



Quality Report

Caressant Care **Mary Bucke**

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 (HQP) 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 Angie Cashmore, Executive Director.

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

Main Responsibilities of the CQI Team

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

Quality Improvement

1. QI Initiatives may be identified through various means such as surveys, concerns or complaint review, informal and formal meetings, weekly walkthroughs, or through audits or compliance. Once initiatives are determined and identified by the CQI Team they can be addressed on a priority basis, this may be determined through feedback, based on high risk or resident and or family satisfaction.
2. A QI Plan will be developed and implemented with reporting back to the CQI Team and information will be shared with residents, families and staff. Transparency is the key to success.

Brief Summary of Quality Improvement Initiatives fiscal year 2023:

Planned building and environmental improvements include:

1. Repair ceiling(s) in center core area above nursing station and outside laundry room entrance and in main dining room.
2. Upgrades to kitchen flooring and dishwasher station.
3. Restore back deck for residents/family and outdoor programs.
4. Remodeling the Staff Room.
5. Preventative Maintenance and refreshing i.e., painting upgrades, lighting, trim and handrails.

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.

Mary Bucke has taken great consideration in reviewing the 2022 satisfaction surveys from residents and family members. With the information gathered and summarized, the following programs will be reviewed, and changes made to implement better service and quality for our residents. For further details see: Family and Resident Survey Satisfaction Summary for further information.

1. GPA training for all staff. In 2023 our new Director of Care recognizes the importance of enhancing our team members approach to care. Some diagnoses can make it difficult to provide resident-centered high-quality care and in such the implementation of Gentle Persuasive Approach will have a high impact for our care services. Our DOC recognizes that annual GPA training will facilitate reversing barriers to resident care, especially those with dementia and cognitive deficiencies.
2. Revise bath schedule for all residents to ensure alignment with resident-choice.

Due to a significantly low score for family satisfaction survey results of “Residents can shower/bathe when they want” our quality team is implementing a complete revision to our current bath/shower schedule. The goal is to:

1. Have a more specific conversation of resident’s pre-admission baseline for bathing and allow resident/family to decide on the best time to align with their choices.
2. Better informing of bath schedule at admission, 6-week and annual care conferences to ensure open dialogue and facilitate changes to schedule at resident/family requests if necessary.

3. Pain program: re-education

In 2018-2019, Mary Bucke undertook a significant pain program overhaul that was in line with Ministry standards and best practice. Due to new recruits, the pandemic and changes in nursing structure (such as agency use), vital adherence to the pain program has shifted away from our mission and expectations. With a new Director of Care, re-education and strict adherence to our pain policy and procedure and specialized audits to ensure compliance, our goal is to show a 25% reduction in resident pain by May 2023. This will be achieved through reviewing facility/corporate policies and FLTCA regulations and onboarding regular staff members to our Pain Program Committee.

4. Palliative Care at Mary Bucke in 2023

The current palliative approach to nearing or end-of-life residents has shifted due to the Covid pandemic. Guidelines from Public Health and the Ministry have shown that removing family members from end-of-life care can have a negative impact on high-quality, resident-centered care. Mary Bucke will re-introduce our Palliative Committee's mission by holding regular meetings to highlight areas of improvement. The adherence to the use of Palliative Performance Scale (PPS) allows team members, families, and the clinical team adequate time to prepare for resident wishes for end-of-life care. Keeping residents in their own space during their end of life time has been shown to reduce confusion, increase comfort and alleviate stress.

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.

Mary Bucke was the pilot home for Staff Schedule Care and is a significant component to our consistent scheduling, mass messaging and reduction of missed shifts, scheduling errors or insufficient staffing since 2019. The use of this technology in our home has allowed the management team to create Master Schedules for all departments. This allows closer monitoring of vacancies, missed shifts, errors and promotes a reduction in agency/travelling nurses.

BOOMR program initiative: Better Coordinated Cross-sectoral medication reconciliation. Mary Bucke's Director of Care is working with CareRx to integrate the BOOMR program into our health systems to reduce the potential for errors during transition from hospital to long-term care.

"BOOMR is an integrated practice change that drives improvement in medication safety during patient transitions by seeking to reduce harmful medication errors during transitions from

hospital to long-term-care”.

