



Quality Progress Report for 2024

Caressant Care ARTHUR

March 2025

Caressant Care Nursing and Retirement Homes Ltd.

Brief Summary of Quality Improvement Achievements fiscal year 2024:

Building and Environmental Improvements:

- ✓ New sprinkler system installed
- ✓ Tub/Shower room renovated
- ✓ Replaced Nursing Station
- ✓ Renovated Palliative Care Room

Clinical Programs:

Safe Lift & Transfers: We replaced all our mechanical lifts in the first part of 2024. All lifts now include weigh scales to promote consistent weight review.

Focus on Electronic Health Record Consistency: In 2024, we conducted a thorough review of Resident Electronic Health Records (EHRs) to identify any gaps and standardize EHR utilization. Consistency in EHRs fosters trust with both those we care for and external stakeholders.

UDA Schedules Turned on: The implementation of automatic scheduling for User Defined Assessments (UDA) in PointClickCare has enhanced visibility of upcoming, due, and overdue Resident assessments. This system provides clear assignments for frontline nurses and allows for easy oversight by managers and the corporate operations team, thereby increasing compliance and streamlining performance management.

Care Plan Library: Caressant Care has developed a customized care plan library that incorporates resident-centered language. We have reduced the number of focuses to minimize overlap and established clear parameters for care plan content. This will result in shorter, more navigable care plans. The Kardex feature is now organized to provide pertinent care directions to frontline team members. This project also promotes increased incorporation of Resident preferences, enhancing individualized care.

Clinical Improvements:

- ✓ Enhanced functionality of our electronic documentation system (PCC)
- ✓ Upgrades to Electronic Medication Administration (EMAR) system with barcoding system
- ✓ New Clinical Equipment including mechanical lifts and slings
- ✓ Geriatric Psychiatrist, Massage Therapy and Mobile Hearing Clinics
- ✓ New therapeutic mattresses for resident specific needs

Communication and Technology:

Website Upgrade: In 2024, Caressant Care completed an extensive review and update to our website, promoting transparency, other enhancements and promoting a more user-friendly experience.

Infrastructure: In 2024 we continued to update and revise our infrastructure by updating WIFI and connections.

Accounting: We have streamlined and automated our accounts payable process for redundancy and efficiencies when paying invoices.

Education: In 2024 the online learning management system was updated and reviewed to ensure required education modules are available and current.

We continued to implement our communication strategy with the purchase of more mobile devices and laptops, to promote efficiencies for our team members and to connect residents and people of importance to them virtually.

Compliance and Performance Improvement

Accreditation: In 2024, we were awarded a 3-year accreditation in Person-Centred Long-Term Care Community, which is the highest award achievable through CARF Canada. This achievement is an indication of our dedication and commitment to improving the lives of our person served. Our home achieved an Accreditation Status that only 3% of organizations receive internationally, with no recommendations.

Internal Auditing Process: In 2023 Caressant Care began an extensive internal auditing process. In 2024 we experienced a Caressant Care Comprehensive Proactive Home Visit through the corporate operations team with subject matter experts doing a thorough review with several audits for every department. Corporate team members completed various audits to identify any gaps, and a corrective action plan was created with dates for implementation.

Roadmap to Success: our comprehensive, all-encompassing tool was revised in 2024 and edited to include additional areas to document performance monitoring to track and review all meetings, document performance indicators, complete program evaluations, complete analyses and tracking all emergency exercises.

Infection Control:

Caressant Care recognizes the correlation between infection control practices and keeping our residents safe. Caressant Care has a dedicated IPAC lead. Monthly community of practice calls were implemented for networking and sharing resources.

A comprehensive review of Infection Prevention and Control (IPAC) policies was conducted in 2024 with input from a certified IPAC professional. We incorporated emerging best practices, including the updated Canadian Tuberculosis Standards and Public Health Ontario's recommendations on the screening and management of CPE (carbapenemase-producing Enterobacteriaceae), an emerging antibiotic-resistant organism in Canada. Additionally, we integrated COVID-19 protocols throughout the manual, moving away from COVID-specific processes to adapt to our 'new normal' in alignment with the most recent Ministry of Long-Term Care guidelines.

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 previously 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 in the Resident Satisfaction Survey results from 2023 to 2024, some examples are below:

81% = 19% increase in satisfaction – Would recommend us!

100% = 30% increase in satisfaction – Incontinence products meet needs!

100% = 21% increase in satisfaction – Get health services needed!

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

100% = increase of 29% in satisfaction – Would recommend us!

89% = increase of 24% in satisfaction – Get health services needed!

100% = increase of 62% in satisfaction – Can bathe/shower anytime!

Based on feedback received from residents and family members we revised our Satisfaction Survey process. In 2024 we 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.

Please see attached Progress of Survey Actions 2024

Other Comments:

Resident Centred- Philosophy: In 2024 we promoted our resident-centred philosophy with a focus on language. A brief review of language and examples of resident-centred care were provided and discussed at each meeting as well as other initiatives throughout the year.

Additional initiatives or achievements from 2024 are the following:

- ✓ Increased Clinical Hours to support 'new' RPN Lead position
- ✓ Designated Palliative Care Lead
- ✓ Increase in full-time employment opportunities
- ✓ Reduction in ER visits
- ✓ No outbreaks in over 12 months

Progress Summary from our Quality Plan 2024

Attachments include:

QIP Progress Report for 2024

Progress of Survey Actions 2024

Experience | Patient-centred | **Custom Indicator**

Indicator #2	Last Year		This Year		
	Staff-Resident Bonding: Some of the staff know the story of my life (Caressant Care Arthur Nursing Home)	65.00	75	82.00	26
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Resident personal history obtained by formal interview upon move-in. Consents obtained to post personal history of resident in the home, Continue to celebrate resident of the month. Ensure plan of care is complete with personal history. Pre-move-in notice to team members on all new residents planned move-ins, Customer Service & Resident-centred care education for all team members.

