



Quality Plan 2025

Caressant Care Mary Bucke

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.

Mary Bucke invites family members and residents to share their feedback anonymously through our suggestion boxes, promoting a safe and open environment for constructive suggestions.

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 Angie Cashmore, Executive Director, RPN.

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

Mary Bucke is proud of our many accomplishments, environmentally, culturally, our team, and quality in the care we provide.

We are proud of remaining below the provincial average of antipsychotic administration (19.65%) to our residents with our home’s average at 13%.

We have seen many environmental upgrades such as our sprinkler system to ensure Fire Safety to all residents and meeting legislative requirements, and we continue to look forward to finalizing our roof repairs, to be completed in 2025.

Mary Bucke strives to provide resident care excellence, and it has been proven repeatedly that a full team shows less staff burn out, better care, and higher quality resident satisfaction. Our home has recruited successfully to have a complete nursing staff complement with no vacancies. Through staff recruitment and retention, one of the 2024-2025 Quality Improvement team’s projects has been to significantly reduce agency use, and the home is trending toward the goal successfully.

As we work toward improving indicator averages, Mary Bucke plans to highlight residents’ customer experience through specific strategies to address team members asking how resident needs can be 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 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.

With the upcoming launch of the BOOMR program, the home will gain immediate access to pharmacy integration for medication administration, enhancing and expediting residents' access to their medications shortly after admission.

Our Nurse Practitioner has introduced Hypodermoclysis to help prevent dehydration, reducing the occurrence of unnecessary emergency department visits. This allows for level 1 medical situations to be managed within the home, preventing escalation to critical levels.

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 areas for improvement we are planning for 2025 are completing some roof repairs, replacing flooring in the home and reviewing and updating some bedroom furnishings.

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.

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 management team is actively engaging team members through a variety of initiatives aimed at transforming the home's culture. By empowering the team through continuous education and in-service

opportunities, we foster an environment of growth and development. We are dedicated to supporting SPEP (Student Practical Experience Program) and IEN (Internationally Educated Nurse) students, and proud to maintain a 100% full nursing staff complement.

To further enhance team morale and camaraderie, we have reintroduced team member potlucks, where everyone can enjoy a shared meal and build stronger connections. We also show our appreciation through Friday popcorn days, providing a fun and tasty treat to end the week on a positive note. Additionally, we recognize and celebrate our team members by giving personalized birthday cards each month, making sure everyone feels valued and special.

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.

Mary Bucke is actively evaluating which quality improvement projects best align with the quality indicators that demonstrate the greatest need for improvement. To achieve this, we are currently tracking all incidents of falls to identify recurring themes and patterns. This data will be thoroughly analyzed by our falls committee, with the collective goal of reducing the occurrence of falls within the home. By focusing on these critical areas, we aim to enhance the overall safety and well-being of our residents through targeted and effective interventions.

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.

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 utilize BSO through St Thomas Elgin General Hospital BSO outreach program to ensure management and team members but more importantly our residents have access to behavioural support in a timely manner.

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:
January 24 2025

Number of Participants:
27

Top 3 Successes:
1. 100% of our Residents " <i>feel they have a voice and team members listen to them</i> ". (same)
2. 100% of our <i>residents recommend us</i> . (up from 95%)
3. 100% of our residents <i>can express their opinions freely</i> . (up from 84%)

Top 3 Areas of Improvement:	Plan:	Responsible Person(s):	Date:
1. 70% of Residents state that "Staff ask me how needs can be met"	<ul style="list-style-type: none"> Implement Feedback forms that include specific questions and open-ended sections for additional comments. Resident Suggestion Box where residents can drop their written suggestions or comments anonymously. 	Executive Director ESM/Maint.	April 2025 March 30 2025
2. 96% of Residents feel "Team members engage in friendly conversation"	<ul style="list-style-type: none"> Day-to-Day Conversations: Encourage team members to engage in casual conversations with residents to gather insight in a less formal setting. Host Resident & Team social events so residents & staff can interact in a relaxed environment, fostering open communication. Organize regular training sessions with team members to educate them the importance of friendly interactions with residents. 	DOC/ADOC ED FNM Activity Dept.	Ongoing June 2025 May 2025
3. 96% of Residents "Feel their privacy is respected".	<ul style="list-style-type: none"> Complete audits on privacy measures taken when care is being performed on residents. Use regular Town Halls to educate members on: <ul style="list-style-type: none"> knocking before entering, respecting all resident's rights to privacy of their personal spaces. Get consent before performing any task. Discussions about resident PHI is not to take place in common areas, on breaks, or outside of home. 	ADOC ED All team members	August 2025

