



Quality Report

Caressant Care Marmora

March 2023

Caressant Care Nursing and Retirement Homes Ltd.

Background:

At Caressant Care continuous quality improvement (CQI) is a transparent process and an effective way to improve care for residents and to improve practice for staff. Quality improvement is not a linear process, and we believe there are always opportunities to be innovative, optimize, streamline, and revise or develop new processes for clinical and operational effectiveness and efficiency. CQI is an ongoing continuous process and considered an integral part of everyone's work, regardless of role or position within the organization.

Caressant Care is committed to resident-directed, safe, quality care that responds to a resident's physical, psychological, emotional, social, spiritual, and cultural goals and needs and is respectful of every resident's individual identity and history and fostering an inclusive environment that supports continuous quality improvement and innovation.

Introduction:

Input for improvement is obtained in a variety of ways.

Caressant Care participates in a voluntary accreditation process through CARF International. Caressant Care seeks input from residents, families, persons of importance to residents, and staff through an ongoing survey process. Surveys are summarized semi-annually, and results are shared with residents, staff and families.

Feedback is sought through resident driven committees such as the Food Committee and Residents' Council as well as Family Councils (if available), where suggestions and concerns can be brought forward.

Information about obtaining feedback, concerns and complaints is shared with residents and their designates at move in, and staff are provided information on improvement processes and initiatives when onboarding and on an annual basis.

Active engagement is sought through departmental meetings as well as, interprofessional meetings such as Professional Advisory Council and Continuous Quality Improvement meetings are held regularly where Quality Improvement plans are reviewed and discussed.

Priorities and targets are determined through internal and external benchmarks, audits, legislation, program evaluations and other reviews such as the Ministry of Long-Term Care, Ministry of Labour, Public Health Units, or other internal or external stakeholder inspections.

A variety of QI processes and tools may be utilized in the QI process. In addition, an individual Quality Improvement Plan will be submitted to Health Quality Ontario (HQO) on an annual basis.

The attached plan provides our quality commitment priorities that Caressant Care has made to residents, staff, and community partners to improve specific quality issues through focused targets and actions.

Definitions:

Health Quality Ontario is a provincial agency and the province's advisor on health care quality. The role of Health Quality Ontario is to monitor **and report on how the health system is performing**, provide guidance on important quality issues and assess evidence to determine what constitutes optimal care.

Resident-Centred Care is a model of senior care that invites, accommodates, and respects residents' personal wishes and desires in health care.

CIHI Canadian Institute for Health Information (CIHI) provides comparable and actionable data and information that are used to accelerate improvements in health care, health system performance and population health across Canada.

Continuous Quality Improvement (CQI) Committee

Our designated QI lead is Jennifer McKay.

Our Terms of Reference for the CQI Committee at each home include but may not be limited to: Executive Director, Director of Care, Medical Director, each designated lead of the home, registered dietitian, pharmacy consultant, personal support worker and nursing staff representation, other professionals as well as representation from Resident and Family Councils, if available.

Main Responsibilities of the CQI Team

1. To monitor and report to the long-term care home licensee on quality issues, residents' quality of life, and the overall quality of care and services provided in the long-term care home, with reference to appropriate data.
2. To consider, identify and make recommendations to the long-term care home licensee regarding priority areas for quality improvement in the home.
3. To coordinate and support the implementation of the continuous quality improvement initiative, including but not limited to, preparation of the report on the continuous quality improvement initiative.

Quality Improvement

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

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

2. A QI Plan will be developed and implemented with reporting back to the CQI Team and information will be shared with residents, families and staff. Transparency is key to success.

Brief Summary of Quality Improvement Initiatives fiscal year 2023:

Building and Environmental Improvements:

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

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

Clinical Programs:

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

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

Communication and Technology:

Caressant Care as a corporation has updated and restructured our online learning management system as well as added new improved assessments into the care plan library. Caressant Care has transitioned to a new online policy system, which promotes a more user-friendly system for employees.

We continue to review our communication strategy, and have increased our use of mobile devices, so we are able to connect residents and people of importance to them virtually. We have enhanced our use of virtual technology and software to participate in Communities of Practice both internally within Caressant Care and externally with our community partners.

We also plan to improve Wi-Fi service in the home.

Compliance and Conformance

We have a new centralized system for any legislated compliance reports, where they are sent to the Risk Management email once received, a corrective action template is sent (if required) to complete with support from their regional team, and a centralized catalogue of all reports is maintained. There is also a system in place to communicate and share any areas of concern for follow-up and awareness to the homes.

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

Infection Control:

Caressant Care recognizes the correlation between infection control practices and keeping our residents safe. With an even greater emphasis since the COVID-19 pandemic, we have further enhanced our Infection Control processes by increased auditing in areas such as hand hygiene, screening, swabbing, PPE, and dietary and housekeeping processes. As a result of these audits, we have enhanced our cleaning processes, and have further engaged and continue to engage with our local IPAC Hub.

