



Quality Report

Caressant Care Lindsay

Mary Street

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 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 the Interim Executive Director - Jason Gay (revised May 2023)

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 in 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 in success.

Brief Summary of Quality Improvement Initiatives fiscal year 2023:

Building and Environmental Improvements planned:

1. Replace flooring in A Wing
2. Upgrade Boiler System in A Wing
3. Retrofit Building to LED lighting.

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.

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 moved to a new online policy system, which should promote a more user-friendly systems 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.

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 of 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.

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.

Based on our review for 2022 results we have determined areas of 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.

Measure **Dimension:** Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 2021 - Sep 2022	27.63	18.50	Caressant Care will endeavour to align with the current Provincial average.	

Change Ideas

Change Idea #1 Monitor Registered Staff orientation for completeness prior to working shift, provide mentorship and support staff with questions and concerns. 2. Reduce number of agency staffing, build workforce within, and continue to actively recruit vacancies. 3. Communication is imperative, including Huddles, staff meetings, PCC dashboard; highlight high risk residents. 4. Review individual care needs for in house support and skills to prevent admissions. 5. Continued use of BSO Support to work with residents to customize care needs and provide support as able.

Methods	Process measures	Target for process measure	Comments
Increase communication through the dashboard with collaborative huddles to identify residents at risk. Review and evaluation of high-risk residents, such as falls or other areas Engage external community partners as needed to provide alternate access to resources. Review and utilize in house skill set to prevent admissions. (Lab services or Nurse Practitioner if available) Utilize virtual services if possible and expand on services in home if able. Engage and educate staff for reporting and early interventions. Provide education to residents and families regarding advance directives at move in, and ongoing care conferences, as well as share and communicate information through newsletters.	Identify # of change of status residents and apply appropriate interventions and education regarding hospital transfers (if avoidable.) Identify # of Falls resulting in hospital transfers. Implement purposeful rounding in all new admission and residents who have frequent falls. Track and review # of residents at end-of-life process/ # of residents transferred to ER related to end-of-life processes.	The home will plan to reduce avoidable ED visits to 18.5 % by the end of the year Dec 2023.	

Theme II: Service Excellence

Measure Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident experience: Overall satisfaction Staff take the time to have a friendly conversation with me.	C	% / Residents	In house data collection / January - December 31, 2023	69.00	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 customized personal information about residents for awareness to all staff. 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 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: Staff take the time to have a friendly conversation with me.	% increase in satisfaction evidenced by surveys throughout the year	% of residents that respond positively to the survey question: "Staff take the time to have a friendly conversation with me" increased to 75 % by December 31, 2023	



Quality Progress Report for 2023

Caressant Care Mary St Lindsay

March 2024

Caressant Care Nursing and Retirement Homes Ltd.

Brief Summary of Quality Improvement Achievements fiscal year 2023:

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.

For 2024 we will be focusing on improving our network to improve signal in the home as we have many new upgrades from 2023 that are keeping our current system busy. The home is also installing SSC (Staff Scheduled Care) which is used for automated staff sign in and sign out.

Recently the home just installed a modern camera system in the home with 16 hi-resolution cameras and recording system. These are installed in all home areas in the hallways and at each exit door to keep our residents safe.

New window coverings were just purchased, and some have already been installed. This program was focused on getting rid of old blinds and curtains that were worn out and replaced with new more modern window coverings that give the home a nice facelift.

Our Maintenance dept for 2024 will continue with their flooring and painting program where old floors are replaced with new flooring which helps reduce tripping hazards on odors. They are also committing to one resident room per week that is repainted to give them a nice new look for our residents.

Clinical Programs:

The following clinical programs have been reviewed and revised in 2023: Falls Program, IPAC, Incontinence Program, Skin & Wound Program. We review these programs monthly for continued success through a variety of meetings and education sessions such as Quality, PAC, Dept and Indicator meetings. Our goal is to achieve our benchmark which will meet or exceed MOH expectations.

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. 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.

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.

For 2024 we will be focusing on improving our network to improve signal in the home as we have many new upgrades from 2023 that are keeping our current system busy. The home is also installing SSC (Staff Scheduled Care) which is used for automated staff sign in and sign out.

Recently the home just installed a modern camera system in the home with 16 hi-resolution cameras and recording system. These are installed in all home areas in the hallways and at each exit door to keep our residents safe.

