



# Quality Progress Report for 2024

Caressant Care Courtland

March 2025

Caressant Care Nursing and Retirement Homes Ltd.

## **Brief Summary of Quality Improvement Achievements fiscal year 2024:**

### **Building and Environmental Improvements:**

We continue to enhance our maintenance program. In 2024 we completed the remodeling of our shower and tub rooms. Resident rooms are being painted prior to any new move ins.

### **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.

Meeting resident needs: Caressant Care Courtland increased PSW hours in 2024 by adding two additional full-time lines to support resident 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.

Communications: We upgraded our phone system and are now using the TELUS wi-fi-based phone system.

Education: In 2024 the online learning management system was updated and reviewed to ensure required education modules are available and current.

We continued to implement our communication strategy with the purchase of more mobile devices and laptops, to promote efficiencies for our team members and to connect residents and people of importance to them virtually.

### **Compliance and Performance Improvement**

Accreditation: In 2024, we were awarded a 3-year accreditation in Person-Centred Long-Term Care Community, which is the highest award achievable through CARF Canada. This achievement is an indication of our dedication and commitment to improving the lives of our person served.

Internal Auditing Process: In 2023 Caessant Care began an extensive internal auditing process. In 2024 we experienced a Caessant 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:**

Caessant Care recognizes the correlation between infection control practices and keeping our residents safe. Caessant 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**

Caessant 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 – 100 %
- ✓ Residents feel privacy is respected – 91 %
- ✓ Residents enjoy mealtimes- 82%

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

- ✓ Loyalty Question – Would you recommend this organization to others? 75%
- ✓ Families feel staff engage in friendly conversation with residents – 75%
- ✓ Families feel Residents participate in meaningful activities- 80%

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.

**Progress Summary from our Quality Plan 2024**

**Attachments include:**

QIP Progress Report for 2024  
Progress of Survey Actions 2024

**Experience | Patient-centred | Custom Indicator**

Indicator #1	Last Year		This Year		
	Percentage of residents responding positively to: "Staff take time to have a friendly conversation with me if able to?" (Caressant Care Courtland)	<b>33.00</b> Performance (2024/25)	<b>50</b> Target (2024/25)	<b>80.00</b> Performance (2025/26)	<b>142 %</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Provide opportunities to engage in conversation. Discuss at team members meetings and promote other opportunities for discussion. Plan for continued recruitment and retainment to ensure adequate staffing levels. Seek input from residents and team members for improvement. Encourage residents to complete the resident satisfaction survey.

**Process measure**

- Inhouse survey completed and tabulated corporately. Results will be provided mid-year to determine change percentages and discussed with the CQI/PAC Committee. This will be measured by the percentage of residents responses to the question: "Staff take time to have a friendly conversation with me if able to".

**Target for process measure**

- Overall Percentage increase of 17 % of residents responding positively to: "Staff take time to have a friendly conversation with me if able to?"

**Lessons Learned**

Some success factors for this may include, staffing increased in 2024 thus allowing more time for interactions and the Activity Director also focused on creating "all about me" pages for residents after they move in to help staff get to know them and led to positive conversation topics.

**Comment**

This quality initiative was successful as evidenced by exceeding our initial target with a percentage improvement of 142%. We are happy with the results.

Indicator #2	Last Year		This Year		
	Percentage of residents who responded positively to the statement: "Staff know the story of my life if I wish them to". (Caressant Care Courtland)	<b>33.00</b> Performance (2024/25)	<b>50</b> Target (2024/25)	<b>91.00</b> Performance (2025/26)	<b>176 %</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Gain consent from residents to obtain information about their lives. Use a corporately developed tool to collect and share the information in residents rooms. Share information with team members to promote individualized interactions. Use data where appropriate to influence the development of the activity calendar.

**Process measure**

- Inhouse survey completed and tabulated corporately. Results will be provided mid-year to determine change percentages and discussed with the CQI/PAC Committee. This will be measured by the percentage of residents responses to the question: "Staff know the story of my life if I wish them to".

**Target for process measure**

- Overall Percentage increase of 17 % of residents responding positively to: "Staff know the story of my life if I wish them to"

**Lessons Learned**

Some success factors for this may include, the Activity Director taking the time to make "all about me" information with residents that others can review and an increase in staffing to allow for more time to spend with residents.

**Comment**

This quality initiative was successful as evidenced by exceeding our initial target with a percentage improvement of 176 %. We are happy with the results.

## 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
<i>Staff respond quickly when I ask for assistance.</i> 2023 results were 33%. Call bell wait times were discussed at team huddles during the year.	March 2024- December 2024	2024 results were 100%. Results are significantly higher than last year.	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	Improvement in staffing levels and addition of PSW staff has impacted this result in a positive way.
<i>Some of the staff know the story of my life.</i> 2023 results 33% Started to implement "all about me"	March 2024- December 2024	2024 results 90%. This is a significant increase.	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	In May we had a new Activity Director join our team who was able to gather information to complete the "all about me" forms.
<i>Staff take the time to have a friendly conversation with me.</i> 2023 results- 33%	March 2024- December 2024	2024 results 80%. This is an increase from last year	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	Ongoing team member huddles through the year where topics for friendly conversation with residents were encouraged.

### Family Survey

Focus and Score	Date Implemented:	Outcome of the Actions	Role of Resident Council/Family Council/PAC and CQI:	Comments
<i>My family member has enjoyable things to do on weekends.</i> 2023 results- 16%	March 2023- December 2024.	2024 results 40 % this is an improvement. We have kept this goal for 2025 as we would like to continue to improve this.	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	In 2024 the wording of this question was changed to include evening and weekend in the same question. The results may have been skewed in 2023 as 2 responded with "I don't know"
<i>Staff ask me how my family members needs can be met.</i> 2023 results- 43%	March 2024- December 2024.	2024 results 60%. This is a slight increase from last year.	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	In 2023 2 families responded with "I don't know" this may have skewed results.
<i>My family member has enjoyable things to do in the evenings.</i> 2023 results- 16%	March 2024 to December 2024.	2024 results- 40% this is an improvement we continue to work on this goal.	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	In 2024 the wording of this question was changed to include evening and weekend in the same question. The results may have been skewed in 2023 as 2 responded with "I don't know"

### Communication of Results

Who:	Date Shared:	Feedback/Comments:
Resident Council	March 25, 2025	To be shared at next council meeting.
Family Council	Feb 19, 2025	No concerns or comments shared.
Team Members	Feb 20, 2025	Information shared at Huddle No feed back given.
PAC/CQI	April 8, 2025	To be shared at our next PAC meeting
Others (please list)		

*Surveys were available for both families and residents to participate in throughout 2024. Surveys were available in hard or soft copy with links provided and were also posted in the home. Results were summarized in July 2024 (January-June participation) and January 2025 for overall review (January-December 2024 participation).*

*Feedback for survey content is solicited at Resident Council Meetings and from families throughout the year. We have revised our 2025 surveys based on feedback received.*