



Quality Plan and Report

Caressant Care Mary Bucke

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.

All information shared with Resident Council members such as, Quality reports, satisfaction summary action plans, and leadership departmental goals, can be found posted on the **Quality Board** (across from the Nursing office) and will be sent through

OneCall to families and loved ones.

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 Angie Cashmore, Executive Director.

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

For Caressant Care Mary Bucke, our leadership members recognize the care model shift that includes the resident and family experience as an integral part of our focus.

Our Quality Improvement Plan for the 2024 year includes a focus both on addressing resident & family satisfaction as well as an increase in team member satisfaction; embracing the home's culture to improve experiences in all aspects.

We want our residents, our team members, and our loved ones to feel like they're coming home when they enter the front doors.

Examples of how we plan to achieve this is through:

- Significantly **increasing educational in-services & growth opportunities** for all team members.
- Ensure all team members have the **resources** available for optimal shift performance.
- Changing to a **person-centered philosophy** through language, care, & culture.
- Increase focus on **team member retention** through competitive wages, fulltime positions, and posting organizational employment opportunities (again).

- Improving Resident experiences using **tabletop discussion boards** during meals services to increase community, togetherness, and connection.
- **Team Today whiteboards** at all hallways to indicate which team members are assisting which residents that day.

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.

Caressant Care Mary Bucke has continued to focus on structural & environmental upgrades since 2022 recognizing the importance of how this affects resident experience, first impressions, and the preventative maintenance plan throughout the home. So far, the home has had complete restructuring of the roof, multiple ceiling repairs from previous water damage, a complete laundry room renovation & upgrade (including a new industrial dryer), boiler replacement and 2 hot water tank replacements, widening of the large activity room door, large dining room ceiling replacement with new recessed lighting and repair of the kitchen tiles.

Focus for the 2024 year includes:

1. Plan to replace curtain rods above windows to allow for opening.
2. Replace entrance flooring.
3. Pavement of the main parking lot.
4. Replace stainless steel dishwasher drying rack.
5. Replace final hot water tank.

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 weight scales to promote consistent weight review.

The new ARJO lift system compliments Mary Bucke's Quality Plan to ensure all team members have resources to perform optimally.

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.

Caressant Care Mary Bucke was one of the first pilot homes to use Staff Schedule Care and continues to use this scheduling and team member platform with enhanced features to streamline and automate much of the home’s schedule and payroll system.

We are also excited to expand the charting ability of the home for Personal Support Member’s to include two new laptops and 4 new iPads for ease of Point of Care charting requirements.

Mary Bucke is also scheduled for a complete internet software & hardware upgrade in the months to come.

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. Caressant Care Mary Bucke is excited to have the addition of an Assistant Director of Care and a full-time Infection Prevention and Control lead to the home's leadership team with an extensive leadership background that we are excited to incorporate into the home's processes.

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.

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.

As mentioned, Caressant Care Mary Bucke recognizes the importance of shifts in team member and caring philosophy and what it means to a LTC home's culture.

Team members need to feel valued, respected, listened to, and need to have trust in their leadership team.

To address this, Mary Bucke's leadership team has (or will be) implementing the following:

- Wellness board to enhance team member mental, physical, & spiritual wellness.
- Posted EAP & mental health support resources.
- SURGE learning monthly/quarterly incentives (gift cards).
- Education, In-service, & advancement board in main core area where staff/families & residents can suggest education resources they would like available.
- Staff Suggestion Box (anonymous).
- Staff/Resident Theme Days (i.e. St. Patty's Day, Resident/Family Summer BBQ, etc.).
- ED team member birthday cards.
- Staff & Resident bi-weekly BBQs.
- **Leadership advocacy for organization career/employment postings for all team members to apply to encourage inter-organizational advancement.**

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.

- Caressant Care Mary Bucke has recognized the importance of demonstrating and providing rigorous education on **Hyperglycemia** incidents in our aging population and disease progressions. The home will continue to focus on providing routine in-services to ensure registered and non-registered team members are equipped to recognize the signs of hyperglycemia efficiently and in a timely manner in accordance with Caressant Care's policy & procedure.
- 2024 Violence in the Workplace Risk Assessment completed comprehensively with our Joint Health & Safety Committee and the organization's JHSC specialist to ensure all resident's and team member's health and safety is considered and deficits are action planned immediately. This prompted the roll out of team member Staff Alert Badge ("panic alarms"). These will be used to alert the need for immediate assistance throughout the home in the event of a medical or safety crisis requiring a team approach.

