



Quality Plan 2025

Caressant Care Mary St. Lindsay

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, 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 Albert Militante.

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 Caressant Care Mary St. we take pride in our Mission, Vision and Values and our Quality Improvement Program is a huge part of that as it motivates us to be better every day. We have seen many successes such as the three-year accreditation from CARF International. The home also takes pride in rolling out person-centred language and new processes for new team member onboarding and resident move-in. This year we will be focusing on the continued success of these initiatives as well as improving in areas such as Emergency Department Transfers and Falls.

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.

To support resident access to care in the right place at the right time, the home continues to strengthen partnerships with Ontario Shores for behavioural assessments and support. The purchase of new diagnostic equipment such as a bladder scanner enables nurses to complete bladder tests in-house. The continued use of adjunct services like mobile ultrasound and foot care, which can come in the home prevents unnecessary trips to the hospital. The home also leverages on the expertise of its medical personnel including a medical director and a nurse practitioner who both visit the home at least once weekly. The availability of a dedicated wound registered nurse who is trained with advanced wound care helps oversee the home’s wound program.

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.

We have just completed the Aspen home area renovation in January 2025. This was a multi-month work that included updating the floors, handrails, doors, and tub rooms.

Our maintenance team will continue with ceiling, flooring, and painting programs where old tiles are replaced with new ones both for safety and making the home areas look more pleasant. We are currently looking at replacing outdated art frames in the hallway and updating the resident room name plates.

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.

We have completed an internet infrastructure upgrade to improve the efficiency of delivering a faster information technology within the home. We will continue to use existing technologies such as the OneCallNow Alert system for sending out general reminders through mass messaging to team members, families, residents, and community partners. With the recent roll out of Staff Schedule Care (SSC), the home currently uses the bulletin feature to publish any announcements or reminders to all team members. In the future during the second SSC roll-out phase, the home is looking at embedding team member schedules on the platform and having the ability to use the SSC mass messaging feature for calling-in shifts.

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. 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 continues to recognize exemplary team member contributions at regular huddles. The management team reserves the last section of the huddle to acknowledge select team members who went above and beyond their usual scope of practice by doing “shout outs”. Small tokens of

appreciation (i.e., gift cards) will be given to these team members. For Surge completion, the home continues to do regular monthly draws to award a lucky team member who has completed all learning modules.

With external partners like Prep-LTC, the management team will solicit feedback from team members for any interest in upskilling (i.e., housekeepers wanting to be upskilled to be PSW certified). This is a free learning opportunity for team member professional development. Similarly, the home will continue to offer training like GPA and CPR for team members. Regarding formal training and certifications, the home will continue to support training or education to specialized positions needed for the home such as infection control and advanced wound care.

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 work with the CareRx pharmacist, to monitor resident antipsychotic medication use. Formal recommendations are usually put in place to discontinue some of these medications if deemed therapeutic.

The continued use of cameras in the home helps to monitor residents in common areas for safety. The ongoing use of the wander guard system on the exit doors also prevents residents from wandering outside the home, especially if it is unsafe for them to do so.

For falls, the home leverages the expertise of our clinical falls lead who also functions as our Resident Care Coordinator. She ensures that all fall interventions are up-to-date and continues regular audits to ensure that they are current.

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.

For residents and families needing a more private space, the home can offer a dedicated support room where family members can come in and are welcome to spend more time to be with their loved ones. The home is planning to formally update the name of the palliative room to “comfort room” with the appropriate name plate signage.

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.

The home continues to strengthen its partnership with educational institutions such as Fleming College and Trent University. We regularly accept several recreation therapy, PSW and practical nursing student placements with the hope that this home will become a future prospect of employment for these individuals. Just this past year we formed a partnership with Durham College supporting a Recreation student. These partnerships have been beneficial to our residents and team members, and we are proud to be recognized as health care professionals sharing knowledge and guiding the future minds of long-term care. We also support our community high school with providing co-op student placements. This gives young people the opportunity to experience working in a field they are interested in pursuing.

