



Quality Progress Report for 2024

Caressant Care on Bonnie Place

March 2025

Caressant Care Nursing and Retirement Homes Ltd.

Brief Summary of Quality Improvement Achievements fiscal year 2024:

Building and Environmental Improvements:

Within the last fiscal year, we installed sprinklers throughout our home to improve safety and assist with fire suppression. Our dining rooms were repainted in a lighter colour to brighten the space for residents. We repaved our driveways towards the back of the property and completed upgrades to our maglock door system and a new wander guard system was installed to improve safety for our residents and staff. Other enhancements to the building included some roof repairs and window replacement.

Clinical Programs:

New lifts: We replaced all our 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.

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 redundance 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.

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, some examples are below:

- ✓ Residents get the health services they need – 96.67 %
- ✓ Residents feel they are treated with respect by the staff – 96.67 %

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.

Fall Prevention Focus: In 2024 we also focused on falls prevention in our home. We increased awareness of fall prevention strategies, increased our team’s awareness of residents that are at a higher risk of falling and which led to a decrease in the number of residents that fall. We held monthly meetings to discuss residents at risk of falling and worked as an interdisciplinary team to create interventions to reduce the number of residents that fell. We were successful at decreasing the number of residents that fell in the 30 days leading up to their assessment from 18.8 to 14.8.

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		
	Percentage of residents who responded positively to the statement "I enjoy meal times." (Caressant Care on Bonnie Place)	57.00 Performance (2024/25)	70 Target (2024/25)	73.00 Performance (2025/26)	28% Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

1. Meet with residents to determine what changes they would like to see to increase their enjoyment at meal times. 2. Look at current dining room service model and determine if a change to two separate seating times would be achievable to improve the atmosphere in the dining room. 3. Improve the physical appearance of the dining room by painting the dining room, minimize clutter and improve the overall aesthetics of the space.

Process measure

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

Target for process measure

- The home will endeavour to improve resident experience and survey score to 70% for the question: "I enjoy meal times" by December 31, 2024.

Lessons Learned

Successes included:

- A focus on table assignments for residents to create a more person-centred experience for the residents
- Increased awareness of the importance of a pleasurable dining experience for residents through education and discussions with Bonnie Place team members
- Improvements to the physical environment by painting the room to brighten the space and installing blinds on the exterior door to reduce glare

Comment

This quality initiative was successful as evidenced by exceeding our initial target with a percentage improvement of 28 %. We are happy with the results. Additionally, we will continue to focus on this quality indicator throughout 2025 to further improve our residents’ dining experience.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #1	18.81	15	14.78	21.42%	NA
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Caressant Care on Bonnie Place)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

1. Increase presence on the floor by having PSW/HCA complete documentation while observing a resident that is a high risk of falling. 2. Increase the awareness in the home of the residents that are at high risk of falling. Discuss at Town Hall meetings and interventions in place to decrease fall risk. Involve the multidisciplinary team with identifying possible fall prevention interventions. 3. Fall prevention education for multidisciplinary team, residents and families.

Process measure

- % decrease in residents that fall evidenced by interRAI assessments

Target for process measure

- The home will endeavour to decrease the percentage of LTC residents who fall in the 30 days leading up to their assessment to 15% by December 31, 2024.

Lessons Learned

Successes include:

- Monthly interdisciplinary meetings to discuss residents at high risk and identify interventions to help prevent future falls
- We increased awareness of fall prevention strategies, increased our team's awareness of residents that are at a higher risk of falling and which led to a decrease in the number of residents that fall

Comment

This quality initiative was successful as evidenced by exceeding our target with a percentage improvement of 21.4 %. We are happy with the results and are now below the current provincial average for this indicator.

