

## 2024/25 Continuous Quality Improvement Initiative Report

### Community Demographics

Community Name: Cheltenham Community

Street Address: 5935 Bathurst Street, Toronto, Ontario, M2R 1Y8

Phone Number: (416) 233-4050

Quality Lead: Jennifer Gillingham, Executive Director

### 2023-24 Quality Improvement Initiatives

In 2023/24, Cheltenham chose to focus on ED Transfers, and Resident and Family Satisfaction for its CQI initiatives.

Cheltenham set a 3.0% reduction target to achieve a performance of 23.18% on the ED Transfer indicator, from 23.90%. Cheltenham Community current performance on this indicator is 17.59%. A summary of the change ideas and their results is available in table 1.

Cheltenham Care Community aimed to maintain their performance for resident and family satisfaction at 84.0% and 84.8% respectively. Sienna Senior Living implemented a new, innovative survey format on a new platform to measure resident and family satisfaction in 2023. Cheltenham Community achieved a combined Net Promoter Score (NPS) of 19.00 for Resident and Family Satisfaction. A summary of the action plan and its results for resident and family satisfaction can be found in table 1.

### 2024-25 Priority Areas for Quality Improvement

Sienna Senior Living Communities use our Ontario Health Quality Improvement Plans (QIPs) to prioritize our improvement projects and this year Cheltenham quality committee has chosen Resident and Family Satisfaction (table 2), ED Transfers (table 3) and reducing falls (table 4) for its CQI initiatives. In addition to the QIP, Cheltenham uses the internal operational plan to help prioritize and plan improvements for key indicators.

Sienna Senior Living strives to continuously monitor and improve resident and family satisfaction and staff engagement year over year. In response to feedback, specific action plans are developed and shared with residents, families, and staff. Cheltenham Community completed the annual resident and family satisfaction surveys from September 13-27, 2023. Cheltenham achieved an NPS of 4.00 for resident satisfaction and an NPS of 33.00 for family satisfaction. The results were shared with our resident council December 19, 2023, family council January 17, 2024, and team members through town halls

January 17, 2024. Feedback from the resident, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Cheltenham Community annual Operational Planning Day was held on February 7, 2024, and included residents, team members, and the management team. During Operational Planning, resident and family satisfaction results and other clinical indicators were shared and feedback from stakeholders was sought in the development of improvement strategies.

### Resident and Family Satisfaction Survey

Sienna Senior Living's innovative resident and family satisfaction survey improves our ability to incorporate feedback into our day-to-day culture. We've worked with experts to create surveys that are more accessible for people living in long-term care. Resident and Family councils from each Sienna Senior Living Community were consulted and involved in the creation of the new survey. They are shorter, intended to occur more frequently, and designed to capture a true picture of your experience and what you define as important. The survey results include an overall Net Promoter Score (NPS) that identifies residents' and families' perceptions of our community and how people feel their needs are being met as well as a text analysis that highlights what people have focused on and how we can meet their needs.

## Policies, Procedures and Protocols That Guide Continuous Quality Improvement

### Quality Improvement Policy, Planning, Monitoring, and Reporting

Sienna Senior Living has a robust Quality & Risk Management Manual that guides our communities through continuous quality improvement activities with a focus on enhancing resident care and achieving positive resident outcomes. The Quality Committee identifies improvement opportunities and sets improvement objectives for the year by considering input from annual program evaluations, operating plan development, review of performance and outcomes using provincial and local data sources, and review of priority indicators released from Ontario Health, and the results of the resident and family satisfaction surveys.

### Continuous Quality Improvement Committee

The Quality Committee oversees all aspects of our continuous quality improvement initiatives and identifies change ideas that will be tested and implemented in collaboration with the interdisciplinary team. CQI initiatives use Plan-Do-Study-Act (PDSA) cycles (rapid implementation, evaluation, and implementation cycles) in line with the Model for Improvement. The Continuous Quality Improvement Committee meets at a routine frequency to monitor key indicators and elicits feedback from key stakeholders including residents and families. Selected change ideas are based on best practices used across Sienna, which are informed by research and literature. Through regular meetings and data review, the organization can confirm whether the changes resulted in improvement and adjust if and where required.

### Accreditation

In the fall of 2022, Sienna Senior Living communities participated in an external quality review for Accreditation. The accreditation process involves self-assessments of quality practices, engagement of our residents, families, and other stakeholders, and an on-site assessment conducted by peer surveyors. Sienna Senior Living was successful in receiving the highest-level award of a 3-year Accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF).

