



Quality Progress Report for 2024

Caressant Care on McLaughlin Road

March 2025

Caressant Care Nursing and Retirement Homes Ltd.

Brief Summary of Quality Improvement Achievements for the year 2024:

Building and Environmental Improvements:

In 2024, our home replaced flooring in our chapel, front lobby and first floor television room. Boilers and mixing valves were also replaced. We have completed painting in dining areas. Our nursing stations have been updated and received new desks.

Our courtyard received some improvements providing a calm, quiet place for families and residents to visit while enjoying the sunshine and fresh air.

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.

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 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:

Caessant Care recognizes the correlation between infection control practices and keeping our residents safe. Caessant 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 Experience Survey, some examples are below:

- ✓ Residents can express themselves freely – 96 %
- ✓ Residents feel privacy is respected – 88 %
- ✓ Residents can decide what to wear – 100%
- ✓ Residents would recommend us – 93%

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

- ✓ Families feel staff respect privacy – 88%
- ✓ Families feel residents get the health services needed – 78%
- ✓ Families feel that team members care and support residents – 75%
- ✓ Families feel team members respond appropriately when resident needs assistance – 75%

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

Provider Experience

Move In Experience: McLaughlin has welcomed many new residents. We have improved the move in experience to ensure a smooth transition for residents and families. We are focused on relieving the stress and anxiety of moving a loved one into our home.

Resident Centered- 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.

Celebrating together: The McLaughlin team put on a lovely Christmas Tea. Families, residents, and team members enjoyed a night of sweet treats, hot chocolate, and apple cider. It was a fun filled night with a visit from Santa and a cheerful experience of Karaoke.

We continue to revise on an ongoing basis and update many of our policies, education packages, program audits and operational audits to reflect and improve quality practices and to align with the relevant legislation.

Progress Summary from our Quality Plan 2024

Attachments include:

QIP Progress Report for 2024

Progress of Survey Actions 2024

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 on McLaughlin Road)	22.88 Performance (2024/25)	18 Target (2024/25)	21.50 Performance (2025/26)	6.03% Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Increase communication with interdisciplinary huddles and collaboration within the team and our community partners to identify high fall risk residents and review the possibility to provide added fall prevention and injury reduction through care plan updates using assistive devices. Data will be monitored and reviewed monthly at fall prevention meetings and quarterly at the Professional Advisory Committee meetings. Team members will provide education to residents families and the multidisciplinary team for better support. Education to include fall prevention, injury reduction, care plan management, safety monitoring and use of fall prevention and equipment.

Process measure

- number of falls reviewed at meetings and care plan reviews by the clinical team

Target for process measure

- The home will plan to reduce the number of residents who fell in the 30 days leading up to their assessment to 18% by the end of the fiscal year (Mar 31/25).

Lessons Learned

Although changes were implemented in 2024 the report indicates an increase in falls, which may reflect older data and not the most recent data.

Comment

We will continue to focus on this QIP in 2025 to further reduce percentage of LTC home residents who fell in the 30 days leading up to their assessment.

Indicator #2	Last Year		This Year		
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Caressant Care on McLaughlin Road)	26.74 Performance (2024/25)	20 Target (2024/25)	29.73 Performance (2025/26)	-11.18% Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

DOC or designate will review PCC data on at least a quarterly basis to identify any disparities, review results at QI meetings and refer results to physicians for a review of medication and diagnoses. Pharmacy consultant will review and provide reports noting any discrepancies and discuss with the home leadership to identify any concerns for review.

Process measure

- Reports provided for the number of residents with antipsychotic to be reviewed on at least a quarterly basis by the QI team and appropriate allied health professionals.

Target for process measure

- The Home will endeavour to reduce the current percentage by 6.74 % to 20% residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment by the end of year 2024.

Lessons Learned

Unfortunately the pre-populated data may not reflect current results.

Comment

We will continue to review and focus on antipsychotic medication reduction in the home.

Progress of Survey Actions 2024

Resident Survey

Focus, Score and Actions:	Date Implemented:	Outcome of the Actions:	Role of Resident Council/Family Council/PAC and CQI:	Comments:
<p>1. Would Recommend Us 2023 score was 50 % -Increase in communication and encourage vocalization of concerns and areas for improvement/satisfaction -Work with the team and create a comforting home environment Work on team recruitment and stability</p>	January 2024	<p>2024 score 93%- Communication has improved over the last year</p> <p>Team recruitment has improved only utilizing 5% agency</p>	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	Trust building within the home, this was successful as evidenced by 43 % increase in satisfaction.
<p>2. Resident Focus – Can decide what to wear 2023 score 61 % -Team meeting discussions regarding resident rights or personal right to choose; will be completed quarterly. -Increased manager presence on floor for support and encouragement of</p>	January 2024	<p>2024 score 100 % Improvement Education on resident rights</p>	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	Successful recruitment and retention of Caressant Care team members supports our goal which was met by 100 % satisfaction rate.
<p>3. 2023 score - 55 % of residents enjoyed meal times -Team education and action where required to improve knowledge about meal service for improvement in delivery -Continued support from the dietary team to produce and accommodate resident likes</p>	January 2024	<p>2024 score 67 % - improvement</p>	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	Some success indicated by 12 % increase. Resident involvement with favorite recipes. We will continue to listen and change menu items as needed within the home to ensure needs being met

Family Survey

Focus, Score and Actions:	Date Implemented:	Outcome of the Actions:	Role of Resident Council/Family Council/PAC and CQI:	Comments:
<p>1. Health and Wellness-Explore new skills and interests 2023 score 13 % -Activity director to continue to schedule activities based on pre-pandemic schedule -Activity director to add two new activities to the 2024 schedule -Individual activities and interests to be explored between activity department, social work and behavioral support to meet resident individual needs -Resource volunteers to enhance and support the activity department</p>	January 2024	<p>This question was discontinued on 2024 surveys as a result of resident and family feedback. A similar question "participates in meaningful programs" shows an increase in 25 % from last year's score.</p>	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	Similar question indicates improvement by 25 %, comments indicated no suggestions, we will continue to engage with residents to provide meaningful activities.
<p>2. Staff – ask how needs can be met 2023 score 23 % -Continue education to staff regarding resident rights at every staff meeting in all departments</p>	January 2024	<p>2024 score 57 %- improved</p>	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	Will continue to work with team members, some success indicated by increase of 34 % satisfaction.

-Continuing education on communication with staff regarding resident and family interaction				
3. 2023 score = 25 % would recommend us -Increase in communication and encourage vocalization of concerns and areas for improvement/satisfaction -Work with the team and create a comforting home environment Work on team recruitment and stability	January 2024	2024 score = 67 % - improved noted	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	Transparency with families and routine Family Council meetings answering questions and concerns may have helped to support a 42 % increase. We will continue to build on developing trusting relationships with families.

Communication of Results

Who:	Date Shared:	Feedback/Comments:
Resident Council	February 2025	None
Family Council	February 2025	Families are happy with results and care that loved ones are receiving
Team Members	February 2025	None
PAC/CQI	January 2025	None
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.