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:
<p>I can easily go outdoors if I want – 2023 score – 41.61%</p> <ul style="list-style-type: none"> Communication with residents that if they would like to go outside and they need assistance we would assist them Activity team supporting residents that would like to go outside 	<p>Apr 1/24</p> <p>Apr 1/24</p>	<p>100% of residents surveyed responded favourable (most of the time or always) for the question "I can go outdoors if I want to (with assistance if necessary)" during the 2024 resident experience survey.</p>	<p><input checked="" type="checkbox"/> Shared Initiative</p> <p><input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI</p>	<p>The question regarding residents being able to go outside was revised for the 2024 survey. This question change and improved communication to residents and team members supported with the improved experience scores.</p>
<p>I can have a bath or shower as often as I want – 2023 score - 30.65%</p> <ul style="list-style-type: none"> Confirmed that resident shower/bath times align with resident's preference 	<p>Apr 30/24</p>	<p>91.52% of residents surveyed responded favourable (most of the time or always) for the question "I can have a bath or shower at the times that I have picked" during the 2024 resident experience survey.</p>	<p><input checked="" type="checkbox"/> Shared Initiative</p> <p><input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI</p>	<p>The question regarding residents baths and showers was revised for the 2024 survey. This question change and confirming resident preferences supported with the improved experience scores.</p>
<p>I enjoy mealtimes – 2023 score – 56.26%</p> <ul style="list-style-type: none"> Working group created to look at idea of two separate meal services Painting of the dining room – lighter colour to brighten the space Reviewing seating plans to accommodate resident preferences where able 	<p>Feb 16/24</p> <p>Apr 25/24</p> <p>Apr 30/24 and ongoing</p>	<p>73.33% of residents surveyed responded favourable (most of the time or always) for the question "I enjoy mealtimes" during the 2024 resident experience survey.</p>	<p><input checked="" type="checkbox"/> Shared Initiative</p> <p><input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI</p>	<p>Residents shared that they were very happy with the new colours in the dining room. Communication regarding this being a focus for improvement also brought more awareness to the team regarding mealtime service. We were unable to make changes to the dining service delivery methods. Looking into alternative options in 2025.</p>

Family Survey

Focus and Score:	Date Implemented:	Outcome of the Actions	Role of Resident Council/Family Council/PAC and CQI:	Comments:
<p>My family member enjoys mealtimes</p> <p>2023 score 50 %</p> <ul style="list-style-type: none"> Working group created to look at idea of two separate meal services Painting of the dining room – lighter colour to brighten the space Reviewing seating plans to accommodate resident preferences where able 	<p>Feb 16/24</p> <p>Apr 25/24</p> <p>Apr 30/24 and ongoing</p>	<p>Low family experience survey response for 2024 survey (2 responses) so unable to determine family members satisfaction related to changes made.</p>	<p><input checked="" type="checkbox"/> Shared Initiative</p> <p><input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI</p>	<p>73.33% of residents surveyed responded favourable (most of the time or always) for the question "I enjoy mealtimes" during the 2024 resident experience survey.</p>
<p>My family member can go outdoors if they want to with assistance if necessary</p> <p>2023 score 40 %</p> <ul style="list-style-type: none"> Communication with residents that if they would like to go outside and they need assistance we would assist them 	<p>Apr 1/24</p>	<p>Low family experience survey response for 2024 survey (2 responses) so unable to determine family members satisfaction related to changes made.</p>	<p><input checked="" type="checkbox"/> Shared Initiative</p> <p><input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI</p>	<p>100% of residents surveyed responded favourable (most of the time or always) for the question "I can go outdoors if I want to (with assistance if necessary)" during the 2024 resident experience survey.</p>

• Activity team supporting residents that would like to go outside	Apr 1/24			
Some of the staff know the story of my family member's life. 2023 score 25 %		Low family experience survey response for 2024 survey (2 responses) so unable to determine family members satisfaction related to changes made.	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	90% or residents surveyed responded favourable (most of the time or always) for the question "Staff know the story of my life if I want them to."

Communication of Results

Who:	Date Shared:	Feedback/Comments:
Resident Council	March 6, 2025	
Family Council	February 26, 2025	Shared with families using OneCall as no family council in the home at this time
Team Members	February 26, 2025	
PAC/CQI	January 28, 2025	
Others (please list)		

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.