



Quality Progress Report for 2023

Caressant Care
The Maples Home for Seniors

March 2024

Brief Summary of Quality Improvement Achievements fiscal year 2023:

Building and Environmental Improvements:

- Brickwork in front of entrance
- New Lounge chairs
- AC installation in dining room
- New door handles
- Maglocks set up to generator in case of emergency/outage for enhanced safety and security
- New blinds in the common areas were installed for enhanced IPAC purposes

Clinical Programs:

The following clinical programs have been reviewed and revised in 2023: Prevention of Abuse, Skin & Wound, Safety Risk Management, Nutrition & Hydration, Minimizing Restraints / Confinement, Pain Management, Falls, Medication Management, Responsive Behaviours, Infection Prevention, Restorative Care, Palliative Care.

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.

Residents with an active infection will now have an infection focus on their care plan for charting and documentation. Residents with an ARO infection will have a focus for ARO in their care plan until resolved. Enhanced knowledge of care plans regarding residents experiencing pain was also reviewed and discussed.

Communication and Technology:

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

4 New iPads were dispersed throughout the home for nursing stations, clinical leads and activation department for enhanced charting and documentation purposes which provides staff larger screen for more efficient daily use as well as for resident use and network communications.

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.

Our home had Staff Schedule Care installed for payroll purposes.

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 completed cultural awareness and safety education modules in 2023 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 the incontinence products provided meets their needs – 100%.

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

- ✓ Cleanliness of Home
- ✓ Care provided by Nursing and Staff
- ✓ Families are overall pleased with all aspects.

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. A QR Code is also available to easy access to the survey.

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.

Indicator #1	Last Year		This Year	
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (The Maples Home for Seniors)	25 Performance (2023/24)	21 Target (2023/24)	X Performance (2024/25)

Change Idea #1 Implemented Not Implemented

1. Will continue to monitor data and will implement the Antipsychotic Monitoring Form (case specific) with a focused review by registered staff, DOC, pharmacy consultant and physician(s) and nurse practitioners as appropriate. 2. Dedicated review of medication prescription along with diagnosis to determine appropriateness. 3. Further engage BSO Support with referrals to mental health services when appropriate.

Process measure

- % of residents without psychosis who were given antipsychotic medication in the last 7 days preceding their resident assessment

Target for process measure

- The home’s goal will be 21.0 % of residents without psychosis are given antipsychotic medication in the last 7 days preceding their resident assessment to align with the indicated provincial average by December 31, 2023.

Lessons Learned

With pharmacy and the BOOMR program, residents who are admitted have their medications reviewed thoroughly by the pharmacy prior to move in which provides a most accurate up to date assessment and count of their medications prior to admission. We were pleased to exceed our target in this QIP.

Safety | Safe | **Custom Indicator**

	Last Year		This Year	
Indicator #2	13	10	NA	NA
Resident experience: Falls reduction (The Maples Home for Seniors)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

1. Analyze history of falls for all residents prior to admission so that safety precautions and purposeful safety tasks are in place and also care-planned at time of admission by reviewing admission paperwork and communicating with family.
2. Ensure room arrangement and furniture placement is safe for residents by conducting the Pre Move-in Environmental Scan upon admission and readmission and the Post Move-in Environmental Scan for fall risks.
3. Ensure protective measures are in place for residents identified to be at risk of frequent falls using devices such as: bed alarms, fall mats, hip pads.
4. Purposeful rounding and safety checks of residents who are prone to frequent falls by personal support workers and documentation of completion to be done through assigning tasks on POC to these residents.

Process measure

- % reduction in number of falls reviewed by falls committee

Target for process measure

- The home will endeavour to reduce the number of falls by 3 % by December 31, 2023

Lessons Learned

As resident dynamics change the possibility of falls can also change not only per resident, but in the home as falls numbers are collected from entire data meaning individual residents statistics can change home statistics. We will continue to focus on this area.