

## 2024/25 Continuous Quality Improvement Initiative Report

### Community Demographics

Community Name: Rockcliffe Community

Street Address: 3015 Lawrence Avenue East, Scarborough, Ontario, M1P 2V7

Phone Number: (416) 264-3201

Quality Lead: Denise Bulmer, Executive Director

### 2023-24 Quality Improvement Initiatives

In 2023/24, Rockcliffe Community chose to focus on educing unnecessary ED Visits, and Resident, and Family Satisfaction for its CQI initiatives.

Rockcliffe Community set a 5% improvement target to achieve a performance of 18.70% on this indicator, from 19.07%. Rockcliffe Community's current performance on this indicator is 21.00%. A summary of the change ideas and their results is available in table 1.

Rockcliffe Community aimed to improve resident satisfaction to 83% from 74% and family satisfaction to 84% from 81%. Sienna Senior Living implemented a new, innovative survey format on a new platform to measure resident and family satisfaction in 2023. Rockcliffe community achieved a combined Net Promoter Score (NPS) of 15.00 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 Rockcliffe Community's quality committee has chosen Resident and Family Satisfaction (see table 2) and Reduction in Emergency transfer to hospital for its CQI initiatives (see table 3). In addition to the QIP, Rockcliffe 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. Rockcliffe Community completed the annual resident and family satisfaction surveys from September 13-27, 2023. Rockcliffe Community

achieved an NPS of 11.00 for resident satisfaction and an NPS of 21.00 for family satisfaction. The results were shared with our resident council/ family council on February 29, 2024, and team members through town halls January 2024. Feedback from the resident, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Rockcliffe Community's annual Operational Planning Day was held on March 18, 2024 and included team members, and the management team, residents were informed in resident council in April 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 work plan for 2024/25, was shared with the Resident Council in March 2024 and Family Council in February 2024

This was shared with team members in March 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	19.70%	21.00%	Utilizing the Situation, Background, Assessment, Recommendation (SBAR) tool.	September 2023	Majority of the registered staff are utilizing SBAR when communicating with physicians. However, if gaps are noted education provided on a 1 to 1 basis.
			Consult and oversight by Nursing Leadership Team on Transfers to Hospital.	Ongoing throughout 2023.	Registered staff are communicating effectively with the nursing leadership team prior to ED transfers.
			Use of Nurse Practitioners Supporting Teams Averting Transfers (NPSTAT) program	June 2023	Reduced ED transfers and Enhanced medical care and services.
Resident and Family Satisfaction	Resident: 74%  Family: 81.0%	Resident NPS: 11.00  Family NPS: 21.00	Rockcliffe cooks will participated in education with Sienna Senior Living's Executive Chef on enhancing culinary skills in May 25, 2023.	May 2023	Enhanced food quality and the skills of the cook.
			Rockcliffe will implement new Sienna standard menus in collaboration with	June 30, 2023.	New menus use fresher ingredients

Area of Focus	Previous Performance (2022/23)	Current Performance (2023/24)	Change Ideas	Date of Implementation	Outcomes/Impact
			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.		and have a positive impact on resident satisfaction with regards to food.
			Rockcliffe resurfaced and painted the parking lot and sidewalks on June 8 & 9, 2023.	Completed in June 2023.	This change idea refreshed the outside appearance of the community and improved accessibility.
			Rockcliffe renovated the lobby including replacing the reception desk, first floor nursing station, flooring, and added new shelving, cupboards and a sink in March 2023.	Completed in March 2023.	This has improved the sense of arrival upon entry to the community.
			Rockcliffe is installing a new washer and dryer by the end of June 2023.	Completed in June 2023.	This has improved laundry processes and overall delivery of service.

## Planned Quality Improvement Initiatives for 2024-25

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

Rockcliffe Community aims to improve the combined Net Promoter Score for resident from 11 to 12 and family satisfaction from 21 to 23

Change Ideas	Process Measure	Target for 2024/25
Rockcliffe aims to improve the physical plant to improve resident and family satisfaction. Rockcliffe will refresh the paint in the resident rooms in order to update the physical plant.	Percentage of rooms that have the paint updated and refreshed	Rockcliffe will paint and replace the flooring in 100% of the semi-private resident rooms by June 30, 2024 and will paint 50% of the basic resident rooms by December 31, 2024.
Rockcliffe aims to improve the food quality to improve resident and family satisfaction. Rockcliffe will work with residents to identify snacks they would like to be added to the daily snack cart. Rockcliffe will utilize the resident council as a forum to discuss and review the snacks available on the snack cart.	Number of new snacks added to the snack cart as requested by the residents.	Rockcliffe aims to add one new snack to the snack cart per month as requested by the residents throughout 2024.
Rockcliffe aims to improve the food quality to improve resident and family satisfaction. Once a month Rockcliffe will run a themed cultural days monthly that include both food and activities.	Number of themed cultural days.	Rockcliffe will hold 12 themed cultural days in 2024.
Rockcliffe aims to improve service excellence and communication to improve resident and family satisfaction. Rockcliffe will re-educate the frontline clinical team members on the policies and procedures related to the call bell system.	Percentage of clinical team members who are re-educated on the call bell system.	Rockcliffe will educate 100% of the clinical team members on the call bell system.

**Table 3: QIP Indicator: ED Transfers**

Rockcliffe Community aims to improve ED transfers from the current performance of 22.93% to 20.00%.

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target for 2024/25</b>
Utilizing the Situation, Background, Assessment, Recommendation (SBAR) tool.	Percentage of registered staff who are educated on use of the SBAR Tool.	90% of registered staff will be educated on the use of the SBAR tool by September 30, 2024.
Consult and oversight by Nursing Leadership Team on Transfers to Hospital	Percentage of transfers to hospital where registered staff consulted the Charge Nurse/ADOC/DOC prior to transferring resident.	80% of transfers to the hospital will have oversight by the charge nurses/nurse managers/leadership team by September 30, 2024
Utilizing Nurse Led Outreach Team (NLOT) program	Percentage of registered staff will utilize the NLOT program	90% of registered staff will collaborate with the NLOT team by December 31, 2024