

2024/25 Continuous Quality Improvement Initiative Report

Community Demographics

Community Name: Waters Edge Community

Street Address: 401 William Street, North Bay, Ontario, P1A 1X5

Phone Number: (705) 476-2602

Quality Lead: Angel Vibert, Executive Director

2023-24 Quality Improvement Reflection

In 2023/24, Waters Edge Community chose to focus on the percentage of LTC residents without psychosis who were given antipsychotic medication and Resident and Family Satisfaction for its CQI initiatives.

Waters Edge Community set a 1.0% improvement target to achieve a performance of 16.79% on this indicator, from 16.96%. Waters Edge Community's performance on this indicator is 24.06%. A summary of the change ideas and their results is available in table 1.

Waters Edge Community aimed to improve resident satisfaction by 2.5% to 83%, from 81.0% and to maintain the performance of 86.0% for family satisfaction. Sienna Senior Living implemented a new, innovative survey format on a new platform to measure resident and family satisfaction in 2023. Waters Edge Community achieved a combined Net Promoter Score (NPS) of 6.00 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 Waters Edge Community's quality committee has chosen Resident and Family Satisfaction (table 2) and the percentage of LTC residents without psychosis who were given antipsychotic medication for its CQI initiatives (table 3). In addition to the QIP, Waters Edge Community 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. Waters Edge Community completed the annual resident and family satisfaction surveys from September 13-27, 2023. Waters Edge Community achieved an NPS of -7.00 for resident satisfaction and an NPS of 30.00 for family satisfaction. The results were shared with our resident council April 11, 2024, in the family council meeting minutes from June 25, 2024, and team members through town halls March 28, 2024. Feedback from the resident, family, and team member stakeholders was used to the develop strategies to improve overall resident and family satisfaction.

Additionally, Waters Edge Community's annual Operational Planning Day was held on June 25, 2024. The operational plan was reviewed with resident council on June 25, 2024. During Operational Planning, resident and family satisfaction results and other clinical indicators was 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 June 5, 2024, and Family Council on June 25, 2024.

This was shared with team members on June 19, 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	16.96%	23.57%	Complete a Collaborative Medication Review (CMR) process. Waters Edge aims to complete 3 Collaborative Medication Reviews per quarter by September 30, 2023.	Initiated on January 19, 2024.	This change idea was initially implemented however the team scaled the change idea back to improve its adoption.
			Train team members on the Gentle Persuasive Approach (GPA). Waters Edge will provide GPA education to 30 team members by December 31, 2023.	In 2023 training sessions were held on: February 15 April 20 May 16 May 31 July 12 August 22 September 20.	Waters Edge trained 55 team members on GPA in 2023.
			Utilize the BSO DOS on admission to screen for potential risks and assist in developing a plan of care to minimize risk to self/others. 90% of residents with history of high-risk verbal or physical expressions of risk will have a BSO DOS initiated upon move in by September 30, 2023.	Initiated in April 2023	Waters Edge implemented the BSO DOS for newly moved-in residents with a history of high-risk verbal or physical expressions of risk as planned on our QIP. This improved the team's ability to

Area of Focus	Previous Performance (2022/23)	Current Performance (2023/24)	Change Ideas	Date of Implementation	Outcomes/Impact
			<p>If a resident has any known history of high-risk verbal or physical expressions prior to move-in, the team will hold a pre-transition huddle. 90% of residents with history of high-risk verbal or physical expressions will have pre-transition huddles.</p>	Initiated April 2023	<p>understand expressions of risk early and care plan accordingly.</p> <p>Waters Edge implemented the pre-transition huddles in 2023. The community focused on implementing this change for residents who had active BSO in the community or hospital prior to their move-in to Waters Edge.</p>
Resident and Family Satisfaction	Resident: 81.0% Family: 86.0%	Resident NPS: -7 Family NPS: 30	Waters Edge Cook to guest speak at Family Council once in 2023 to provide education on dining experience within the community.	This was scheduled but however the meeting was cancelled.	Waters Edge was unable to implement this change idea in 2023.
			Sienna's Executive Chef to provide training on culinary skills by July 30, 2023.	September 15, 2023.	The training on culinary skills improved Waters Edge's cook's skills and helped to improve food quality.

