



# Quality Progress Report for 2024

Caressant Care Mary St. Lindsay

March 2025

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

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

We completed a major Aspen Home Area renovation in January 2025. This was a multi-month work that included updating the floors, handrails, widening doors, and giving our older tub rooms a fresher look and feel. In this regard, we have purchased a new tub that residents enjoy during their baths. We also completed an internet infrastructure upgrade to improve the efficiency of delivering a faster information technology within the home.

### **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.

Clinical Pharmacy Updates: Caressant Care has partnered with CareRx to streamline medication reconciliation during a new resident move-in with the use of the BOOMR process. With this in place, a clinical pharmacist can review a new resident's medications even before the move-in day. This gives valuable time back to the registered team to focus on direct resident care during the actual move-in. Second, the implementation of the medication bar coding system which is being used during medication administration has proven helpful for nurses in preventing medication packaging errors.

### **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.

Staff Schedule Care (SSC): the introduction of SSC in 2024 has been a welcome change. At present, there is improved transparency in tracking team member worked hours. This, in turn, helped reduce payroll errors as the team members are now more accountable to check their worked hours in a timely manner. They are also able to communicate their schedule change requests faster with the SSC mobile app.

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 – 96 %
- ✓ Residents can decide what to wear – 92 %

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

- ✓ Families feel staff get the needed health services to the residents – 100%
- ✓ Families feel that the residents' privacy is respected – 100%
- ✓ Families feel staff engage in friendly conversation with residents – 100%

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.

Infection Control: The home has greatly improved the Infection Prevention and Control (IPAC) program in 2024. There were only three recorded outbreaks compared to seven from the previous year. On top of this, one outbreak in November 2024 that had two identified organisms attached to it, was resolved in record time – 10 days. This is highly attributed to the improved IPAC practices within the home. The IPAC Lead has also revamped the PPE inventory process, which makes the ordering process more efficient.

Community Partners:

Several education sessions were completed in the home about Spasticity and Musculoskeletal education. These were spearheaded by Dr John Adams, in partnership with AbbVie, and Lifemark, respectively.

We have had a community partnership with St. Paul's Anglican Church for over 40 years. They are a leading force of community support in the City of Kawartha Lakes. Their volunteers provide a bi-weekly Hymn Sing and Service where all Residents and families are welcome. Our Residents enjoy the piano music, singing their favourite hymns and the feeling of community. The lead volunteer also provides one to one visits and pastoral support to Anglican residents during their end-of-life journey. The lead volunteer is a former community teacher and provides fresh flowers from her garden in the summertime for our Residents to enjoy at their dining room tables.

St. Mary's Parish is another community spiritual support we welcome to our home three times a month. The priest provides a Mass and Communion Service monthly. The rectory is also supportive in arranging confessions, one-to-one visits, and administration of the Holy Sacraments when requested. They are very quick to respond to our Catholic Resident's needs during end-of-life care.

The Parish volunteers also provide a Rosary Prayer group twice a month and just recently implemented a one-to-one program to say the Rosary with those residents who do not wish to be in a group setting. The Parish also provides a streaming link for Residents to watch Mass and Communion from the Parish.

We were fortunate to re-establish our partnership with St. John's Therapy Dogs post COVID-19. Our home's pet therapy dog is Hank, and we look forward to his visits weekly along with his person. It is hard to gauge who is more excited for the visits, Hank, the Residents, or our Team Members.

### **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 Lindsay Nursing Home)	<b>23.73</b>	<b>20.83</b>	<b>34.53</b>	<b>-45.51%</b>
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

1. Improve Communication between NP, Dr, REG staff Management to make sure we are aligned with this program. 2. It is imperative we update all staff via huddles, staff meetings, PCC to highlight high risk residents. 3. BSO program has been successful in preventing ED transfers and need to continue this effort through more education. 4. Reduce the number of Agency Staff who simply don't know our home or residents. 5. Continue to focus on individual care needs for in house support and skills to prevent transfers

**Process measure**

- Focus on Falls Program as that is the main reason for transfer to hospital. Record all falls that result in transfer. Track and review # of residents at end of life process & # of residents transferred to ER related to end of life processes. Review ED Transfers data at all future Quality Meetings for improved outcomes

**Target for process measure**

- The home will plan to reduce avoidable ED visits to 20.83% by the end of Dec 2024

**Lessons Learned**

The registered team members will reapproach, reevaluate, and give alternate options like offering in-house diagnostics and perform a more comprehensive nursing assessment to help prevent unnecessary ED transfers.

