

2024/25 Continuous Quality Improvement Initiative Report

Community Demographics

Community Name: Norfinch Community

Street Address: 22 Norfinch Drive, North York, ON M3N 1X1

Phone Number: 416-623-1120

Quality Lead: Gajany Sivalingam, Executive Director

2023-24 Quality Improvement Initiatives

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

Norfinch Community set a 5.0% improvement target to achieve a performance of 16.27% on the antipsychotics without a diagnosis of psychosis indicator, from 17.13%. Norfinch Community's current performance on this indicator is 17.22%. A summary of the change ideas and their results is available in table 1.

Norfinch Community aimed to improve resident satisfaction to 83% from 55.9%, and family satisfaction to 84% from 82.3%. Sienna Senior Living implemented a new, innovative survey format on a new platform to measure resident and family satisfaction in 2023. Norfinch 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 Norfinch Community quality committee has chosen Resident and Family Satisfaction (see table 2) and for its CQI initiatives (see table 3). In addition to the QIP, Norfinch 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. Norfinch Community completed the annual resident and family satisfaction surveys from September 13-27, 2023. Norfinch Community achieved an NPS of -1.00 for resident satisfaction and an NPS of 25.00 for family satisfaction. The results were shared with our resident council on December 7th, 2023, family council on November 29th, 2023, and team members through town halls. Feedback from the resident, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Norfinch Community's annual Operational Planning Day was held on February 27th, 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, was shared with the Resident Council on June 6, 2024, and Family Council on June 26, 2024.

This was shared with team members through town halls on June 18, 2024, 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	17.13%	17.22%	Re-establish Internal Behaviour Support Lead.	January 31, 2024.	Norfinch recruited and hired a new Internal Behaviour Support Lead in early 2024. This will help to improve the program in the community and focus on our behavioural program.
			Quarterly reviews of residents receiving antipsychotic medications and their RAI-MDS outcome scores. Norfinch will review 100% of residents receiving antipsychotic medications quarterly through December 2023.	January 2023 This process continued quarterly throughout 2023.	Each quarter all residents receiving antipsychotics during the observation period were all reviewed, initially we have about 24 residents taking antipsychotics without diagnosis and now down to 9 on quarter 3.
			Utilize quarterly Professional Advisory Committee meetings as a forum to discuss reducing antipsychotic medications. 100% of	Feb 27, 2023 June 19, 2023, September 18, 2023	This process improved the interprofessional approach to

Area of Focus	Previous Performance (2022/23)	Current Performance (2023/24)	Change Ideas	Date of Implementation	Outcomes/Impact
			resident on anti-psychotic without diagnosis will be reviewed by the Professional Advisory Committee quarterly.		reviewing antipsychotic medications.
			Implement and conduct interdisciplinary meetings, where Team members can identify residents who would benefit from antipsychotic drug reduction. Norfinch aims to hold 4 interdisciplinary meetings on the home areas where team members can identify residents who would benefit from antipsychotic drug reduction by December 31, 2023.	First meeting occurred on December 27 th , 2023 and will continue for 2024.	We created the anti-psychotic reduction committee, and the program will hold meeting every month to discuss ways, strategies and outcome.
Resident and Family Satisfaction	Resident Satisfaction: 55.9% Family Satisfaction: 82.3%	Resident: -1 Families: 25	Norfinch aims to implement the Pet Therapy Program by December 31, 2023.	November 19 th , 2023	Four year old golden retriever visiting the residents once per month for one hour. Visited with residents on all home areas and received positive feedback. Visits to continue in 2024.
			Norfinch has added specialized therapeutic programs to the activities calendar each month throughout 2023.	Tuesday August 1 st , 2023 (Meditation Workshop with Lior Cohen)	A small group of residents attended the meditation event. Mixed response regarding the

