



Quality Plan 2025

Caressant Care on Bonnie Place

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 Food Committee and Resident's Council 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, Immigration, Training and Skills Development, 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, 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 leader is Crystal Forbes.

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

At Caressant Care we continue to improve programs and services as well as home enhancements as detailed below. We recognize the importance of consistent care and continue to work with community partnerships to enhance our programs and strengthen our health human resources.

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.

In 2025, we will be focusing on supporting residents with access to care in the right place at the right time. One of our planned improvements is a focus on decreasing the number of residents sent to the emergency room for situations that can be managed effectively within our home. We will be focusing on staff education, communication and working with clinical support regarding decisions to send a resident to the hospital.

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.

List any home specific environmental goals or improvements for 2025

1. Replacement of one of our make-up air units in our home.
2. Repairs to our roof to aid in better dispersant of water away from the entrances to the home.

3. Improvements to our resident spa rooms.

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.

Electronic Health Records: In 2025, Caressant 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 Caressant Care and externally with our community partners.

Staff Schedule Care (SSC): In 2025, we will begin using Staff Schedule Care for staff scheduling and payroll. SSC will improve efficiency within our home by ensuring union compliance with our scheduling, tracking of time and attendance. Staff will be able to utilize a self-serve option to access schedules, timecards, memos, and time bank balances.

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 promotes residents' confidentiality.

Equity and Indigenous Health

Caressant Care is committed to providing improved and equitable access, experience, 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:

Caressant 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

Caressant 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.

In 2025, we will be focusing on improving collaboration between our interdisciplinary teams, communicating as a team when changes are proposed or made in the home, and focusing on increasing educational opportunities for our team. We hope that by focusing on these areas we will be able to further increase our team members' experience at Bonnie Place.

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.

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.

Our team will also be focusing on improving the atmosphere in our palliative care room by updating the wall colour and updating some of the furniture and amenities in the space. We plan to purchase a new palliative care cart and a reclining chair/bed to enhance users' comfort.

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.

As a way of supporting with current health workforce challenges, we will continue to support with student partnerships. We continue to work with longstanding school partnerships and to identify new opportunities for partnerships. We look forward to mentoring students in all disciplines of our team.

Our home's internal Behavioural Support Ontario (BSO) team works with our residents, their families and our team to support our residents with responsive behaviours. We collaborate with our local external BSO team for additional supports as needed.

At Bonnie Place we continue to focus on strategies to improve the engagement and satisfaction of our team. This year we are focusing on staff recognition, collaboration when changes are being made in our home and educational opportunities for our team. We will continue to focus on communication as a way of identifying areas of potential quality improvement.

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 Plans 2025

QIP Information Workplan 2025

Resident Experience Survey Summary and Action Plan

Date:
February 26, 2025

Number of Participants:
14 Residents

Top 3 Successes:
1. I have the freedom to come and go when I wish. 92 % (Increase of 47.98%)
2. I can have a bath or shower at the times that I have picked. 92 % (Increase of 66.79%)
3. I have opportunities to do things with others if I wish to. 98 % (Increased by 67.69)

Top 3 Areas of Improvement:	Plan:	Responsible Person(s):	Date:
1. I enjoy meal times. (73.3%)	<ul style="list-style-type: none"> Audit 10 of residents per week for 3 weeks for feedback on dining experience (at the end of meal service) <ul style="list-style-type: none"> Food quality Quality of service Quality of atmosphere Review audits to identify additional areas for improvement as necessary Increase frequency of resident choice meals to include 1 resident choice meal at lunch for each 3 week menu cycle Increase frequency of activity supported meals to 1 meal per month PIECES assessments for residents that call out during meal service to help identify possible interventions to support these residents Trial dining space in the resident lounge off the front entrance Review seating plan (vocal expressions in the small dining room, personality matches at tables) 	FNM	March 31, 2025
		FNM	April 30, 2025
		FNM	April 30, 2025
		AD	April 30, 2025
		BSO RPN	May 31, 2025
		Bonnie Place Team Bonnie Place Team	May 31, 2025 May 31, 2025
2. I'm bothered by the noise here. (45%)	<ul style="list-style-type: none"> PIECES assessments for residents that call out to help identify possible interventions to support these residents Minimize overhead paging. Try to use overhead paging for emergencies only (and for nurses to come to the phone until new cordless phones are purchased) Minimize staff conversations in hallways near resident rooms 	BSO RPN	May 31, 2025
		Bonnie Place Team	June 30, 2025
		Bonnie Place Team	May 31, 2025
3. Food served at the right temperature (73.33%)	<ul style="list-style-type: none"> Inventory of number of insulated tray covers Purchase of additional insulated tray covers for tray carts so that all resident trays have cover Audit temperatures throughout tray service to ensure temperatures remain within appropriate range during tray service Utilize tray covers for meals that will be served last to help maintain temperatures until sufficient covers purchased for all trays 	FNM	March 15, 2025
		FNM	December 31, 2025
		FNM & Dietary Team	May 31, 2025
		Dietary Team	May 31, 2025

