



Quality Progress Report for 2024

Caressant Care Woodstock

March 2025

Caressant Care Nursing and Retirement Homes Ltd.

Brief Summary of Quality Improvement Achievements fiscal year 2024:

Building and Environmental Improvements:

Some improvements made in 2024 include an Internet upgrade, sprinkler installation completed for entire home, roof repairs, some window replacements and lighting upgraded to LED, improved ventilation, addition of a shower room and spa room renovation in one home area, and painting upgrades throughout the home.

Clinical Programs:

New equipment: We replaced all our lifts in the first part of 2024. All lifts now include weigh scales to promote consistent weight review. Additionally, we purchased a new bladder scanner for onsite assessments.

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.

Handheld devices: Purchased several iPads for staff documentation at point of care

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

Caessant 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 get the health services they need – 95 %
- ✓ Residents feel privacy is respected – 88 %

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

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.

Increased Hours: In 2024 we increased registered staff hours to provide a registered staff member for each home area, providing the residents with streamlined access to registered staff.

Community Partnerships: In 2024 we partnered with Woodstock Hospital Behavioral Support team to provide additional support for residents’ mental health needs including access to medical practitioners that specialize in behavioral support.

Quality Indicators: We are immensely proud of our falls reduction initiative with a decrease in falls from 2023 to 14%.

Progress Summary from our Quality Plan 2024

Attachments include:

- QIP Progress Report for 2024
- Progress of Survey Actions 2024

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 Woodstock Nursing Home)	67.00 Performance (2024/25)	75 Target (2024/25)	92.00 Performance (2025/26)	37 % Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

1. Improve staff to resident engagement through person-centred care and language. 2. Ensure that all resident complaints are addressed in an appropriate and timely fashion. 3. Educate team members regarding the importance of resident and family involvement in their plan of care. 4. Encourage residents to voice concerns and opinions freely.

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 express my opinion without fear of consequences."

Target for process measure

- Survey results will increase by 8 % to 75 % by December 2024 results to the question: "I can express my opinion without fear of consequences."

Lessons Learned

By encouraging and promoting positive team members in resident engagement it promotes trust for residents to voice their concerns without fear of consequences.

Comment

This quality initiative was successful, as evidenced by exceeding our initial target with a percentage improvement of 37 %. We are happy with the results.

Indicator #1	Last Year		This Year		
	Percentage of residents responding positively to: "Staff ask how needs can be met" (Caressant Care Woodstock Nursing Home)	57.00 Performance (2024/25)	65 Target (2024/25)	76.00 Performance (2025/26)	33% Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Provide opportunities to engage in conversation. Discuss at team members meetings and promote team members asking residents if needs have been met, introduce themselves and explain care. Recognize non-verbal residents and ensure care plan identifies non-verbal responses specific to their needs. Plan for continued recruitment and retainment to ensure adequate and consistent staffing. Seek input from residents and team members for improvement. Encourage residents to complete the resident satisfaction survey.

Process measure

- Inhouse survey completed and tabulated corporately. Results will be provided mid-year to determine change percentages and discussed with the CQI/PAC Committee. This will be measured by the percentage of residents responses to the question: "Staff ask how needs can be met".

Target for process measure

- Overall percentage increase of 8 % to 65 % of residents responding positively on satisfaction survey to: "Staff ask how needs can be met?" by December 31st, 2024.

Lessons Learned

By greeting residents when entering their room and asking how you can help them promotes an overall friendly and comfortable for the residents.

It has helped us build the relationship and trust between residents and team members to promote and safe and enjoyable living environment.

Comment

This was a QIP goal not met from 2023, so we continued this initiative into 2024. This quality initiative was successful as evidenced by exceeding our initial target with a percentage improvement of 33 %. We are happy with the results.

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:
Enjoy Mealtimes 2023 Score 67% 1. Audit meal service and gather resident feedback 2. Sample residents meals and provide feedback to cooks 3. Monitor meal temperatures during meal preparation	March 2024-December 2024	2024 Score 78% Results improved by 11% from previous year	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	This quality initiative was successful as evidenced by the percentage improvement. We are happy with the results.
Staff how needs can be met 2023 Score 57% 1. Promote staff to resident engagement during team meetings and townhalls 2. Staff to ask residents how they can meet their care needs while responding to call bells and resident inquiries 3. Staff to introduce themselves to residents and explain care being provided 4. Gather resident feedback through resident council and adjust care plans accordingly	March 2024-December 2024	2024 Score 75% Results significantly improved from previous year by 18%	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	This quality initiative was successful as evidenced by the percentage improvement. We are happy with the results.
Can engage in friendly conversation 2023 Score 68% 1. Promote staff to resident engagement during team meetings and town halls 2. Staff to introduce themselves to residents and explain care being provided 3. Staff to engage in friendly conversation with resident when providing care and having visits	March 2024-December 2024	2024 Score 74% Results improved by 6% from previous year.	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	This quality initiative was successful as evidenced by the percentage improvement. We are happy with the results.

Family Survey

Focus and Score:	Date Implemented:	Outcome of the Actions:	Role of Resident Council/Family Council/PAC and CQI:	Comments:
Enjoys Mealtimes 2023 Score 52% 1. Audit meal service and gather resident feedback 2. Sample residents meals and provide feedback to cooks 3. Monitor meal temperatures during meal preparation	March 2024-December 2024	2024 Score 93% A significant increase from previous year results by 41%	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	This quality initiative was successful as evidenced by the percentage improvement. We are happy with the results.
Staff how needs can be met 2023 Score 67% 1. Promote staff to resident engagement during team meetings and townhalls 2. Staff to ask residents how they can meet their care needs while responding to call bells and resident inquiries 3. Staff to introduce themselves to residents and explain care being provided 4. Gather resident feedback through resident council and adjust care plans accordingly	March 2024-December 2024	2024 Score 88% Results improved by 21% from previous year	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	This quality initiative was successful as evidenced by the percentage improvement. We are happy with the results.

Explore new skills and interests 2023 Score 60% 1. Gather information and feedback from residents regarding ongoing programs 2. Introduce new programs through feedback results	March 2024- December 2024	Not measured in 2024. Participates in meaningful activities survey results for 2024 are 67%	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	Unfortunately this question was removed in the 2024 surveys as a result of resident and family feedback, the similar question indicates improvement in this area.
--	------------------------------	---	--	---

Communication of Results

Who:	Date Shared:	Feedback/Comments:
Resident Council	February 20, 2025	
Family Council	February 28, 2025	
Team Members	February 28, 2025	
PAC/CQI	April 2025	
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.