



Quality Plan 2025

Cambridge Country Manor

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 Town Hall meetings where suggestions and concerns can be brought forward, and the Home can inform families of any changes in the Home. These meetings are to be held quarterly if needed. The Town Hall meetings were implemented as the current families have not expressed any interest in establishing a Family Council.

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, 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 (HQP) 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 Mari Duncan.

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 Cambridge Country Manor quality is at the forefront of our operations. Last year we had success in both of our resident-centred Quality Improvement Projects with 23 % percentage improvement for "I can express my opinion without fear" and 17 % percentage improvement for "I feel I have a voice and staff listen to me". We also were extremely proud of our CARF Accreditation Award 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.

We will continue to focus on providing resident-centred care as well this year we are turning a focus on efficiency through the Ontario Health Priority Indicator reduction of unnecessary emergency department visits.

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.

Cambridge Country Manor focuses on developing a relationship with the families and residents which allows us to educate about the Home's ability to provide Comfort Care on site. This conversation begins at move-in, again at the initial care conference and deeper conversations happen with a resident's family when a resident's PPS score becomes 40%, indicating the resident is transitioning into the level of care. Comfort measures are discussed in greater depth, including all that can be provided for their loved ones at the Home.

The Home utilizes as needed our Palliative Care Consultant from the Waterloo Wellington Region. This consultant will assist the Home with suggestions on how to approach families that may be having a

difficult time with accepting the residents condition. They will also assist the nursing team to develop pain management strategies for complex residents. They attend our Palliative Care meetings to allow the Home to recognize early on who may be leaning towards End-of-Life needs

Our Medical Director is also involved in reducing ED sends. Frequent contacts with the Home are made over and above semi-weekly visits, to discuss with any residents that might require medical intervention. Doing this reduces the need for on-call physicians who are not familiar with our residents, which could lead to an ED send.

The Home continues to utilize its relationship with our NLOT nursing team, which will assist the home in managing IVs , tube feeds etc., again reducing the need to send to Emergency Dept.

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.

Home specific environmental goals or improvements for 2025:

1. Plan to replace Septic System
2. Plan to replace call bell system
3. Updating of equipment to enhance cleaning and environmental regime

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, Caessant 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 Caessant Care and externally with our community partners.

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.

Additionally, Cambridge Country Manor is planning to introduce Staff Schedule Care as a new payroll system. The Home will also be receiving new laptops and tablets.

Equity and Indigenous Health

Caessant 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 or an ongoing basis.

Infection Control:

Caessant 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.

The Home's management team continues to have open door policies and has increased the presence in Home Areas allowing team members and residents to interact with each other.

The Home introduced in 2024 a new way of recognizing staff efforts. We provide staff with on-the-spot recognition with thank-you pins monthly and annually there is an extra benefit to getting a pin. This started with just managers, but now team members can recognize each other and in 2025 we are also including families and residents.

The Home also has celebration days and weeks which include things such as pajama days or treats. The Home does this monthly as a way to have fun while working. We also encourage the residents to participate in these days.

The Home has also implemented the mailing of Birthday Cards to team members as an extra way to recognize the team.

These practices are having an impact on the culture of the Home as shown in our Team Survey results:

- Leadership and Direction 96%
- Environment 94%
- Culture 92%

As always, the Home's management team continues to have an open-door policy and encourages the team members to approach any managers at any time to express concerns or just to say hello.

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.

The Home continues to utilize successful safety interventions which are reflected in our CIHI results. These practices are reviewed quarterly and as needed with individual external partners.

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.

The Home has had and continues to have a very strong Palliative/End of Life Care program for many years. We continue to expand the education of all levels of the team by utilizing our Palliative Care consultant for education. They are very involved in the Palliative Care team, PAC meetings and are always available to assist the Palliative/Pain Champion with any questions. The end goal always is a peaceful and as pain free transition as possible at the Home for each resident.

The End of Life/Palliative Care approach of the home includes all departments and uses a holistic viewpoint. The Home strongly feels that every team member has a role to play in the resident's transition as relationships have been established by all. The Team members also are there to comfort and support family members with patience, information, blankets and coffee and sandwiches if needed.

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.