Process measure

- Recreation department to report quarterly how many residents consented to share their story, how many move-in stories they obtained, how many stories were posted in common areas and private (resident rooms). In addition, Recreation department to report on how many Staff-Resident Bonding specific questionnaires were completed and their percentage scores of satisfaction. RAI Coordinator to report on completion rates of personal history data in plan of cares. Administration to report quarterly on percentage of staff completing the Customer Service & Resident-centred Care education modules through Surge Learning.

Target for process measure

- Survey results will increase by 10 % to 75 % by December 2024 results to the question: Staff know the story of my life if I want them to.

Lessons Learned

Resident Focus categories from our 2023 satisfaction survey results identified this area requiring significant improvement in satisfaction. In 2024, many of our quality initiatives supported this focus by having our Plans of Actions for improving quality scores focus on providing optimum person-centred care with a customer service approach. Results from our satisfaction surveys in 2024 have proven a success in increased satisfaction with a percentage improvement of 26 % in this quality initiative.

Comment

In 2025 we will continue this trend of providing optimum person-centered care with a customer service approach.

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #1	11.00	8	4.70	57.3	NA
Percentage of residents who fell with injury resulting in a significant change in the residents health status (Caressant Care Arthur Nursing Home)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 **Implemented** **Not Implemented**

Resident assessed upon move-in, quarterly and change in condition for risk factors on falls with injury. Assess Resident Risk Factor for injury with falls, utilize the A,B,C assessment tool in the Scott's Fall Assessment tool, identify assessed risk in care plan, educate all staff on preventative measures for injury with falls, safe lift & transfer training and, introduce new mechanical lifts and appropriate training and support. Quarterly review of prescribed medication to ensure that risks are addressed and reduced as appropriate through pharmacological interventions. Seek out external resources for education on falls and injury prevention.

Process measure

- -# of falls with injury statistics reported at monthly and quarterly meetings as identified -percentage education completed reported quarterly

Target for process measure

- Overall reduction of resident falls with injury by 3% by the end of December 2024.

Lessons Learned

Exceeding our performance target in this quality initiative was reflected with the following change ideas implemented in 2024:

- New program supported by our pharmacy provider that refers Residents with frequent falls to a Falls Prevention Medication Review system
- Implementation of a company wide 'Falls Tracker' to assist in identifying common causes of falls
- Performance Reviews for all team members to identify a goal specific to department contributions on supporting the prevention of Resident (s) falls and injury.

Comment

This quality initiative was successful as evidenced by exceeding our initial target with a percentage improvement of 57.3 %. We are happy with the results.

Progress of Survey Actions 2024

Resident Survey

Focus and Score	Date Implemented:	Outcome of the Actions:	Role of Resident Council/Family Council/PAC and CQI:	Comments
1. Resident Focus Staff engage in friendly conversation. 2023: 56% 2024: 76%	March 31 st 2024 with new hires and added to all staff Surge Education for 2025 June 30 th 2024 Did not implement June 30 th and quarterly thereafter – shared bi-annually with survey results	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’ Mini surveys quarterly Update data collected monthly, report quarterly through Quality Meetings	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	2024 Survey Results: 76% satisfaction = increase of 20% from 2023 to 2024 *continue quality improvement into 2025
2. Staff Staff ask how needs can be met 2023: 50% 2024: 65%	March 31 st 2024 with new hires and added to all staff Surge Education for 2025 June 30 th 2024 – did not implement June 30 th and quarterly thereafter – shared bi-annually with survey results	Customer Service – Complaints, Concerns & Comments education for all staff through Surge Learning Reminder pins ‘how can I help?’ Role-play activities through in-service education Mini-surveys quarterly Update data collected monthly, report quarterly through Quality Meetings	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	2024 Survey Results: 65% satisfaction = increase of 15% from 2023 to 2024 *continue quality improvement into 2025
1. Patient-Centred Some of the staff know the story of my life 2023: 64% 2024: 82%	Monthly - ongoing March 31 st 2024	Resident of the Month celebrations Staff engagement in move-in Activity Programs, ‘My Story’ shared with staff	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	2024 Survey Results: 82% satisfaction = increase of 18% from 2023 to 2024 QIP Goal of 75% satisfaction exceed by 7% to 82%!

Family Survey

Focus and Score:	Date Implemented:	Outcome of the Actions :	Role of Resident Council/Family Council/PAC and CQI:	Comments
1. Resident Focus Staff engage in friendly conversation.	As above	As above	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's	2024 Survey Results: 89% satisfaction = increase of 30% from 2023 to 2024

<p>2023: 59% 2024: 89%</p>			Council/PAC and CQI	
<p>2. Staff Staff ask how needs can be met. 2023: 76% 2024: 78%</p>	As above	As above	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	<p>2024 Survey Results:78 % satisfaction = increase of 2% from 2023 to 2024</p>
<p>3. Patient-Centred Some of the staff know the story of my life. 2023: 53% 2024: N/A</p>	As above	As above	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	<p>*Not surveyed in 2024 for families (Question was removed based on feedback from residents and families regarding survey changes.) Resident responses indicate positive improvement for the same question at 82 %.</p>

Communication of Results

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

Surveys were available for both families and residents to participate in throughout 2024. Surveys were available in hard or soft copy with links provided and were also posted in the home. Results were summarized in July 2024 (January-June participation) and January 2025 for overall review (January-December 2024 participation).

Feedback for survey content is solicited at Resident Council Meetings and from families throughout the year. We have revised our 2025 surveys based on feedback received.