



Quality Progress Report for 2024

Caressant Care Cobden

March 2025

Caressant Care Nursing and Retirement Homes Ltd.

Brief Summary of Quality Improvement Achievements fiscal year 2024:

Building and Environmental Improvements:

Caressant Care Cobden upgraded the flower beds in front of the Home as part of the external beautification of the Home. The exterior lighting was upgraded in 2024 to provide enhanced safety and security to Residents, team members and visitors.

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.

Enhanced Disciplinary Team: Caressant Care Cobden identified an opportunity to enhance Resident and team member experience through the addition of a specialized team of champions in 2024. Two PSWs have been awarded the role of Restorative Care/BSO Champions in the Home. The positive impact of this team is measurable in subjective and objective data collection from Residents, care teams, family members and our care partners such as BSO, Geriatric Mental Health and Social Worker perspectives.

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 redundancy 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 get the health services they need – 96 %
- ✓ Residents feel privacy is respected – 89 %
- ✓ Residents feel they have a voice and team member listen – 93%
- ✓ Residents feel they can express opinions freely – 95%

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

- ✓ Loyalty Question – Would you recommend this organization to others? -- 100%
- ✓ Families feel care and support of the family member – 88%
- ✓ Team members respond appropriately when my family needs assistance – 94%

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.

The initiation of a Restorative Care/BSO champion program in the last quarter of 2024 has provided a wealth of benefits to Residents, their families and the Home’s care teams under the direction of the BSO Lead RPN. Increased care hours and the development of the Resident Support Services program has led to greater Resident satisfaction for personal care and care of personal belongings. A focus on education has seen benefits in reducing the spread of infection and communicable diseases, an increased level of early detection for wounds and fall risk and wider range of understanding of Resident Rights and needs. Continuous auditing of programs in 2024 led to corrections and higher completion rates for assessments required to ensure our Residents with progressive illnesses are receiving current and effective treatments.

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

Indicator #2	Last Year		This Year		
	Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Caressant Care Cobden)	17.71	15	30.12	-70.07%
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	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. Provide education to enhance awareness of services that our home can provide to support residents and avoid a transfer to hospital.

Process measure

- 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/Pembroke Regional 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 15% by the end of the fiscal year (31Mar25)

Lessons Learned

Indicator #2 goal was not met in 2024 with a substantial increase in ED visits.

Identified gaps include:

- Inadequate information provided by nurses to on-call physicians regarding a Resident’s health status. This gap has prevented physicians from making informed decisions in providing orders for treatments in the Home for Residents experiencing an urgent issue, resulting in physicians ordering transfer to the emergency department for diagnostics and treatment. The SBAR process (Situation, Background, Assessment, and Recommendation) system was implemented in the last quarter of 2024 and has proved more effective in receiving informed treatment decisions that can be provided without emergency room involvement.
- Inconsistent information during the move in process regarding goals and expectations of care has led some Residents/Families to request transfer to the emergency department. Information regarding the availability of in-Home treatments and outcomes needs to be initiated on move-in and during care conferences.

Comment

Although not a focused QIP for 2025, Caressant Care Cobden will continue to focus on reduction of emergency department visits utilizing the SBAR process and a focus on falls reduction.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #1	14.80	12.50	18.36	-24.05%	15
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Caressant Care Cobden)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	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 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. Provide education to enhance awareness of services that our home can provide to support residents to reduce falls and for injury prevention.

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 Physician's, 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 annual and when required to ensure staff 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 residents who fell in the 30 days leading up to their assessment to 15% by the end of the fiscal year (31Mar25)

Lessons Learned

Indicator #1 goal was not met in 2024 with an increase in the percentage of Residents who fell in the 30 days leading up to their assessment. Caressant Care Cobden will continue with this indicator for 2025 to reduce falls and subsequent fall-related injury and transfer to the emergency department.