Compliance and Conformance

In 2023 we began an extensive auditing process. The Comprehensive Proactive Home Visit through the corporate clinical and operations teams with subject matter experts doing a thorough review with several audits for every department. Corporate team members complete various audits and identify gaps. Once completed, a plan is created with corrective actions and dates for implementation.

Additionally, a process has been implemented for any compliance issues, with a monthly call where action plans are reviewed, updated, and revised with opportunities for discussion and support to assist in moving forward.

The corporation continues to manage any areas of non-compliance through our centralized reporting system. Caressant Care continues to support a learning environment as it pertains to compliance by sharing information about inspections with all homes through our Compliance Key Messages, and Compliance Communication Tips program.

Infection Control:

Caressant Care recognizes the correlation between infection control practices and keeping our residents safe. Caressant Care has supported the introduction of a dedicated IPAC lead. Monthly community practice calls were implemented for networking and sharing resources. A comprehensive review of all IPAC policies and procedures was completed in 2023 to ensure that policies and procedures are current and align with best practices with a certified IPAC professional.

The re-implementation of the IPAC Module in PCC along with the development of various corporate tracking tools has now allowed for homes to begin trending and analyzing of IPAC data.

Equity and Indigenous Health

Caressant Care is committed to driving improved and equitable outcomes to reduce health inequities in our organization and to ensure appropriate treatment of all individuals regardless of race, gender identity and/or expression.

All management and supervisors have (or will) 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:

- ✓ Residents get the health services they need – 88 %.
- ✓ Incontinence Products meets my needs – 82 %.
- ✓ Staff Pay attention to me- 83%

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

- ✓ Feel Privacy is Respected- 100%
- ✓ Residents get health services needed- 93%.
- ✓ Feel their family member is supported and cared for – 93%.

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.

Access and Flow | Efficient | Priority Indicator

Indicator #1	Last Year		This Year	
	Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Caressant Care Lindsay Nursing Home)	27.63 Performance (2023/24)	18.50 Target (2023/24)	23.73 Performance (2024/25)

Change Idea #1 Implemented Not Implemented

Monitor Registered Staff orientation for completeness prior to working shift, provide mentorship and support staff with questions and concerns. 2. Reduce number of agency staffing, build workforce within, and continue to actively recruit vacancies. 3. Communication is imperative, including Huddles, staff meetings, PCC dashboard; highlight high risk residents. 4. Review individual care needs for in house support and skills to prevent admissions. 5. Continued use of BSO Support to work with residents to customize care needs and provide support as able.

Process measure

- Identify # of change of status residents and apply appropriate interventions and education regarding hospital transfers (if avoidable.) Identify # of Falls resulting in hospital transfers. Implement purposeful rounding in all new admission and residents who have frequent falls. Track and review # of residents at end-of-life process/ # of residents transferred to ER related to end-of-life processes.

Target for process measure

- The home will plan to reduce avoidable ED visits to 18.5 % by the end of the year Dec 2023.

Lessons Learned

Despite education some families and POAs still want their loved ones sent to the hospital even after speaking to NP Stat or Charge Nurse. We weren't utilizing NP STAT as much as we are now so that was a gap in 2023 but should see better results in 2024. No staffing contingency plan in 2023 leaving nurses unsure on next steps. We have corrected this for 2024. In 2023 we had over 50 new residents move in within a short time, and this resulted in more ED transfers.

Comment

We will continue to work on this QIP in 2024 for improved results.

Experience | Patient-centred | **Custom Indicator**

	Last Year		This Year	
Indicator #2	69	75	70	NA
Resident experience: Overall satisfaction Staff take the time to have a friendly conversation with me. (Caressant Care Lindsay Nursing Home)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

1. Provide customized personal information about residents for awareness to all staff. 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.

Process measure

- % increase in satisfaction evidenced by surveys throughout the year

Target for process measure

- % of residents that respond positively to the survey question: “Staff take the time to have a friendly conversation with me” increased to 75 % by December 31, 2023

Lessons Learned

We had 50 new residents move in during a 3-month span and the entire team was very busy, and time passed by quickly. We also had to get to know so many of the residents in a short period of time and this had an impact on our goal. Staff turnover was above average for last year as we had many agency team members in the home and these staff do not know the residents as well as our permanent staff do, which could have an impact as well.