Additionally, Caressant Care has appointed an Infection Prevention and Control (IPAC) Lead to support the home as well as providing training/education, policy development, and outbreak management. To further optimize IPAC practices, Caressant Care is carefully reviewing, trending and analyzing data and supporting IPAC Leads with additional education and training.

Resident and Family Experience:

Surveys are completed throughout the year, and summarized semiannually with results sent to the home, to be communicated and reviewed for improvement initiatives. This process supports a nimble turnaround time for actionable items.

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

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

Quality Program and Operations

Caressant Care has revised the quality program and created a comprehensive document for reporting and tracking indicators. The “Roadmap to Success” has monthly tasks, meeting templates, scheduled operational and program evaluations, as well as documenting clinical and operational indicators. This document is posted on a shared drive and can be accessed by both the home and corporate team. This document demonstrates our accountability and commitment to quality.

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

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

Theme II: Service Excellence

Measure Dimension: Patient-centred

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

Change Ideas

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

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

Measure **Dimension:** Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident experience: Overall satisfaction Staff take the 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 personal information about residents (for example - likes/dislikes/hobbies/interests/family) for awareness to all staff and to promote opportunities to engage. 2. On Admission huddles with all staff to inform them of new resident likes/dislikes and some history to promote resident-centred care. 3. Educate staff to utilize down time to promote interaction with residents and include residents in conversations when working.

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Quality Progress Report for 2023

Caressant Care Marmora

March 2024

Caressant Care Nursing and Retirement Homes Ltd.

Brief Summary of Quality Improvement Achievements fiscal year 2023:

Building and Environmental Improvements:

Fresh paint completed in all hallways.

Front entrance ramp completed.

Update to resident rooms started and continues (patch, paint, floor strip and wax)

Call Bell system update completed.

New eavestrough installed.

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.

Additionally, we implemented the following:

- Skin and wound program revamp – utilizing clinical dashboard vs. paper assessment.
- We also participated in several lunch and learn sessions to enhance care planning knowledge.
- Initiated internal BSO committee.
- Botox Spasticity Clinic

Communication and Technology:

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

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.

Additionally, we introduced four large tablets to the floor and improved the attendance management program by introducing shift replacement form.

Caressant Care continues to update and restructure our online learning management system to ensure required education modules are available and current.

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.

Other IPAC initiatives include but are not limited to:

- 17 iso and garbage carts purchased to meet compliance and improve IPAC procedure during outbreak.
- Additional PPE/isolation caddies purchased.
- Electrostatic sprayer x 2 put into use.
- Implemented glo germ for housekeeping audits.
- IPAC Lead completed Certification through infection control at Queen's University
- IPAC Hub of Kingston involved for in house review.

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 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 – 87 %.
- ✓ Residents feel staff pay attention– 87 %.
- ✓ Residents enjoy mealtimes – 77%.

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

- ✓ Loyalty Question – Would you recommend this organization to others? 75%
- ✓ Staff engage in friendly conversation 88 %.

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.

Caressant Care Marmora hosted a Fun Fair open house that was a great success. This included community vendors, family volunteers and saw a wonderful turnout. We revamped our move-in process to improve positive experience and improved the tour process for booking and person most responsible.

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.

Other Comments:

In 2023, Caressant Care Marmora saw an increase in hiring and a decrease in need for agency coverage overall. We had success in recruitment efforts resulting in:

- ✓ PSW agency needs down to zero on a typical week.
- ✓ 1 RN hired in 2023.
- ✓ 3 RPNs hired in 2023.
- ✓ RN and RPN vacancies have been filled with consistent agency personnel.
- ✓ 3 PSW students completed placement and later took a position.

Because of this, continuity of care is far more reliable, allowing residents the opportunity to get to know their care givers.

Introduced new Life Enrichment Coordinator and Environment Services Supervisor positions.

After a hiatus during COVID, Caressant Care Marmora made education and training plan a priority:

- ✓ External education provided by Providence Care for team members regarding BSO.

- ✓ Approximately eleven team members attended fully funded GPA education.
- ✓ Four PSWs, one activity aide and one RN attended training in palliative care fundamentals.
- ✓ One Dietary Aide graduated from the Food Services Worker program.

To increase staff morale and introduce fun and recognition to the workday, a full day Team Appreciation Celebration was implemented. Team members enjoyed food, games and awards. The Life Enrichment Coordinator also planned and implemented special weeklong events to recognize each department (Care Team Week, Activity Awareness Week etc.).

Progress Summary from our Quality Plan 2023

Please see attached QIP Progress Report for 2023.