**Comment**

Based on data from the 2024 falls program evaluation covering the period from May 1, 2023 through April 30, 2024, falls have overall increased to 755 compared to 678 in the previous 12-month period. The increased medical and psychosocial complexity of residents moving into the home has been one of the biggest contributors to increased falls leading to a transfer to the ED. The home is also seeing trends of residents who are their own POA who specifically request to get seen at the hospital despite registered team member’s providing education to support continued care in the home. The home will continue to track ED transfer data and continue this QIP in 2025 as well as discuss trends in CQI/PAC.

**Safety | Safe | Optional Indicator**

Indicator #1	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Caressant Care Lindsay Nursing Home)	<b>23.35</b>	<b>15.54</b>	<b>27.43</b>	<b>-17.47%</b>	<b>NA</b>

**Change Idea #1**  Implemented  Not Implemented

1. Improve Communication between PSWs, REG staff & Management to make sure we are aligned with this program.  
2. Review toileting times & individualized care plans and updates care plans and Kardex. 3 Falls Lead to educate all staff on proper use of alarms. 4. Always initiate 1-1 when it qualifies. 5. Explore option of internal transfers to get high risk residents closer to nursing stations. 6. Ensure purposeful rounding is being done as assigned. 7. Install night lights in shared rooms as the space is limited and in the dark can be a risk.

**Process measure**

- Gather all falls data daily at Risk Management, Monthly Dept meetings and Quality meetings to track progress on the falls program. Review the audits for purposeful rounding monthly and create an analysis. Modify any future education to reflect best practices or findings within the falls program.

**Target for process measure**

- The home will plan to reduce falls to 15.54% by the end of Dec 2024

**Lessons Learned**

Medical providers may need to do a deeper review of resident's medical history when making medication changes or starting new medications. Sometimes, certain medication changes have the potential to increase residents fall risks.

**Comment**

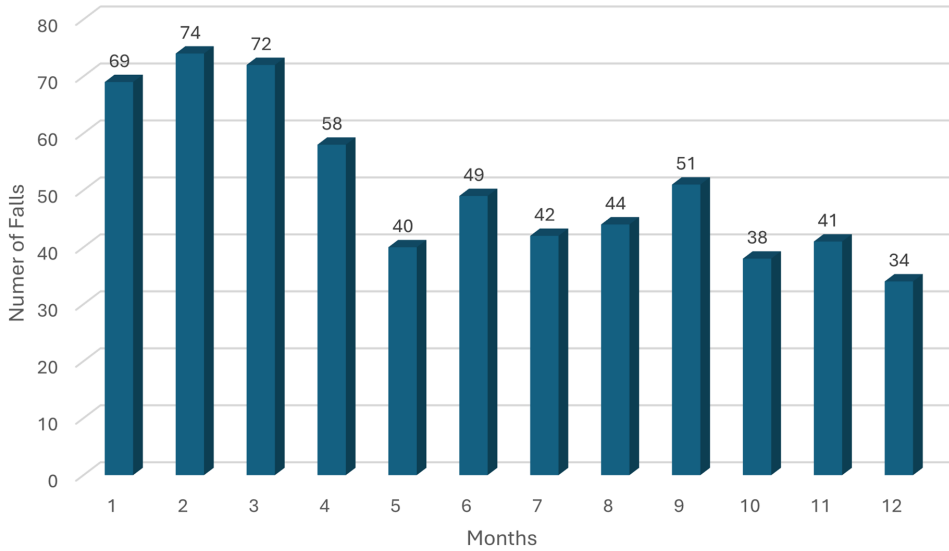
Some medication changes implemented for residents may have had adverse effects that led to increased resident falls. Worsening resident continence also led to more residents going to the washroom without asking for help. Other residents with overall worsening cognitive levels overestimate their own ability thereby leading to fall incidents. Will continue with analyzing falls trends led by the home's falls champion and continue to remind team members to complete purposeful rounding as per procedure.

Although there indicates an increase in data displayed (the reporting period is based on a rolling 4-quarter average, with Q2 2023/24 covering data from July 2023 to September 2023), more recent data in 2024 indicates a successful reduction in falls did occur throughout 2024 with an almost 50 % reduction in the total number of falls evident from Q.1 to Q.4. See falls chart graph from 2024.