Population Health Approach/Community Partnerships

- Caressant Care Mary Bucke is excited to continue to have our LTC prep coordinate and work collaboratively with Western University, Conestoga College, and other recognizable education institutes in our area to support the preparation of internationally educated team members onboard.
- This, in conjunction with Supervised Practice Experience Partnership (SPEP) will enhance the practicum opportunities for individuals eager to join our team through partnered preceptorships.
- Mary Bucke's Activity Lead continues to reach out, encourage, and partner with high schools in our community to secure volunteers in the home.
- St. Thomas Senior's Center will be another community resource/partnership Mary Bucke will use to expand the resident's psychosocial platform allowing them to make connections in the community with like-minded individuals, play sports, games and get involved in their community.
- Alzheimer's Society -education opportunities that assist in team member satisfaction and care method.

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 Mary Bucke has continued to support resident access to care by including the following services in the home to promote resident experiences and access to all health organizations:

- **MultiGen** on-site dental services.
- **Transportation** support -registration, booking, facilitating, and advocating for all types of resident transportation needs through Paratransit giving access to medical and non-medical appointments that enhance resident wellbeing.
- Allied Health through our **Social Worker** -gaining access to various community support programs and interdisciplinary communication platforms that increases knowledge transfer such as Public Guardian & Trustee, ODSP, Capacity assessments, CRA, Adoption services, etc.
- Alzheimer's Society- valuable support to provide family members with burnout, or newly diagnosed residents who require more support to manage their symptoms/emotions.

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.

- **Quiet Hour** -introducing specific times of day where the home reduces over-stimulating noises (overhead pages, call-bell address times, radios, loud voices, loud programs) to provide residents with a home-like and quiet environment during the day/evening. This is to provide an

opportunity for residents to read in quiet, knit/colour in noise-reduced environments, and in hopes to reduce responsive behaviours for those who experience over-stimulation aggression.

- **End of Day Check-in** -Educating team members through “the customer experience” education sessions that promote a final check in with residents to ensure their needs have been met, they feel seen and heard, and they feel valued. A simple routine of checking in with a resident to promote high-quality resident centered, person-centered care.
- **Team identification boards** -Boards posted at end of each hall that are filled out each day by all team members for residents to see who will be caring for them, who they go to for needs to be met, who to discuss their day’s plan with, etc.

QIP Information

Summary QIP Goals (Detailed) 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 data collection / Jan - Dec 2024	84.00	85.00	We recognize this as an area with a need for improvement. Last year the goal may have been too high, so we have revised our target for 2024.	

Change Ideas

Change Idea #1 1. Resident suggestion box. 2. Continue to focus on and remind residents of their rights and increase knowledge related to residents rights.3. Continue to encourage Resident & Family Survey completion.

Methods	Process measures	Target for process measure	Comments
1. Resident recommended suggestion box to facilitate ability to share thoughts, concerns, or suggestions anonymously. 2. Provide educational reminders at Resident Council meetings to ensure residents have sufficient opportunity to voice concerns, speak freely, and provide feedback, without fear of reprisal. 3.1. Provide reminders at Resident Council meetings to encourage resident participation. 3.2. Send OneCall Family Council participation reminders to all current/past family members/friends of residents and advocate for their participation.	% increase in satisfaction as evidenced by survey results throughout the 2024 year	Increase resident response by improving resident experience to the question "I can express my opinion freely without fear of consequences." to 85% by December 31, 2024.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to the statement: "Staff ask how needs can be met."	C	% / LTC home residents	In-house survey / Jan - Dec 2024	68.00	72.00	As we are a small home, percentages can vary significantly with small changes in numbers, including number of survey respondents. To ensure a achievable goal, we chose a 4% increase for the question staff ask how needs can be met.	

Change Ideas

Change Idea #1 1.Increase the knowledge of all team members in the area of great customer service 2.Ensure that residents know who is providing their care 3.Implement daily "check in" and "check out". PSW team members will check in with the resident at the start of the shift to ask what they can do for them today, and "check out" with "was there anything I could have done differently today to make your day better"

Methods	Process measures	Target for process measure	Comments
1.Providing a 5-part education series on customer service, including but not limited to: building trusted relationships, conflict resolution, and mindfulness; "Become an Experience Specialist" 2.Install Team Boards at the entrance to each RHA. The Team Board will list the PSWs and Registered Team Members assigned to their area. 3. Educate all team members on the "Check in" and "check out" philosophy. Follow up with resident through resident council and through casual conversations to ensure team members are capturing all resident care needs.	% increase in satisfaction as evidenced by survey results throughout the 2024 year	Increase positive resident response to staff asking "how needs can be met" to 72 % by December 31, 2024.	

