Quality Progress Report for 2024

Caressant Care Bourget

March 2025

Caressant Care Nursing and Retirement Homes Ltd.

Brief Summary of Quality Improvement Achievements fiscal year 2024:

Building and Environmental Improvements:

- Upgraded sprinkler system to ensure a safe and secure environment for all
- New lights for outdoor entrances.
- Emergency Fire Exit Stairwell was repaired.

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. 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, Some examples are below:

- ✓ Residents feel they have a voice and team members listen – 100%
- ✓ Get health services needed – 100%

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

- ✓ Loyalty Question – Would you recommend this organization to others? 91%
- ✓ Families feel the privacy of the residents is respected – 100%

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.

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 nurses. This has proved to be beneficial for both the student and the home and is also a great recruitment, retention, and funding opportunity for the home.

Progress Summary from our Quality Plan 2024

Attachments include:
QIP Progress Report for 2024
Progress of Survey Actions 2024

Access and Flow | Efficient | Optional Indicator

	Last Year		This Year		
Indicator #2 Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Caressant Care Bourget)	**24.39** Performance (2024/25)	**21** Target (2024/25)	**32.50** Performance (2025/26)	**-33.25%** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☑ **Implemented** ☐ Not Implemented

1. We will continue to strive to reduce our current performance by identifying each resident with an ED transfer. Each resident will be monitored and we will work within the care team (internal and external-medical director, attending physicians, and caregivers) and collaborative partners to avoid repetitive visits and for proper identification of residents needs and interventions which can be provided by our home. 2. Increase and improve access to mobile and other services the home offers as a first line to non-emergent issues.

Process measure

- 1. Nursing team to identify residents with a change of health status and apply appropriate interventions and education regarding hospital transfers if avoidable. Identify and monitor falls resulting in hospital transfers. Identify number of care and diagnostic assessments, and sensitive conditions resulting in hospital transfers. Track all meetings using the multidisciplinary tool that all departments can access for reference. Shift huddles occur at every change of team shift with a registered team member for the use of reporting resident changes and identifying risk factors. Identified high risk residents are supported by external partners (Royal Ottawa Hospital, Dementia Society, Geriatric Mental Health Services/local Hospital, Pharmacy, etc.). Extensive review of care plans is completed at time of fall risk and/or a resident is identified as a high risk. 2. Identify the number of residents who are transferred to the ED who are transitioning to end of life and/or comfort measures utilizing the palliative performance scale (PPS) of 30% or less. Maintain education related to avoiding ED visits with admission, changes in status and with each change in treatment. Care plan changes will be adapted to support each resident with the collaboration of their caregiver. Care conferences are completed at 6 weeks, annual and as needed to ensure that the resident, family/caregiver needs are met for communication and education. Quarterly newsletters are also distributed.

Target for process measure

- The home will plan to reduce the number of avoidable ED visits to 21 % by the end of the fiscal year.

Lessons Learned

Some lessons learned are to provide clearer and more understandable information to the family members before deciding to send the Resident to the Emergency Department. Additional education and communication should be provided to the family members during their move-in and annual care conferences, while using a more proactive approach in explaining to the families what interventions can be provided at the home to prevent unnecessary emergency department visits.
Communication of change in status is provided to all departments to maintain continuity within the care circle, this allows the care plan to be updated in real time and affords the best care for the Resident.

Comment

We will continue to focus on reducing the rate of residents who are transferred to the Emergency Department. The optimal goal is to provide care to residents directly from their home as we feel treating residents at the home level increases quality of life and reduces stress on the residents. We will continue to implement these strategies to move closer to our goals and the provincial average while working with our physicians, external collaborators, interdisciplinary team as well as the residents and their family members/POA.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #1	**13.38**	**12**	**17.61**	**-31.61%**	**15**
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Caressant Care Bourget)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ **Implemented**   ☐ Not Implemented

1. Identifying each resident at a high fall risk. Each resident will be monitored and we will work within the care team (internal and external-medical director, attending physicians, and caregivers) and collaborative partners for proper identification of residents needs and interventions which can be provided by our home. 2. Improve Fall Committee 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. 3. Improve interdisciplinary team work such as more inclusion of disciplines like activity to create specific activities unique to the resident to create distractions and deterrents to fall risks.

Process measure

- 1. Identify residents with a change of health status and apply appropriate interventions and education regarding fall prevention and injury reduction. Identify and monitor falls resulting in hospital transfers. Track all meetings using the multidisciplinary tool that all departments can access for reference. Shift huddles occur at every change of team shift with a registered team member for the use of reporting resident changes and identifying risk factors. Identified high risk residents are supported by external partners (Medical Director, Attending Physicians, Pharmacy, etc.). Extensive review of care plans is completed at time of fall risk and/or a resident is identified as a high risk. Care plan changes will be adapted to support each resident with the collaboration of their caregiver. Care conferences are completed at 6 weeks, annual and as needed to ensure that the resident, family/caregiver needs are met for communication and education. Quarterly newsletters are also distributed. 2. Mandatory fall prevention and injury reduction education will be completed annually by all 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. Behavioural Support Nurse will add interventions where required to assist in care plan adaptations to support residents.

Target for process measure

- The home will plan to reduce the number of falls to 12% by the end of the year December 2024.

Lessons Learned

Fall prevention education and training are extremely important and must be completed consistently and communicated with the nursing team – External Collaborators are a great help with providing additional training, resources and tips on how we can prevent or reduce falls. We will continue to review environmental aspects of the home such as adequate lighting, clutter-free rooms, and hallways.

Comment

We will continue with this QIP with a goal of decreasing current percentage by 2.5% to align with the current provincial average.

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 31st 2024 with new hires and added to all staff Surge Education for 2025 June 30th 2024 Did not implement June 30th 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	☑ Shared Initiative ☑ 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 31st 2024 with new hires and added to all staff Surge Education for 2025 June 30th 2024 – did not implement June 30th 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	☑ Shared Initiative ☑ 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 31st 2024	Resident of the Month celebrations Staff engagement in move-in Activity Programs, 'My Story' shared with staff	☑ Shared Initiative ☑ 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	☑ Shared Initiative ☑ Supported by Resident's	**2024 Survey Results: 89% satisfaction** = increase of 30% from 2023 to 2024

2023: 59% **2024: 89%**				Council/PAC and CQI	
2. Staff Staff ask how needs can be met. **2023: 76%** **2024: 78%**	As above	As above		☑ ☑ Shared Initiative Supported by Resident's Council/PAC and CQI	**2024 Survey Results:78 % satisfaction** = increase of 2% from 2023 to 2024
3. Patient-Centred Some of the staff know the story of my life. **2023: 53%** **2024: N/A**	As above	As above		☑ ☑ Shared Initiative Supported by Resident's Council/PAC and CQI	*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 %.

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.