The Alzheimer's Society continues to support families and gives educational presentations to the Resident's Council when requested.

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.

Other

IPAC: The home is looking forward to implementing the new IPAC auditing template from corporate using Microsoft Forms. This streamlines the home’s auditing practices with corporate and enables a more efficient way of reporting gaps, trends, and best practices.

Resident Care: The home is currently reviewing nursing staffing patterns with the intention of revamping nursing lines with an overall goal to increase direct care hours for the residents. The home is looking at implementation no later than in the Spring of 2025.

Attachments:

Resident and Family Experience Survey Summary and Action Plans 2025

QIP Information Workplan 2025

Resident Experience Survey Summary and Action Plan

Date:
Feb. 21, 2025

Number of Participants: 52

Top 3 Successes:
1. Previous identified area of improvement - "Some Staff know the story of my life" was at 52% in the previous year and is now up to 84.31% in 2024
2. Resident's feel their privacy are respected increased from 64% to an impressive 96% in 2024. This is the biggest positive change amongst all survey result key areas
3. Previous identified area of improvement - "I can control who comes into my room" was at 53% in the previous year. In the 2024 year survey result, the home has received positive survey comments for example, "I like when staff introduce themselves when entering my room." Overall, 92.16% of survey respondents returned with positive feedback on "feeling safe here".

Top 3 Areas of Improvement:	Plan:	Responsible Person(s):	Date:
1. Residents feel they have a voice and team members listen – 81%. This is a slight decrease from last year's 83% of staff pay attention. This is the only metric from all key domains that saw a decrease in satisfactory rating.	<ol style="list-style-type: none"> Continue team member education on resident rights specifically on their right to choose Reminder to all team members during department meetings and team huddles to always ask for the resident's preference and not to make the choice for them. This includes, but is not limited to, choosing food from the menu and the clothes to wear for the day 	ED All Department Managers	March 2025
2. Food temperatures not being good - 61.54%	<ol style="list-style-type: none"> Ensure food are served within the correct temperature range. FNM will closely monitor and audit food temperature records FNM to work with dietary consultant regarding menu planning to ensure there is enough variety in meals. FNM will continue to work with the food committee to discuss suggestions and concerns 	FNM	Ongoing
3. Response to I can go outdoors if I want to (with assistance if necessary) - 63.46	<ol style="list-style-type: none"> Weather permitting, the team members will assist residents to spend some time outdoors at the gazebo, patio, etc. Utilize support personnel like restorative, BSO and 1:1 staff if available Engage residents to attend outdoor activities like barbecue, patio visits, gardening, and family time 	All Department Managers AD	Ongoing

Survey Feedback:

Shared with:	Date:	Comments:
Residents	Feb. 25, 2025	Resident council
Families	March 2025	Newsletter sent to families
Team Members	Feb. 2025	Staff Meeting
Others (Please specify)		

All request for follow up are complete if applicable:

Yes

Family Experience Survey Summary and Action Plan

Date:
Feb. 21, 2025

Number of Participants: 19

Top 3 Successes:
1. Team members ask how needs can be met has increased to 100% compared to last year's 77%. This is biggest area of improvement across all major key domains.
2. There is a significant improvement with resident focus - "can bathe/shower at chosen time" which is now at 91% compared to 69% from last year.
3. My family's privacy is respected – 100%. This is the same as last year's rating.

