

Community Demographics

Community Name: Muskoka Shores Community

Street Address: 200 Kelly Drive, Gravenhurst, Ontario, P1P 1P3

Phone Number: (705) 687-3444

Quality Lead: Michelle Sattler, Executive Director

Continuous Quality Improvement Initiative Report

2022-23 Quality Improvement Initiative

In 2022/23, Muskoka Shores Community chose to focus on the percentage of LTC residents without psychosis who were given antipsychotic medication for its CQI initiative. Muskoka Shores Community set a 2.0% reduction target to achieve a performance of 13.7% on this indicator, from 13.99%. Muskoka Shores Community's current performance on this indicator is 15.64%. A detailed summary of our change ideas and lessons learned is available on the Ontario Health's Quality Improvement Plan (QIP) publicly accessible pages.

2023-24 Priority Areas for Quality Improvement

Muskoka Shores Community's priority areas for quality improvement for the year are:

1. Resident and Family Satisfaction
2. Our Ontario Health QIP Indicator: Falls in the last 30 days in long-term care

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. Muskoka Shores Community completed the annual resident and family satisfaction surveys from September 14-28, 2022. Muskoka Shores Community achieved 76% for overall resident satisfaction and 86% for overall family satisfaction. The results were shared with our resident council May 31, 2023 and family council April 18, 2023 and their feedback was sought in the development of the strategies to improve overall satisfaction (see Table 1).

Sienna Senior Living Communities use QIPs to help us prioritize our improvement projects and this year the quality committee has chosen Falls in the last 30 days in long-term care for its CQI initiative (see table 2). In addition to the QIP, our community uses our internal operational plan to help prioritize and plan improvements for key indicators.

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/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 2022/23 QIP, and the workplan for 2023/24, was shared with the Resident Council on June 16, 2023 and Family Council on June 15, 2023. 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.

Planned Quality Improvement Initiatives for 2023-24

Table 1: Resident and Family Satisfaction

Muskoka Shores Community aims to improve resident satisfaction to 83%; this is a 9.2% improvement for resident satisfaction, from 76%. Muskoka Shores aims to maintain our current performance of 86% for family satisfaction.

Area of Focus	Change Ideas
Dining Experience	<ul style="list-style-type: none"> • Muskoka Shores’ cooks will participate in education with Sienna Senior Living’s Executive Chef on enhancing culinary skills on July 6th. • Muskoka Shores implemented 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 on May 29th, 2023.
Environmental Upgrades	<ul style="list-style-type: none"> • Muskoka Shores is refreshing the lobby and visitors washrooms by painting walls and purchasing new furniture by December 31, 2023.

Table 2: QIP Indicator: Falls in the last 30 days in long-term care

Muskoka Shores Community has set a 5.0% improvement target to achieve a performance of 19.57% on this indicator, from 20.60%.

Change Ideas	Process Measure	Target for 2023-24
1. Improve post-fall assessment documentation.	Percentage of registered staff who have participated in post-fall assessment education.	Muskoka Shores will educate 50% of the registered staff on completing post-fall assessment education by September 30, 2023.
2. Re-establish post-fall huddles.	Percentage of falls with a post-fall huddle.	50% of falls will have a post-fall huddle by September 30th, 2023 with an ultimate goal of 100% of falls having a post-fall huddle by March 2024.