Cambridge Country Manor has long-lasting relationships with Conestoga College. The Home takes both PSW and RPN students for their placements. This has led the Home to participate in the PREP-LTC program which has provided funding to allow the recognition of the preceptors and staff. This participation in furthering student development has improved team member experience.

The Home continues with its outstanding partnership with the region's BSO program. CCM utilizes the many resources available including sending PSWs to the workshops available enabling the home to now have 6 PSWs trained to work as BSO staff as well as the home utilizes our relationship with our Psychogeriatric Consultant who meets with the BSO team to discuss the caseload regularly as well as assisting with the development of plans to manage difficult behaviours of some of our residents.

Cambridge Country Manor can also utilize the assistance of the Psychogeriatric Mental Health team who offer the expertise of a geriatric psychiatrist

The NLOT team offers the Home education for the Registered Team and PSWs. This education is on a large variety of topics. They also will assist the nursing team with education on skills that are not practiced regularly, e.g., IVs, G-tubes.

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:
Feb 10, 2025

Number of Participants:
26

Top 3 Successes:
1. Can express opinions freely – 80 %
2. Residents feel they have a voice and team members listen – 88 %
3. Get health services needed – 80 %

Top 3 Areas of Improvement:	Plan:	Responsible Person(s):	Date:
1. Food-Enjoy mealtimes – 69 %	Make menu changes as per resident requests at next food committee meeting. Change back to homemade desserts Floral arrangements for tables	FNM/SSM	Jun/25
2. Privacy – 58 %	Difficult with layout in home to find private areas to be on their own or to visit with loved ones Education with PSWs/ and all staff regarding, knocking, pulling curtains, introducing selves.	DOC/ADOC	Jun/25
3. Team members ask how needs can be met – 58 %	Education, BSO to remind staff that some behaviours are caused by simple needs, toileting, thirsty, hungry Majority of residents unable to express needs so percentage may not accurately reflect what home is doing	DOC/ADOC	Jun/25

Survey Feedback:

Shared with:	Date:	Comments:
Residents	Feb 6/25	
Families	Jan 25	
Team Members	Jan 25	
Others (Please specify)		

All request for follow up are complete:

- Yes
 No

Family Experience Survey Summary and Action Plan

Date:
Feb 10,2025

Number of Participants:
23

Top 3 Successes:
1. Privacy – 94 %
2. Team members respond appropriately – 100 %
3. Team members engage in friendly conversation – 95 %

Top 3 Areas of Improvement:	Plan:	Responsible Person(s):	Date:
1. Participates in meaningful activities – 40 %	Had no PT activity aid on one weekend, that is now resolved which should help with weekend activities Our age range of residents is vast Have requested an additional aid. When only 1 person difficult to provide multiple programs	ED/ACT	June 25
2. Can bathe/shower at a chosen time – 67 %	Residents are asked when they would like a shower, morning or afternoon. Extra baths/showers are provided as needed and for special occasions. If showers/baths are requested for a specific time eg before dinner this is scheduled, but to have on demand is not feasible	DOC/ADOC	ongoing
3. Opportunities to participate in activities on weekends and evenings – 75 %	Recruited activity aide to support more programs	ED/ACT	June 25

Survey Feedback:

Shared with:	Date:	Comments:
Residents	Feb 6/25	
Families	Jan/25	
Team Members	Jan/25	
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)	28.99	22.00	The Home understands the additional stressors on the local hospitals and impact on our residents when sent unnecessarily. Additionally it is our goal to move towards the current provincial average of 21.66.	

Change Ideas

Change Idea #1 Education of families as to what care can be provided within the Home, including End-Of-life Care. Earlier communication with families when noted decline in residents.

Methods	Process measures	Target for process measure	Comments
Continued education of the registered team to identify early signs of decline as well as communication tools to discuss difficult topics such as End of life. The Homes Palliative Care Consultant will be utilized.	The Home will review NLOT quarterly stats and identify trends. The Home will review monthly with the RAI coordinator and utilize the Emergency Department Visit Tracker to monitor any areas for improvement and % of residents sent to hospital unnecessarily.	We are aiming to reduce unnecessary Emergency Department visits by 5% from 29 to 22% by Dec 2025.	