



Quality Report

Caressant Care Harriston

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 Judy Llamido.

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 the key to success.

Brief Summary of Quality Improvement Initiatives fiscal year 2023:

Building and Environmental Improvements:

Caressant Care Harriston environmental goals or improvements for 2023 include:

1. Repairing the back patio
2. Painting the dining rooms and hallways.
3. Upgrading the nurses' station.
4. Upgrading the hydro power to accommodate additional new requirements.

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 behaviours. 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.

The Spasticity Program is a pharmacy-led initiative we are implementing which addresses the medical issues of spasticity. Spasticity is a motor disorder characterized by an abnormal increase in muscle tone, triggering the limbs to take on awkward positions, spasm, and resist movement. Causes include stroke, brain/spinal cord injury, multiple sclerosis, or cerebral palsy. Residents may experience pain, impaired functioning, pressure ulcers, and difficulty with ADLs, even with caregiver assistance. The goal of the program is to start Botulinum toxin treatments for residents who pass the medical assessment/criteria. The toxin is injected every three months into the affected muscle(s), to effectively reduce symptoms and pain. In so doing, this improves the overall quality of life of the resident.

We continue to utilize the BOOMR (Better Coordinated Cross-Sectoral Medication Reconciliation) program which is a pharmacist-driven process that optimizes resident safety and satisfaction in transitions of care. Unlike other programs, BOOMR takes the administrative burden off staff by coordinating all sectors of healthcare with the patient and family, prior to admission.

With this, Caressant Care Harriston has greatly reduced the time it takes for nurses to complete the new resident admission process as it takes most of the burden of doing medication reconciliation off the floor nurses and back to the pharmacist. This gives the nurses more time to focus on direct care and other important aspects of the admission, thereby improving the overall quality of care.

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 continue to utilize the One Call Now program to communicate updates of the home to families and staff as needed.

We continue to provide a Wi-Fi service for our residents and guests.

We have purchased more iPads for residents' usage to communicate with their loved ones and for personal entertainment.

We have purchased a karaoke machine for residents to enjoy during karaoke night.

We continue to utilize the hand hygiene audit application technology for auditing for infection control purposes.

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.

The home additionally has monthly resident council meetings where residents can bring forward any concerns, questions or comments for further discussion and action if necessary. Updates are provided to families as well on a regular basis, with an opportunity for input and discussion. Virtual Family Council meetings are held bi-monthly.

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 Enjoy Mealtimes	C	% / Residents	In house data collection / January - December 31, 2023	45.00	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. Utilize the Food Committee to discuss and engage residents regarding resident meal choices, individualized preferences, atmosphere and overall satisfaction. 2. Decorating the Dining Room monthly based on a holiday or theme of the month. Tablecloths, themed placemats and napkins will be utilized. 3. Revitalize dining rooms and decorate with new signage for each dining room. 4. Provide food samples from vendors with new products for residents to try during the Food Committee. 5. Discussion at team meetings and Resident Council regarding survey results and engage staff and residents for their input and ideas to improve.

Methods	Process measures	Target for process measure	Comments
Food and Nutrition Manager (FNM) will engage and have discussion with residents regarding meal choices, preferences and the overall dining experience at monthly Food Committee meetings and oversee dining room enhancements including decorating and holiday celebrations. FNM to engage with vendors for different products for residents to trial. This information will be shared and discussed at the quarterly CQI meetings. FNM to monitor audits for correct food temperatures. 5. Survey results are provided throughout the year to determine change percentages and this initiative will be discussed at quarterly Quality Committee meetings. Survey results are provided to residents and families twice a year or as requested. 6. Discussion held and results reviewed with staff and residents at regular meetings to be a consistent topic to engage further improvement ideas for implementation.	% increase in satisfaction evidenced by survey results throughout the year	The home plans to increase the satisfaction of residents to at least 75 % by December 31, 2023, to the survey question – I enjoy mealtimes.	

Measure **Dimension:** Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident experience: Overall satisfaction "I can express my opinion without fear of consequences."	C	% / Residents	In house data collection / January - December 31, 2023	75.00	80.00	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 education and awareness to staff to promote resident-centred care and encourage staff to further engage with residents whenever opportunities allow. 2. Discussion at team meetings and Resident Council regarding survey results and engage staff and residents for their input and ideas to improve. 3. Continue to recruit vacancies and reduction of agency staff to provide consistent care providers who know residents to increase their comfort level and familiarity with those providing care.

