



# Quality Plan and Report

Caressant Care  
The Maples Home for Seniors

March 2024

**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 and Satisfaction Surveys 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 Joan Hergott - ED**

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**

Our home aims to continue to provide residents living here with the best quality of care and ensuring they feel and know this is their home. This is done through keeping all care provided resident-centred and keeping our building clean, safe and in good repair. We aim to keep all communication avenues open between residents, staff and families through meetings, care conferences and councils to receive suggestions and feedback regarding changes and/or continuums of services provided in the home.

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 work 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.

Some environmental goals or improvements for 2024 include but are not limited to:

1. Continue replacing chimney brick work at front of building / entranceway.

2. Replacing aging fluorescent light fixtures with LED units throughout the facility.
3. New Resident Bathtub with lights and music to coincide with the newly implemented Snoezelen program through our activation department. This is a direct result from feedback provided through family surveys.

### **Clinical Programs:**

The following clinical programs have been reviewed and revised and we are continuing to roll them out into 2024: 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 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 as well as in 2024 we will reach a full year under our belt of using e-prescribe.

### **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. I have the opportunity for affection and romance.
2. I get my favourite foods in this home.
3. I have the opportunity to explore new skills and interests.

## **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.

We are continuing to improve staff experience through purposeful staff appreciation and recognition, monthly staff meetings, and being open and receptive to feedback via open-door communication and staff surveys.

We also continue to manage current healthcare workforce challenges through recruitment and thorough training both hands on as well as through online Surge education, so all staff are fully and properly trained and educated. Our home continues to hire in a culturally inclusive manner.

This upcoming year our home plans to implement staffing lines in order to improve the scheduling process and continue to ensure adequate staff coverage. We will be working closely with staff, human resources and union representation to ensure this transition takes place smoothly.

### **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.

Our home continues to participate in monthly fire drills that are inclusive of all shifts as well as annual drills for all emergency codes and environmental scenarios. Huddles take place after each code drill to review and discuss both challenges and successes of the drill.

Our Health and Safety Committee continues to meet quarterly with an open invitation to anyone else who would like to sit in.

### **Population Health Approach/Community Partnerships**

Our home continues to partner with:

- Community church network who provide a rotation of spiritual services within our home for our residents and are inclusive of different denominations.

- Ontario colleges who send PSW placement students to complete their training hours on site. These students often become hired at our facility.
- Local schools and preschool who partner with collaborating activities between students and residents such as choir and visiting rounds.
- Our local media outlets such as Wilmot-Tavistock Gazette provide positive reports on happenings within the home such as resident parties to celebrate holidays, resident outings and activities going on within the home.
- We hold a membership with the local Chamber of Commerce

### **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.

To support resident access to care in the right place at the right time, our home will continue to work with residents, staff, families/caregivers, physician and other care support services such as physio, social work, dietitian to ensure residents' care needs are not only being addressed but are also being met in both an appropriate and timely manner. Our home continues to have a doctor available for support on-call 24 hours a day. We continue our open communication with both Public Health and Home and Community Care Support Services.

### **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.

### **Other**

Our activity department is in the process of implementing a Snoezelen therapy program which involves a multi-sensory environment and relaxing atmosphere which helps to reduce agitation and anxiety experienced by residents but also stimulates reactions, engagement, and communication.

### **QIP Information**

Please see attached detailed summary for 2024 QIP.



## 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 "I can participate in meaningful activities if I wish to"	C	% / LTC home residents	In-house survey / Jan - Dec 2024	CB	80.00	The Maples endeavours to provide meaningful programs to residents and have determined this QIP based on feedback from resident and family surveys.	

### Change Ideas

Change Idea #1 More programs for dementia and Alzheimer's to be implemented. Solicit input from residents, team members and families for desired programs.

Methods	Process measures	Target for process measure	Comments
Snoezelen program to be implemented for resident recreation involvement and new tub to be installed with lights and music to create multi-sensory and calming ambiance experience during bathing for residents. Ongoing topic at Resident's Council. New programs if feasible to be implemented as discussed and determined by residents.	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 participate in meaningful activities if I wish to".	The home will endeavour to obtain an 80 % response to the percentage of Residents who responded positively to "I can participate in meaningful activities if I wish to" by December 31, 2024.	

## Safety

### Measure - Dimension: Safe

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
FALLS REDUCTION: Percentage of LTC home residents who fell in the last year with the fall resulting in injury.	C	% / LTC home residents	In house data collection / Jan - Dec 2024	16.47	14.47	Caressant Care wants to provide a safe environment for residents and prevent significant injuries as a result of falls.	

### Change Ideas

Change Idea #1 Review of resident care plans to reflect best interventions to prevent falls and injury with using interventions such as purposeful rounding, fall mats, safe room lay-out/flow, bed alarms, hip protectors, proper footwear worn by residents. Use of a monitor for the purpose of pro-actively anticipating resident behaviours that could potentially lead to a fall and or/injury is another intervention available within our home. (with POA consent).

Methods	Process measures	Target for process measure	Comments
Monitor progress throughout the year through monthly meetings with the Falls Committee as well as through annual Falls Prevention Program Evaluation where goals, resident fall risk evaluations, successes, and challenges to note can be discussed in order to implement safety changes for residents.	% reduction in number of falls with an injury reviewed by falls committee	The home will endeavour to reduce the number of falls resulting in injury by 2 % by December 31, 2024.	



