



# Quality Report

Caressant Care

Courtland

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 Executive Director, Wendy Yalaksa**

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, include but are not limited to:**

1. Gradually replace lightbulbs with LED lights
2. Replace handrails in hallways with vinyl ones to comply with IPAC practices.
3. Replace bedside tables with new ones that comply with IPAC practices regarding sanitation.
4. Replace outdoor lighting with new bulbs.
5. Re-route dryer ventilation.

#### **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.

#### **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 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.

“One-Call” phone system will continue to be used to reach resident families with information which will now also include communication for:

- Upcoming special activities
- Upcoming clinics (e.g., vaccination administration)
- Status and updates regarding any infections/outbreaks within the home
- Good news and positive events within 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 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.

Based on our review for 2022 results some areas of improvement have been determined.

**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.

### **Quality Program and Operations**

Caessant 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 Staff take time to have a friendly conversation with me.	C	% / Residents	In house data collection / January - December 31, 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 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: Staff pay attention to me. 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 75 % by December 31, 2023 to the survey question - Staff take time to have a friendly conversation with me.	

## Theme III: Safe and Effective Care

### Measure Dimension: Safe

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident care: Skin and Wound Care	C	% / Residents	In house data collection / January - December 31 2023	3.47	2.00	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.	

### Change Ideas

Change Idea #1 1. Re-educate 100% of direct care staff (PSWs and Registered Staff) on preventative strategies using the RISE program, supplements and hydration and safe lifting techniques and education on ROHO cushions. 2. Review wound care champion (WCC) job routine and implement changes to improve skin and wound program in the home. 3. Implement an audit tool/resource for the skin and wound nurse to complete weekly to review practices in the home. 4. Review individual resident's continence plan of care and ensure incontinence is addressed as per TENA portraits.

Methods	Process measures	Target for process measure	Comments
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1. Wound Care Champion (WCC) to audit the availability of skin protective/preventative devices/creams, etc. in the home and ensure staff have access to these products as required (i.e., heel poses, pillows, wedges, etc.) monthly

2. Registered Dietitian to provide education to 100% direct care staff (PSWs and Registered Staff) on supplements and hydration program with focus on healing skin integrity injuries. DOC monitor registered staff for completion of RD referrals for skin integrity issues.

3. Physiotherapy to provide education to 100% direct care staff (PSWs and Registered Staff) on safe lifting and education on ROHO cushions (how to inflate/monitor) to decrease/eliminate the incidents of resident injuries due to improper lifting techniques which can cause shearing/friction injuries, skin tears, abrasions, pressure injuries, etc.

4. WCC /DOC to reeducate 100% of registered staff on completing the PURS assessment in PCC and audit care plans for risk of skin integrity focus.

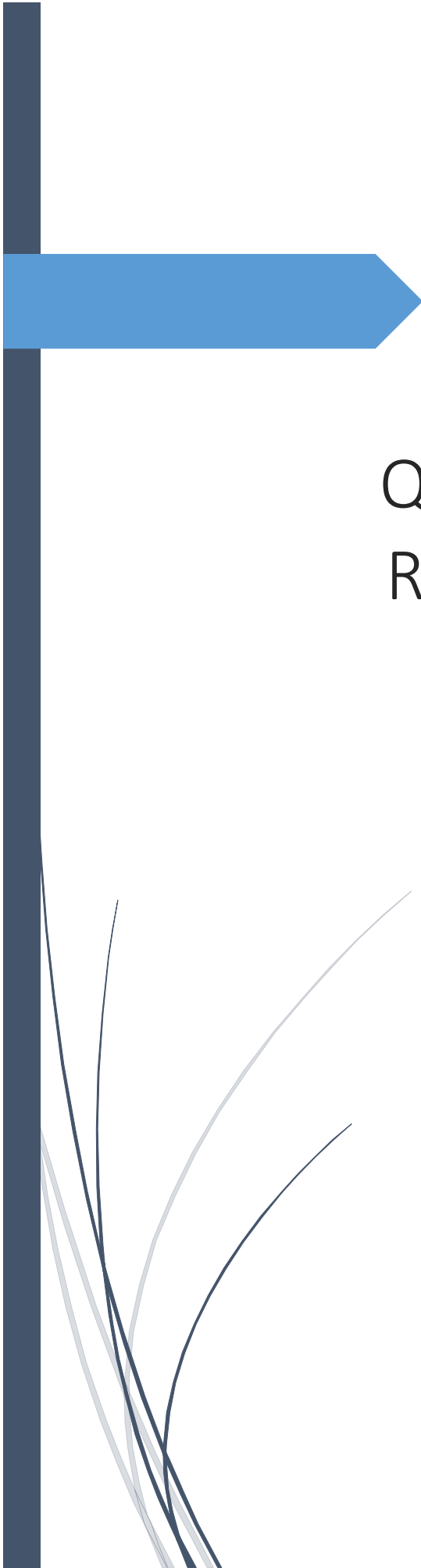
5. Rai Coordinator POC task for skin integrity is being completed.