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 at the Quality Committee meetings. Survey results are provided to residents and families twice a year or as requested. This is measured by the percentage of resident responses to the question: "I can express my opinion without fear of consequences." Discussion held and results reviewed with staff and residents to be a consistent topic to engage further improvement ideas.	% increase in satisfaction evidenced by survey results throughout the year	The home plans to increase the satisfaction of residents to 80 % by December 31, 2023, to the survey question - "I can express my opinion without fear of consequences."	Although the home made some progress with this initiative last year we continue to strive for a higher level of satisfaction from our residents.



Quality Progress Report for 2023

Caressant Care Harriston

March 2024

Caressant Care Nursing and Retirement Homes Ltd.

Brief Summary of Quality Improvement Achievements fiscal year 2023:

Building and Environmental Improvements:

- Back Patio (new deck) was built in the spring of 2023.
- Electrical upgrades.

Clinical Programs:

The following clinical programs have been reviewed and revised in 2023: continence management, IPAC and responsive behaviours. 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, the spasticity program was successful, and we also utilized the BOOMR program.

We also participated in several lunch and learn sessions to enhance care planning knowledge.

Communication and Technology:

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

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. Other technology and communication initiatives include:

- Continued use of ONE CALL NOW for communication to residents, families, and staff.
- Purchased IPADS for resident use.
- WIFI service is available for residents and guests.
- Utilization of the HH audit application technology

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.

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 of 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 have completed cultural awareness and safety education modules 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: (add in your own examples of areas where you scored high.)

- ✓ Residents get the health services they need – 100 %.
- ✓ Residents feel privacy is respected – 100 %.

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

- ✓ Loyalty Question – Would you recommend this organization to others? 87%
- ✓ Families feel privacy is respected – 85 %.

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.

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 QIP Progress Report for 2023.

	Last Year		This Year	
Indicator #2	45	75	82	NA
Resident experience: Overall satisfaction Enjoy Mealtimes (Caressant Care Harriston)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

1. Utilize the Food Committee to discuss and engage residents regarding resident meal choices, individualized preferences, atmosphere and overall satisfaction. 2. Decorating the Dining Room monthly based on a holiday or theme of the month. Tablecloths, themed placemats and napkins will be utilized. 3. Revitalize dining rooms and decorate with new signage for each dining room. 4. Provide food samples from vendors with new products for residents to try during the Food Committee. 5. Discussion at team meetings and Resident Council regarding survey results and engage staff and residents for their input and ideas to improve.

Process measure

- % increase in satisfaction evidenced by survey results throughout the year

Target for process measure

- The home plans to increase the satisfaction of residents to at least 75 % by December 31, 2023, to the survey question – I enjoy mealtimes.

Lessons Learned

We are pleased with our results for exceeding our target for this QIP.

	Last Year		This Year	
Indicator #1	75	80	88	NA
Resident experience: Overall satisfaction "I can express my opinion without fear of consequences." (Caressant Care Harriston)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

1. Provide education and awareness to staff to promote resident-centred care and encourage staff to further engage with residents whenever opportunities allow. 2. Discussion at team meetings and Resident Council regarding survey results and engage staff and residents for their input and ideas to improve. 3. Continue to recruit vacancies and reduction of agency staff to provide consistent care providers who know residents to increase their comfort level and familiarity with those providing care.

Process measure

- % increase in satisfaction evidenced by survey results throughout the year

Target for process measure

- The home plans to increase the satisfaction of residents to 80 % by December 31, 2023, to the survey question - "I can express my opinion without fear of consequences."

Lessons Learned

We are pleased with our results for exceeding our target for this QIP.



CARESSANT CARE HARRISTON NURSING & RETIREMENT HOMES LTD.

