

2024/25 Continuous Quality Improvement Initiative Report

Community Demographics

Community Name: Cedarvale Lodge Community & Retirement Living

Street Address: 121 Morton Avenue, Keswick, ON L4P 3T5

Phone Number: (905)-476-2656

Quality Lead: Jodi Napper-Campbell, Executive Director

2023-24 Quality Improvement Initiatives

In 2023/24, Cedarvale Lodge chose to focus on falls in the last 30 days and Resident and Family Satisfaction for its CQI initiatives.

For falls in the last 30 days, Cedarvale Lodge set a 5.3% improvement target to achieve a performance of 18.3% on this indicator, from 19.3%. Cedarvale Lodge's current performance on this indicator is 14.62%. A summary of the change ideas and their results is available in table 1.

Cedarvale Lodge aimed to improve resident satisfaction to 83% or higher, and family satisfaction to 84% or higher. This was a 1.2% improvement for resident satisfaction, from 82% and a 8.1% improvement for family satisfaction, from 74%. Sienna Senior Living implemented a new, innovative survey format on a new platform to measure resident and family satisfaction in 2023. Cedarvale Lodge achieved a combined Net Promoter Score (NPS) of 11.00 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 Cedarvale Lodge's quality committee has chosen Resident and Family Satisfaction (see table 2) and Avoidable Emergency Department Visits for its CQI initiatives (see table 3). In addition to the QIP, Cedarvale Lodge 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. Cedarvale

Lodge completed the annual resident and family satisfaction surveys from September 13-27, 2023. Cedarvale Lodge achieved an NPS of 10.00 for resident satisfaction and an NPS of 13.00 for family satisfaction. The results were shared in our December 2023 Resident & Family newsletter, as well as with our resident council December 11, 2023, family council February 21, 2024 and team members through meetings December 21, 2023. Feedback from the resident, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Cedarvale Lodge annual Operational Planning Day was held on February 26, 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 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 March 4, 2024, and Family Council on April 10, 2024. This was shared with team members on March 25, 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
Falls in the last 30 days	19.3%	14.62%	Improve the recreational department's involvement in the approach to reducing falls.	Education provided in August/ September 2023. Change idea implemented by December 31, 2023.	The individual activity bins are used frequently by frontline Team Members and residents.
			Improve registered staff's ability to lead post-fall huddles.	Completed by September 30, 2023.	More robust fall details to help implement better interventions to reduce falls.
			Identify and enroll residents who would benefit from nursing rehabilitation.	This change idea was not fully implemented. Due to changes in the RAI-MDS role and training.	We are currently implementing this change idea in 2024 and have one resident enrolled in the nursing rehabilitation program.
Resident and Family Satisfaction	Resident: 82% Family: 74%	Resident NPS: 10 Family NPS: 13	Residents who have loud volume on TV sets will be asked to use cordless headphones to help reduce noise.	First implemented February 22, 2023	Intervention continues to be ongoing as the need is identified
			Revert back to the two menu choices by March 31, 2023.	New menu launched March 20, 2023.	Residents are much happier with having two options rather than one

Area of Focus	Previous Performance (2022/23)	Current Performance (2023/24)	Change Ideas	Date of Implementation	Outcomes/Impact
					option and A La Carte
			Implement monthly Lost and Found Laundry Days by June 15, 2023	Implemented June 2023.	Some clothing has been found and continues in 2024 each month
			100% of the laundry team will be retrained on putting laundry away, and checking the tags at time of laundering to ensure it is intact by June 15, 2023.	Completed June 30, 2023.	This helped to reduce lost clothing and complaints related to closet cleanliness.
			Buy new outdoor furniture to improve accessibility.	New outdoor purchased in June 2023.	Residents like the new chairs and is more colourful outside with the red accents.
			Create new space in the Sunroom and TV room for activities and family socializing by August 15, 2023.	Completed by September 30, 2023.	Spaces were enjoyed by residents and families.

Planned Quality Improvement Initiatives for 2024-25

Table 2: QIP Indicator: Resident and Family Satisfaction

Cedarvale Lodge aims to improve the combined Net Promoter Score for resident and family satisfaction from 11 to 12.

Change Ideas	Process Measure	Target for 2024/25
Cedarvale Lodge aims to improve the physical plant. Cedarvale lodge will paint the resident common spaces and hallways.	Percentage of dining rooms, hallways and lounges painted in 2024.	50% of the resident common spaces and hallways will be painted in 2024.

Change Ideas	Process Measure	Target for 2024/25
Cedarvale Lodge aims to improve housekeeping services. Cedarvale Lodge will provide education to the housekeeping team members on the deep cleaning schedule and policy and procedures.	Percentage of housekeeping team members who complete education on deep cleaning.	100% of housekeeping team members will complete education on deep cleaning by December 31, 2024.
Cedarvale Lodge aims to improve Food Service. The Recreation and Culinary Team will work together to implement theme days on a monthly basis in which the theme will have a special meal to compliment the day.	Number of theme days with a special Meal.	A theme day with a special meal will be implemented each month from May to December 2024.

Table 3: QIP Indicator: Avoidable ED Transfers

Cedarvale Lodge aims to improve avoidable ED transfers from the current performance of 27.14% to 26.45%

Change Ideas	Process Measure	Target for 2024/25
Improve access to medical equipment to avoid common reasons for ED transfers. Cedarvale Lodge will purchase a bladder scanner and provide training to registered staff on how to use the bladder scanner to reduce ED transfers related to urinary tract infections and retention.	Number of Registered Staff trained on using the bladder scanner.	Cedarvale Lodge aims to train 5 Registered Staff on the bladder scanner by September 30, 2024.
Improve communication between nurses and physicians by implementing the SBAR communication tool. The nursing leadership team will provide education	Percentage of ED transfers where there is evidence that the SBAR communication tool was utilized by the nurse.	60% of all ED transfers will utilize the SBAR tool.

Change Ideas	Process Measure	Target for 2024/25
<p>to nursing staff on the SBAR tool. Staff will then complete the SBAR tool prior to calling the physician or NP to ensure clear concise information is relayed. The nursing leadership team will audit the use of the SBAR tool on a monthly basis to ensure the tool is used.</p>		
<p>Enhance current palliative care program within Cedarvale Lodge through education and resources for Team Members. Members of Cedarvale Lodge's Palliative Care Committee will participate in the Pallium LEAP Education Modules in order to improve the approach to palliative care within the community.</p>	<p>Percentage of palliative care committee members who have completed Pallium LEAP education.</p>	<p>100% of the palliative care committee team members will complete Pallium in Relias by May 30, 2024.</p>