



Quality Plan 2025

Caressant Care ARTHUR

March 2025

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 team members. 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 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. In 2024 we were awarded a 3-year accreditation.

Additionally, Caressant Care seeks input from residents, families, people of importance to residents, and team members through an ongoing survey process. Surveys are summarized semi-annually, and results are shared with residents, team members and families. Opportunities are provided for input and feedback on determined prioritized actions and objectives for quality improvement from residents and families as well as the CQI Committee.

Feedback is sought through resident driven committees such as Pleasurable Dining Committee and Residents' Council as well as Family Councils, 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 team members are provided with information on improvement processes and initiatives when onboarding and on an annual basis.

Active engagement is sought through departmental meetings such as Town Halls, and interprofessional meetings such as Professional Advisory Council and Continuous Quality Improvement meetings which 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, team members, and community partners to improve specific quality issues through focused targets and actions.

Definitions:

Ontario Health is a provincial agency that oversees health care quality. The role of Ontario Health includes, but is not limited to measuring and reporting on how the health system is performing, overseeing the delivery and quality of clinical care services, and setting quality standards and developing evidence-based guidelines to improve clinical 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.

The **Ministry of Long-Term Care (MLTC)** is the provincial authority overseeing long-term care in Ontario.

PointClickCare (PCC) is the name of a cloud-based electronic health record system that Caressant Care uses.

Continuous Quality Improvement (CQI) Committee

Our designated QI lead is Lindsay Ross.

Our Terms of Reference for the CQI Committee for membership 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 representative, other professionals as well as representatives 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 and Operations

1. QI Initiatives may be identified through various means such as surveys, concerns or complaint review, informal and formal meetings, weekly walkthroughs, or through other program evaluations, audits, or compliance. Once initiatives are determined and identified by the CQI Team they can be addressed on a priority basis, determined through feedback, based on high risk or resident and/or family satisfaction feedback.

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 team members. Transparency is key to success.
3. Policies, procedures, audits, and other resources are available to all team members on our online policy software and can be made available to others on request.
4. Caressant Care continues to revise the quality program with our comprehensive document for reporting and tracking indicators. The “Roadmap to Success” has monthly tasks, meeting templates, scheduled monthly tasks, 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.

Brief Summary of Quality Improvement Initiatives fiscal year 2025:

Overview

Caressant Care Arthur was built in 1985 in a rural community with a current population of 2,600. This Long-Term Care Home (LTCH) is known for providing resident-centred care to its 64 Residents. Caressant Care Arthur is one of 15 LTCHs within the organization and takes pride in its long-tenured staff and remains a competitor for Residents ‘first choice’ to a LTCH.

Caressant Care Arthur will continue their quality initiatives with a focus on resident-centred care with an enhanced customer service approach to support the Health and Wellbeing of our Residents.

Access and Flow

Optimizing system capacity, timely access to care, and patient flow outcomes and the experience of care for residents is a priority. Caressant Care is working in partnership and across care sectors on initiatives to avoid emergency departments through innovative practices and by ensuring timely access to primary care providers.

Caressant Care Arthur promotes continued education for all staff working in Long Term Care and have specifically identified educational topics to support aging in place and identified access to resident care in the right place at the right time. Community partnerships and equipment available in the Home have been proven to reduce unnecessary hospitalizations and avoid visits to the Emergency Department.

The following education is provided throughout the year by community partners in our Home:

Nurse Led Outreach Team (NLOT) - avoidable emergency transfer, delirium, ostomy care, chest assessments & therapeutic communication, Diabetes management for Residents and Families.

Behaviour Support Education (BSO) - Holistic, evidence-informed, Team approach to people at risk or living with complex chronic conditions (P.I.E.C.E.S) and Gentle Persuasive Approach (GPA)

Physiotherapist (PT) - Nursing Restorative Care, Back Care, Falls Prevention, Managing Arthritis

Building and Environmental Improvements:

We continue to enhance our maintenance program and plan to undertake a comprehensive review of maintenance tasks in 2025 on our online software system to improve asset management, service and efficiency.

Home specific environmental goals and improvements for 2025 include but are not limited to the following:

- Upgrades to exterior & interior lighting
- Installation of surveillance camera
- Replace accessibility ramps and railings
- Upgrades to communication systems
- Replacement laptops and tablets
- Installation of new kitchen flooring
- Common area upgrades including handrails, paint and furniture

Clinical Programs:

New Clinical Roles: In 2025, we welcome two new clinical team members to the Corporate Operations team: Clinical Analyst and Clinical Educator. The Clinical Analyst role will focus on in-depth monitoring of electronic health records and documentation while the Educator role will provide effective, in-person education to build the capacity of our nursing teams and enhance the resident care experience.