Resident and Family Satisfaction Surveys Summary and Plan of Action

Resident Satisfaction Survey			
Date: February 13, 2023		Number of Participants:	
Top 3 Areas of Improvement	Plan	Responsible Person(s)	Date:
1. Increase the Food percentage to at least 75% (Pleasurable dining)	<p>> FNM- to continue with Food committee monthly meeting.</p> <p>> Encouraged resident attend food committee meeting monthly.</p> <p>Question 1 - Favorite Foods not always – why? Menu changed, what is posted on board is not what we get FNN responded that some foods not coming in from Supplier, therefore results in changes being made; jams are not as full anymore.</p> <ul style="list-style-type: none"> • Goal for not always getting my favorite foods? Ensure product is here / available, FNM reminds residents to come to Food Committee and bring ideas for your favorite foods to add to the 	Janice Stahlke	Feb. 13, 2023

	<p>menu, residents suggest FNM survey the residents that do not come to food committee to see what they want or what their favorite foods are so that we can implement on menus.</p> <p>Question 2 – I can eat what I want? Food is not available, depends on whether some of us can have it or not, not enough prepared, majority of people prefer chocolate and some can't have it.</p> <ul style="list-style-type: none">• Goal for I can eat what I want? - amount of food given is controlled, and limited until all residents are served first. FNM to ensure staff are asking both dining rooms about leftovers. Have enough food available vs not throwing food out. <p>Question 3 – I have enough variety in my meals. No – Why? Residents feel that we offer too much fish and fowl, dislikes turkey cutlets. Repetition</p>		
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	<p>in meals within the 3 week menu cycle</p> <ul style="list-style-type: none">• Goal: What other options do you want – more chicken fingers, difficult to satisfy everyone, different food choices, FNM asked why residents are not being vocal to say they dislike the food choices as this is discussed every meal cycle and every Food committee meeting. Some residents feel FNM is doing her job to ask questions at Food Committee, FNM will try to meet with all residents to discuss the questions and what we can do differently <p>Question 4 – I enjoy mealtimes? Determines the atmosphere of the room whether some non-cognitive residents are yelling out.</p> <ul style="list-style-type: none">• Goals: Remind PSWs to remove residents that are upset and yelling out to a different area for that		
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	<p>meal. Residents want the red tablecloths back in the dining rooms. New paint job and décor, artificial flowers on the tables</p> <p>Question 5 – Food is at the right temperature when I get it? Sometimes - Depends if we are served 1st or 2nd. Sometimes food is soggy when we get it.</p> <ul style="list-style-type: none"> • Goal: Try to keep food covered as much as possible, Dietary to ensure that steam table is plugged in. Don't put into steam table too soon. 		
<p>2. Increase percentage of Resident feels privacy respected by 75%</p>	<ul style="list-style-type: none"> ➤ Reminding our Staff in all departments to knock the door and ask resident prior to coming into the room via staff meetings and huddles. ➤ We will remind staff to utilize the privacy curtains when providing care at the staff meeting. ➤ To utilized the DO NOT Disturbed sign when resident wants to have a personal time. 	<p>All Managers</p>	
<p>3. Increase percentage of staff that ask how resident needs can be met by 80%</p>	<ul style="list-style-type: none"> ➤ The home have been utilizing the purposeful rounding in which staff 	<p>Albert Militante</p>	

		residents regarding Pain, Positioning, Personal Possessions and Personal Needs.		
Top 3 Successes:				
1. We have increased our Incontinence products meet needs to 94% from 78% previous year.				
2. We have increased our Residents health services needed to 95% from 81% previous year.				
3. We have increased our percentage on staff pay attention to Resident to 85% from 73% previous year.				
Survey Feedback	Date:	Comments:		
Shared with Residents:	Feb. 9, 2023	Agreed with the areas needing improvement		
Shared with Staff:	Feb. 9, 2023			
Shared with Others:				
Shared with Family:	Jan 26/23			
Any Changes requested to survey:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

Family Satisfaction Survey			
Date: Feb. 13, 2023		Number of Participants:	
Top 3 Areas of Improvement	Plan	Responsible Person(s)	Date:
1. We would like to increase the family satisfaction choices of meals for the residents to 85%	<ul style="list-style-type: none"> ➤ FNM- will attend the family council to discuss meal choices. ➤ FNM- will meet with POA and resident on admission to discuss food preferences. 	FNM	Next Family Council Meeting
2. We would like to increase the Resident's health and wellness in Exploring new skills and interest by 50%.	<ul style="list-style-type: none"> ➤ Activity Director- continuous to attend the family council to discuss Activity Programs 	AD/ED	Ongoing

