



Quality Plan and Report

Caressant Care Marmora

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 Council, 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 Jennifer McKay.

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

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.

We plan to continue with the quality improvements of 2023, a month-to-month education and training plan is a priority, as well as ensuring program committees are fully functioning and actively engaged in reporting to the CQI & PAC Committee.

Overall, we aim to see improvement in the communication and customer service approach between the team and residents and family.

The team will continue its recruitment efforts to further reduce the need for agency and increase continuity of care.

Recognizing that Caressant Care Marmora is an older home, attention to building repairs and improvements remains a focus for 2024.

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.

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

1. Continue work on upgrading resident rooms (patch, paint, strip and wax floors)
2. Replace sink/vanity to ensure wheel-chair accessible – resident bathroom.
3. Paint Dining Room wall and install new cabinets.
4. Replace flooring.
5. Replace Care Station desk.
6. Complete mason work on exterior wall ends.
7. Repair parking lot.
8. Soiled Utility Room update

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 weigh scales to promote consistent weight review.

Optimizing education opportunities covered through grants (GPA, U-First, PIECES etc.) and service contracts (Life Mark, Tena etc.).

Monthly in-service/education plan.

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.

We have a plan to roll out scheduling software in 2024, additionally we have introduced six new tablets to assist with charting.

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. Introduction of an IPAC PSW to improve hand hygiene.

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 (or will 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.

2023 was a successful year for hiring, seeing the PSW agency need reduced to zero during typical weeks. Hiring will continue to be a focus for registered staff positions and retention in all departments.

A small number of team members have come forward to be onboarding specialists that are responsible for providing orientation and training for new hires. They provide support to develop a positive experience, to improve retention.

Leaders check in with new hires more frequently to ensure quick follow-up with areas of concern and develop a plan to assist with success.

Team satisfaction efforts continue with big and small events throughout the year. We are celebrating team member milestones, as well as holidays and special days/initiatives (i.e. Heart Health month activities).

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.

Some safety initiatives we have put into place, include but are not limited to:

- Ensuring attendance is consistent.
- Upgrade CPR certification.
- Lift and transfer training
- Newsletter continues to share updates.
- Team member newsletter
- Personality disorder education
- GPA ongoing
- Ongoing IPAC education

Population Health Approach/Community Partnerships

We continue to renew partnerships with colleges and universities to increase student placement.

We are renewing a partnership with Fleming for RT students, and continue to try to recruit volunteers, and utilize Hospice – volunteers for end-of-life support.

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.

Developing partnerships with different service providers to allow residents the opportunity to receive treatment in the home. Some examples include audiology, footcare, dental, spasticity and medical imaging.

We have a plan to better utilize the NP program that has been available but underutilized in the past.

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 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 responding positively to: "Staff respond appropriately when I ask for assistance?" | C | % / LTC home residents | In-house survey / Jan - Dec 2024 | 70.00 | 75.00 | Resident feedback identifies this is an important area for them so we have chosen this as a high priority initiative and would like to improve our score in our survey results. | |

Change Ideas

Change Idea #1 Discuss with residents and team members and solicit feedback for areas for improvement and how team members may help. Use Purposeful Rounding to best serve the resident.

| Methods | Process measures | Target for process measure | Comments |
|--|--|--|----------|
| Educate team on Purposeful Rounding. Ensure call system audits are completed per policy. Address call system concerns. Respond to resident concerns promptly. Obtain ongoing feedback at Resident's Council meetings and discuss at CQI/PAC. | 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: Staff respond appropriately when I ask for assistance. | Survey results will increase by 5 % to 75 % by December 2024 results to the question: "Staff respond appropriately when I ask for assistance." | |

Measure - Dimension: Patient-centred

| Indicator #2 | 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 | 70.00 | 75.00 | This remains a high priority in our home that residents feel safe and comfortable in their own environment and although we observed a 2% increase from last year, we endeavour to have a higher score result. | |

Change Ideas

Change Idea #1 Discuss at resident council and provide information to residents to ensure they are aware of rights and reporting protocols at move in and on an ongoing basis. Encourage resident representative to attend and further participate in QI/PAC meetings. Solicit change ideas from team members and residents for further improvement. Educate staff on Person First language.

| Methods | Process measures | Target for process measure | Comments |
|--|---|--|----------|
| Council Assistant may assist in creating Council Bylaws. Ensure resident representative is consistently available to attend QI/PAC. Each month review a set of Person First language changes. Provide education on Customer Service expectations. Review, consider and implement as feasible any new change ideas. | Inhouse survey completed and tabulated corporately. Results will be provided mid-year to determine change percentages and discussed with the QI 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 5 % to 75 % by December 2024 results measured by the positive percentage of resident responses: "I can express my opinion without fear of consequences." | |



CARESSANT CARE

NURSING & RETIREMENT HOMES LTD.