InterRAI: The new Resident Assessment Instrument (interRAI), replacing RAI MDS 2.0, is being adopted across Ontario. All 15 Caressant Care homes were selected for the first pilot group of 50 Homes in the province, positioning us at the forefront of this transition. This initiative provides us with increased support and the opportunity to offer feedback to the MLTC, CIHI, and PCC. The interRAI is a more streamlined assessment tool, and PCC has optimized their software for user-friendly and efficient coding and submissions, showcasing our organization's knowledge, flexibility, and leadership in the sector.

Communication and Technology:

Online Learning Management and Policies: Caressant Care utilizes an online software system that houses our policies, procedures and our online learning management system. This provides quick access for all team members, is environmentally friendly, with a nimble turnaround time when changes are required. We continue to review and update policies and education and add extensive resources to our library such as "how-to's" and other relevant information.

Improving Efficiencies: We plan to start using high-speed scanners which go directly to the pharmacy in Q.2 for processing prescription orders. This should expedite the ordering process, decrease opportunities for errors and additionally supports residents' confidentiality.

Electronic Health Records: In 2025, Caessant Care will utilize an application designed by PointClickCare. The companion application to the electronic health record system has been designed specifically for handheld devices. The companion application will connect directly to our electronic documentation system and should promote efficiency, eliminate paper forms, and streamline data flow, which should enable and result in direct care team members spending more time with and providing care to residents in the home.

We continue to revise and adjust our electronic health record system for improvements, for example, providing new improved assessments into the care plan library.

Communication: 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 continue to enhance our use of virtual technology and software to participate in Communities of Practice both internally within Caessant Care and externally with our community partners.

Equity and Indigenous Health

Caessant Care is committed to providing improved and equitable access, experiences and 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 team members and management will complete cultural awareness and safety education modules which includes Indigenous Relationship and Cultural Awareness courses and diversity education modules. There is a plan to further enhance services and provide further initiatives in these areas on a broader scale.

Additionally, we have a Cultural Competency, Diversity and Inclusion Plan that is reviewed with actions annually and an Accessibility Plan that addresses and includes any identified barriers on an ongoing basis.

Infection Control:

Caessant Care recognizes the vital link between infection control practices and resident safety. We are continuously enhancing our infection control processes through increased auditing in areas such as hand hygiene, passive screening, PPE usage, and dietary and housekeeping procedures.

We have a dedicated Infection Prevention and Control (IPAC) Lead who supports the home by providing training, education, policy development, and outbreak management. To further optimize our IPAC practices, we carefully review trends and analyze data. Our IPAC Leads receive additional education, training, and participate in community of practice sessions to stay updated and effective.

Leadership Development

Caessant Care recognizes the impact of our leadership team on overall operations and health human resources management and have partnered with a Professional Certified Leadership Coach to continue to provide support for all management team members. These sessions may enhance and build on our

current management team members skillset(s) and support a culture of cohesiveness and a more collaborative workplace.

Additionally, in 2025 we are conducting a complete overall review of our performance appraisal system, with a goal to streamline team member reviews and introduce efficiencies and enhancements to improve the experience for both managers and team members.

Resident and Family Experience:

Relationship Focus

Our culture statement is “Caring families, yours and ours together.” In 2025, we are focusing on improving resident and family relationships from the move-in process onward by adopting a relationship-based approach that aligns with and strengthens our culture statement. We will conduct an in-depth review of information packages and perform observational audits with corporate support to enhance the move-in experience. Our goal is to empower our team and families with the tools to build trust and respect as partners in care.

To support this priority initiative, we have partnered with an external consultant to enhance our processes. Our aim is for team members to improve communication, provide personalized care, and offer emotional support for overall well-being. This will enable team members to confidently engage with residents and families, resolve conflicts, and build strong partnerships.

Listening to our Residents and Families

Surveys are conducted throughout the year and summarized semi-annually. The results are carefully reviewed, facilitating timely improvement initiatives. This process also ensures a quick turnaround for any actionable items.

Based on feedback from residents and family members, we have made minor revisions to our 2025 surveys. These revisions include increased opportunities for participation through paper forms, QR codes, online links, and support or assistance via in-person or telephone options. Additionally, we have added an option to provide more detailed information for each category.

Please see attached Resident and Family Experience Survey Summary and Action Plan

Provider Experience:

It continues to be a challenging time for health care organizations with unprecedented human resources challenges. Caressant Care endeavors to improve workplace culture, and team member experience by providing education incentives, development opportunities and carefully reviewing and listening to our team members. We conduct an annual Team Member Experience Survey and carefully review survey results and create an action plan to focus on any indicated areas.

For the second year in a row, Team members survey results rank both Leadership & Direction and Environment as their top recognition in satisfaction.

