



Quality Plan 2025

Caressant Care Harriston

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, 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 Judy Llamido, RN, Executive Director.

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

This year the home will focus on improving team member engagement by involving team members in making decisions at the home related to resident care and providing updates of the home. Our goal is to improve overall team member morale as this will have a direct effect on our residents by improving the atmosphere of our home.

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.

The home welcomes our new Resident Care Coordinator and Social Worker which are crucial in supporting residents. The home has purchased a bladder scanner that is being utilized for our residents to promote timely results.

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.

Environmental goals for improvements for 2025 include but are not limited to:

1. Plan to replace all ceiling tiles and the roof
2. Upgrades to the parking lot
3. Updates to Resident’s rooms such as closet doors, and painting in residents’ rooms, washrooms, and hallways

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.

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.

Staff Schedule Care: Our home has begun the process of converting to Staff Schedule Care – online timecard and electronic punch clock system. This is a staggered roll out with the goal to have our schedules fully electronic in 2025. This system will also include a mass messaging system to help better streamline call out procedures at the home. Our home continues to utilize the One Call now system to keep family members, team members and external partners updated on events at our home.

Equity and Indigenous Health

Caressant 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 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 Plan

Provider Experience

It continues to be a challenging time for health care organizations with unprecedented human resources challenges. Caessant 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.

This year the home will focus on improving team member engagement by involving team members in making decisions at the home related to resident care and providing updates of the home. Our goal is to improve overall team member morale as this will have a direct effect on our residents by improving the atmosphere of our home.

Our home will continue to seek team member feedback and suggestions at meetings, huddles and using our suggestion box. The Management team has also set a goal for 2025 to host a team member appreciation event / activity once each month. Caessant Care also offers many professional growth opportunities within the corporation. Many tuition assistance programs are available. As part of our team member action plan, we have created a poster to advertise available growth and education opportunities to the team members. We continue to be in communication with our external partners to provide various in-house training.

Our home has accessed additional funding from external resources to provide bonuses and incentives for team members, i.e., Community Commitment Program for Nurses (CCPN), Prep LTC , rural relocation initiative, and SPEP. We also utilize Labour Market Impact Assessment (LMIA) for recruitment.

We continue our partnerships with local colleges for job shadowing and work experience arrangements including co-op placements.

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.

Our home is continually reviewing and reassessing the current needs related to the safety and well-being of our residents. We have implemented additional staffing where necessary to aid in the additional needs of the residents.

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 is also very proud of our newly established comfort lounge to improve end-of-life. This space has been utilized and well received by multiple families with positive feedback.

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.

Our home has accessed additional funding from external resources to provide incentives' for team members i.e., Community Commitment Program for Nurses (CCPN), Labour Market Impact Assessment (LMIA), Prep LTC, and the rural relocation initiative. We continue our partnerships with local colleges for job shadowing and work experience arrangements.

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: |
| Jan. 14, 2025 |

| |
|--------------------------------|
| Number of Participants: |
| 17 |

| |
|--|
| Top 3 Successes: |
| 1. Resident feels they can express opinion freely at 94% |
| 2. Resident feels they have a voice and team members listen at 94% |
| 3. Resident feels they get health services needed at 94% |