<https://www.health.gov.on.ca/en/pro/programs/transformation/docs/medal/2016/boomer-2016.pdf>.

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.

Mary Bucke is excited to have recruited a new Resident Care Coordinator/IPAC Lead in February 2023. Our IPAC leads main responsibilities will be:

1. Monitoring of infectious diseases, ARO's and ongoing IPAC audits.
2. Reviewing Antibiotic Stewardship program.
3. Annual and regular Immunization clinics for residents/staff.
4. Continuous/ongoing education to staff and residents for the prevention of spreading of infections.
5. Liaising with Public Health on an ongoing basis.
6. Good documentation/records of ongoing AROs/infections through PCC-Infection section
7. Communication between all members of the clinical care team, residents, and family members.

Resident and Family Experience:

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

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

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

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

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 Can speak freely	C	% / Residents	In house data collection / January - December 31, 2023	87.00	95.00	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. Activity Director to host “open communication forums” to allow residents to ventilate their feelings, thoughts, or opinions in a safe and accepting environment during all Resident Council Meetings. 2. Education to staff of therapeutic communication. 3. Introduction of our Social Worker Program during Resident Council Meetings and providing a pamphlet at admission to all residents/family members . 4. Enlisting a “Resident Champion” that provides a safe support for information to be shared amongst the residents that can be brought forward to the home in a non-judgmental, empathetic and therapeutic way.

Methods	Process measures	Target for process measure	Comments
<p>Activity Director will provide open forum at monthly Resident Council.</p> <p>Management Team will provide education to staff such as upon leaving an interaction with a resident, provide open ended questions...“Is there anything else you want to discuss, any issues you need addressed” and avoid yes/no close ended questions and bring forward to Quality Improvement committee during 1-1 visits or clinical assessments. GPA training will facilitate better performance in communication between staff/residents. Social Worker pamphlet to include highlights that support his/her role provided to residents that includes support for families as well. Social worker to provide introductions to all residents that assists in educating them on his/her role in Mary Bucke. Recruit Resident Champion/Ambassador to support residents.</p>	<p>% increase in satisfaction evidenced by survey results throughout the year</p>	<p>Improve resident experience and survey score to 95% for the question : "I can express my opinion without fear of consequences" by December 31, 2023</p>	

Measure **Dimension:** Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident experience: Overall satisfaction Bathing Choice	C	% / Family	In house data collection / January - December 31, 2023	36.00	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.	

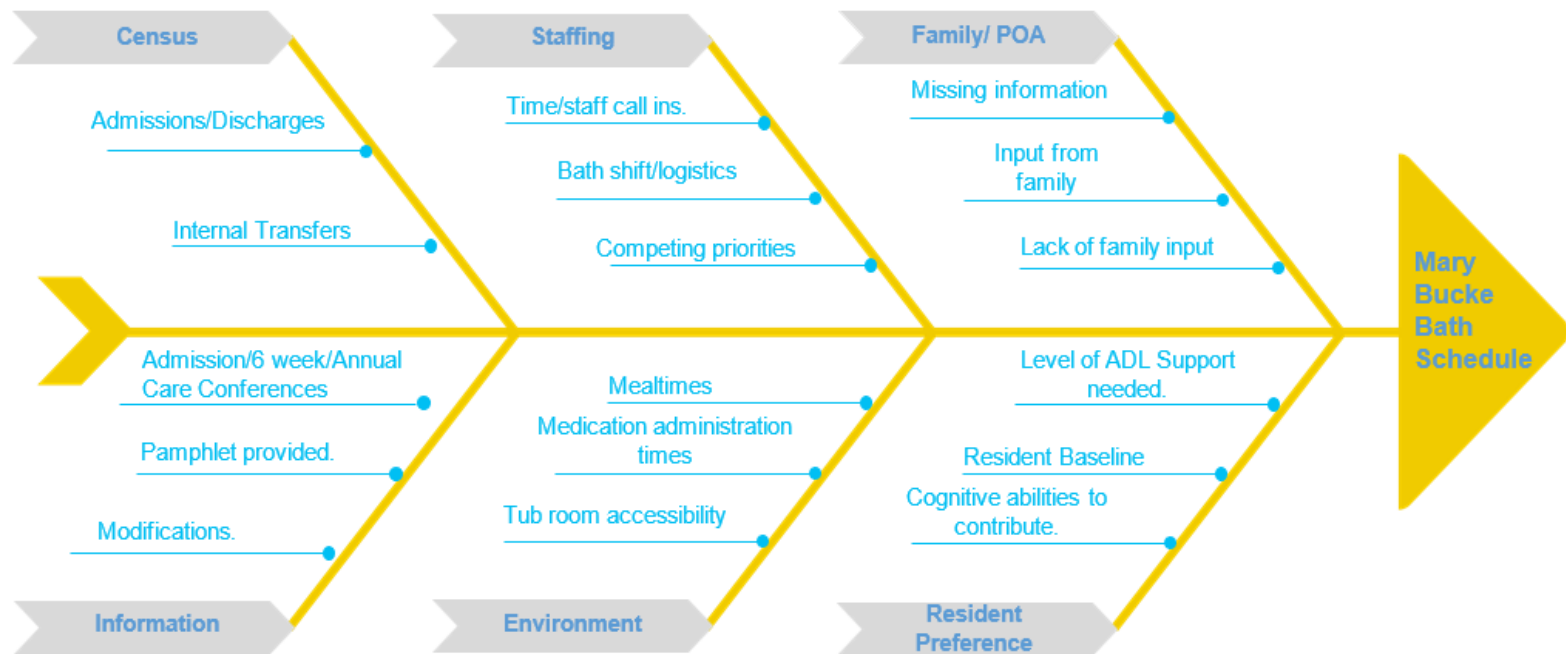
Change Ideas

Change Idea #1 1. Alter care conference form to include bath day by involving RAI Coordinator to ensure resident and family preference is included at admissions. 2. Inform Family Members using One Call. ("Did you know?" Templates to ensure relevant and up-to-date information is shared consistently and in a timely manner). 3. Engage residents/ families staff in creating new schedule. 4. New shower heads for consistency in temp/pressure to increase resident satisfaction/comfort during bathing and showering. 5. Provide Shower/Bath bags or caddy -to be included at resident/staff request to include personal items during bathing for resident's enjoyment.

Methods	Process measures	Target for process measure	Comments
1. Re-doing schedule and seeking consent to bath day/time that includes resident/family/staff input. 2. Engage and communicate to team members, families and residents by sharing information regarding this initiative, seek ideas for improvement and implement if possible. 3. Share information and review updates as part of quarterly CQI Meetings. 4. Review staff schedule for areas of improvement to accommodate revised requirements.	% increase in satisfaction evidenced by survey results throughout the year	The home will endeavour to increase satisfaction score to 75% on Family Satisfaction Survey to the question my resident "Can bathe/shower anytime" by December 31, 2023	

Mary Bucke Bath Schedule Gap Analysis

Appendix A





Quality Progress Report for 2023

Caressant Care Mary Bucke

March 2024

Caressant Care Nursing and Retirement Homes Ltd.

Brief Summary of Quality Improvement Achievements fiscal year 2023:

Building and Environmental Improvements:

- Ceiling repair in center core area above nursing station and outside laundry room.
- Main dining room ceiling repair with 6 new recessed lights that provide better lighting and a more aesthetically pleasing appearance.
- Repair of back deck pergola/roof.
- Replacement of team member kitchenette and replacement of furniture & lighting in staff room.
- Significant preventative maintenance plan achievements with painting upgrades, trim, and spot-checks.
- Widening of large activity door as part of our accessibility plan.
- Replacing all keys to a master key system.
- New furniture for resident areas.

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.

Other clinical improvement include, but are not limited to:

- The home was supplied with 6 new Hoyer lifts and 3 new sit-to-stand lifts in January 2023.
- One staff member was trained in DementiAbility as the lead.
- 8 Staff trained in GPA (as leads).
- Pain & Palliative committee re-established. The home purchased a palliative cart that is mobile and accessible from room to room complete with palliation comfort supplies. Implementation of the Palliative Performance Scale assessment at move in, quarterly, return from hospital and any significant change.
- BOOMR program has been put on hold due to discrepancies in execution with hope to re-establish a new start date.

Communication and Technology:

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

- Caressant Care Mary Bucke has completed the call-bell systems and is now in the process of a new front door wander-guard system with hopes of completion by June 2024.
- New internet modem upgrade.
- Firewall upgrade.

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 practice calls were implemented for networking and sharing resources. A comprehensive review of all IPAC policies and procedures was completed in 2023 to ensure that policies and procedures are current and align with best practices with a certified IPAC professional.

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

Equity and Indigenous Health

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

All management and supervisors have completed cultural awareness and safety education modules which includes Indigenous Relationship and Cultural Awareness courses, anti-Black racism, and gender diversity education modules.

Resident and Family Experience:

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

We had some positive results indicating a high level of satisfaction with areas on the Resident Satisfaction Survey, some examples are below:

- ✓ Residents get the health services they need. –100%
- ✓ Residents feel privacy is respected. – 95 %
- ✓ Staff engage in friendly conversation. – 92%
- ✓ Staff pay attention to me. -87%

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

- ✓ Loyalty Question – Would you recommend this organization to others? 100%
- ✓ Families feel residents get the health services needed – 100%.
- ✓ Families feel staff engage in friendly conversation with residents – 88%.
- ✓ Staff respond quickly when my family needs assistance -100%

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.

Indicator #2	Last Year		This Year	
	Resident experience: Overall satisfaction Can speak freely (Caressant Care on Mary Bucke)	87 Performance (2023/24)	95 Target (2023/24)	84 Performance (2024/25)

Change Idea #1 Implemented Not Implemented

1. Activity Director to host “open communication forums” to allow residents to ventilate their feelings, thoughts, or opinions in a safe and accepting environment during all Resident Council Meetings. 2. Education to staff of therapeutic communication. 3. Introduction of our Social Worker Program during Resident Council Meetings and providing a pamphlet at admission to all residents/family members . 4. Enlisting a “Resident Champion” that provides a safe support for information to be shared amongst the residents that can be brought forward to the home in a non-judgmental, empathetic and therapeutic way.

Process measure

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

Target for process measure

- Improve resident experience and survey score to 95% for the question : "I can express my opinion without fear of consequences" by December 31, 2023

Lessons Learned

Despite changes implemented, we fell short of our target and will continue to work on this QIP in 2024.

	Last Year		This Year	
Indicator #1	36	75	25	NA
Resident experience: Overall satisfaction				
Bathing Choice (Caressant Care on Mary Bucke)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

1. Alter care conference form to include bath day by involving RAI Coordinator to ensure resident and family preference is included at admissions. 2. Inform Family Members using One Call. (“Did you know?” Templates to ensure relevant and up-to-date information is shared consistently and in a timely manner). 3. Engage residents/ families staff in creating new schedule. 4. New shower heads for consistency in temp/pressure to increase resident satisfaction/comfort during bathing and showering. 5. Provide Shower/Bath bags or caddy -to be included at resident/staff request to include personal items during bathing for resident’s enjoyment.

Process measure

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

Target for process measure

- The home will endeavour to increase satisfaction score to 75% on Family Satisfaction Survey to the question my resident “Can bathe/shower anytime” by December 31, 2023

Lessons Learned

- We have opted out of re-implementing this change process as it was an indicator for 2 years without improvement numerically. This was likely due to the low participation number from family members in the survey question (only 3 responses in total of 11, which appears to be negative). The home has since added a full-time bath/shower shift with complimentary part-time shift to address all bathing related dissatisfaction residents or family members may have. Results from recent Resident Council meeting discussions prove this was a significant and positive change for residents. We will continue with change process interventions that were in place prior to the new shift.
- Reviewing and brainstorming the change process and lack of improvement in the performance meant our team needed to reevaluate the process from a different perspective.
- The number of participants was significantly low.
- Full-time bath shift with complimentary part-time bath shift added to the PSW master schedule.
- Family members and residents continue to be included in their bathing/shower choice of day at admission, 6-week care conference and annual care conferences.
- Information continues to be shared in resident council meetings, through OneCall, and Quality Improvement meetings.

Comment

It should be noted residents responded positively to the question with 74.3 % overall response.



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

Resident Satisfaction Survey

Date: January 2023 (for 2022 year)		Number of Participants: 20	
Top 3 Areas of Improvement	Plan	Responsible Person(s)	Date:
1. Some of the staff know the story of my life. 69%	<ol style="list-style-type: none"> 1. "Get to know me" posters to hang above resident's beds. 2. For residents with dementia/non-verbal, send to families to help fill in. 3. Using Recreation/Leisure assessment upon admission for all new admissions. 	Michael Caruana, AD	Ongoing Posters: 3 months
2. I have enjoyable things to do here on the weekends. 79%	<ol style="list-style-type: none"> 1. Scheduling consistent weekend Act Aide coverage. 2. Reintroduce Pub Nights 3. Act Director to collaborate with FNM for "Dine-ins". 	ED, FNM, Activity Director	1-2 months months
3. <i>(Respect by Staff)</i> Can express opinions freely. 87% I am treated with respect by the staff. 80%	<ol style="list-style-type: none"> 1. Should always be 100%. All residents have the right to share their thoughts/opinions with no judgement or repercussion. 2. Resident's council AD to approach 3 new residents prior to RCM and give an opportunity to express opinions anonymously along with anything brought forward to ED/DOC/FNM. 	All staff Michael Caruana, FT Act Aide (acting Director)	

Top 3 Successes:		
1. Would recommend us 100%		
2. Staff pay attention 100%		
3. Get health services that are needed 94%, Staff engage in friendly conversation 94%		
Survey Feedback	Date:	Comments:
Shared with Residents:	February 23, 2023	Resident's Council Meeting
Shared with Staff:	February 13, 2023	Posted on Quality Board
Shared with Others:	February 13, 2023	Posted on Quality Board
Shared with Family:	February 13, 2023	OneCall
Any Changes requested to survey:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Family Satisfaction Survey			
Date: January 2023 (for 2022 year)		Number of Participants: 17	
Top 3 Areas of Improvement	Plan	Responsible Person(s)	Date:
1. Can bathe/shower anytime 36%	1. Notify families of the admission bath/shower choice during admission process.	ED/DOC/Nursing staff	1-2 month March, 2023
	2. Include the information at each 6 week and annual care conference and discuss for opportunity to change if necessary.	RCC/DOC/Charge nurse/NP	Ongoing
	3. Revise bath/shower schedule while working with families to improve current schedule d/t admissions. The current schedule is aligned with resident rooms, not necessarily resident desires.	DOC, Registered staff, PSWs, Family members/Residents	April 2023

<p>2. Explore new skills and interests 60%</p>	<ol style="list-style-type: none"> 1. Newsletter -The going ons of the home to notify families of exciting new activities, programs, and themes in the home, quarterly. 2. In-home survey to introduce new skills/services that residents express they would like to try. 3. Have a sign-up board in the main activity room to gather data on which new skill/interest there would be interested participants in. 4. Use information from recreation/leisure assessment at admission to prepare for interests a resident may have. 5. Ensure adequate activities/interests for residents with cognitive related illnesses. 6. Collaborate with Restorative Care and Physiotherapy to increase the amount of special interest groups and increase physical activities for residents who show interest. 	<p>All department leads to contribute, residents, Michael C.</p> <p>Michael Caruana & Keyara Wiebe</p> <p>Michael Caruana & Keyara Wiebe</p> <p>Michael Caruana & Keyara Wiebe</p> <p>Michael, Keyara, BSO</p> <p>Activities, Restorative Care, Physiotherapy.</p>	<p>May 2023</p> <p>April 2023</p> <p>March 2023</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
<p>3. Staff ask how needs can be met 82%</p>	<ol style="list-style-type: none"> 1. Staff huddles to remind staff members our workspace is our resident's home; reminders given to always be assessing the needs of our residents. 2. Document resident needs and reporting to charge 	<p>Cheryl Eels, DOC</p> <p>Ongoing -all department managers</p>	<p>Ongoing</p> <p>Ongoing</p>

	staff. 3. GPA training	Cheryl Eels, DOC	March -April 2023
Top 3 Successes:			
1. Get health service that are needed 100%			
2. Staff engage in friendly conversation 94%			
3. Would recommend us 88%			
Survey Feedback	Date:	Comments:	
Shared with Residents:	February 23, 2023	Resident Council Meeting	
Shared with Staff:	February 13, 2023	Quality Board	
Shared with Family:	February 13, 2023	OneCall	
Shared with Others:	February 13, 2023		
Any Changes requested to survey:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

