



# Quality Progress Report for 2024

Caressant Care Listowel

March 2025

Caressant Care Nursing and Retirement Homes Ltd.

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

### **Clinical Programs:**

New Equipment: We replaced all our lifts in the first part of 2024. All lifts now include weigh scales to promote consistent weight review. We also acquired a new bariatric lift and Arjo slings. Additionally, we are installing a new call bell system, started in November 2024.

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.

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

### **Communication and Technology:**

Website Upgrade: In 2024, Caressant Care completed an extensive review and update to our website, promoting transparency, other enhancements and promoting a more user-friendly experience.

Infrastructure: In 2024 we continued to update and revise our infrastructure by updating WIFI and connections.

Accounting: We have streamlined and automated our accounts payable process for redundance and efficiencies when paying invoices.

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:

1. Recommending us – <b>increased to 100%</b>
2. Incontinent products meet needs – <b>increased to 100%</b>
3. Get health services required – <b>increased to 100%</b>

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

1. Resident Focus (Can bath and shower at chosen time) - <b>increased to 100%</b>
2. Team Members (Respond appropriately when my family needs assistance) - <b>increased to 93%</b>
3. Resident Focus (Would recommend us) - <b>increased to 85%</b>

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.

We have introduced a new full-time PSW Lead position at our home. Additionally, we have increased our Activity Hours, which has enhanced the department by creating a full-time activity aide position.

Listowel is proud that all Team Members complete their annual education far in advance of the required deadline. Furthermore, Listowel has had the opportunity to host multiple SPEP students, successfully recruiting 4 out of 8 students, which has allowed us to reduce our reliance on agency hours. We plan to continue offering educational placements in 2025. Our partnership with the local high school remains strong, as we provide cooperative education placements and community hour opportunities.

**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		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Caressant Care Listowel Nursing Home)	32.26	30	10.42	67.70%	NA

**Change Idea #1**  Implemented  Not Implemented

1. huddles to identify residents who are at risk. 2. engage external partners (i.e. SMH, Skin & wound specialist, Palliative Team, OT/PT, Pharmacist) that are needed to provide alternative access to resources. 3. provide education to Registered Staff(i.e.: catheterization, bladder scanner use) which could be managed at the home level.

**Process measure**

- Identify % residents with a change of health status and apply appropriate interventions and education regarding hospital transfers if avoidable. Identify and monitor falls resulting in hospital transfers. Identify number of care and diagnostic assessments, and sensitive conditions resulting in hospital transfers. Track all meetings using the multidisciplinary tool that all departments can access for reference.

**Target for process measure**

- The home will plan to reduce the number of avoidable ED visits to 30 % by the end of the year December 31st, 2024.

**Lessons Learned**

We exceeded our expectations with a remarkable decrease of ED visits for modified ambulatory care from 32.26% last year to 10.42% this year.

Contributing factors for the significant decrease are:

1. Decrease number of residents sent to hospital related to a fall.
2. Nurses coordinate transfer to hospital with the physician.
3. Early detection and efficient assessment by nurses providing appropriate care and treatment in a timely manner.
4. Increase awareness of families related to palliative care with the involvement of the attending physician

**Comment**

We are happy with our results for this QIP with noted significant improvement exceeding our target with 67.7 percentage improvement indicated.

**Safety | Safe | Optional Indicator**

Indicator #1	Last Year		This Year		
	Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Caressant Care Listowel Nursing Home)	<b>20.00</b>	<b>18</b>	<b>15.34</b>	<b>23.30%</b>
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Closely monitor and identify residents who are at high risk for fall and implement fall interventions upon move in. 1. Inform and communicate with team members during report about residents who are at high risk, ensure fall safety interventions are in place. 2. Pharmacist medication review to be completed annually for high risk residents. 3. Physician to review medication review for residents who fell more than 2x per month. 4. Ongoing safety auditing (call bell, hip protectors, chair alarms, etc.).

**Process measure**

- number of fall risk assessments reviewed per month by the Falls Committee

**Target for process measure**

- Caressant Care Listowel endeavours to decrease the number of falls by 2% by December 31st, 2024.

**Lessons Learned**

We achieved the goal set to decrease the percentage of residents who fell in 30 days. Last year's performance was at 20%, however this was decreased to 15.34%. The target was 18%. Contributing factors to the success are the following:

1. Monitoring of residents who fell during the month by reviewing fall interventions every month.
2. Effective communication with team members in promoting safe transfers and observing safety interventions to residents.
3. Collective effort by the interdisciplinary team by completing referrals and providing recommendations.
4. Providing education to team members related to fall.

**Comment**

We are happy with our results for this QIP with noted significant improvement exceeding our target with 23.3 percentage improvement indicated.

## Progress of Survey Actions 2024

### Resident Survey

Focus and Score:	Date Implemented:	Outcome of the Actions:	Role of Resident Council/Family Council/PAC and CQI:	Comments:
Food- 69% Action taken: 1. Continue to work with Seasons Care and Residents to improve and make changes to our menus and recipes to increase Resident satisfaction.	March 2024	We achieved 70 % 2024 score of Residents enjoying their meals.	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	Small increase 1 % and will continue to encourage Team members for choices. We will continue with monthly Food Committee Meetings and ask for resident monthly meal preferences during the Food Committee Meetings. FNM continues to meet with Seasons Care about menus, food choices, etc.
Participation with surveys 29 Action taken: 1. Continue to send links quarterly for Residents and families. 2. Post the QR codes in the Home where it is easily accessible. 3. Assist Residents with Ipads to complete surveys.	March 2024	Participation decreased to 10 in 2024.	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	We have a new Activity Director that started mid-May in 2024, and we were also awarded an additional 20 hrs to hire a pt activity aide late 2024. We are hoping to increase the resident participation with increased staffing levels in 2025.  Will ensure the monthly calendars sent out to POA and Residents will include a QR code with a QR code displayed in the home, and a one-call reminder to complete surveys on survey monkey.
Residents can decide what to wear 72% Actions taken: 1. Encourage team members to ask Residents what they would like to wear or offer choices for Residents to select from.	March 2024	90% increase in 2024 score.	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	Great improvement in this area, we are happy with these results.

### Family Survey

Focus and Score:	Date Implemented:	Outcome of the Actions:	Role of Resident Council/Family Council/PAC and CQI:	Comments:
Food 40% Actions taken: 1. Continue to post menus in the Home and allow families the opportunity to share their concerns through the family council or complaints forms.	March 2024	Family score is 83% 2024 score increase	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	We recruited a new FNM that focused on menus and meal preparation
Can bathe or shower anytime 47% Action taken: 1. Encourage team member to offer baths if a Resident requests and to communicate with co-workers their change in schedule.	March 2024	We increased to 100% 2024 score	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	We have improved and ensure to follow up with missed baths, Team Members are communicating with Registered Nurses. Audits are being done routinely to ensure all baths are provided .
Participation in surveys 15 Action taken: 1. Continue to send survey links through One call and posting QR codes in the Home.	March 2024	We remained at 15 participants	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	We will continue to encourage participation and share the information to Family, Residents and Team Members.



**Communication of Results**

<b>Who:</b>	<b>Date Shared:</b>	<b>Feedback/Comments:</b>
Resident Council	April 24, 2025	
Family Council	June 2025	
Team Members	March 18, 2025	
PAC/CQI	April 4, 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.**