Top 3 Areas of Improvement:	Plan:	Responsible Person(s):	Date:
1. My family member can go outdoors if he/she wants (with assistance if she/he needs it). - 75 %	<ol style="list-style-type: none"> Weather permitting, the team members will assist residents to spend some time outdoors at the gazebo, patio, etc. Utilize support personnel like restorative, BSO and 1:1 staff if available Engage residents to attend outdoor activities like barbecue, patio visits, gardening, and family time 	All Department Managers AD	Ongoing
2. Environmental team members respond to requests in a timely manner is – 80 %	<ol style="list-style-type: none"> ESM to continue monitoring maintenance care to check if there are high priority family-related requests that needs to be addressed Environmental team to complete pre-move in room scan prior to new resident moving in to ensure that resident's room and furniture are in good condition. All managers to help welcome new residents and family members on move-in day. The team member assisting with the move-in will help in introducing the new resident and family members to the management team. This provides a direct line of communication to check if there are any outstanding issues or concerns, not only related to environmental. 	ESM All department managers	Ongoing
3. My family member has the opportunity to provide input to their care if they wish – 89 %	<ol style="list-style-type: none"> If capable, residents will be involved with all aspects of their care and will be asked for input during care conferences for the purpose of updating their plan of care Continue team member education on resident rights specifically on their right to choose Reminder to all team members during department meetings and team huddles to always ask for the resident's preference and not to make the choice for them. This includes, but is not limited to, choosing food from the menu and the clothes to wear for the day 	All department managers ED All Department Managers	Ongoing

Survey Feedback:

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Others (Please specify)		

All request for follow up are complete if applicable:

- 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)	34.53	30.00	Caressant Care Lindsay will strive to move closer to the current provincial average.	

Change Ideas

Change Idea #1 1. Improved registered team members knowledge on existing resources in the home, which can be used to prevent unnecessary ED transfers. 2. Review SBAR tool for improved communication between medical providers (NP and MD) and registered team to align with the goal of preventing unnecessary ED transfers 3. Reduction in agency registered personnel usage, who usually don't know the home or the residents as well compared to the nurses who regularly work for the home

Methods	Process measures	Target for process measure	Comments
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1. The registered team will continue to use existing clinical and diagnostic resources like bladder scanner to evaluate bladder health in-house and to use mobile X-ray and ultrasound service to prevent residents from getting transferred to the hospital for these procedures

2. Members of the interdisciplinary team or stakeholders will provide in-person and or remote support to the frontline team to prevent avoidable ED transfers by: - providing the frontline team with information on available in-house support that can help prevent ED transfers such as the BSO Lead, Social Worker, Nurse Practitioner and external Nurse Specialist partners like NLOT who can support the home with more complex treatment modalities like intravenous therapy, hypodermoclysis, and negative wound pressure therapy -providing supplemental education sessions during team huddles and meetings on resident case scenarios that are potentially preventable ED transfers

1. Focus on improving the falls program as that is the main identified reason for a resident transfer to the hospital (14.4%) by analyzing falls trends, updating resident plan of care and, implementing and evaluating interventions on a timely manner.

2. Discuss % of residents ED transfer data during the quarterly CQI / Professional Advisory Committee Meetings

The home will endeavour to reduce avoidable ED visits by 4.53 % to 30 % by the end of the 2025.

1. Increase in agency registered staff use. Nurses who do not have regular schedules or permanent lines in the home often do not know the full health profile of the residents compared to the home's own registered team members who know the residents better. - Strategy: The home will utilize provincial grants like the Community Commitment Program for Nurses (CCPN) and offer free educational advancement opportunities or reimbursement agreements to successful nurse applicants to attract more RNs and RPNs to work for the home as regular employees.

2. The steady increase in the number of residents moving into the home with more complex mental health issues and medical co-morbidities. - Strategy: This barrier can be addressed by strengthening partnerships with external stakeholders like NLOT and by using the home's BSO team to ensure that behaviours are managed using the best therapeutic strategies

3. Some registered team members are reluctant to manage complex resident cases due to the lack of skills and knowledge to help deal with these cases at the home level -Strategy: This barrier can be overcome by supporting professional development and advancement. The home can leverage several provincial funding envelopes that are available to help educate the nurses with specialized certifications like Intravenous Therapy and Advanced Wound Care.