6. DOC/Continence Lead to review monthly individual residents' continence plan of care and ensure incontinence is addressed as per TENA portraits.

7. DOC/designate to share statistical data at program meetings and reviewed at quarterly CQI meetings.

% residents with new stage 2-4 pressure injuries

The home will endeavour to reduce the number of residents with new stage 2-4 pressure injuries from 3.47 % to 2% by December 31st, 2023.



# Quality Progress Report for 2023

Caressant Care Courtland

March 2024

Caressant Care Nursing and Retirement Homes Ltd.

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

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

We initiated a large project to remodel our current shower rooms to include resident bathtubs. This project will be completed in May of 2024.

Additionally, we had some lighting 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.

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. 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 (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 – 92 %.
- ✓ Residents enjoy mealtimes – 100 %.

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

- ✓ Families feel Residents privacy is respected - 100%.
- ✓ Families would recommend us – 86%.

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	
<b>Indicator #2</b>	<b>62</b>	<b>75</b>	<b>33</b>	<b>NA</b>
Resident experience: Overall satisfaction Staff take time to have a friendly conversation with me. (Caressant Care Courtland)	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 75 % by December 31, 2023 to the survey question - Staff take time to have a friendly conversation with me.

**Lessons Learned**

- HR challenges sometimes do not afford the opportunity for engaged conversation.
- Some residents may not wish to have conversation with staff, so have updated the survey question to indicate if I wish them to.

**Comment**

As we were not successful with this QIP, we will continue with a focus to improve with a revised target based on 2023 results.

**Safety | Safe | Custom Indicator**

	Last Year		This Year	
<b>Indicator #1</b>	<b>3.47</b>	<b>2</b>	<b>4.20</b>	<b>NA</b>
Resident care: Skin and Wound Care (Caressant Care Courtland)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1**  Implemented  Not Implemented

1. Re-educate 100% of direct care staff (PSWs and Registered Staff) on preventative strategies using the RISE program, supplements and hydration and safe lifting techniques and education on ROHO cushions. 2. Review wound care champion (WCC) job routine and implement changes to improve skin and wound program in the home. 3. Implement an audit tool/resource for the skin and wound nurse to complete weekly to review practices in the home. 4. Review individual resident’s continence plan of care and ensure incontinence is addressed as per TENA portraits.

**Process measure**

- % residents with new stage 2-4 pressure injuries

**Target for process measure**

- The home will endeavour to reduce the number of residents with new stage 2-4 pressure injuries from 3.47 % to 2% by December 31st, 2023.

**Lessons Learned**

- The home has a very low number of residents with new pressure ulcers and has since rolled out the updated corporate skin and wound care program with a designated wound care champion to support an increase in skin health. We feel we have a good program in place and have decided to focus on other areas of the resident experience which may be more meaningful to the larger population of residents.