**CARESSANT CARE**  
**NURSING & RETIREMENT HOMES LTD.**  
**Resident and Family Satisfaction Surveys LTC**  
**Summary and Plan of Action**

<b>Resident Satisfaction Survey</b>			
<b>Date: Feb 2024</b>		<b>Number of Participants: 10</b>	
<b>Top 3 Areas of Improvement</b>	<b>Plan</b>	<b>Responsible Person(s)</b>	<b>Date:</b>
1. I have the opportunity for affection and romance	Will ensure residents privacy and confidentiality rights as per Resident Right Schedule A # 6 "Every resident has the right to communicate in confidence, receive visitors of their choice and consult in private with any person without interference" are respected. Open door policy to speak freely and openly with any staff member re: wishes or desire to have a romantic relationship. ED / DOC to provide an area for privacy if so desired / requested. Those expressing the desire or affection with someone else will not be criticized and have the right to be treated with courtesy and respect.	ED, DOC / All staff	Ongoing
2. I get my favorite foods in this home	Discuss at monthly Food Committee meetings what their favorite foods are and get input for more of a variety of special meals. Ask at the time of admission and or annual Resident Care Plans what their favorite foods are bring forward to FNM to possibly incorporate on	FNM, Corporate Dietary Staff	Ongoing

	menu or offer suggest for Resident Choice meal.		
3. I have the opportunity to explore new skills and interest	Residents will be encouraged to discuss openly at Resident Council what their interests and desires are and what changes / opportunities they would like to see. If one does not feel comfortable discussing in a group setting the resident can request to speak with Activity Coordinator or any other member of the Maples re their interests in private. The AD will propose to ED any requests.		
<b>Top 3 Successes:</b>			
1. If I need help right away, I can get it			
2. Staff respond quickly when I ask for assistance			
3. I get the services I need			
<b>Survey Feedback</b>	<b>Date:</b>	<b>Comments:</b>	
<b>Shared with Residents:</b>	Feb. 21 / 2024	Shared at Resident Council	
<b>Shared with Staff:</b>	Feb. 6 / 2024	Posted in home	
<b>Shared with Others:</b>	Feb. 6 / 2024	Posted in home	
<b>Shared with Family:</b>	Feb. 6 / 2024	Posted in home	
<b>Shared with CQI/PAC as applicable</b>	Jan 30 / 2024	Discussed at CQI	
<b>Any Changes requested to survey:</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Wondering if the question is clear or is it misinterpreted <b>for having the opportunity for affection and romance. Suggestion of revisiting this question and maybe asking for change.</b>	

<b>Family Satisfaction Survey</b>			
<b>Date: Feb 2024</b>		<b>Number of Participants: 3</b>	
<b>Top 3 Areas of Improvement</b>	<b>Plan</b>	<b>Responsible Person(s)</b>	<b>Date:</b>
1. Food. Food service has gone down and a lot of repetitive meals. Needs improvement	FNM, ED, Registered Dietitian will continue to monitor. ED request to have Dietary Operations lead visit the home and concerns addressed with concern of repetitive choices for both noon meal and PM meal. Will also Consult with Manager of Dietary of Operation and RDO to offer education / review serving practice and presentation / temp / quality of food offered to residents. Review again in 3 mos. for any improvement.	FNM, ED Dietary Operations Lead Manager of Dietary of Operations	May 1 / 2024
2. Better meal choices. They eat a lot of sandwiches	ED will consult with Head Office, and Consulting Manager of Dietary of Operations the concerns brought forward. Possibly be an advocate to bring previous choice options back and to offer only a sandwich at one meal for choice rather than the same sandwich for both meals.	FNM, ED Dietary Operations Lead Manager of Dietary of Operations	May 1 / 2024
3. Programming, more encouragement to participate, More programs for Alzheimer's, More communication between home and families in regard to participation of programming and communication to families of upcoming activities.	New Activity Co-Ordinator / Director is now in place (Dec. 2023). Discussion to be shared with Activity staff re: concerns and introducing more programs geared to those with	Tabitha Cook Activity Joan Hergott ED	March 2024

		Dementia. Families / POA will continue to be mailed monthly calendars, large calendars in place at the home level for all families to view, extra copies will be available to families at the front entrance area. Communication with families if they would like a calendar or the monthly newsletter emailed to them to contact Activity Director (will be done via once call and notification at door).		
<b>Top 3 Successes:</b>				
1. Cleanliness of home				
2. Nursing and Care staff are phenomenal				
3. Overall pleased with the Maples with all aspects				
<b>Survey Feedback</b>	<b>Date:</b>	<b>Comments:</b>		
<b>Shared with Residents:</b>	Feb. 21 / 2024	Shared at Resident Council		
<b>Shared with Staff:</b>	Jan. 30 / 2024	Posted on Bulletin Board		
<b>Shared with Family:</b>	Jan. 30 / 2024	Posted on Bulletin Board (No Family Council)		
<b>Shared with Others:</b>	Jan. 30 / 2024	Posted		
<b>Shared with CQI/PAC as applicable:</b>	Jan. 30 / 2024	Discussed and shared at meeting		
<b>Any Changes requested to survey:</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			