



# Quality Plan 2025

Caressant Care Bourget

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 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, 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 lead is Vicky Bertrand.**

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 Bourget 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.

Areas of focus for quality improvement will be falls prevention, specifically the indicator capturing the percentage of residents who fell during the 30 days preceding their assessment as well as participating in the new Move-In initiative.

#### **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.

To support resident access to care in the right place at the right time, our home will continue to work with residents, team members, families, physicians and other external collaborators such as Dynacare, Lifemark physiotherapy, and WMI (X-ray company) . Our home continues to have a doctor available for support on-call 24 hours a day, 7 days a week.

#### **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.

Our home specific goals for 2025 for building and environmental improvements include:

1. Renovating the 2<sup>nd</sup> floor nursing station
2. Renovating some resident washrooms
3. Renovation/Refurbish Palliative Room
4. Window replacements

### **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.

In 2025, Caressant Care Bourget will be transitioning to Staff Schedule Care, a new paperless scheduling and payroll submission application that will facilitate regular and/or emergency team member call-ins, provide consistency, clear communication and may help support staffing levels.

## **Equity and Indigenous Health**

Caressant 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:**

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 Plans 2025**

#### **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.

At Caressant Care Bourget we encourage team members to continuously provide feedback either directly to their manager on Surge Learning or simply write their ideas and suggestions and place them in the suggestion box.

One of our goals for 2025, which was identified in the Team Member Survey results, is to increase and ensure strong and effective communication between management and team members as well as between team members/management and residents, family members, collaborators, etc. Communication plays a big role in recruitment and retention of team members and external collaborators.

We also plan to continue celebrating each department based on their annual appreciation days. i.e.: Nurse's Appreciation Week, Dietary Appreciation Week, Environmental Team Members Appreciation Week and more.

#### **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.

We continue to work closely with our external collaborators Lifemark to reduce the percentage of falls in the home and to identify action plans for the recurring falls. We plan to collaborate with them and involve them in our team member education sessions to promote and provide a full team effort on this quality improvement initiative.

Caressant Care Bourget also has a strong Joint Health and Safety Committee with 2 certified team members and 2 certified management team members. It's important to us to ensure the safety and well-being of residents, team members, families, external collaborators and more.

Upon hire, a member of the Joint Health and Safety Committee orientates the team members on Health and Safety policies and procedures, which also includes a tour of the Home, identifying all emergency plans, Health and Safety communication board, equipment access and locations and more.

### **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.

### **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.

At Caressant Care Bourget, we aim to partner with local colleges and university for student placement and potential future hires.

We work closely with the PREP LTC initiative where international nurses are sent to our home upon approval and are to work with one of our preceptor charge nurse. This has shown to be beneficial for both the student and the home and is also a great recruitment, retention and funding opportunity for the home.

### **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 Workplan 2025

## Resident Experience Survey Summary and Action Plan

<b>Date:</b>
January 22, 2025

<b>Number of Participants:</b>
5

<b>Top 3 Successes:</b>
1. Residents feel they have a voice and team members listen - 100%
2. Team members ask how needs can be met - 100%
3. Residents enjoy mealtime - 100%

Top 3 Areas of Improvement:	Plan:	Responsible Person(s):	Date:
1. Team members engage in friendly conversation – 2024 score 80%	Encourage all team members to take the time to have friendly conversations with residents when passing them in the hallway and when they are providing care, in their rooms, supporting meal service etc.. Continue to promote person-centred language.	All Management and team members	January 31st, 2025 and on-going reminders/reviews.
1. Can decide what to wear - 2024 score 80%	Review Residents' Bill of Rights and opportunities to engage residents in getting dressed and what they wish to wear with team members during department meetings and/or huddles.	ADOC/DOC	January 31st, 2025 and on-going review.
1. Would recommend us - 2024 score 80%	Attend resident council and ask residents if they have any suggestions on how and what we could improve on. Review survey results and focus on areas of improvement and any comments. Remind residents of our open door policy.	ED/All management and team members	March 18th, 2025.

### Survey Feedback:

Shared with:	Date:	Comments:
Residents	February 19th, 2025	Presented at Resident council.
Families	January 31st, 2025	Posted on the family council board. Will be presented at family council meeting on March 10th, 2025.
Team Members	January 31st, 2025	Posted on quality board and discussions to be had at February department meetings.
Others (Please specify)	PAC	Will be presented at our quarterly PAC/CQI meeting in April.

### All request for follow up are complete:

- Yes  
 No

# Family Experience Survey Summary and Action Plan

<b>Date:</b>
Jan 22nd 2025

<b>Number of Participants:</b>
11

<b>Top 3 Successes:</b>
1. Get health services needed- 100 %
2. Feel privacy respected – 100 %
3. Care and support my family member – 100%

Top 3 Areas of Improvement:	Plan:	Responsible Person(s):	Date:
1. Participate in meaningful activities 2024 score – 67 %	Encourage residents to participate in Resident Council and communicate with Activity Director if they have any recommendations for different activities. Utilize survey feedback for suggestions. Brainstorm new activities and games (suggestion box).	Activity Director	February 19th, 2025 and on-going.
2. Team members ask how needs can be met 2024 score – 67 %	Communicating residents needs at Care Conference and documenting any changes into the care plan. Encourage team members to interact with residents and family members and ask questions about the resident.	All team members	February 2025, On going.
3. Can bathe/shower at chosen time 2024 score – 80 %	Review Residents Bill of Rights with all team members at the department meetings. Review bath and shower schedule at move-in and care conferences and adjust where possible.	ED/All management.	February 26th, 2025

**Survey Feedback:**

Shared with:	Date:	Comments:
Residents	February 19th, 2025	Reviewed at February 2025 residents council. Posted on residents council board January 31st, 2025.
Families	January 31st, 2025	Posted on family council board and will be reviewed at Family council March 10th, 2025
Team Members	January 31st, 2025	Posted on quality board and to be reviewed at February department meetings
Others (Please specify)		Review at PAC/CQI meeting March 25th, 2025

**All request for follow up are complete:**

- Yes
- No

## Safety

### Measure - Dimension: Safe

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	17.61	15.00	Reducing falls remains a priority to ensure residents quality of life. The target is aimed to decrease by 2.6% to move closer to the current provincial average.	

### Change Ideas

Change Idea #1 1. Provide education and training with the help of our external collaborative partners such as Lifemark to review our fall risks and provide additional guidance to the team members on how to manage high fall risk residents and ways to mitigate falls. 2. Improve Fall Committee and communication within the home to identify champions who can educate staff and families on day to day activities that can help reduce falls and provide closer monitoring.

Methods	Process measures	Target for process measure	Comments
<p>1. Team members will provide education to residents, families and the multidisciplinary team for better support. Education to include fall prevention, injury reduction, care plan management, safety monitoring and use of fall prevention equipment. Education will be completed at move in, care conferences and with change of treatment or change in health status. 2. review fall committee membership and encourage team members to participate and provide meaningful feedback. Involve team members from each department, including activity staff. Behavioural Support Nurse will add interventions where required to assist in care plan adaptations to support residents.</p>	<p>Mandatory fall prevention and injury reduction education will be completed annually by 100 % of team members. Fall Program will be reviewed by clinical leadership annually and when required to ensure team members are following tasks and adapting appropriate interventions to meet resident specific needs. Monthly fall meetings will be completed and staff will have access to documented minutes for review.</p>	<p>The home will plan to reduce the number of residents who fell in the 30 days leading up to their assessment by 2 % for a target of 15% by the end of the fiscal year.</p>	