Area of Focus	Previous Performance (2022/23)	Current Performance (2023/24)	Change Ideas	Date of Implementation	Outcomes/Impact
				<p>Wednesday October 18th, 2023 (Artful Enrichment Virtual Event with Callie)</p> <p>Wednesday December 27th, 2023 (Trivia: Rendeвер Live)</p>	<p>ability of the instructor to modify the event for the residents. Artful Enrichment was well received, subscription will be applied in 2024 for continuous access to independent and webinar led activities. Trivia was well received as a large group.</p>
			<p>Norfinch aims to offer at least five large special event programs for the entire community each month throughout 2023.</p>	<p>Tuesday January 10th, 2023 January- 9 February- 9 March- 10 April- 11 June- 11 July- 11 August- 9 September- 15 October- 20 November- 13 December- 19</p>	<p>Residents attended each event from different home areas, promoting our ability to encourage community wide socialization opportunities and for residents to meet each other.</p>
			<p>Norfinch’s cooks participated in training and education on culinary skills with Sienna Senior Living’s Executive Chef in July 2023.</p>	<p>Wednesday July 19th, 2023</p>	<p>Cooks prepared breakfast and lunch alongside the Chef, while learning new</p>

Area of Focus	Previous Performance (2022/23)	Current Performance (2023/24)	Change Ideas	Date of Implementation	Outcomes/Impact
					recipes and preparation methods. Cooks expressed that the session was fun and educational and appreciated the Chef's approach to the training.
			Monthly Resident Choice Meals, planned in collaboration with residents, are scheduled throughout 2023	Caribbean Themed Lunch occurred on Thursday January 19 th , 2023. Resident Choice Meals continued monthly throughout 2023.	Residents provide theme ideas and input into the menu and processes of the community through monthly food committee meetings.

Planned Quality Improvement Initiatives for 2024-25

Table 2: QIP Indicator: Resident and Family Satisfaction

Norfinch Community aims to improve the combined Net Promoter Score for resident and family satisfaction from 6.0 to 7.0.

Change Ideas	Process Measure	Target for 2024/25
Improve resident satisfaction with laundry services and care of personal belongings. By reducing the number of misplaced personal laundry and belongings and improving the process	1). # of lost or misplaced items. 2). # of completed audits on personal items	1). Reduce number of lost or misplaced items by 75%. 2). 100% completion rate of audits on personal items.

Change Ideas	Process Measure	Target for 2024/25
for identifying and labelling personal items.		
Improve move in experience for new resident and families within the first 8 weeks move in. Members of Norfinch Leadership Team will complete check-in calls with the families during the first 6 weeks after move-in. These check-in calls will help to develop rapport between families and the Norfinch team.	Percentage of newly moved-in residents who have the check-in call process completed.	100% of newly moved-in residents will have the check-in call process completed throughout 2024.
Norfinch aims to improve communication with residents and families. Norfinch will support team members to complete the CLRI Families in Distress education modules. These modules will help team members build empathy skills while interacting with families and residents.	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.

Table 3: QIP Indicators

Norfinch Community aims to improve ED Transfers from the current performance of 28.35% to 26.00%

Change Ideas	Process Measure	Target for 2024/25
Review clinical data after each emergency department visits.	% of transfers reviewed monthly at Resident Safety Meetings and PAC Meetings.	100% of transfers will be reviewed.
Increase utilization of the Nurse Led Outreach Team (NLOT).	% of unit supervisors given refresher education on the use of NLOT	100% of unit supervisors will be trained on NLOT.

Change Ideas	Process Measure	Target for 2024/25
Continued implementation of POET (Prevention of Error-Based Transfers) Project to improve how our Community identifies early palliative care needs and reduces consent-related transfers to the emergency department.	% of staff who completed education to the POET project and engaged in discussion on advanced care planning on admission. % of registered staff and Physicians provided with education on the SBAR tool.	100% of registered staff and leadership will complete POET education. 100% of residents will review their advanced care planning directives on admission. 100% of Registered Team Members and Physicians will complete training
Implement the Situation, Background, Assessment, Recommendation (SBAR) tool as a way to enhance critical thinking and communication between Registered Team Members and Physicians.	Percentage of registered staff and physicians provided with education on the SBAR tool.	100% of Registered Team Members and Physicians will complete training.
Improve the palliative care program in the home through education.	Number of staff participated in pallium education course,	Norfinch will send 5 staff to the Pallium Education Course by the end of 2024