Comment

We will continue to work on this in 2024 for improved results.



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Resident Satisfaction Surveys Summary and Plan of Action

Resident Satisfaction Survey			
Date: March 14, 2023		Number of Participants:	
Top 3 Areas of Improvement	Plan	Responsible Person(s)	Date:
1. Asking Residents how needs can be met 75%	-Make staff aware of areas of improvement and involving them in the plan to rectify -Managers/Leaders to speak with at least one resident per day, ask if their needs are being met, or what can be done if they are not (including what needs are not met). Creating a Lead By Example environment	Managers Managers	March 15 Daily
2. Staff engage in friendly conversation 69%	-Make staff aware of areas of improvement and involving them in the plan to rectify -Managers/Leaders to speak with at least one resident per day, just to get to know a resident better. -Engage residents in conversation at meal times -Acknowledge residents as you are walking in the halls	Managers Managers PSW's All Staff	March 17 Daily At All Meals Daily
3. Can Express Opinions Freely 77%	-Make staff aware of areas of improvement and involving them in the plan to rectify	Managers	March 17

		-Engaging in positive conversations with residents, from all levels, will make residents feel more comfortable to be able to open up -Validate resident's feelings and give them adequate time to express their thoughts -Ask residents if they have any concerns or needs before leaving their room -Follow through with what you said you were going to do. This will establish trust	All Staff All Staff All Staff All Staff	Ongoing Ongoing Ongoing Ongoing
Top 3 Successes:				
1. Feels privacy is respected 100%				
2. Can decide what to wear 100%				
3. Food – Enjoy meal times 92%				
Survey Feedback	Date:	Comments:		
Shared with Residents:	April 12, 2023	Next Resident Council Meeting		
Shared with Staff:	March 17, 2023 March 28, 2023	Asked for feedback/Input for Improvement Plans		
Shared with Others:	March 28, 2023	Town Hall/Posted on CQI Board within Home		
Shared with Family:	March 28, 2023	Town Hall/Posted on CQI Board within Home		
Any Changes requested to survey:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Question to be asked at Resident Council Meeting April 12, 2023 – no concerns identified		



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Family Satisfaction Surveys Summary and Plan of Action

Family Satisfaction Survey			
Date: March 14, 2023		Number of Participants: 24	
Top 3 Areas of Improvement	Plan	Responsible Person(s)	Date:
1. Feels Privacy is Respected - 75%	<ul style="list-style-type: none"> • Reached out to staff during huddles for ways to improve; the following suggestions were brought forward as a result: 1) Knocking on doors (including bathroom/tub rooms) before entering 2) Not discussing residents at the Nursing Stations 3) Ensuring curtains are pulled and/or doors are closed prior to giving care 4) Don't discuss resident's private information during charting 5) Attempt to hold huddles and shift reports in a private location (away from Nursing Stations) 	All Managers / All Staff	March 20 th , 2023 Privacy Audits conducted January 2024
2. Can bath/shower Anytime – 27%	<ol style="list-style-type: none"> 1) Informed staff at huddles 2) Offered evening baths effective November 2023 3) Updated bathing tasks on POC 4) Staff continue to offer showers to 	All Managers DOC/ADOC/RCC Registered Staff	March 20 th , 2023 On Admission November 2023

	residents 5) Education provided to families on the Legislation (on admission day and as needed)		
3. Explore New Skills & Interests – 37%	1) Activity introducing 1 New Program / month 2) Activity introducing culture related programs; Armchair Travel, International Foods 3) Activity has access to Multifaith Resource Book (provides contact information) and has created a Resource with Community Partners 4) Incorporated social worker to explore new skills / outings with residents	Activity Team Activity Team Activity Team Social Worker	Monthly Monthly July 2023 Ongoing
Top 3 Successes:			
1. Would Recommend Us 100%			
2. Gets Health Services Needed 90%			
3. Variety in Meals 85%			
Survey Feedback	Date:	Comments:	
Shared with Staff:	March 15-22, 2023 March 28, 2023	Asked for feedback/Input for Improvement Plans Staff Town Hall, Survey	
Shared with CQI Committee:	March 22, 2023		