| Top 3 Areas of Improvement: | Plan: | Responsible Person(s): | Date: |
|--|---|--|------------------|
| 1. Enjoy mealtimes at 35% (This has decreased quite significantly from 82% in 2023) | 1. Activity/ designate to begin interacting with residents during breakfast service. We plan on implementing "morning trivia" with residents in the dining rooms and also include morning announcements of daily activities etc. | Activity Department | March 15, 2025 |
| | 2. Management Team plans to rotate during lunch mealtime as the "host / hostess" in the dining rooms the duties of this role will include topping up of coffee/ tea going from table to table engaging residents, asking if they are enjoying the meal, asking if anything else needed engaging in conversation with residents. The host/ hostess will wear special apron during this role. | Managers | March 15, 2025 |
| | 3. All Team members will be educated on pleasurable dining and proper dining etiquette. | Managers/ Nurse Educator | March 15, 2025 |
| | 4. Activity director will inquire to residents during Resident's council if there would be interest in having soft music played during meals as well as reinstating table cloth use at all meals. Results will be reported to Management and implemented if requested. Residents will also be encouraged to attend food committee meetings to ensure their concerns related to food are addressed. | Activity Director / Managers | March 15, 2025 |
| | 5. Activity Department continue to co-ordinate with Management and Dietary team to decorate the dining rooms based on monthly themes /holidays and create special meals for these dates. | Activity / Dietary Dept/ Management team | On going Monthly |
| | 6. The home will move forward with implementing the re-naming of the Dining Rooms to promote a more resident centered approach. The Former "Large dining room" is to be re-named the Courtyard Café. The former Small dining room will be re-named the Louise Street Lounge. BOM plans to order new signage to reflect the new names. The home also plans to host "Grand – Reopening" celebration for the newly named dining rooms. | Management Team | April 2025 |
| 2. Team members ask how needs can be met at 71% (This has decreased from 94% in 2023) | 1. Team members will be encouraged to have more interaction with residents ensuring a more resident centered care focus. This will be addressed at team member huddles and departmental meetings. | Managers | March 15, 2025 |
| 3. Feel privacy is being respected at 76% (This has decreased from 100% in 2023) | 1. In addition to the surge learning module on privacy. The Management Team in conjunction with our staff educator will develop an additional education package for all team members on respecting Resident's privacy and dignity. 2. An ongoing agenda item to be discussed at all remaining team member meetings. | Managers | March 15, 2025 |

Survey Feedback

| Shared with: | Date: | Comments: |
|-------------------------|---------------------------------|---|
| Residents | March 10, 2025 | |
| Families | March 26, 2025 | |
| Team Members | Next Meeting of each department | Registered and Non- Registered Staff- discussed March 5, 2025 Resident Council-March 10, 2025; Family Council-March 26, 2025; Activity Meeting-Feb. 28, 2025 |
| Others (Please specify) | | |

All request for follow up are complete if applicable:

- Yes
 No

Family Experience Survey Summary and Action Plan

| |
|------------------|
| Date: |
| January 14, 2025 |

| |
|--------------------------------|
| Number of Participants: |
| 25 |

| |
|--|
| Top 3 Successes: |
| 1. Feels privacy respected at 100%. This has increased quite significantly over 2023 was only 85% ! |
| 1. Get health services needed at 100%. This has increased quite significantly over 2023 was only 84%! |
| 3. Will get care and support for family member at 100%. This has increased quite significantly over 2023 76% |

| Top 3 Areas of Improvement: | Plan: | Responsible Person(s): | Date: |
|---|--|------------------------|----------------|
| 1. Participates in meaningful activities at 63% | Even though this area shows great improvement over 2023's survey of 31% the team still feels there is more room for improvement here. | Activity Department | March 15, 2025 |
| | 1. Family members will be encouraged to provide suggestions to the Activation department related to upcoming activities at Family council as well advertising this on the monthly calendar of activities that is sent to families. | Activity Department | March 15, 2025 |
| | 2. The team feels that family members may not always be aware as to what and when activities are attended by their loved one. Suggest that Activity perhaps more photos are taken and sent to families (if they consent) Attendance of activities is discussed at care conferences with families. | Activity Department | March 15, 2025 |
| 2. Enjoy meals at 90% (this was 72% in 2023) | 3. A monthly report to highlight events in the activation department. To be sent out via one call now for all families. | Activity Department | March 15, 2025 |
| | This was also identified as a goal for the resident survey, in which we have identified the following goals: | | |
| | 1. Activity/ designate to begin interacting with residents during breakfast service. We plan on implementing "morning trivia" with residents in the dining rooms and also include morning announcements of daily activities etc. | Activity Department | March 15, 2025 |
| 2. Management Team plans to rotate during lunch mealtime as the "host / hostess" in the dining rooms the duties of this role will include topping up of coffee/ tea going from table to table engaging residents, asking if they are enjoying the meal, asking if anything else needed engaging in conversation with residents. The host/ hostess will wear special apron during this role. | Management Team | March 15, 2025 | |
| 3. All Team members will be educated on pleasurable dining and proper dining etiquette. | Management Team | March 15, 2025 | |