Area of Focus	Previous Performance (2022/23)	Current Performance (2023/24)	Change Ideas	Date of Implementation	Outcomes/Impact
			<p>Waters Edge will include dining information in the newsletter such as recipes, photos, and resident meal reviews starting in May 2023.</p>	<p>Dining information was included on the following monthly newsletters in 2023: March, June, September, October, and November</p>	<p>We have seen an increase in participation with Resident attending the Food Council and Menu Fest. We also offer kitchen tours to residents, as there has been an increase in interest in this area as well.</p>
			<p>Waters Edge will invite families and caregivers to participate in cooking programs/activities with residents throughout 2023.</p>	<p>Families were invited to: -Menifest on March 29, 2023 -Mothers Day tea on May 12, 2023 -Fathers Day BBQ on June 16, 2023. -Monthly Birthday lunch program started August 24, 2023. - Kitchen Tours & Treats started on September 20, 2023.</p>	<p>These programs were well attended and enjoyed. Photos shared in newsletter.</p>

Area of Focus	Previous Performance (2022/23)	Current Performance (2023/24)	Change Ideas	Date of Implementation	Outcomes/Impact
			Waters Edge will follow a schedule for stripping and waxing of floors in 2023.	Floor cleaning occurred as per cleaning schedule daily in 2023.	No identified challenges/set backs.
			Waters Edge will involve family members in annual Spring-Cleaning Day.	May 2, 2023.	Clothing that is not claimed, is donated to North Bay community
			Waters Edge will use Sienna branded posters and signage.	This process was maintained monthly in 2023.	Waters Edge team kept the walls and windows clear from cluttered posters and created designated spaces for posters and message boards.
			Make spaces home like by using decals and murals.	This process was maintained monthly in 2023.	Staff message boards have all been relocated to an area close to the staff break room. Resident information boards are decorated monthly and share information and activities for residents to access. Decorations are put up throughout

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					the entire community for each holiday as well.

Planned Quality Improvement Initiatives for 2024-25

Table 2: QIP Indicator: Resident and Family Satisfaction

Waters Edge Community aims to improve the combined Net Promoter Score for resident and family satisfaction from 6.00 to 7.00.

Change Ideas	Process Measure	Target for 2024/25
Waters Edge aims to improve the daily experience for the residents. Waters Edge will implement new innovative programs each month to improve the daily experience. Waters Edge will involve the BSO lead in the introduction of new programs to the community.	Number of new innovative programs.	2 new innovative programs will be introduced each quarter in 2024.
Waters Edge aims to improve the physical plant to improve resident and family satisfaction. Waters Edge will refresh the outdoor common spaces for residents including building a gazebo and new front deck.	Number of outdoor commons spaces refreshed.	Waters Edge will refresh the outdoor common spaces by December 31, 2024.
Waters Edge aims to improve on service excellence in order to improve family and resident satisfaction. Waters Edge will support team members to complete the CLRI Families in Distress education modules. These modules will help	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.

Change Ideas	Process Measure	Target for 2024/25
team members build empathy skills while interacting with families and residents.		

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

Waters Edge Community aims to improve the percentage of LTC residents without psychosis who were given antipsychotic medication from the current performance of 24.06% to 23.57%.

Change Ideas	Process Measure	Target for 2024/25
Train team members on the Gentle Persuasive Approach (GPA).	Number of team members trained on GPA.	Waters Edge will provide GPA education to 30 team members by December 31, 2024.
Improve the interdisciplinary approach to medication reviews. The consultant pharmacist will meet with the interdisciplinary team to discuss expressions of risk, and medication use. The pharmacist will document any medication or lab work recommendations for review with the physician	Number of residents who have their medication reviewed with an interdisciplinary approach.	Waters Edge aims to complete 1 medication review with an interdisciplinary approach per quarter throughout 2024.