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

<b>Resident Satisfaction Survey</b>			
<b>Date: March 1, 2023</b>		<b>Number of Participants: 13</b>	
<b>Top 3 Areas of Improvement</b>	<b>Plan</b>	<b>Responsible Person(s)</b>	<b>Date:</b>
1. Staff ask how my needs can be met	-Staff to not only provide required care to residents, but to also go above and beyond to ensure residents' personal needs are also met. Staff to understand that care plan must be followed but to take extra steps to communicate with residents regarding how their needs can be met in that moment. -If personally unable to meet residents needs, staff to respond to resident and communicate to appropriate persons who can help the resident. Example: A resident in the hall asks for glass of water to passing by staff. Staff unsure of residents' care plan so assures resident they will ask on their behalf and then communicates with charge nurse regarding resident request for water.	All departments / All staff	Discussed at meeting on May 23, 2023
2. Staff engage in friendly conversation	-Staff to always be friendly and interacting with resident during mutual interactions even if resident is unable to communicate back. Staff	All departments / All staff	Discussed in meeting on May 23, 2023



	<p>are to be mindful that we are in the residents' home and to approach residents in a friendly manner.</p> <p>For example: Knowing that a resident does not communicate cognitively does not mean that staff are to not engage in conversation at all, but are instead to communicate with resident in a way that is personal, cognitively stimulating and comforting to them. One way to do this is to find out and know what certain residents enjoy talking or hearing about and using that as a tool to make meaningful conversation with residents.</p>		
<p>3. Participating in religious activities that have meaning to me</p>	<ul style="list-style-type: none"> <li>-Engage more with residents to find out more personal preferences around religious and spiritual beliefs.</li> <li>-Make effort to include room for activities and practices within the home to include residents' personal practices and beliefs.</li> <li>-If unable to accommodate activities around a specific religious activity, then we are to find a way/solution for resident to participate whether it be by having someone come in or arranging for resident to attend off-site.</li> <li>-Staff to be aware that all residents have different beliefs and values and are to respect each resident with equality.</li> <li>-Now that home is aware of needing improvement in this area, this will be added to this years' quality plan to ensure inclusivity for all residents.</li> </ul>	<p>All departments / All staff</p>	<p>Discussed at Meeting on May 23, 2023 and increased spiritual programming was scheduled as of July 2023.</p>

<b>Top 3 Successes:</b>		
1. Residents can express their opinions freely		
2. Residents are treated with respect by the staff		
3. The care and support I get helps me live my life the way I want.		
<b>Survey Feedback</b>	<b>Date:</b>	<b>Comments:</b>
<b>Shared with Residents:</b>	March 27, 2023	No concerns noted
<b>Shared with Staff:</b>	May 23, 2023	Shared with department heads & posted for staff on March 1 <sup>st</sup> . discussed in meeting on May 23, 2023
<b>Shared with Others:</b>	March 1, 2023	Posted for family / visitors
<b>Shared with Family:</b>	March 1, 2023	Posted for family / visitors
<b>Any Changes requested to survey:</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Change suggestions provided to Quality Lead.

<b>Family Satisfaction Survey</b>			
<b>Date: March 1, 2023</b>		<b>Number of Participants: 23</b>	
<b>Top 3 Areas of Improvement</b>	<b>Plan</b>	<b>Responsible Person(s)</b>	<b>Date:</b>
1. My family member controls who comes in their room	-Staff and visitors to remember that this is the residents' home and to be aware of their privacy/preferences while still maintaining safety	All departments / incl. nursing	

	<p>standards.</p> <ul style="list-style-type: none"> <li>-Staff to always knock before entering a residents' room and to say "hello" aloud to allow resident to be aware of who is entering so they are not surprised.</li> <li>-Staff should identify themselves when talking to a resident so they know whom they are speaking to.</li> <li>-Staff to be aware of resident's specific preferences (eg. Likes lights on) and try to always be mindful to treat residents' rooms with respect and according to their preferences (within all safety standards)</li> </ul>		
<p>2. Autonomy: My family member decides which clothes to wear/how often to bathe</p>	<ul style="list-style-type: none"> <li>-To remember that residents have the right and the opportunity to make choices regarding their daily living when possible. When getting a resident dressed in the morning, options will be given by staff or input be requested by the resident where able. If choices made by resident of what to wear are not safe/practical (eg. No sweater when going outside later), staff are to use interventions through communication to help resident be dressed in an appropriate manner that still makes them happy and feel respected.</li> <li>-DOC reviewing in huddles importance of ensuring residents feel at home and free to make choices about their daily living.</li> </ul>	DOC / Nursing: Reg. & Non Reg.	
<p>3. My family member has enjoyable things to do here on evenings / weekends</p>	<ul style="list-style-type: none"> <li>-Act. Dept will continue to develop activity calendar that covers broad spectrum of interests and allows for varied skills to be used.</li> </ul>	Act. Dept / All depts.	