Top improvement scores from Team Member Experience surveys from 2023 to 2024 were the areas as follows:

- ✓ **89%** = increase of 7% in satisfaction with Leadership and Direction – I feel comfortable reporting 'near misses' or safety concerns
- ✓ **89%** = increase of 19% in satisfaction with Leadership and Direction – There is a sufficient supply of incontinence products in the Home
- ✓ **82%** = increase of 5% in satisfaction with Culture – I would recommend this site or organization to others

In 2025 our focus on Team Member satisfaction improvement will be to increase Team Member Engagement and Development offering more opportunities to be involved with providing input when changes are planned and more opportunities for personal and professional growth.

Safety

Caressant Care continues to conduct a comprehensive review of the Health and Safety Program with an expanded role at corporate office including internal health and safety policies and development of policies, programs and education aimed at enhancing health and safety compliance and accident reduction as well as promoting a culture of safety.

In 2024, Caressant Care introduced safety initiatives with a Preventative Falls program in partnership with CareRx Pharmacy which refers Residents with frequent falls to a Falls Prevention Medication Review system. Enhancements to our Falls program include a 'Falls Tracker' to assist in identifying common causes of falls. Staff at Caressant Care have performance goals aligned with supporting the reduction of falls specific to their roles and responsibilities in the Home.

Palliative Care

Caressant Care endeavours to provide high-quality palliative care. We have an interprofessional committee that meets bimonthly throughout the year where palliative care, pain, trends, success, and concerns are discussed. Our palliative care program strives to help the resident and their family/caregiver to: address physical, psychological, social, spiritual, and practical issues, and their associated expectations needs, hopes, and fears; prepare for and manage end of life choices and the dying process; cope with loss and grief; treat all active issues and prevent new issues from occurring; and promote opportunities for meaningful and valuable experiences, and personal and spiritual growth.

The goals of our program include but are not limited to, relieve suffering for residents and family members, improve quality of life during illness and death, provide a dignified death for residents, provide support and resources to residents, team members and families, develop and evaluate individualized care plans to ensure specialized care needs are met and consider physical, emotional, psychological, social, cultural, and spiritual needs.

Education is provided to all nursing team members on orientation and annually regarding palliative care and end of life.

People with a serious illness have their palliative care needs identified early through a comprehensive and holistic assessment with timely access to support. Goals-of-Care Discussions are in place with consent and Advance Care Planning.

We have three indicators related to palliative care/end of life as part of our performance measurement and management program that are documented and monitored monthly.

With our completely renovated palliative care room, we offer serenity to our Residents and compassion to their loved ones at their end of life.

Population Health Management/Community Partnerships

As part of our Caressant Care strategic planning process data and information was gathered regarding Ontario's population for health and social needs. These insights helped to inform the design of our strategic and operational plans for initiative-taking, person-centred, cost-effective, equitable, and efficient solutions with the goal of improving the health needs of current and future residents while reviewing current and future trends regarding care and well-being. Opportunities for various community and business partnerships were identified and included in these plans.

Caressant Care Arthur continues their community partnerships with Conestoga and Georgian Colleges for student placement opportunities. Caressant Care is also in partnership with Centers for Learning Research Innovation in Long Term Care (CLRI) and Research Institute for Aging (RIA) PREP LTC initiative that helps Homes expand student placement programs for Personal Support Workers, Registered and Practical Nurses as well internally educated nursing (IEN) in Ontario.

Resident-Centred Care

We continue to promote our resident-centred philosophy with a continued focus on language in 2025. We plan to discuss and engage team members at each meeting with a brief discussion of language and examples of resident-centred care, as well as other initiatives throughout the year.

Attachments:

Resident and Family Experience Survey Summary and Action Plan 2025
QIP Information – 2025 Workplan

Resident Experience Survey Summary and Action Plan 2025

Date:
February 26 th 2025

Number of Participants:
17 – year-end 2024

Top 3 Successes:
1. 2023: 70% to 2024: 100% = 30% increase in satisfaction with Health & Wellness – Incontinence products meet needs
2. 2023: 79% to 2024: 100% = 21% increase in satisfaction with Health & Wellness – Get health services needed
3. 2023: 62% to 2024: 81% = 19% increase in Resident Focus – Would recommend us