	<p>residents needs are anticipated and met.</p> <p>Education of the Month Board -Purchase White Boards -Posted in the home for all staff to see.</p>	<p>ESM</p> <p>ED</p>	<p>-Completed</p> <p>Feb 27 2024</p>
<p>2. Staff pay attention to me 87%</p>	<p>Staff Education on:</p> <ul style="list-style-type: none"> • Common courtesy -saying hello multiple times per day. • Make connections with residents by reviewing their “Get to know me” boards posted above their beds. • Ask engaging questions. • Daily Check-ins. • Addressing residents by preferred name (Ask first). • Staff assignment boards at each wing. <p>Request a manager guest at each Resident Council Meeting</p> <ul style="list-style-type: none"> • to ensure resident concerns are forwarded to appropriate department lead. <p>Dining Room “Topic Boards”</p> <ul style="list-style-type: none"> • Gives opportunity to ensure resident-focused communication during meals. • Allows for opportunity for residents to feel a sense of community. 	<p>DOC ADOC ED</p> <p>ED</p> <p>FNM</p>	
<p>3. I can express my opinion freely (w/o fear of consequences) 84%</p>	<p>Team approach training and move toward customer service.</p> <ul style="list-style-type: none"> • Active listening • Avoid taking things 	<p>ED DOC ADOC FNM/ESM</p>	

	<ul style="list-style-type: none"> personally. • Zero tolerance of abuse/Whistleblowing policy • Residents' comment/concern/suggestion box 		
Top 3 Successes:			
1. Health service needs are met 100%			
2. Feels privacy is respected 95%			
3. Would recommend us 95%			
Survey Feedback	Date:	Comments:	
Shared with Residents:	February 22 2024	Resident Council Monthly Meeting	
Shared with Staff:	February 9, 2024		
Shared with Family:	February 9, 2024	OneCall Notification	
Shared with CQI/PAC as applicable	April 29, 2024	PAC/CQI Quarterly Meeting	
Any Changes requested to survey:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Changes communicated to Head office in 2023 and new format in place for 2024. <ol style="list-style-type: none"> 1. shortened and reduced redundant questions. 2. changed to 5 (rarely/sometimes/most of the time/always and I am unable to answer this) 3. removed demographic questions. 4. comment section to each area. 5. add section if participant wishes to be contacted. 6. "I can if I wish" statements added. 	

Family Satisfaction Survey

Date: January 9, 2024

Number of Participants: 11

Top 3 Areas of Improvement

Plan

Responsible Person(s)

Target Date:

1. Can Bathe/Shower anytime 25%

*This is the 2nd time the home has tried action planning this low scoring item on the Family Satisfaction Survey. In thorough review, the home took extra funding dollars for nursing and applied them to introduction of a full-time PSW line, or "Bath Shift".
This line consists of 7 shifts (6-2) Monday – Sunday creating a greater opportunity to enhance the bathing program and resident-centered bath schedule.

- Revision of Bath Schedule
- Introducing "Bath Shift" -new FT position.
 - Complimentary PT shift.
 - Increase resident bath schedule satisfaction.

ADOC
DOC
RAI CO

Feb 18, 2024


2. Explore new skills & Interests 50%

- "Resident in Action" visual communication**
- Have residents display the different groups/programs/opportunities and display them on the in-home televisions.
- Create Survey specific to Resident Interests**
- Give at admission or Care Conference and send out to family members.
 - Ask residents at Resident Council to give suggestions.
 - Use this data and present it to other residents.
- Bring VR into the home to increase availability of skills and Interests.**
- Organize VR demo.
 - Advocate for purchase of plan

March 2024

April 2024

June 2025
-demo booked

<p>3. Staff ask how needs can be met 75%</p>	<p>Lead a Monthly Education Program</p> <p> Become an Experience Specialist.pptx</p> <p>6 topics include:</p> <ol style="list-style-type: none"> 1. Introduction (<i>Become an Experience Specialist</i>) 2. First Impressions, 3. Unsatisfied Stakeholder, 4. Team Building, 5. Transformation 6. Implementation & Analysis. 	<p>ADOC ED</p>	<p>August 2024</p>
<p>Top 3 Successes:</p>			
<p>1. Staff respond quickly when my family needs assistance 100%</p>			
<p>2. Feels privacy is respected 100%</p>			
<p>3. Get Health Service needs met 100%</p>			
<p>Survey Feedback</p>	<p>Date:</p>	<p>Comments:</p>	
<p>Shared with Residents:</p>	<p>February 22 2024</p>	<p>Resident Council Monthly Meeting</p>	
<p>Shared with Staff:</p>	<p>February 9, 2024</p>	<p>Staff Huddle</p>	
<p>Shared with Family:</p>	<p>February 9, 2024</p>	<p>OneCall Notification</p>	
<p>Shared with CQI/PAC as applicable:</p>	<p>April 29, 2024</p>	<p>PAC/CQI Quarterly Meeting</p>	
<p>Any Changes requested to survey:</p>	<p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p>	<p>Changes communicated to Head office in 2023 and new format in place for 2024.</p> <ol style="list-style-type: none"> 1. shortened and reduced redundant questions. 2. changed to 5 (rarely/sometimes/most of the time/always and I am unable to answer this) 3. removed demographic questions. 4. comment section to each area. 5. add section if participant wishes to be contacted. 6. "I can if I wish" statements added. 	