### Sharing and Reporting

A copy of this Continuous Quality Improvement Initiative Report and the QIP, including the progress report from the 2023/24 QIP, and the work plan for 2024/25, will be shared with the Resident Council on July 9, 2024, and was shared Family Council on June 26, 2024. This will be shared with team members on July 10, 2024, through town halls and meetings with team members and it is posted in the homes. As part of our quarterly reporting schedule, the committee will continually review progress and share updates and outcomes with residents, families, and staff via existing council and team meetings.

## 2023-24 Quality Improvement Initiatives

Table 1: results of 2023/24 Quality Improvement Plan and Resident and Family Satisfaction Improvement Initiatives

Area of Focus	Previous Performance (2022/23)	Current Performance (2023/24)	Change Ideas	Date of Implementation	Outcomes/Impact
Rate of avoidable ED Visits	13.81%	23.90%	Improved utilization of the SBAR tool.	Ongoing throughout 2023.	The SBAR tool improved communication between team members.
			Oversight by the charge nurse/nursing leadership team for all ED transfers.	Ongoing throughout 2023.	This has helped the team collaborate more effectively prior to transferring residents to hospital.
			Increased utilization of the Nurse led Outreach Team (NLOT) NP to assess residents that have had a significant change in condition in order to prevent an avoidable ED transfer.	Ongoing throughout 2023.	Cheltenham has continued to utilize the Nursing Led Outreach Team (NLOT) for on site procedures, assessment of residents' health status, and training and education all with the goal of reducing unnecessary transfers to the emergency department.
Resident and Family Satisfaction	Resident: 84.0% Family: 84.8%	Resident NPS: 4.00 Family NPS: 33.00	Cheltenham cooks will participate in education with Sienna Senior Living's Executive Chef on enhancing culinary skills by September 30, 2023.	October 25, 2023.	Education with the executive chef improved the culinary skills of Cheltenham's cooks.

Area of Focus	Previous Performance (2022/23)	Current Performance (2023/24)	Change Ideas	Date of Implementation	Outcomes/Impact
			Cheltenham will implement the new Sienna standard menus in collaboration with our Executive Chef and with ongoing feedback from residents that incorporates new cooking processes, recipe enhancements and fresher and higher quality ingredients by December 31, 2023.	November 2023	New menus incorporated fresher ingredients and had a positive impact on resident experience.
			Cheltenham is upgrading the table linens in each of the dining rooms in July 2023 to improve the dining atmosphere.	Completed by December 31, 2023.	This has refreshed the dining rooms and improved the overall dining experience.
			Cheltenham trained staff on the new call bell system on June 5 & 6, 2023 and went live with the new system on June 9, 2023.	System implemented on June 9, 2023.	The new call bell system has positively impacted response times to call bells.

## Planned Quality Improvement Initiatives for 2024-25

**Table 2: QIP Indicator: Resident and Family Satisfaction**

Cheltenham aims to improve the combined Net Promoter Score for resident and family satisfaction from 19 to 20.

Change Ideas	Process Measure	Target for 2024/25
Cheltenham will improve the physical plant to improve resident and family satisfaction. Cheltenham will renovate semi-private resident rooms with paint, replace furnishing(s) and update wall protectors.	Percentage of semi-private resident rooms renovated.	100% of semi-private resident rooms will be renovated by December 31, 2024.
Cheltenham will afford newly moved-in residents the opportunity to complete	Percentage of residents and families that complete move in process survey	50% of residents or families complete move in process survey.

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target for 2024/25</b>
the Move-In Survey. The Move-In Survey will be sent to families and residents electronically or in person.		

**Table 3: QIP Indicator: Percentage of LTC residents without psychosis who were given antipsychotic medication.**

Cheltenham aims to improve the percentage of LTC residents without psychosis who were given antipsychotic medication from the current performance of 19.88% to 19.48%.

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target for 2024/25</b>
Educate team members on orientation and annual training on criteria for coding - hallucinations, delusions	Percentage of TMs who received education	100% of TMs will receive education on orientation and annual.
Cohort Review Monthly and on Admission	Percentage of monthly cohort reviews	100% of monthly cohort reviews completed.

**Table 4: QIP Indicator: Percentage of LTC home residents who fell.**

Cheltenham aims to improve the percentage of LTC home residents who fell from the current performance of 10.47% to 10.26%.

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target for 2024/25</b>
Involve the recreation department with care planning for residents with recurrent falls. The recreation department will attend the attend the monthly falls committee meetings and ongoing huddles to offer input and care planning strategies for falls from a recreational perspective.	Percentage of residents with recurrent falls reviewed by the recreation department.	100% of residents with recurrent falls will be reviewed by the recreation department throughout 2024.

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target for 2024/25</b>
Cheltenham will integrate all bed and chair alarms with Sara System	Percentage of fall alarms integrated with Sara System.	100% of fall alarms will be integrated with the Sara System by December 31, 2024.