		<p>available in the home.</p> <ul style="list-style-type: none"> ➤ Activity Director will create an Activity Brochures regarding activity programs available. ➤ Activity Director/ Activity Aide will meet the POA/ Resident to discuss the Recreation and Leisure assessment upon admission. 		
3. We would like to increase the Resident Focus that resident can bathe/shower anytime by 70%.		<ul style="list-style-type: none"> ➤ ED will discuss the bathing procedure at Family Council meeting. ➤ ED will ask for suggestions at Family Council meeting. ➤ The Nursing Team will meet the POA and Resident upon admission to discuss bathing policy and procedures. 	DOC and RCC	
Top 3 Successes:				
1. 97% that Families feel that the home provides Care and Support to Residents.				
3. 90% that families feels that our Residents get health services needed.				
4. 93% that families feels that Privacy of residents is being respected.				
Survey Feedback	Date:	Comments:		
Shared with Residents:	Feb. 9, 2023			
Shared with Staff:	Jan. 30, 2023			
Shared with Family:	Feb. 9, 2023			
Shared with Others:				
Any Changes requested to survey:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	The bathing question, residents have scheduled baths or when needed for accidents but unfortunately they cannot have a bath whenever they want.		

Harriston Survey Summary Actions and Results from Resident and Family Satisfaction Surveys 2023

Resident and Family Survey Action Plan and Summary

Actions Taken on Areas for Improvement	Date Implemented	Outcome of the Actions	Role of Resident Council and Family Council PAC /CQI	Comments or Feedback
<p><i>Increase Pleasurable dining scores (Residents and family)</i> 2022 score residents 45 % 2022 score families 80 % -engage with residents at food committee to obtain feedback -look at improvements for dining room for pleasurable dining (decorate/paint/flowers) -review processes for food temperatures -meet with families to get further feedback</p>	<p>Feb 2023-Dec 2023</p>	<p>2023 score residents 82 % 2023 score families 72 % Results were higher than last year for both residents however lower for families.</p>	<p>-shared initiative -supported By Resident's and Family Council, PAC/CQI</p>	<p>Several families (11) indicated they did not know, which resulted in a lower score. We will continue to educate informally regarding this initiative.</p>
<p><i>Residents feel privacy is respected</i> 2022 score residents 75 % Reeducate staff on knocking on doors, use of DND sign, use privacy curtains</p>	<p>Feb 2023 – December 2023</p>	<p>2023 score residents 100 % Results were significantly higher than last year.</p>	<p>-shared initiative -supported By Resident's and Family Council PAC/CQI</p>	<p>We were happy with our results for this initiative.</p>
<p><i>Staff as how needs can be met</i> 2022 score residents 65 % -purposeful rounding -education and discussion with staff regarding assessing pain, positioning, personal possessions and personal needs</p>	<p>Feb 2023 – December 2023</p>	<p>2023 score residents 94% Overall results were significantly higher than last year.</p>	<p>-shared initiative -supported By Resident's and Family Council PAC/CQI</p>	<p>We were happy with our results for this initiative.</p>
<p><i>Exploring new skills and interest (families)</i> 2022 score families 28 % -AD attend FC</p>	<p>Feb 2023 – December 2023</p>	<p>2023 score families 31 %</p>	<p>-shared initiative -supported By Resident's and Family Council</p>	<p>Several families (13) indicated they did not know, which resulted in a lower overall score. We will continue to educate</p>

-Create activity programs brochures -meet with POAs and residents to discuss recreation programs available			PAC/CQI	informally regarding this initiative.
Residents can bath/shower anytime 2022 score families 35 % -attend FC and discuss bathing procedure -ask for suggestions from FC for improvement-nursing team to meet with families on admission to discuss bathing	Feb 2023 – December 2023	2023 score families 49 % Overall increase in score.	-shared initiative -supported By Resident’s and Family Council PAC/CQI	Several families (14) indicated they did not know, which resulted in a lower overall score. We will continue to educate informally regarding this initiative.

Communication of actions and summary provided:

Who	Date Shared	Feedback/Comments
Resident Council	Jan 11/24	No noted concerns or feedback.
Family Council	Jan 26/24	No noted concerns or feedback.
Team Members	Jan 16/24	No noted concerns or feedback.
PAC/CQI	Jan 24/24	No noted concerns or feedback.
Others (please list)		

Surveys were available for both families and residents to participate in throughout 2023. Surveys are available in hard or soft copy with links provided and are also posted in the home.

Results were summarized in July 2023 (January – June participation) and January 2024 for overall review (January -December 2023 participation).

Feedback for survey content is solicited at Resident Council Meetings and from families throughout the year. We have revised our 2024 surveys based on feedback received.