



# Quality Plan 2025

Caressant Care  
The Maples Home for Seniors

March 2025

**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 Council 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 Joan Hergott – 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**

The Maples are happy to report that we met our previous year’s Quality Improvement goal “Percentage of Residents who responded positively to "I can participate in meaningful activities if I wish to". We had a target of 80% and successfully achieved that with a final score of 100%.

All our team members and the activation department were essential in surpassing this target by ensuring not only resident involvement in activities but also by changing the approach of what activities are scheduled by endeavoring to include activities and events that will be meaningful or of interest to all our residents. This is a personal touch our home has and is dedicated to ensuring residents are happy and are involved in activities meaningful to them.

For the upcoming year of 2025, our home will continue focusing on decreasing the number of resident falls that result in injury.

#### **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.

Our home strives to avoid emergency department transfers when able and safe to do so by continued use of our in-house Bladder Scanner, access to 24/7 on-call physician, partnership with mobile x-ray service, and partnership with Lifelabs for specimen pickup including emergency pick-up arrangements when needed.

#### **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. One of our environmental goals or improvements for 2025 is replacement of flooring on the lower level.

### **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.

Workforce Management Software: The Maples Home For Seniors will enter their second full year of Staff Schedule Care. 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.

The Maples Home for Seniors is committed to ensuring an inclusive team member experience. All team members will all continue to be able to communicate openly with their supervisors and peers without fear of consequence. They are encouraged and welcomed to contribute their questions and insights regarding resident care and the home environment in order for processes and practices to be reviewed.

Team member appreciation is paramount to maintain a positive team member experience. Gift Cards and luncheons are provided frequently throughout the year as incentives and to show appreciation. In 2025 we will be rolling out staffing lines in the Nursing Department. This will promote more fluid staffing patterns to ensure continuity in resident care routines.

## **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.

Also, our focus for quality indicator improvement will be on resident safety in regard to falls. Our home will focus not only on reducing the number of falls but focusing on how to reduce the number of falls that result in a resident injury.

## **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.

The Maples Home for Seniors will continue to provide a dignified palliative experience, in both care and support for residents and their families. Our palliative care team will provide families and residents with a palliative care cart inclusive of a variety of comfort items such as a CD player with soft music options, tea and light snacks, and hygiene refreshment items for families.

## **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.



Our home will continue to maintain relationships and grow correspondence with our community partners including: BSO team from Woodstock Hospital, Southwest – Ontario Home and Health Placement Team, and London CareRX Pharmacy in order to continue to provide our residents and team members with access to support teams.

**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

<b>Date:</b>
Jan. 14 / 2025

<b>Number of Participants:</b>
12

<b>Top 3 Successes:</b>
1. Privacy: 1) I feel like my privacy is requested: 100 % response 2) If I have a visitor I can find a place to visit in private if I wish: 91.67 % response
2. Safety & Security: 1) If I need help with something I can get it: Response 91.67% 2) I feel safe here response: 91.67 % 3) Do you have concerns with safety or comfort? Response: 100%
3. Daily Decisions: 1) I can have a bath or shower at times that I have picked Response: 100% 2) I have the freedom to come and go when I wish to Response: 83.33 % 3) I can decide which clothes to wear Response: 91.67 % 4) I can decide how to spend my time Response: 91.67 %

