

## 2024/25 Continuous Quality Improvement Initiative Report

### Community Demographics

Community Name: Granite Ridge Community

Street Address: 5501 Abbott Street East, Stittsville Ontario, K2S 2C5

Phone Number: 613-836-0331

Quality Lead: Deane Moores, Senior Executive Director

### 2023-24 Quality Improvement Initiatives

In 2023/24, Granite Ridge chose to focus on antipsychotic usage without a diagnosis of psychosis and Resident and Family Satisfaction for its CQI initiatives.

Granite Ridge set a 2.9% improvement target to achieve a performance of 21.47% on this indicator, from 22.03%. Granite Ridge's current performance on this indicator is 21.91%. A summary of the change ideas and their results is available in table 1.

Granite Ridge Community aimed to maintain their performance for resident satisfaction at 85% and family satisfaction at 85%. Sienna Senior Living implemented a new, innovative survey format on a new platform to measure resident and family satisfaction in 2023. Granite Ridge achieved a combined Net Promoter Score (NPS) of 29.00 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 Granite Ridge's quality committee has chosen Resident and Family Satisfaction (see table 2) and antipsychotic usage without a diagnosis of psychosis for its CQI initiatives (see table 3). In addition to the QIP, Granite Ridge 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. Granite Ridge completed the annual resident and family satisfaction surveys from September 13-27, 2023. Granite Ridge achieved an NPS of 17.00 for resident satisfaction and an NPS of 38.00 for family satisfaction. The results were shared with our resident

council February 26, 2024, family council April 10, 2024, and team members through town halls January 31, 2024. Feedback from the resident, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Granite Ridge's annual Operational Planning Day was held on March 12, 2024. 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 focussed 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 workplan for 2024/25, was shared with the Resident Council on May 14, 2024, and Family Council on April 2, 2024.

This was shared with team members on March 27, 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
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	22.03%	21.91%	Utilization of the Antipsychotic Reduction Program	April 1, 2023.	Increased collaboration between the members of the health care team.
			Offer Gentle Persuasive Approach (GPA) training to front-line staff.	GPA sessions held in Jan, Feb, Mar.	2024 goal is 100% all staff have taken the course.
			Utilize internal Behaviour Supports Ontario (BSO) team for non-pharmacological care planning for newly moved-in residents.	December 31, 2023.	In collaboration with the Royal Ottawa Hospital, a BSO lead has been hired to refresh the program. Further addition of BSO RPN is the goal for 2024.
Resident and Family Satisfaction	Resident: 85% Family: 85%	Resident NPS: 17 Family NPS: 38	100% of dietary team members will be educated on plating food and serving meals by September 30, 2023.	September 30, 2023.	Education on plating improves how food is presented and experienced by residents.
			Cooks will participate in education with Sienna Senior Living's Executive Chef on enhancing culinary skills in June 2023.	June 2023.	Education sessions improved culinary skills of Granite Ridge's cooks.

Area of Focus	Previous Performance (2022/23)	Current Performance (2023/24)	Change Ideas	Date of Implementation	Outcomes/Impact
			Granite Ridge will implement new Sienna standard menus in collaboration with our Executive Chef and with ongoing feedback from residents, that incorporate new cooking processes, recipe enhancements and fresher and higher quality ingredients by June 30, 2023.	June 30, 2023.	New menus use fresher ingredients and have a positive impact on resident satisfaction.
			Committee formed to assess and refresh each of the dining rooms.	Deferred to 2024	
			Outdoor and indoor spaces accessible to residents will be cleaned up and refreshed by July 31, 2023.	Completed by July 31, 2023.	Refreshed were available for residents to use for visits with families and social engagements.

## Planned Quality Improvement Initiatives for 2024-25

Table 2: QIP Indicator: Resident and Family Satisfaction

Granite Ridge aims to improve the combined Net Promoter Score for resident and family satisfaction from 29 to 30.

Change Ideas	Process Measure	Target for 2024/25
Granite Ridge aims to improve communication with residents and families. Granite Ridge will support team members to complete the CLRI Families in Distress education modules. These modules will help team members build empathy skills	Percentage of team members who complete the CLRI Families in Distress education modules.	100% of clinical staff and leaders will complete the CLRI Families in Distress education modules by December 31, 2024.

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target for 2024/25</b>
while interacting with families and residents		
Granite Ridge aims to improve the physical plant to improve resident and family satisfaction by installing door decals and refresh the paint as needed.	Percentage of doors with decals installed.	Granite Ridge will install door decals on 100% of the resident room doors on the 2 memory care units by September 30, 2024.

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

Granite Ridge aims to improve the percentage of LTC residents without psychosis who were given antipsychotic medication from the current performance of 21.91% to 21.47%.

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target for 2024/25</b>
Multidisciplinary approach to review medications by utilizing the report from pharmacy that identifies those on antipsychotics without a dx. BSO to liaise with nursing and medical staff to improve the interdisciplinary approach to medication reviews.	Percentage of residents on antipsychotic medication without a diagnosis who have their medication review completed with a multidisciplinary approach.	100% of residents on antipsychotic medication without a diagnosis will have their medications reviewed with a multidisciplinary approach quarterly in 2024.
Gentle Persuasive Approach Training and Education, Granite Ridge will utilize the internal GPA coaches to run routine GPA inservices throughout 2023.	Number of team members trained on GPA.	Granite Ridge aims to train 30 team members on GPA by December 31, 2024
Improve the internal Behaviour Support Team by hiring and orientating a new BSO support lead.	Number of BSO leads hired.	Granite Ridge will hire a new BSO lead by April 31, 2024.