Results

2024 Falls Data



## Progress of Survey Actions 2024

### Resident Survey

Focus, Score and Actions Taken:	Date Implemented:	Outcome of the Actions:	Role of Resident Council/Family Council/PAC and CQI:	Comments:
<p>1. I control who comes into my room- 2023 score 53%</p> <p>- Remind staff at huddles and dept meetings to be mindful when entering a resident's room and make sure they are announcing their intentions of entering.</p> <p>- Educate residents so that we can out wander guards up on their doors to help keep other residents from entering their room.</p> <p>- Work with BSO to take a proactive approach in identifying residents who will wander in the home and possibly into other residents' rooms. Bigger room signs or other measures may need to be put in place.</p>	Jan. 7, 2024	<p>This survey question has changed as a result of resident feedback to "I feel safe here". The response to I feel safe here was 93% for 2024. Over the past year, the home has used wander guards on some resident doors and have proven to be quite effective to deter wandering residents from accidentally coming in.</p>	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	<p>Although the question has changed there was an increase in 40 % for the question "I feel safe here" which appears to be a good indicator of success.</p>
<p>2. Some Staff know the story of my life- 2023 score 52%</p> <p>-Activity Manager and her team will create and display a "My story" placard in each resident room that will highlight hobbies, likes, dislikes, places travelled etc. of each resident. Each staff will be educated to use these placards to get to know the residents better and be a good conversation starter.</p>	Jan. 30, 2024	<p>2024 score is 84.31%</p> <p>"My stories" were completed and we continue to do upon admission. The home communicated this to team members at huddles. Our BSO nurse speaks about them in the BSO education course.</p>	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	<p>Goal was achieved and score has improved significantly</p>
<p>3. I have friends or other residents for company if I wish to spend time with me- 2023 score 52%</p> <p>Activity Manager and ED will create new programs for high functioning residents so that they can make friends. Goal is to have resident</p>	March 30, 2024	<p>2024 score 85 %</p> <p>Our recreation therapy student trialed a focus group for this specific demographic for her course project. It was not successful and had a poor attendance. Contributing factors were conflicting personalities and lack of interest in participating. But, the home increased games</p>	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	<p>Goal was achieved and score has improved significantly</p>

bond by having good conversations about politics, sports, family stories, travels, etc.		and introduced new games that this demographic is really enjoying at present		
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**Family Survey**

Focus, Score and Actions Taken:	Date Implemented:	Outcome of the Actions:	Role of Resident Council/Family Council/PAC and CQI:	Comments:
<p>My Family member feels that his/her possessions are secure- 2023 score 73%</p> <p>Inform new admissions that we recommend not bringing valuables into the home and leaving money in Trust.</p> <p>-Remind current residents through Resident Council and newsletters the same as above</p> <p>-Continue to use Wander Guards as a deterrent to keep others out of their rooms.</p> <p>-BSO to work with residents who are reported to wander and go in other resident rooms.</p>	Feb. 29, 2024	<p>This survey question has changed as a result of feedback from residents and/or families. A similar question is "my family member feel safe here" with a 2024 score of 100 %. Additionally, the home has come up with an improved resident move-in process that includes an enhanced personal item inventory protocol. There has been a dramatic decrease of lost items reported over the past year. The resident move-in package has also been updated and the Business Office Manager and Executive Director continues to advocate for the creation of a resident trust for new residents for the safekeeping of their money.</p>	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	<p>Unable to determine due to unavailable comparable score, however results appear successful with a 100 % response rate to "my family feels safe here".</p>
<p>2. Some of the staff know the story of my family members life 2023 score 64%</p> <p>-Activity Manager and her team will create and display a "My story" placard in each resident room that will highlight hobbies, likes, dislikes, places travelled etc. of each resident. Each staff will be educated to use these placards to get to know the residents better and be a good conversation starter.</p> <p>Activity Director Jan 30th</p>	Jan. 30, 2024	<p>This survey question has changed as a result of feedback from residents and/or families. A comparable survey question "Staff take the time to have a friendly conversation with my family member when able to" returned 2024 score of 100 %.</p> <p>"My stories" were completed and we continue to do upon admission. The home communicated this to team members at huddles. Our BSO nurse speaks about them in the BSO education course.</p>	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	<p>Goal was achieved and comparable survey question score has improved significantly.</p>
<p>3. My Family member has people who want to do things together with him/her- 2023 score 33%</p> <p>-Activity Manager and ED will create new programs for high functioning residents so that they can make</p>	March 30, 2024	<p>2024 score 93 %</p> <p>Our recreation therapy student trialed a focus group for this specific demographic for her course project. It was not successful and had a poor attendance. Contributing factors were conflicting personalities and lack of interest in participating. But, the home increased games and introduced new games that this demographic is really enjoying at present</p>	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	<p>Goal was achieved and score has improved significantly</p>

friends. Goal is to have resident bond by having good conversations about politics, sports, family stories, travels, etc				
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**Communication of Results**

Who:	Date Shared:	Feedback/Comments:
Resident Council	Feb. 25, 2025	
Family Council	N/A	Will send newsletter in March 2025
Team Members	Feb. 2025	During departmental meetings
PAC/CQI	April 2025	
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.*