



Quality Plan 2025

Caressant Care Listowel

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 (if available), 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 Lenora Belle, 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

Caressant Care in Listowel has had the opportunity to host multiple SPEP students, totaling eight, along with one internationally educated nurse. Through the SPEP program, we successfully recruited four PSW students, which allowed us to reduce our agency hours. We are committed to continuing to offer educational placements in 2025 to ensure that both staffing and resident care needs are effectively met.

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 continues to utilize on-call physicians at the Listowel Memorial Hospital. Caressant Care’s Medical Director visits our home bi-weekly and acts as a liaison between the home and hospital. We have one other visiting physician that visits the home on a rotational basis with the Medical Director.

We have acquired a bladder scanner that assists in quickly diagnosing residents for physicians, thereby reducing unnecessary emergency visits.

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. Some planned environmental goals or improvements for 2025 include upgrades to the parking lot, replacing the call bell system and some painting projects of the interior of the home.

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. Additionally, we have received a new barcoding device for scanning medication strips, which will highlight the medication that need to be administered, which should save time and potentially reduce errors.

Workforce Management Software: Caressant Care in Listowel has begun implementing the Staff Schedule Care program, aiming to be operational by mid-April 2025. This system allows payroll accuracy and efficiency for team members and comes with mobile applications for ease of use. Staff Schedule Care is also used for vendor and agency tracking, which allows improvement in accuracy and efficiency of accounts payable to contract service providers.

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.

Caressant Care in Listowel has had the opportunity to host multiple SPEG students, totaling eight, along with one internationally educated nurse. Through the SPEG program, we successfully recruited four PSW students, which allowed us to reduce our agency hours. We are committed to continuing to offer educational placements in 2025 to ensure that both staffing and resident care needs are effectively met. Accomplished students are paired with a mentor during their practicum, which significantly enhances their learning and confidence experience. Several mentors are long-term, experienced team members who value the recognition of becoming a mentor and find the role to be very rewarding.

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.

Caressant Care in Listowel has acquired a new bariatric lift and new Arjo lifts and slings to help team members minimize workplace accidents. Additionally, the installation of a new sprinkler system and an upgraded nurse call bell system will enhance resident safety.

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.

Caressant Care, Listowel, partners with Hospice (North-Perth Community Hospice) and the North-Perth Palliative Team in consultation when needed.

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.

Caressant Care, Listowel, partners with Hospice (North-Perth Community Hospice) and the North-Perth Palliative team, Community Living, Behavioral Support and Seniors Mental Health as well as IPAC hubs.

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:
March 6, 2025

Number of Participants:
10

Top 3 Successes:
1. Recommending us – 100% (increased from 79 % in 2024 survey)
2. Incontinent products meet needs – 100% (increased from 83% in 2024 survey)
3. Get health services required – 100 % (increased from 86 % in 2024 survey)

Top 3 Areas of Improvement:	Plan:	Responsible Person(s):	Date:
1. Food - 70%	Continue to work with Seasons Care & Residents to improve & make changes to our menus and recipes in order to increase Resident Satisfaction	FNM	Ongoing
2. Participation in surveys – 10 participants	Continue to send survey links out quarterly for Residents & Family. Will post QR codes in home for easier & quick access to the survey link. Aides will assist Residents with Ipad devices to complete surveys	A.D./Ward Clerk/Activity Aides	Ongoing
3. Residents can decide what to wear – 90%	Encourage team members to ask residents about their clothing preferences and choices attire. Remind TM's during Team Hall and departmental meetings to engage residents in these discussions. Additionally, send reminders via one-call to the POA, requesting that non-seasonal clothing be taken home to create more space for personal support workers to organize closets effectively.	PSW/DOC	Ongoing

Survey Feedback:

Shared with:	Date:	Comments:
Residents	Jan 28/25	Residents were happy with the results and did not want any further questions added the surveys.
Families	Jan 28/25	No comments
Team Members	Jan 28/25	Posted on Staff communication board in staff room.
Others (Please specify)	Jan 28/25	Posted on QIP board, sent via one-call, PAC in April/25

All request for follow up are complete, if applicable:

- Yes
 No

Family Experience Survey Summary and Action Plan

Date:
March 19, 2025

Number of Participants:
15

Top 3 Successes:
1. Resident Focus (Can bath and shower at chosen time) - 100% (increased from 43% in 2024)
2. Team Members (Respond appropriately when my family needs assistance) -93 % from 79% in 2024
3. Resident Focus (Would recommend us) - 85 % from 73% in 2024

Top 3 Areas of Improvement:	Plan:	Responsible Person(s):	Date:
1. Food – 83%	<ul style="list-style-type: none"> Continue to post Menus in the home, allow families the opportunity to share their concerns through Family Council or Complaints Forms. Continue to encourage participation in food committee. 	FNM/Dietitian	Ongoing
2. Participates in meaningful activities – 71%	<ul style="list-style-type: none"> Resident engagement in Resident Council meetings, focus on discussing their preferences, which will facilitate the incorporation of additional activities into programs, ultimately driving increased resident participation. Continue to encourage residents to come to program. More activity hours 	AD/Aides	Ongoing
3. Participation in Surveys – 15 participants	<ul style="list-style-type: none"> Continue to send Survey Links through OneCall and posting QR Codes in the home 	AD/ED/WC	Ongoing

Survey Feedback:

Shared with:	Date:	Comments:
Residents	January 28, 2025	No comments received
Families	January 28, 2025	No comments received
Team Members	January 28, 2025	Shared with successes and areas for improvement with Team Members
Others (Please specify)	January 28, 2025	Posted survey on Quality Board and shared via one-call

All request for follow up are complete if applicable:

- Yes
 No

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Experience Percentage of residents responding positively (most of the time/always) to the survey question "I enjoy mealtimes".	C	% / Residents	In-house survey / Jan - Dec 2025	70.00	75.00	Goal is to increase the resident dining experience to promote satisfaction and a pleasurable dining experience.	

Change Ideas

Change Idea #1 Discuss at Resident Council and Food Committee resident preferences. Review presentation of meals to be more visually appealing. Review and provide enhancements to dining room atmosphere, provide dining etiquette education to team members to be completed by November 2025. Paint the dining room to completed by October 2025. Minimize noise in the dining room for example, turning off the TV and reminding team members to prioritize engaging in conversations with residents and avoid unnecessary unrelated conversations. Remind PSW team members to assist and support residents who may be disruptive in the dining room by providing them with a quiet space to finish their meal.

Methods	Process measures	Target for process measure	Comments
Review and implement monthly resident meal choices. Continue with bi-monthly dietary audits and review semi-annual Resident Experience results for indication of change successes. Review and discuss at monthly Food Committee Meetings to obtain input for improvement.	% of residents responding positively to the survey question I enjoy mealtimes	The home will increase the score by 5 % to 75 % for the percentage of residents responding positively (most of the time/always) to the survey question "I enjoy mealtimes" by December 31, 2025.	