Survey Feedback:

Shared with:	Date:	Comments:
Residents	March 6, 2025	<ul style="list-style-type: none"> • Shared during meeting with residents. Resident's helped to identify the top 3 areas for improvement. • Copy of Resident survey and action plans provided to Resident Council President, Wanda Hepburn. Copies available for residents if interested. • Completed Action Plans to be shared with resident's during resident's council meeting in March.
Families	February 26, 2025	<ul style="list-style-type: none"> • One call message sent to families informing them of survey highlights and that the full survey results are available on the Quality Improvement Board
Team Members	February 26, 2025	<ul style="list-style-type: none"> • Town Hall Meeting
Others (Please specify)	February 26, 2025	<ul style="list-style-type: none"> • Posted on Quality Improvement Board • Emailed to CQJ/PAC group

All request for follow up are complete:

- Yes
 No

Family Experience Survey Summary and Action Plan

Date:
February 25, 2025

Number of Participants:
2

Top 3 Successes:
1. Insufficient survey response to gather data
2.
3.

Top 3 Areas of Improvement:	Plan:	Responsible Person(s):	Date:
1. Increase family experience survey involvement	• Resume regular newsletters to families that include the QR code for the survey	ED	June 30, 2025
	• Post QR code for Family Experience Survey within the home	ED	March 31, 2025
	• Provide families a paper copy of the survey during care conferences	AD	March 31, 2025
	• Reach out to families by phone to support with completing survey	AD	June 30, 2025

Survey Feedback:

Shared with:	Date:	Comments:
Residents	February 26, 2025	• Encouraged them to have their loved ones complete the survey so we can focus improvement initiative on areas identified by family members
Families	March 4, 2025	• Message sent to families through OneCall to update them on results of 2024 family experience survey. Links to survey provided in email and text message delivery modes in OneCall for easy access for families.
Team Members	March 6, 2025	• Update on 2024 family experience survey results discussed at town hall meeting. Increasing family participation discussed
Others (Please specify)		

All request for follow up are complete:

- Yes
 No

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 1, 2023, to Sep 30, 2024 (Q3 to the end of the following Q2)	38.89	33.90	We have recognized this as an area of improvement and want to work towards this goal to enhance the quality of the lives of our residents and strive to move closer to the provincial average benchmark.	

Change Ideas

Change Idea #1 1.Enhance staff training on early recognition and management of common conditions that may result in ED visits, such as infections and dehydration
 2.Review use of SBAR Tool with home team to improve communication with NP and physician before transfers . Educate staff on effective communication techniques between members of the health care team and external clinical supports about a resident’s condition 3.Work collaboratively with clinical supports, such as on-site nurse practitioners, and physicians to deliver education, training, and clinical guidance to home team and participate in decisions to transfer a resident to a hospital.

Methods	Process measures	Target for process measure	Comments
ED Data Transfer template to be implemented for ED transfers. Review of SBAR Tool.Data will be discussed monthly at Registered Staff team meetings and quarterly at CQI meetings.Surge Learning modules and in person education sessions will be used to provide education for staff regarding early recognition and management of common conditions and effective communication techniques between members of the health care team. Education opportunities will be available for residents and families through in person sessions and written formats.	ED Data Transfer template data to be reviewed monthly to determine if interventions have shown positive change. Review of education completion as indicated. Data will also be shared during our Town Hall Meetings, Resident Council and CQI Meetings.	The home will endeavour to decrease the percentage of potential avoidable emergency department hospital transfers by 5 %, from 38.9% to 33.9% by December 31, 2025.	