



Quality Progress Report for 2024

Caressant Care
The Maples Home for Seniors

March 2025

Brief Summary of Quality Improvement Achievements fiscal year 2024:

Building and Environmental Improvements:

In 2024 we implemented key code pads on doors to closets, storage and service rooms for continued resident safety and installed a new automatic door opener on the door connecting to the Retirement Home to promote accessibility, ease of travelling and visiting between spouses and families.

As a result of feedback from surveys to integrate more dementia-focused approaches, a new bathtub was purchased and installed. The new bathtub regulates proper water temperatures as well as allows for a more pleasurable bathing experience with optional sensory features such as music playing and coloured lights to promote the spa experience.

We increased our housekeeping hours in 2024. This has been effective in extra sanitizing high-touch areas, deep cleaning of common areas and resident rooms thus contributing to an increased focus on infection prevention and control as well as a focus on resident home areas being kept up to our high standards and to improve our residents' quality of life.

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.

Bar Code Scanning for Medications: The Maples received a barcode scanner in 2024. This allows medication strips to be scanned electronically to reduce time and reduce potential for errors during medication distribution.

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.

Accounting: We have streamlined and automated our accounts payable process for redundancy 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:

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 Satisfaction Survey, Some examples are below:

Privacy:

- 1) I feel like my privacy is requested - 100 %
- 2) If I have a visitor, I can find a place to visit in private if I wish - 91.67 %

Safety & Security:

- 1) If I need help with something I can get it - 91.67%
- 2) I feel safe here - 91.67 %

Daily Decisions:

- 1) I can have a bath or shower at times that I have picked – 100 %

We are proud to have established a Family Council this year and we look forward to beneficial feedback in the coming year.

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.

Progress Summary from our Quality Plan 2024

Attachments include:

QIP Progress Report for 2024
Progress of Survey Actions 2024

Safety | Safe | **Custom Indicator**

Indicator #1	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
FALLS REDUCTION: Percentage of LTC home residents who fell in the last year with the fall resulting in injury. (The Maples Home for Seniors)	16.47	14.47	21	-27.5 %	19

Change Idea #1 Implemented Not Implemented

Review of resident care plans to 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 pro-actively anticipating resident behaviours that could potentially lead to a fall and or/injury is another intervention available within our home. (with POA consent).

Process measure

- % reduction in number of falls with an injury reviewed by falls committee

Target for process measure

- The home will endeavour to reduce the number of falls resulting in injury by 2 % by December 31, 2024.

Lessons Learned

Unfortunately, our home did not meet our goal of 14.47% of falls that result in injury. What we have learned is that the numbers are reflective of all falls which are inclusive of resident specific dynamics. For instance, residents may have more falls than other residents therefore increasing the number of falls including those resulting in injury. Because of these varying dynamics including residents being admitted from hospital, at older ages, the number of all falls increased therefore the number of falls resulting in injury also increased. However, falls with injury were still present in the year but the injuries were less bone and fracture related as opposed to skin and wound related.

Comment

We will continue with this focused QIP in 2025 - reducing the percentage of residents who fell in the last year with the fall resulting in injury.

Indicator #2	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of Residents who responded positively to "I can participate in meaningful activities if I wish to" (The Maples Home for Seniors)	CB	80	100.00	--	NA

Change Idea #1 Implemented Not Implemented

More programs for dementia and Alzheimer's to be implemented. Solicit input from residents, team members and families for desired programs.

Process measure

- Inhouse survey completed and tabulated corporately. Results will be provided mid-year to determine change percentages and discussed with the CQI Committee. This will be measured by the positive percentage of resident responses: "I can participate in meaningful activities if I wish to".

Target for process measure

- The home will endeavour to obtain an 80 % response to the percentage of Residents who responded positively to "I can participate in meaningful activities if I wish to" by December 31, 2024.

Lessons Learned

With a focus on an increase in positive responses to "I can participate in meaningful activities if I wish to", our home has been successful. This indicator is a direct result of resident feedback via surveys and we are happy to have achieved this goal meaning our residents have noticed a change in activities that are targeted to meet their preferences and have meaning to them.

Comment

We are pleased with the success of the QIP results and exceeding our set target with a satisfaction rate indicated of 100 %.

Progress of Survey Actions 2024

Resident Survey

Focus and Score:	Date Implemented:	Outcome of the Actions (Need to enter the new score/result):	Role of Resident Council/Family Council/PAC and CQI:	Comments:
1. I have the opportunity for affection and romance 2023 score 29 %	Feb 2024	2024 score NA – this question was removed as a result of resident feedback so unable to do a direct comparison.	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	A similar question would be I have opportunities to do things with others if I wish to. 2024 score 100 %
2. I get my favorite foods in this home 2023 score 60 %	Feb 2024	2024 score NA – this question was removed as a result of resident feedback so unable to do a direct comparison	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	A similar question would be I enjoy mealtimes 2024 score 92 %
3. I have the opportunity to explore new skills and interest 2023 score 80 %	Feb 2024	2024 score NA – this question was removed as a result of resident feedback so unable to do a direct comparison.	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	A similar question would be I can participate in meaningful activities if I wish to. 2024 score 100

Family Survey

Focus and Score:	Date Implemented:	Outcome of the Actions:	Role of Resident Council/Family Council/PAC and CQI:	Comments:
Our home will aim to increase family participation of survey.		Unfortunately we did not acquire enough surveys to have a summary provided.	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	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.

Communication of Results

Who:	Date Shared:	Feedback/Comments:
Resident Council	April 17, 2025	Next RC Mtg
Family Council	TBD	Next Mtg
Team Member	March 25, 2025	Next Team Mtg
PAC/CQI	April 22, 2025	Next CQI Mtg
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.