



Quality Progress Report for 2024

Caressant Care Mary Bucke

March 2025

Caressant Care Nursing and Retirement Homes Ltd.

Brief Summary of Quality Improvement Achievements fiscal year 2024:

Building and Environmental Improvements:

- Sprinkler System Completion
- Laundry Room Renovation including updating dryer unit
- Electronic Wanderguard installed
- New mag locks to all existing EXIT/Emergency Doors
- Replacement of all Boiler systems to improve efficiency
- Internet modem replacement and wiring (technology)
- Fax system -moved to internet fax
- Large Activity Room Window bulkhead replacement
- Replaced blinds with UV blocking roman blinds in large dining room.

Clinical Programs:

Health Human Resources : Some successes include introduction of an Assistant Director of Care and recruitment of all nursing line complements -no vacancies in part-time/full-time Personal Support Worker or Registered Nursing, and Practical Nursing members.

In 2024, Caressant Care Mary Bucke experienced a positive cultural shift within our teams, thanks to numerous initiatives aimed at enhancing recruitment, filling vacant positions, preventing team burnout, and reintroducing pre-pandemic activities such as the Resident and Family Christmas Dinner. These efforts, combined with fostering a supportive and positive environment, demonstrated the significant role team member morale plays in the implementation of our care philosophy.

The addition of the Assistant Director of Care and an IPAC lead enabled the nursing department to focus on priorities related to resident care, resulting in increased success, consistency, and continuity in meeting the home's program expectations.

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: Caessant 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.

Communication and Technology:

Website Upgrade: In 2024, Caessant 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, wiring, and modem replacement.

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.

Internal Auditing Process: In 2023 Caessant Care began an extensive internal auditing process. In 2024 we experienced a Caessant 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 can express their opinions freely – 100%
- ✓ Residents feel privacy is respected – 96 %

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

- ✓ Loyalty Question – Would you recommend this organization to others? 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

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.

Progress Summary from our Quality Plan 2024

Attachments include:

QIP Progress Report for 2024

Progress of Survey Actions 2024

Experience | Patient-centred | Custom Indicator

Indicator #2	Last Year		This Year		
	Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Caressant Care on Mary Bucke)	84.00 Performance (2024/25)	85 Target (2024/25)	100.00 Performance (2025/26)	19% Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

1. Resident suggestion box. 2. Continue to focus on and remind residents of their rights and increase knowledge related to residents rights. 3. Continue to encourage Resident & Family Survey completion.

Process measure

- % increase in satisfaction as evidenced by survey results throughout the 2024 year

Target for process measure

- Increase resident response by improving resident experience to the question "I can express my opinion freely without fear of consequences." to 85% by December 31, 2024.

Lessons Learned

Caressant Care Mary Bucke’s team was able to increase Resident’s ability to feel more comfortable to report concerns, speak openly about their feelings without fear of consequences through:

- frequent reminders provided at Resident Council.
- Education was provided for the residents during any opportunity by the management team to feel comfortable writing their concerns down and placing them anonymously in the Resident Suggestion Box.
- Also, team members provide all residents with positive encouragement to report their concerns and discuss their opinion through frequent review of the 29 Resident’s Rights.

Comment

This Indicator was successful as evidenced by a 19 percentage increase to 100%.

Indicator #1	Last Year		This Year		
	Percentage of residents responding positively to the statement: "Staff ask how needs can be met." (Caressant Care on Mary Bucke)	68.00 Performance (2024/25)	72 Target (2024/25)	70.00 Performance (2025/26)	3% Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

1. Increase the knowledge of all team members in the area of great customer service 2. Ensure that residents know who is providing their care 3. Implement daily "check in" and "check out". PSW team members will check in with the resident at the start of the shift to ask what they can do for them today, and "check out" with "was there anything I could have done differently today to make your day better"

Process measure

- % increase in satisfaction as evidenced by survey results throughout the 2024 year

Target for process measure

- Increase positive resident response to staff asking "how needs can be met" to 72 % by December 31, 2024.

Lessons Learned

Although Caressant Care Mary Bucke’s team was able to increase by 3 percentage of a positive resident response to “staff asking how needs can be met” the team was unsuccessful in increasing to the goal expectation to 72%.

- The home management team implemented a 5-session Customer Experience Education Program that was initiated by one of the leadership team members who left for a sister home after the first session causing incompleteness of the program.
- Looking at a more shared approach and further engaging team members and residents in this initiative and their feedback to ensure change idea implementation.

Comment

The home will continue with this indicator improving the QIP to address resident's response to team members asking "How needs can be met".

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:
Team Member Responsiveness (ask how needs can be met) Resident Survey score 2023 68 % Planned to offer Experience Specialist Course, My Team Today and end of day check-ins	March 31 2024 and ongoing	Resident Survey score 2024 70%	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	We did see an increase of 4 % in overall scores but did not meet our target and will continue to engage team members and residents to work towards improvement in performance.
Respect by Team members (Team members pay attention to me/have a voice and Team members listen) 2023 Resident Survey Score 87 % Daily check-ins, making connections, team member assignment boards and engaging with Managers at Resident Council meetings	February 2024 and ongoing	Resident Survey score 2024 100%	<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.
Respect by Staff (express opinion freely) Survey score 2023 84 % Team approach, active listening, utilizing suggestion box	March 2024 and ongoing	Resident Survey score 2024 100 %	<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:
Daily Decisions Autonomy (Can bathe/shower anytime) Family Score 2023 was 25 % Revision of bath schedule/introduction of new positions related to bathing.	February 2024 and ongoing	Family Survey score 2024 100%	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	Although it appears to be great improvement, some respondents indicated they were unable to answer this, so results may be inaccurate. We will continue to educate family members regarding bathing initiatives at tours, admissions, 6-week care conferences and annual care conferences.
Activities (can explore new skills and interest) Family Score was 50 % 2023 Display on screens, provide specific surveys related to resident interest on move in, continue to solicit feedback from residents.	February 2024 and ongoing	Family Survey score 2024 NA Meaningful activities indicate 60% Family Score 2024	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	Unfortunately, this question was removed based on feedback from residents and family for 2024, however meaningful activities was 60 % showing a slight increase. Will continue to engage residents and families regarding activity program they would like to see.
Team Member/Resident Bonding (Staff ask how needs can be met) 2023 Family Score was 75 % Monthly education initiative to improve experience	February 2024 and ongoing	Family Survey score 2024 100%	<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, despite being unable to offer the full course due to dedicated leader who was to provide education, moving to a sister home

Communication of Results

Who:	Date Shared:	Feedback/Comments:
Resident Council	March 6, 2025	
Family Council	N/A	Shared via OneCall to all family members March 2 2025.
Team Members	March 13, 2025	
PAC/CQI	April 28 2025	
Others (please list)	March 13 2025	Posted on Quality Board

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.