| | | | |
|---|--|---|---|
| | <p>4. Activity director will inquire to residents during Resident's council if there would be interest in having soft music played during meals as well as reinstating table cloth use at all meals. Results will be reported to Management and implemented if requested. Residents will also be encouraged to attend food committee meetings to ensure their concerns related to food are addressed.</p> <p>5. Activity Department continue to co-ordinate with Management and Dietary team to decorate the dining rooms based on monthly themes /holidays and create special meals for these dates.</p> <p>6. The home will move forward with implementing the re-naming of the Dining Rooms to promote a more resident centered approach. The Former "Large dining room" is to be re-named the Courtyard Café. The former Small dining room will be re-named the Louise Street Lounge. BOM plans to order new signage to reflect the new names. The home also plans to host "Grand – Reopening" celebration for the newly named dining rooms.</p> | <p>Activity Department</p> <p>Activity and Management Team</p> <p>Management Team</p> | <p>March 15, 2025</p> <p>March 15, 2025</p> <p>March 15, 2025</p> |
| <p>3. Team members ask engage in friendly conversation 94 % (this was 73% in 2023 but we feel there is more room for improvement)</p> | <p>1. Team members will be encouraged to have more interaction with residents ensuring a more resident centered care focus. This will be addressed at team member huddles and departmental meetings.</p> | <p>Management Team</p> | <p>March 15, 2025</p> |

Survey Feedback:

| Shared with: | Date: | Comments: |
|-------------------------|-----------------------|---|
| Residents | March 10, 2025 | |
| Families | March 26, 2025 | |
| Team Members | Departmental meetings | Registered and Non- Registered Staff- discussed March 5, 2025 |
| Others (Please specify) | | |

All request for follow up are complete as applicable:

- Yes
 No

Experience

Measure - Dimension: Patient-centred

| Indicator #1 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|--|------|-------------------|----------------------------------|---------------------|--------|---|------------------------|
| Percentage of team member/workforce who respond positively (all the time/most often) to the engagement category questions. | C | % / Staff | In-house survey / Jan - Dec 2025 | 51.00 | 60.00 | The home selected this target as team members morale has a direct impact on resident care. Increased team member morale creates a more positive home environment for our residents and supports attendance, recruitment and workplace satisfaction. | |

Change Ideas

Change Idea #1 The Management team will continue to promote education opportunities to team members by posting on the education bulletin board. Additionally notices to be sent via one call now and the home's Staff Schedule Care message board. The Management Team will continue to promote our "open door policy" the team will also continue to seek team member input related to changes in the home. Team members will be continue to be asked to attend "huddles" to provide their feedback. Team members will be encouraged to use the suggestion box that has been placed outside the BOM office, this will be noted on all upcoming team member meeting agendas All managers to incorporate a "success & suggestions" round table discussion at all upcoming team meetings, the goal of this segment is to bring a positive feel to all team member meetings instead of always focusing on negative. This will also give team members and additional opportunity to present their suggestions and or concerns in a open dialogue. BOM created a poster highlighting available opportunities from corporate office and at the home level for professional growth, promotions, tuition assistance opportunities etc.

| Methods | Process measures | Target for process measure | Comments |
|---------|------------------|----------------------------|----------|
|---------|------------------|----------------------------|----------|

The interdisciplinary team reviewed the suggested education opportunities from the team member survey. A trend was noted in requests for dementia and GPA related education. The BSO RPN and BSO PSW will plan for and coordinate education in 2025. The poster of educational and professional growth opportunities has been posted throughout the home. Team members are encouraged to approach their supervisor with any interest. The quality team has implemented a "staff champion" to assist in presenting and coordinating ideas for staff appreciation events and focus for 2025. The Management team will also begin planning events for nurses week upcoming in April / May 2025. We choose to celebrate this as "Nursing Home Week" to involve all team members in all departments. During nursing home week the Management team also involves our Activation department who coordinates an event where Residents appreciate team members. All team member appreciation events will be widely advertised through the home as well as sent out via one call now and PCC/ SSC message boards to ensure all team members are aware of any upcoming events.

The home has set two goals for measurement of success to improve overall team member engagement: 1) have at least 50 team members attend a GPA / Dementia education by October 2025. 2) Improve team member "engagement" score to 60% according to survey results by end of the calendar year.

The home has set two goals for measurement of success to improve overall team member engagement: 1) have at least 50 team members attend a GPA / Dementia education by October 2025. 2) The home will aim to improve overall percentage of engagement to 60 % through the team member satisfaction survey by December 31, 2025.