Resident and Family Satisfaction Surveys Summary and Plan of Action

| Resident Satisfaction Survey | | | |
|---|---|---------------------------|----------------|
| Date: January 25, 2024 | | Number of Participants:31 | |
| Top 3 Areas of Improvement | Plan | Responsible Person(s) | Date: |
| 1. This place feels like home to me. | 1. Reduce signage in resident areas. 2. Noise will be kept at a minimum. 3. Care plans to reflect residents' choice and preferences. - When to get up -When to go to bed -What clothes to wear | DOC/RCC/RAI-C | Ongoing |
| 2. I can easily go outdoors if I want | 1. Program team to plan more outdoor programming. (weather pending) | LEC and Team | Ongoing |
| | 2. Submit quote for parking lot repairs, ensuring residents may ambulate safely when outside. | ED/ESM | May 2024 |
| | 3. Submit a quote for necessary improvements in the courtyard and ease of access. | ED/ESM | May 2024 |
| 3. Staff respond quickly when I ask for assistance. | 1. Call bell will be answered within 2-5 minutes of being pulled. 2. Resident will be updated on when they can expect care. 3. Team members will be educated on the Purposeful Rounding policy. | DOC/RCC | March 31, 2024 |
| Top 3 Successes: | | | |
| 1. Mealtime is enjoyable | | | |
| 2. Staff pay attention to me. | | | |

| 3.If I want, I can participate in religious activities that have meaning to me. | | |
|---|--|-----------|
| Survey Feedback | Date: | Comments: |
| Shared with Residents: | February 20, 2024 | |
| Shared with Staff: | February 23, 2024 | |
| Shared with Others: | | |
| Shared with Family: | February 6, 2024 | |
| Shared with CQI/PAC as applicable | February 15, 2024 | |
| Any Changes requested to survey: | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

| Family Satisfaction Survey | | | |
|---|--|----------------------------------|----------------|
| Date: January 29, 2024 | | Number of Participants: 8 | |
| Top 3 Areas of Improvement | Plan | Responsible Person(s) | Date: |
| 1. My family member can have a bath or shower as often as he/she wants. | <ol style="list-style-type: none"> Schedule of bath/showers will be maintained. Care plan to reflect resident choice of bath vs. shower. Care plan to reflect resident preference for time and day. Missed baths or showers to be rescheduled within 24hrs of being missed. | DOC/RCC/Registered/PSW | March 31, 2024 |
| 2. My family member participates in meaningful activities. | <ol style="list-style-type: none"> Calendar of programs and events will include programs that meet the interests of residents. A Recreation Assessment will be completed for each new resident to determine likes, dislikes, and hobbies. Residents will have input into the programs offered through resident council. | LEC/Activity Team | Ongoing |
| 3. It is easy for my family member to make friends here. | <ol style="list-style-type: none"> New residents will be introduced to roommate and tablemates upon move-in. Where possible residents will be encouraged to be seated with others of their choosing at mealtimes. Residents will be encouraged to attend programs with likeminded co-residents. | FNM/RN/LEC | Ongoing |
| Top 3 Successes: | | | |
| 1. I would recommend this site or organization to others. | | | |
| 2. My family member enjoys mealtimes | | | |
| 3. My family member feels safe when he/she is alone. | | | |
| Survey Feedback | Date: | Comments: | |
| Shared with Residents: | February 20, 2024 | | |

| | | |
|---|---|--|
| Shared with Staff: | February 23, 2024 | |
| Shared with Family: | | |
| Shared with Others: | February 6, 2024 | |
| Shared with CQI/PAC as applicable: | February 15, 2024 | |
| Any Changes requested to survey: | Yes <input type="checkbox"/> No <input type="checkbox"/> | |