

Community Demographics

Community Name: Granite Ridge Community

Street Address: 5501 Abbott Street East, Stittsville, Ontario, K2S 2C5

Phone Number: (613) 836-0331

Quality Lead: Suzy Gardner, Executive Director

Continuous Quality Improvement Initiative Report

2022-23 Quality Improvement Initiative

In 2022/23, Granite Ridge Community chose to focus on the percentage of LTC residents without psychosis who were given antipsychotic medication for its CQI initiative. Granite Ridge Community set a 2% reduction target to achieve a performance of 18% on this indicator, from 18.38%. Granite Ridge Community's current performance on this indicator is 22.03%. 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

Granite Ridge Community's priority areas for quality improvement for the year are:

1. