



# Quality Report

Caressant Care McLaughlin

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 John Harrison - 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 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:**

Our plan for environmental goals or improvements for 2023 include:

1. Painting the home
2. Upgrades to parking lot
3. Replacing nursing stations
4. Portable nursing phones
5. Window upgrades in resident rooms and common areas

#### **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.

#### **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.

## **Compliance and Conformance**

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

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

## **Infection Control:**

Caressant Care recognizes the correlation of infection control practices and keeping our residents safe. With an even greater emphasis since the COVID-19 pandemic, we have further enhanced our Infection Control processes by increased auditing in areas such as hand hygiene, screening, swabbing, PPE, and dietary and housekeeping processes. As a result of these audits, we have enhanced our cleaning processes, and have further engaged and continue to engage with our local IPAC Hub. Additionally, Caressant Care has appointed an Infection Prevention and Control (IPAC) Lead to support the home as well as providing training/education, policy development, and outbreak management. To further optimize IPAC practices, Caressant Care is carefully reviewing, trending and analyzing data and supporting IPAC Leads with additional education and training.

## **Resident and Family Experience:**

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

The home additionally has monthly resident council meetings. In January 2023 the residents addressed they would like to have more staff trained in restorative care as they feel like their programming is being cancelled too often without back up replacing the hours. Resident Council feels as though they miss classes and that in turn sets back any of the progress that has been made to their restorative function. Based on this feedback we are focused and are implementing a Quality Improvement Initiative to have an effective restorative program that will encompass the needs of each individual resident

## **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 and home specific reports that can be shared and discussed within the organization.

**Please see attached documentation 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
To build on the restorative program to encompass the needs of our residents and improve functioning and satisfaction with our restorative program.	C	% / Residents	In house data collection / March - December 2023	CB	85.00	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** Lifemark to audit current program in place for effectiveness, modify as necessary. Lifemark to provide additional training for our current restorative staff, RAI Coordinator, and the DOC or designate. Regular meetings with the DOC, RAI Coordinator, and restorative care team to evaluate the program and discuss the need to modify. Collaboration with RAI Coordinator, the restorative team, and the nursing team to include restorative tasks in the daily plan of care.

Methods	Process measures	Target for process measure	Comments
Data used for evaluation to include in house survey for satisfaction of health services (semiannually) and additionally monitor PCC indicators of improved/worsened mobility and improved/worsened ADLs at Restorative Care Meetings quarterly.	% of resident satisfied with health services	85 % of residents will indicate they are satisfied with the health services they receive most of the time/always by December 2023 through the in house survey.	

## Theme III: Safe and Effective Care

### Measure Dimension: Safe

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	P	% / LTC home residents	CIHI CCRS / Jul - Sept 2022	23.62	20.00	Meet or exceed current Provincial average of 21.4 %	

### Change Ideas

Change Idea #1 Residents will be provided with medications appropriate to their diagnoses and to promote safe care outcomes this indicator will be monitored and reviewed.

Methods	Process measures	Target for process measure	Comments
The DOC or designate will review PCC data on at least a quarterly basis to identify any disparities, review results at QI meetings and refer results to physicians for a review of medication and diagnoses. Pharmacy consultant will review and provide reports noting any discrepancies and discuss with the home's leadership to identify any concerns for review. Regular meetings with the DOC, pharmacy consultant, physician or NP, RAI Coordinator and BSO to review usage of antipsychotic medication in the home. Regular meetings with the clinical team to evaluate any observed behaviours and formulate interventions with a focus on non-pharmacological treatments.	Reports provided for the number of residents with antipsychotic to be reviewed on at least a quarterly basis by the QI team and appropriate allied health professionals.	The home will endeavour to achieve 20 % LTC residents without psychosis who were given antipsychotic medication by end of year 2023.	





# Quality Progress Report for 2023

Caressant Care McLaughlin Rd.

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

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

During the last fiscal year our home has had the boilers replaced and installed, painting in some home areas, resident windows have been repaired and purchased a new medication refrigerator.

### **Clinical Programs:**

The following clinical programs have been reviewed and revised in 2023: wheelchair assessments, pain management, IPAC and medication administration. 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 management 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 – 83 %.
- ✓ Residents feel privacy is respected – 91 %.
- ✓ Staff pay attention – 90%.

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

- ✓ Family feel privacy respected – 63%.
- ✓ Families feel residents get the health services needed- 44%.

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	
	To build on the restorative program to encompass the needs of our residents and improve functioning and satisfaction with our restorative program. (Caressant Care on Mclaughlin Road)	<b>CB</b> Performance (2023/24)	<b>85</b> Target (2023/24)	<b>83</b> Performance (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Lifemark to audit current program in place for effectiveness, modify as necessary. Lifemark to provide additional training for our current restorative staff, RAI Coordinator, and the DOC or designate. Regular meetings with the DOC, RAI Coordinator, and restorative care team to evaluate the program and discuss the need to modify. Collaboration with RAI Coordinator, the restorative team, and the nursing team to include restorative tasks in the daily plan of care.

**Process measure**

- % of resident satisfied with health services

**Target for process measure**

- 85 % of residents will indicate they are satisfied with the heath services they receive most of the time/always by December 2023 through the in house survey.

**Lessons Learned**

Team members need to follow up with programing and interventions. Education is needed to keep team members up to date and implementation of the program. We feel that we were successful as we were very close to our target and will move forward with other quality initiatives.

**Safety | Safe | Priority Indicator**

	Last Year		This Year	
<b>Indicator #1</b>	<b>23.62</b>	<b>20</b>	<b>26.74</b>	<b>NA</b>
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Caressant Care on Mclaughlin Road)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Residents will be provided with medications appropriate to their diagnoses and to promote safe care outcomes this indicator will be monitored and reviewed.

**Process measure**

- Reports provided for the number of residents with antipsychotic to be reviewed on at least a quarterly basis by the QI team and appropriate allied health professionals.

**Target for process measure**

- The home will endeavour to achieve 20 % LTC residents without psychosis who were given antipsychotic medication by end of year 2023.

**Lessons Learned**

We experienced an increase of residents that were on medications. The team needs to continue to follow-up and monitor. We will continue to work on this initiative in 2024.

## McLaughlin 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
<i>Improve participation for both resident and family satisfaction surveys.</i>	February 2023 ongoing	2023 end of year results: Residents = 83 Families = 16	-shared initiative -supported by Resident's Council, PAC/CQI	Observed excellent results in participation and now have a baseline of information to work with.

Communication of actions and summary provided:

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