Experience | Patient-centred | Custom Indicator

	Last Year		This Year	
Indicator #1	68	75	70	NA
Resident experience: Overall satisfaction "I can express my opinion without fear or consequences." (Caressant Care Marmora)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

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

Process measure

- % increase in satisfaction evidenced by surveys throughout the year

Target for process measure

- The home will endeavour to increase the % of residents that respond positively to the survey question: "I can express my opinion without fear of consequences." to 75 % by December 31, 2023.

Lessons Learned

More attention was given to ensure residents had the opportunity to complete the survey in 2023, so completion was not a problem. A plan was implemented to allow residents the opportunity to complete the survey near the end of the year, to determine if improvements were made or still needed.

It is important to be able to identify why there is a fear of consequence when expressing opinions to improve this. Are team members addressing residents with respect and dignity, are questions and concerns taken seriously and addressed appropriately. The attention for 2024 will be on leader and team member response to residents (Person-centred Language, GPA, and Customer Service).

Comment

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

Indicator #2	Last Year		This Year	
	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)
Resident experience: Overall satisfaction Staff take the time to have a friendly conversation with me. (Caressant Care Marmora)	62	75	77	NA

Change Idea #1 Implemented Not Implemented

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

Process measure

- % increase in satisfaction evidenced by surveys throughout the year

Target for process measure

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

Lessons Learned

Improving staffing levels has increased continuity of care, by reducing the use and turnaround of agency staff. Team members can get to know the residents and build rapport.

With stable staffing, team members are less rushed and able to spend a few extra minutes with residents after care is completed, which has helped us to exceed our target for this QIP.

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

Marmora 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>Improve residents' feeling of autonomy in deciding when to get up 44 % Resident Survey</i> Educate staff on resident rights. Ensure care plans include resident preference for morning routine. Inquire during admission what routine was followed prior to LTC admission.</p>	<p>February 2023 ongoing</p>	<p>2023 score 52 % Resident Survey</p>	<p>-shared initiative -supported by Resident's Council, PAC/CQI</p>	<p>Observed small increase in score.</p>
<p><i>I am bothered by the noise 33 % Resident Survey</i> Mealtime conversations between staff kept to a minimum. Staff to engage residents during meal. Staff will not congregate at the nursing station. Staff may exit from the rear door to reduce traffic through resident's home.</p>	<p>February 2023 ongoing</p>	<p>2023 score 13 % Resident Survey</p>	<p>-shared initiative -supported by Resident's Council, PAC/CQI</p>	<p>Observed 20 % decrease in score, which is desirable, and we are happy with the results of this initiative.</p>
<p><i>Improve staff's knowledge of each resident as a person. 44% Resident Survey</i> Develop a Rec assessment based on DementiAbility's "All About Me" Incorporate resident's personal history in the care plan</p>	<p>February 2023 ongoing</p>	<p>2023 score 33 % Resident Survey</p>	<p>-shared initiative -supported by Resident's Council, PAC/CQI</p>	<p>Observed decrease in score, we are continuing to work on this initiative.</p>

<p><i>My family member has the ability to go outside 54 % Family Survey</i></p> <ul style="list-style-type: none"> -Plan more opportunities through Programs to go outside (group activities, walks, outings etc.). -Assist resident's outside (weather pending and ensuring resident safety) 	February 2023 ongoing	2023 score 50 % Family Survey	-shared initiative -supported by Resident's Council, PAC/CQI	Observed 4 % decrease in score. Some families responded they did not know which negatively impacts the overall score.
<p><i>My family member decides when to get up 54 % Family Survey</i></p> <ul style="list-style-type: none"> -Survey residents/family to determine preference for wake-up routine -Have breakfast items available for those who choose to sleep. -Care plan to reflect preference -Include routine questions at admission 	February 2023 ongoing	2023 score 29 % Family Survey	-shared initiative -supported by Resident's Council, PAC/CQI	Observed decrease in score. Residents have indicated 52 % satisfaction rate with this question on the 2023 survey results.
<p>Staff ask how my family member's needs can be met 58 % Family Survey</p> <ul style="list-style-type: none"> -Include resident and family in the care planning process. -Include resident in the care process -Check in with residents regularly to determine if needs have changed, per MDS quarterly schedule. -Encourage residents to participate in committees. 	February 2023 ongoing	2023 score 63 % Family Survey	-shared initiative -supported by Resident's Council, PAC/CQI	Small increase and one family responded they did not know which negatively impacts the overall score.

Communication of actions and summary provided:

Who	Date Shared	Feedback/Comments
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Resident Council	Feb 2024	No noted concerns or feedback.
Family Council	Feb 2024	No noted concerns or feedback.
Team Members	Feb 2024	No noted concerns or feedback.
PAC/CQI	Feb 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.