressant Care Mary Bucke has completed the call-bell systems and is now in the process of a new front door wander-guard system with hopes of completion by June 2024.
- New internet modem upgrade.
- Firewall upgrade.

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 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 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. –100%
- ✓ Residents feel privacy is respected. – 95 %
- ✓ Staff engage in friendly conversation. – 92%
- ✓ Staff pay attention to me. -87%

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

- ✓ Loyalty Question – Would you recommend this organization to others? 100%
- ✓ Families feel residents get the health services needed – 100%.
- ✓ Families feel staff engage in friendly conversation with residents – 88%.
- ✓ Staff respond quickly when my family needs assistance -100%

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.

Indicator #2	Last Year		This Year	
	Resident experience: Overall satisfaction Can speak freely (Caressant Care on Mary Bucke)	87 Performance (2023/24)	95 Target (2023/24)	84 Performance (2024/25)

Change Idea #1 Implemented Not Implemented

1. Activity Director to host “open communication forums” to allow residents to ventilate their feelings, thoughts, or opinions in a safe and accepting environment during all Resident Council Meetings. 2. Education to staff of therapeutic communication. 3. Introduction of our Social Worker Program during Resident Council Meetings and providing a pamphlet at admission to all residents/family members . 4. Enlisting a “Resident Champion” that provides a safe support for information to be shared amongst the residents that can be brought forward to the home in a non-judgmental, empathetic and therapeutic way.

Process measure

- % increase in satisfaction evidenced by survey results throughout the year

Target for process measure

- Improve resident experience and survey score to 95% for the question : "I can express my opinion without fear of consequences" by December 31, 2023

Lessons Learned

Despite changes implemented, we fell short of our target and will continue to work on this QIP in 2024.

	Last Year		This Year	
Indicator #1	36	75	25	NA
Resident experience: Overall satisfaction				
Bathing Choice (Caressant Care on Mary Bucke)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

1. Alter care conference form to include bath day by involving RAI Coordinator to ensure resident and family preference is included at admissions. 2. Inform Family Members using One Call. (“Did you know?” Templates to ensure relevant and up-to-date information is shared consistently and in a timely manner). 3. Engage residents/ families staff in creating new schedule. 4. New shower heads for consistency in temp/pressure to increase resident satisfaction/comfort during bathing and showering. 5. Provide Shower/Bath bags or caddy -to be included at resident/staff request to include personal items during bathing for resident’s enjoyment.

Process measure

- % increase in satisfaction evidenced by survey results throughout the year

Target for process measure

- The home will endeavour to increase satisfaction score to 75% on Family Satisfaction Survey to the question my resident “Can bathe/shower anytime” by December 31, 2023

Lessons Learned

- We have opted out of re-implementing this change process as it was an indicator for 2 years without improvement numerically. This was likely due to the low participation number from family members in the survey question (only 3 responses in total of 11, which appears to be negative). The home has since added a full-time bath/shower shift with complimentary part-time shift to address all bathing related dissatisfaction residents or family members may have. Results from recent Resident Council meeting discussions prove this was a significant and positive change for residents. We will continue with change process interventions that were in place prior to the new shift.
- Reviewing and brainstorming the change process and lack of improvement in the performance meant our team needed to reevaluate the process from a different perspective.
- The number of participants was significantly low.
- Full-time bath shift with complimentary part-time bath shift added to the PSW master schedule.
- Family members and residents continue to be included in their bathing/shower choice of day at admission, 6-week care conference and annual care conferences.
- Information continues to be shared in resident council meetings, through OneCall, and Quality Improvement meetings.

Comment

It should be noted residents responded positively to the question with 74.3 % overall response.