<b>Top 3 Areas of Improvement:</b>	<b>Plan:</b>	<b>Responsible Person(s):</b>	<b>Date:</b>
The home is kept neat and tidy 2024 Although score is 100 % we recognize this as an area we wish to further improve on.	All managers when doing daily rounds will ensure everything is neat and tidy during daily walk abouts. DOC will discuss at Nursing staff meetings to remind staff at end of their shift to ensure common areas etc. are neat and tidy, dirty dishes removed and bedside tables etc. ED will also bring up at Housekeeping meeting	All management staff, Nursing staff, Housekeeping	Jan. 2025
I am bothered by the noise here 25 %	All managers during daily walk abouts will ensure noise is at a comfortable level, eg. TV's volume turned down, or suggest head phones etc. Reminder to all residents sharing a room that "quiet time" is 9pm. They may have the option of coming to common lounge if they wish or stay in room utilizing head phones etc.  Any residents that are somewhat agitated/calling out are referred to BSO, reported to charge nurse for possible intervention and removal to another area of the home where they can be closely monitored. Encourage residents to report specific incidents of where noise is so ED can perhaps solve issue depending on the circumstance.	All staff	Jan. 2025
Staff know the story of my life if I want them to. Although score is 100 % we recognize this as an area we wish to further improve on.	Activity upon admission will meet with each new resident and interview them about their life: What they did for a living, what are their likes and dislikes, what their favourite foods are, what their hobbies are, what kind of games they like, what sports, if any, they are interested in. The resident will then be asked if it is ok to share with staff and create a book of "New Admissions: Get to know me", this way the staff can review and get to know the residents likes/dislikes and favourite things prior to even meeting them in person. This will also be done with all of our existing residents as well  With the current resident number of only 35 residents, the home is funded according to this. Activity will try and book some sort of music / activity on one day each weekend. Suggestion as well to have activity cart available. ED will approach Head Office about seeking extra hours for programming.	Activity Director  Activity Director / ED	Jan. 2025 – Started implementation in Feb. 2025 with "Tell us about your love" questionnaire for couples at Valentines luncheon.  Jan. 2025
There are meaningful things to do here on the weekends if I wish to Score 92%			

Will look at reaching out to high school students wanting volunteer/community service hours or local college for experience hours in recreation to help with adding more programming to calendar if able.

**Survey Feedback:**

Shared with:	Date:	Comments:
Residents	Jan. 23 / 2025	Will be shared in upcoming Resident Council Meeting
Families	Jan. 14 / 2025	Posted on Communication Board in Home
Team Members	Jan. 14 / 2025	Posted on Communication Board in Home. Summary shared with team members via TEAMS and at Management Meeting
Others (Please specify)	Jan 20 / 2025	Shared with CQI committee

**All request for follow up are complete:**

- Yes  
 No

# Family Experience Survey Summary and Action Plan

<b>Date:</b>
Jan 14 2025

<b>Number of Participants:</b>
0

<b>Top 3 Successes:</b>
1.
2.
3.

Top 3 Areas of Improvement:	Plan:	Responsible Person(s):	Date:
1. The home will endeavor to increase family participation in order to get a summary for 2025 feedback and responses. We will do this through offering different avenues of families being able to participate in the survey. We have been able to hand out paper copies in person as well as putting paper copies in their monthly bill with instructions via one call to return. To date we have received 8 family surveys for 2025.	Avenue of QR codes put out to families but found it ineffective, paper copies seem to be the more preferable way of reaching results for families of our home. We will put them in next mail to families as well as put out a One Call and mention in monthly newsletters.	Activity Director / ED	Ongoing for 2025

## Survey Feedback:

Shared with:	Date:	Comments:
Residents	NA	No results to share
Families	NA	
Team Members	NA	
Others (Please specify)		

All request for follow up are complete if applicable:

- Yes
- No

## Safety

### Measure - Dimension: Safe

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
FALLS REDUCTION: Percentage of LTC home residents who fell in the last year with the fall resulting in injury.	C	% / Residents	In house data collection / Jan - Dec 2025	21.00	19.00	The goal is to reduce percentage of residents who fall with the fall resulting in an injury.	

### Change Ideas

**Change Idea #1** • Our home will aim to approach changes in falls with not only decreasing falls but also initiating a focus of decreasing falls that result in injury. Change ideas are ensuring resident care plans reflect best interventions to prevent falls and injury with using interventions such as purposeful rounding, fall mats, safe room lay-out/flow, bed alarms, hip protectors, proper footwear worn by residents. Use of a monitor for the purpose of proactively anticipating resident behaviours that could potentially lead to a fall and or/injury is another intervention available within our home. (with POA consent).

Methods	Process measures	Target for process measure	Comments
The home will continue to monitor progress throughout the year through monthly meetings with the Falls Committee as well as through annual Falls Prevention Program Evaluation where goals, resident fall risk evaluations, successes, and challenges to note can be discussed in order to implement safety changes for residents.	% of residents who have a fall with an injury	The home will continue to endeavour to reduce the number of falls resulting in injury by 2% by December 31, 2025.	Our home has begun conducting a more comprehensive falls history upon each resident admission. This includes reviewing with resident & family/POAs history and frequency of any previous falls including trips or stumbles that the resident has experience prior to admission. This will allow us to proactively implement any fall interventions that may be required.