



# Quality Report

Caressant Care Marmora

March 2023

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 staff. 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 continuous 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. Caressant Care seeks input from residents, families, persons of importance to residents, and staff through an ongoing survey process. Surveys are summarized semi-annually, and results are shared with residents, staff and families.

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 staff are provided information on improvement processes and initiatives when onboarding and on an annual basis.

Active engagement is sought through departmental meetings as well as, interprofessional meetings such as Professional Advisory Council and Continuous Quality Improvement meetings 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, staff, 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 at each home 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**

1. QI Initiatives may be identified through various means such as surveys, concerns or complaint review, informal and formal meetings, weekly walkthroughs, or through audits or compliance. Once initiatives are determined and identified by the CQI Team they can be addressed on a

priority basis, this may be determined through feedback, based on high risk or resident and or family satisfaction.

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 staff. Transparency is key to success.

### **Brief Summary of Quality Improvement Initiatives fiscal year 2023:**

#### **Building and Environmental Improvements:**

We have many plans for environmental goals or improvements in 2023. For example:

1. Replace/improve Flooring.
2. Replace call bell system.
3. Paint hallways and resident rooms
4. Complete necessary repairs in resident rooms
5. Renovate Nursing Station
6. Renovate Utility Rooms to meet IPAC requirements.
7. Declutter walls from over signage and replace with artwork in resident spaces.
8. Develop a plan to address identified building needs and
9. GFI installed in resident rooms.
10. Sprinkler system
11. Complete front walkway repairs
12. Gradually replace toilet paper holders
13. Complete dresser/side table audit and replace as needed

#### **Clinical Programs:**

The following clinical programs have been reviewed and revised and we are continuing to roll them out into 2023: continence management, IPAC and responsive behaviors. We are implementing a new program to enhance medication safety through bar coding and e-prescribe. We are continuing to enhance the use and functionality of our electronic documentation system by scheduling assessments and updating the care plan library.

In addition, we have plans to fill program lead positions (RPN), improve data collection for Falls/Palliative and BSO, RAI-Coordinator to increase one-on-one with resident to ensure documentation accuracy, encourage RN Leadership and to continue dedicated recruitment to decrease agency hours.

#### **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 transitioned to a new online policy system, which promotes a more user-friendly system for employees.

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 plan to improve Wi-Fi service in the home.

### **Compliance and Conformance**

We have a new centralized system for any legislated compliance reports, where they are sent to the Risk Management email once received, a corrective action template is sent (if required) to complete with support from their 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.

Additionally, Caressant Care has started a new program, a Comprehensive Proactive Home Visit where all Corporate Team Departments attend the home annually and do a thorough review completing various program audits to determine and identify any gaps in processes. The home is then provided with a plan for follow-up and review.

### **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 further enhanced our Infection Control processes by increased auditing in areas such as hand hygiene, screening, swabbing, PPE, and dietary and housekeeping processes. As a result of these audits, we have enhanced our cleaning processes, and have further engaged and 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 is carefully reviewing, trending and analyzing data and supporting IPAC Leads with additional education and training.

### **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 our review for 2022 results we have determined some areas for improvement.

**See:** Family and Resident Survey Satisfaction Summary for further information.

### **Quality Program and Operations**

Caressant Care has revised the quality program and created a comprehensive document for reporting and tracking indicators. The “Roadmap to Success” has monthly tasks, meeting templates, scheduled 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.

Our electronic software documentation system has revised their quality program “Insights” and is in the process of rolling out to the homes. This system will certainly expedite report options and help to create corporate reports that can be shared and discussed within the organization

**Please see attached for our planned priority Quality Improvement Initiatives for 2023.**

## Theme II: Service Excellence

### Measure Dimension: Patient-centred

| Indicator #1  | Type | Unit / Population | Source / Period  | Current Performance | Target | Target Justification  | External Collaborators |
|---|------|-------------------|--|---------------------|--------|---|------------------------|
| Resident experience: Overall satisfaction<br>"I can express my opinion without fear or consequences." | C    | % / Residents     | In house data collection / January - December 31, 2023 | 68.00               | 75.00  | We have recognized this as an area of improvement and want to work towards this goal to enhance the quality of our lives of our residents and to promote customer service excellence. |                        |

### Change Ideas

Change Idea #1 1. The home plans to recruit and train volunteers to assist with the resident survey. 2. Managers will support an open-door policy, ensuring accessibility to residents. 3. Invite residents to attend committee meetings so they have an opportunity to express concerns. 4. Engage staff and residents regarding survey results and initiative to seek further ideas for improvement that could be implemented. 5. Resident rights are shared at meetings and further discussion with team members regarding rights.

| Methods   | Process measures  | Target for process measure  | Comments   |
|---|---|---|--|
| Inhouse surveys are completed with the residents and families by the activity department and/or delegates monthly. These results are tabulated corporately and utilized by the home as quality indicators. Results are provided throughout the year to determine change percentages and are discussed along with the initiative at the quarterly Quality Committee meetings. Survey results are provided to residents and families twice a year or as requested. Information to be shared with staff and residents at monthly meetings for further engagement and discussion for improvement. | % increase in satisfaction evidenced by surveys throughout the year | The home will endeavour to increase the % of residents that respond positively to the survey question: "I can express my opinion without fear of consequences." to 75 % by December 31, 2023. | Caressant Care will endeavor to provide more information and education to residents and others, so they are empowered to express their opinion without fear or consequences. |

**Measure**      **Dimension:** Patient-centred

| Indicator #2  | Type | Unit / Population | Source / Period   | Current Performance | Target | Target Justification  | External Collaborators |
|---|------|-------------------|---|---------------------|--------|---|------------------------|
| Resident experience: Overall satisfaction<br>Staff take the time to have a friendly conversation with me. | C    | % / Residents     | In house data collection /<br>January -<br>December 31,<br>2023 | 62.00               | 75.00  | We have recognized this as an area of improvement and want to work towards this goal to enhance the quality of our lives of our residents and to promote customer service excellence. |                        |

**Change Ideas**

Change Idea #1 1. Provide personal information about residents (for example - likes/dislikes/hobbies/interests/family) for awareness to all staff and to promote opportunities to engage. 2. On Admission huddles with all staff to inform them of new resident likes/dislikes and some history to promote resident-centred care. 3. Educate staff to utilize down time to promote interaction with residents and include residents in conversations when working.

| Methods   | Process measures  | Target for process measure   | Comments   |
|---|---|--|--|
| Inhouse surveys are completed with the residents and families by the activity department and/or delegates monthly. These results are tabulated corporately and utilized by the home as quality indicators. Results are provided throughout the year to determine change percentages and are discussed along with the initiative at the quarterly Quality Committee meetings. Survey results are provided to residents and families twice a year or as requested. Information to be shared with staff and residents at monthly meetings for further engagement and discussion for improvement. | % increase in satisfaction evidenced by surveys throughout the year | The home will endeavour to increase the response % of residents that respond positively to the survey question: "Staff take the time to have a friendly conversation with me" to 75 % by December 31, 2023 | This quality initiative partners with our other initiative that residents feel they can speak freely without fear or consequences. |