

Community Demographics

Community Name: Cedarvale Lodge Community

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

Phone Number: (905) 476-2656

Quality Lead: Jodi Napper-Campbell, Executive Director

Continuous Quality Improvement Initiative Report

2022-23 Quality Improvement Initiative

In 2022/23, Cedarvale Lodge Community chose to focus on the percentage of LTC residents without psychosis who were given antipsychotic medication for its CQI initiative. Cedarvale Lodge Community set a 10.0% reduction target to achieve a performance of 13.03% on this indicator, from 14.48%. Cedarvale Lodge Community's current performance on this indicator is 14.09%. 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

Cedarvale Lodge Community's priority areas for quality improvement for the year are:

1. Resident and Family Satisfaction
2. Our Ontario Health QIP: 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. Cedarvale Lodge Community completed the annual resident and family satisfaction surveys from September 14-28, 2022. Cedarvale Lodge Community achieved 82% for overall resident satisfaction and 74% for overall family satisfaction. The results were shared with our resident council January 18, 2023 and family council February 8, 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

The QIP, including the progress report from the 2022/23 QIP, and the work plan for 2023/24, was shared with the Resident Council on May 4, 2023 and Family Council on April 12, 2023. A copy of this Continuous Quality report will be shared with Resident Council on July 6, 2023 and was shared with Family Council June 14, 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

Cedarvale Lodge Community aims to improve resident satisfaction to 83%. This is a 1.2% improvement for resident satisfaction, from 82%. Cedarvale Lodge Community aims to improve family satisfaction to the Sienna benchmark of 84%.

Area of Focus	Change Ideas
Area quiet for sleep	<ul style="list-style-type: none"> Residents who have loud volume on TV sets will be asked and helped to use cordless headphones to help reduce noise by August 31, 2023.
Meals appealing/tasty	<ul style="list-style-type: none"> Revert to the two choice menu by March 31, 2023.
Laundry services	<ul style="list-style-type: none"> Implement monthly Lost and Found Laundry Days by June 15, 2023. 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.
Comfortable/Attractive space	<ul style="list-style-type: none"> Buy new outdoor furniture to improve accessibility by June 30, 2023. Create new space in the Sunroom and TV room for activities and family socializing by August 15, 2023.

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

Cedarvale Lodge Community has set a 5.3% improvement target to achieve a performance of 18.3% on this indicator, from 19.3%.

Change Ideas	Process Measure	Target for 2023-24
1. Improve the recreational department's involvement in the approach to reducing falls.	Percentage of residents at high risk for falls who have been assessed by the recreation department.	50% of residents at high risk for falls will be assessed by the recreated department and have individualized interventions in place by September 30, 2023.
2. Improve registered staff's ability to lead post-fall huddles.	Percentage of registered staff trained on post fall huddles.	85% of the Cedarvale Lodge staff will complete training on leading post-fall huddles for registered staff by December 31, 2023.

Change Ideas	Process Measure	Target for 2023-24
3. Identify and enroll residents who would benefit from nursing rehabilitation.	Number of residents enrolled in a nursing rehabilitation program.	Cedarvale Lodge aims to increase the enrolment in the nursing rehab program to 4 residents by September 30, 2023.