Identified gaps that will drive the change ideas for the Home in 2025 include the following:

- An increased need for more frequent restorative care programming to promote strength and mobility has been identified and will be met with the initiative of Restorative Care Champions.
- Changes in our Resident population have resulted in an increase in non-ambulatory, ambulatory using aid, and Residents who have are experiencing muscular atrophy. The Fall Program will continue to address these challenges with the additional support of the Restorative Care Champions and our physiotherapy department.

Comment

Our goal was not met for this QIP, and we will plan to continue with this QIP with a focus on falls reduction to align with the current provincial average.

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
Team Members-communication. Staff pay attention. 95% 1. Team Members-communication. Team members ask how needs can be met. 2024 score 88% <ul style="list-style-type: none"> Continuing education with staff regarding importance of prompt attention and prioritization; Management support on floor to offer assistance and monitor 	31 Dec 2023	94% Follow up with Residents on a casual basis confirms that Residents don't feel rushed and find the atmosphere to be more friendly and inclusive. Resident Right to choose are evident with morning care, meals and in their personal space.	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	The outcome percentage has decreased. Team members continue to successfully provide meaningful communication.
Staff ask how needs can be met. 87% <ul style="list-style-type: none"> Staff meeting discussions regarding resident rights / personal right to choose; will be completed quarterly. Increased manager presence on floor for support and encouragement of compliance of rights and therapeutic communication 	31 Dec 2023	88% FNM working on provisioning food items to assist the BSO team with arranging cooking days with those Residents who wish to make their own meal twice monthly. This has been successful; not yet reflected in the survey results. The Food committee has been successful in gaining insight into Resident needs/wants for dietary provision and has brought forth small item extras for snack times.	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	The outcome percentage has increased. Many younger aged Residents in the Home request foods and service that has been atypical in LTC Homes. Two of these Residents are experienced chefs who request a variety of meal items that are not suitable for 60% of the Resident population.
Staff engage in friendly conversation. 87% <ul style="list-style-type: none"> Staff meeting discussions regarding therapeutic communication and the resident bill of rights communication completed quarterly. Increased manager presence 	31 Dec 2023	85% Team members witnessed to be practicing within therapeutic relationship guidelines.	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	The outcome percentage has decreased. Language barriers have increased between care teams and Residents.

Family Survey

Focus and Score	Date Implemented:	Outcome of the Actions	Role of Resident Council/Family Council/PAC and CQI:	Comments
Exploring new skill and interests. 60% <ul style="list-style-type: none"> Activity Director to implement pre-covid activities such as mens/ladies breakfast; Resourcing volunteers to enhance activity department 	31 Dec 2023	64% Restorative Care team is getting positive feedback. The Activity Program is providing substantial increases in the activity calendar for events.	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	The outcome percentage has increased. Plans continue to provide additional interests to Residents.
Staff ask how needs can be met. 91% <ul style="list-style-type: none"> Continuing education on Residents' rights at every staff meeting; Continuing education on communication with Residents/families 	31 Dec 2023	88% Team members are positively engaged with Residents while managing therapeutic relationship boundaries.	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	The outcome percentage has decreased. Positive additions to hours provided for programs is reflected. There has been positive feedback from Residents/families/team members.
Staff respond quickly when my family needs assistance 100% <ul style="list-style-type: none"> Continuing education and communication with staff to properly meet residents' needs; Management present and support on the floor. 	31 Dec 2023	94% Additional hours to the care team member positions has been effective.	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	The outcome percentage has decreased. Positive additions to hours provided for programs is reflected. There has been positive feedback from Residents/families/team members.

Communication of Results

Who:	Date Shared:	Feedback/Comments:
Resident Council	28 February 25	Shared and discussed at residents' council meeting
Family Council	April 2025 meeting	Sent out with monthly PAP statement package; posted on public quality board (outside of Willow Lane)
Team Members	28 February 25	Posted for staff review; will be included in January staff meetings (all departments)
PAC/CQI	16 April 25	
Others (please list)	28 February 25	Posted on public quality board (outside of Willow Lane)

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.