Mary Bucke 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>Some of the staff know the story of my life.</i> 2022 score residents 69%</p> <ol style="list-style-type: none"> 1.“Get to know me” posters to hang above resident’s beds. 2.For residents with dementia/non-verbal, send to families to help fill in. 3.Using Recreation/Leisure assessment upon admission for all new admissions. 	<p>March 2023 – December 2023</p>	<p>2023 score residents 63 % Results were slightly lower than last year.</p>	<p>-shared initiative -supported By Resident’s Council PAC/CQI</p>	<p>Some residents (9) indicated they did not know, which resulted in a lower score.</p>
<p><i>I have enjoyable things to do here on the weekends.</i> 2022 score residents 79%</p> <ol style="list-style-type: none"> 1.Scheduling consistent weekend Act Aide coverage. 2.Reintroduce Pub Nights 3.Act Director to collaborate with FNM for “Dine-ins”. 	<p>March 2023 – December 2023</p>	<p>2023 score residents 77 %</p>	<p>-shared initiative -supported By Resident’s Council PAC/CQI</p>	<p>Results were close to the same as last year.</p>
<p><i>Respect by Staff</i> 2022 score residents 80 % <i>Express opinion freely</i> 2022 score residents 87 %</p> <ol style="list-style-type: none"> 1.Should always be 100%. All residents have the right to share their thoughts/opinions with no judgement or repercussion. 2.Resident’s council AD to approach 3 new residents prior to RCM and give an opportunity to express opinions anonymously along 	<p>March 2023 – December 2023</p>	<p>2023 score residents 100 % (respect) 2023 score residents 89% (express opinion)</p>	<p>-shared initiative -supported By Resident’s Council PAC/CQI</p>	<p>Overall results were significantly higher than last year.</p>

with anything brought forward to ED/DOC/FNM.				
<p><i>Can bathe/shower anytime</i> 2022 score families 36%</p> <p>1.Notify families of the admission bath/shower choice during admission process. 2.Include the information at each 6-week annual care conference and discuss the opportunity to change if necessary. 3.Revise bath/shower schedule while working with families to improve current schedule d/t admissions. The current schedule is aligned with resident rooms, not necessarily resident desires.</p>	<p>March 2023 – December 2023</p>	<p>2023 score residents 74 % 2023 score families 25%</p>	<p>-shared initiative -supported By Resident’s Council PAC/CQI</p>	<p>Some families 50 % indicated they did not know, which resulted in a lower score. Residents indicate 75 % satisfied most of the time/ always.</p>
<p><i>Explore new skills and interests</i> 2022 score families 60 %</p> <p>1.Newsletter -The going ons of the home to notify families of exciting new activities, programs, and themes in the home, quarterly. 2. In-home survey to introduce new skills/services that residents express they would like to try. 3.Have a sign-up board in the main activity room to gather data on which new skill/interest there would be interested participants in. 4.Use information from recreation/leisure assessment at admission to prepare for interests a resident may have.</p>	<p>March 2023 – December 2023</p>	<p>2023 score families 50%</p>	<p>-shared initiative -supported By Resident’s Council PAC/CQI</p>	<p>Results were lower than last year. Some residents have indicated they did not wish to explore new skills and interests, so survey questions have been updated to reflect “if I wish to”.</p>

5.Ensure adequate activities/interests for residents with cognitive related illnesses. 6. Collaborate with Restorative Care and Physiotherapy to increase the amount of special interest groups and increase physical activities for residents who show				
<i>Staff ask how needs can be met</i> <i>2022 score families 82 %</i> 1.Staff huddles to remind staff members our workspace is our resident's home; reminders given to always be assessing the needs of our residents. 2.Document resident needs and reporting to charge staff. 3.GPA training	March -Dec 2023	<i>2023 score families 75 %</i>	-shared initiative -supported By Resident's Council PAC/CQI	Some decrease noted, we will continue to work on this.

Communication of actions and summary provided:

Who	Date Shared	Feedback/Comments
Resident Council	March 27, 2024	No noted concerns or feedback.
Family Council	No Family Council	No noted concerns or feedback.
Team Members	Posted January 2024	No noted concerns or feedback.
PAC/CQI	April 29, 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.