	<p>-Act. Department will continue to book programs on some evenings and weekends each month, however, due to low participation at these times, encouragement from other departmental staff to ensure residents have opportunity to go to these programs will be needed also.</p> <p>-Staff will be aware of resident interaction and participation of programs and continue to encourage residents to attend whenever possible.</p>		
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**Top 3 Successes:**

1. My family member gets the services he/she needs.
2. Staff pay attention to my family member.
3. This place feels like home to my family member.

Survey Feedback	Date:	Comments:
Shared with Residents:	March 2023	Will be shared with residents at next resident council meeting (date TBD)
Shared with Staff:	March 1, 2023	Shared with department heads & posted for staff
Shared with Family:	March 1, 2023	Posted for family / visitors
Shared with Others:	March 1, 2023	Posted for family / visitors
Any Changes requested to survey:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

## Courtland 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 54 %                      Education and discussion with staff regarding residents' personal needs, check care plan for appropriate responses if unsure, staff to take extra steps to ensure communication and determining residents needs are met</p>	<p>March 2023 – December 2023</p>	<p>2023 score residents 50 %                      Results were lower than last year.</p>	<p>-shared initiative with Resident's and Family Council PAC/CQI</p>	<p>There were an increased number of agency team members who weren't consistently working in the home, thus impacting the relationship with residents</p>
<p><i>Staff engage in friendly conversation</i>                      2022 score residents 62 %                      Education and discussion with staff regarding opportunities for friendly conversation, find out residents' interests and opportunities to engage in conversation</p>	<p>March 2023 – December 2023</p>	<p>2023 score residents 33 %                      Results were lower than last year.</p>	<p>-shared initiative with Resident's and Family Council PAC/CQI</p>	<p>Same as above</p>
<p><i>Participating in religious activities that have meaning to me</i>                      2022 score residents 69 %                      -engage residents to determine preferences, find solutions for participation</p>	<p>March 2023 – December 2023</p>	<p>2023 score residents 75 %                      Overall results were higher than last year.</p>	<p>-shared initiative with Resident's and Family Council PAC/CQI</p>	
<p><i>My family member controls who comes in their room</i>                      2022 score families 36%                      Discussion with staff to knock before entering rooms, speak when entering so residents are aware you are there, know</p>	<p>March 2023 – December 2023</p>	<p>2023 score families 29 %</p>	<p>-shared initiative with Resident's and Family Council PAC/CQI</p>	<p>Some families indicated they did not know, which resulted in a lower score.</p>

<i>resident preferences and act accordingly</i>				
<i>My family member decides which clothes to wear 2022 score families 41 % Discussion with staff to offer choices, and be mindful of appropriate weather related clothing, encourage autonomy</i>	March 2023 – December 2023	<i>2023 score families 29 %</i>	-shared initiative with Resident’s and Family Council PAC/CQI	Some families indicated they did not know, which resulted in a lower score.
<i>My family member has enjoyable things to do here on evenings / weekends 2022 score families 45% Review calendar for opportunities to increase programs, encourage all residents to attend programs of their choice</i>	March 2023 – December 2023	<i>2023 score families 14 %</i>	-shared initiative with Resident’s and Family Council PAC/CQI	Some families indicated they did not know, which resulted in a lower score.

Communication of actions and summary provided:

Who	Date Shared	Feedback/Comments
Resident Council	January 31, 2024	No noted concerns or feedback.
Family Council	January 31, 2024	Posted on the Family Board on March 18, 2023
Team Members	January 31, 2024	No noted concerns or feedback.
PAC/CQI	January 23, 2024	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.