Lindsay 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>Staff ask how my needs can be met</i> 2022 score residents 75 % -Make staff aware of areas of improvement and involving them in the plan to rectify -Managers/Leaders to speak with at least one resident per day, ask if their needs are being met, or what can be done if they are not (including what needs are not met). Creating a Lead by Example environment</p>	<p>March 2023 – December 2023</p>	<p>2023 score residents 74 % Results were almost the same as last year.</p>	<p>-shared initiative Resident’s Council PAC/CQI</p>	<p>Some residents indicated they did not know, which resulted in a lower score. Resident’s complained of “Survey fatigue” due to surveys being too lengthy, surveys have been adjusted based on feedback.</p>
<p><i>Staff engage in friendly conversation</i> 2022 score residents 69 % -Make staff aware of areas of improvement and involving them in the plan to rectify -Managers/Leaders to speak with at least one resident per day, just to get to know a resident better. -Engage residents in conversation at mealtimes -Acknowledge residents as you are walking in the halls</p>	<p>March 2023 – December 2023</p>	<p>2023 score residents 70 % Results were slightly higher than last year.</p>	<p>-shared initiative Resident’s Council PAC/CQI</p>	<p>Some residents indicated they did not know, which may have resulted in a lower score. Resident’s complained of “Survey fatigue” due to surveys being too lengthy, surveys have been adjusted based on feedback.</p>
<p><i>Can Express Opinions Freely</i> 2022 score residents 77 % -Make staff aware of areas of improvement and involving them in the plan to rectify</p>	<p>March 2023 – December 2023</p>	<p>2023 score residents 79 % Overall results were slightly higher than last year.</p>	<p>- shared initiative Resident’s Council PAC/CQI</p>	<p>Some residents indicated they did not know, which may have resulted in a lower score. Resident’s complained of “Survey fatigue” due to surveys</p>

<ul style="list-style-type: none"> -Engaging in positive conversations with residents, from all levels, will make residents feel more comfortable to be able to open up -Validate resident's feelings and give them adequate time to express their thoughts -Ask residents if they have any concerns or needs before leaving their room -Follow through with what you said you were going to do. This will establish trust 				<p>being too lengthy, surveys have been adjusted based on feedback.</p>
<p><i>Feels Privacy is Respected</i> 2022 score families 75 %</p> <p>Reached out to staff during huddles for ways to improve; Following suggestions were brought forward as a result:</p> <ul style="list-style-type: none"> -Knocking on doors before entering, knocking on bathroom/tub room doors before entering -Not discussing residents at Nursing Stations -Ensuring curtains are pulled and/or doors are closed prior to giving care -Don't verbalize during charting -Hold Shift Reports and Huddles in a private location, away from Nursing Stations 	<p>March 2023 – December 2023</p>	<p><i>2023 score families 100 %</i> Results are substantially higher than last year.</p>	<p>- shared initiative Resident's Council PAC/CQI</p>	<p>We are proud of our work on this initiative. Ongoing monitoring continues for privacy within the home</p>
<p><i>Can bath/shower Anytime</i> 2022 score families 27 %</p> <p>Reach out to staff during huddles for ways to improve</p> <ul style="list-style-type: none"> -Investigate changing the bathing process; Offer more 	<p>March 2023 – December 2023</p>	<p><i>2023 score families 69 %</i> Results are substantially higher than last year.</p>	<p>- shared initiative Resident's Council PAC/CQI</p>	<p>We are proud of our work on this initiative. Evening baths offered November 2023</p>

options, currently days only; include afternoons, weekends -Educate families on Legislation; on admission, and as needed -Ask preferences bath/shower, days/evenings				
<i>Explore New Skills & Interests</i> <i>2022 score families 37 %</i> Activity introducing 1 New Program / month -Activity introducing culture related programs; Armchair Travel, International Foods -Activity has access to Multifaith Resource Book (provides contact information) and has created a Resource with Community Partners	March 2023 – December 2023	<i>2023 score families 67 %</i> Results are substantially higher than last year.	- shared initiative Resident’s Council PAC/CQI	We are proud of our work on this initiative.

Communication of actions and summary provided:

Who	Date Shared	Feedback/Comments
Resident Council	February 29 th , 2024	No noted concerns or feedback.
Team Members	February 29 th , 2024	No noted concerns or feedback.
PAC/CQI	February 29 th , 2024	No noted concerns or feedback.
Others (please list)	February 29 th , 2024	Posted in the home

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.