Survey Feedback:

Shared with:	Date:	Comments:
Residents	February 20, 2025	Resident Council Meeting
Families	March 2 2025	One Call
Team Members	March 13 2025	Town Hall, posted on Quality Board
Others (Please specify)		

All requests for follow up are complete:

- Yes
 No (N/A)

Family Experience Survey Summary and Action Plan

Date:
January 24 2025

Number of Participants:
5

Top 3 Successes:
1. 100% of Family members feel " <i>Residents can bathe/shower at their chosen time</i> " (up from 25%)
2. 100% of Family Members feel the " <i>Team members ask how the Residents care needs can be met</i> ". (up from 75%)
3. 100% of Family Members feel " <i>Team members respond appropriately when Residents need assistance</i> ".

Top 3 Areas of Improvement:	Plan:	Responsible Person(s):	Date:
1. 60% of Family members feel "Residents participate in meaningful activities".	<ul style="list-style-type: none"> Ensure full Activity compliment through recruitment/retention. Evaluate the current programs and poll residents/family members as well as team members on what they feel is important to add to the Activity Calendar. Reevaluate the current Activity department schedule to address lack of weekend programs meeting resident wknd psychosocial needs. 	Executive Director RDO Activity Department	February 2025 March 2025 February 2025
1. Increase Family Member participation 100% from a sample size of 5 to 10 participants, by July 31 2025 for better assessment performance accuracy.	<ul style="list-style-type: none"> Increase reminders to monthly Provide mailed paper copies with self-addressed return envelopes. Have paper copy of 2025 survey on Resident/Family Council board Call family members as reminder and request to complete Remind family & Resident importance for providing feedback 	Executive Director Activity Department	July 31 2025 & ongoing
3. 50% family members state "My family member has enjoyable things to do in the evenings and weekends if they wish."	<ul style="list-style-type: none"> Improve home publication of weekend/evening programs Schedule part-time Activity Aid one evening per week Organize Blook Club & Card Games and designate a resident lead to host. Reintroduce "Healthy Food Cooking Classes" and invite family members to attend Organize weekend live entertainment 	Executive Director FNM Activity Aid	July 31 2025

Survey Feedback:

Shared with:	Date:	Comments:
Residents	February 20, 2025	Resident Council Meeting
Families	March 2 2025	One Call
Team Members	March 13 2025	Town Hall, posted on Quality Board
Others (Please specify)		

All requests for follow up are complete:

- Yes
 No (N/A)

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively (most of the time/always) to internal survey question: "Staff ask how needs can be met?"	C	% / Residents	In-house survey / Jan - Dec 2025	70.00	75.00	Home recognizes the need for improvement and importance of meeting residents' needs to increase the satisfaction level for this question to move towards our internal benchmark.	

Change Ideas

Change Idea #1 1. Provide team reminders to ask "Is there anything we can do before... I leave the room/for the day/the dining room?" 2. Promote team members doing 'second rounds' in dining room to enhance resident experience. -Ask if they would like seconds, another cup, etc.". 3. Promote Resident autonomy "Ask residents what they would like to wear".

Methods	Process measures	Target for process measure	Comments
1. Use biweekly Town Halls to remind team members and discuss way to improve the "customer experience", or how to improve residents care needs being met. 2. Use meal audits (2 x monthly) as a way to assess team member and resident interactions in the dining room. Did team members ask if residents "wanted another cup, second helping, etc." 3. Educate all team members on the "Check in" and "check out" philosophy. Follow up with resident through Resident Council and through casual conversations to ensure team is capturing all resident care needs.	% increase in satisfaction as evidenced by survey results throughout the 2025 year	We are aiming to increase residents positive response (most of the time/always) to "staff ask how needs can be met" by 5% from 70% to 75% by December 2025.	