Top 3 Areas of Improvement:	Plan:	Responsible Person(s):	Date:
1. Team Members - Staff Staff engage in friendly conversation 2023: 56% 2024: 76% 2025 goal: 85% *continued QI from 2024	<ul style="list-style-type: none"> Customer Service Module 1 & 2 completion for all staff through Surge Learning Share information about Residents personal history through move-in process, informed huddles, Trivia Team Building exercises such as 'who am I' Conversation Starter boards posted in dining room with questions to engage the residents. To be monitored through daily walkthrough with in the moment feedback. 	ED Management Team FNM	June 30 th 2025 Ongoing throughout the year Ongoing throughout the year
2. Team Members - Staff Staff ask how needs can be met 2023: 50% 2024: 65% 2025 goal: 75% *continued QI from 2024	<ul style="list-style-type: none"> Customer Service – Complaints, Concerns & Comments education for all staff through Surge Learning Reminder pins 'how can I help?' Questionnaire to team members regarding familiarity of the resident history, preferences, and person-centered care approach	ED ED	June 30 th 2025 and ongoing March 31 st 2025 and ongoing
3. Health and Wellness - Activities There are meaningful things to do in the evening if I wish to 2024: 76% 2025 goal: 85% *new QI for 2025	<ul style="list-style-type: none"> Create mini surveys that asks the residents if the activity was meaningful after finishing the program Based on resident feedback, reintroduce evening programs such as card games, pub nights, external entertainers, and fire side chats. 	Act Co Act Co	March 31 st 2025 and ongoing June 30 th 2025 and ongoing

Survey Feedback:

Shared with:	Date:	Comments:
Residents	April 17th 2025	
Families	April 24th 2025	
Team Members	April 10th 2025	
Others (PAC)	April 24th 2025	

Family Experience Survey Summary and Action Plan

Date:
February 26 th 2025

Number of Participants:
10 – year-end 2024

Top 3 Successes:
1. 2023: 38% to 2024: 100% = increase of 62% in satisfaction with Resident Focus – Can bathe/shower anytime
2. 2023: 65% to 2024: 89% = increase of 24% in satisfaction with Health & Wellness – Get health services needed
3. 2023: 71% to 2024: 100% = increase of 29% in satisfaction with Resident Focus – Would recommend us

Top 3 Areas of Improvement:	Plan:	Responsible Person(s):	Date:
1. Resident Focus Staff engage in friendly conversation. 2023: 59% 2024: 89% 2025 goal: 90% *continued QI from 2024	<ul style="list-style-type: none"> Customer Service Module 1 & 2 completion for all staff through Surge Learning Share information about Residents personal history through move-in process, informed huddles, Trivia Team Building exercises such as 'who am I' Conversation Starter boards posted in dining room with questions to engage the residents. To be monitored through daily walkthrough with in the moment feedback. 	ED Management Team FNM	June 30 th 2025 Ongoing throughout the year Ongoing throughout the year
2. Staff Staff ask how needs can be met 2023: 76% 2024: 78% 2025 goal: 85% *continued QI from 2024	<ul style="list-style-type: none"> Customer Service – Complaints, Concerns & Comments education for all staff through Surge Learning Reminder pins 'how can I help?' Questionnaire to staff regarding familiarity of the resident history, preferences, and person-centered care approach 	ED ED	June 30 th 2025 March 31 st 2025
3. Health and Wellness Participates in meaningful activities 2024: 25% 2025 goal: 50% *new QI for 2025	<ul style="list-style-type: none"> Reach out to families via phone calls with customer service specific to meaningful activities for their loved ones and provide updates on the resident's interaction and available programming. Ask family if they would like to participate in the upcoming programs. OneCall messaging to families on what is happening in the home. 	Act Co Act Co	March 31 st 2025 and ongoing

Survey Feedback:

Shared with:	Date:	Comments:
Residents	April 17th 2025	
Families	April 24th 2025	
Team Members	April 10th 2025	
Others (Please specify)	April 24th 2025	

All request for follow up are complete:

Yes emailed 2 respondents by email Feb 26/25

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively (most of the time/always) to: "I feel I have a voice and staff listen to me."	C	% / Residents	In-house survey / Jan - Dec 2025	70.00	75.00	Based on Survey Results from 2024 and in-house benchmark performances.	

Change Ideas

Change Idea #1 1. Survey Residents and Team Members for ideas for improving how Residents can feel respected by team members. 2. Continue to promote participation in Resident's Council 3. Implement multiple avenues of communication for Residents to provide feedback

Methods	Process measures	Target for process measure	Comments
1. Add as a standing agenda item at Resident Council and Team Member meetings 2. Activity Department to educate Resident on the importance of 'their voices' and encourage attendance to monthly Resident Council meetings 3. ED to promote use of Suggestion Box, Open-door policy, Visual aids as team member reminders of person-centered/customer service approach and continued education on respecting and promoting Resident Rights, the importance of Resident-centred approach through on-line education by Surge Learning, signage and communication boards	1. Review survey results mid-year and adjust change ideas methods as necessary dependent on current methods effectiveness 2. Report monthly attendance records (attendance/# of beds), quarterly at CQI meetings and annually with Quality Progress Reports 3. Report Surge Learning education completion rates, record observations on daily walk throughs use of person-centred language, suggestion box and relevant signage	Our goal is to increase overall satisfaction by 5 % of the percentage of residents responding positively (most of the time/always) to: "I feel I have a voice and staff listen to me." from January 2025 to December 2025.	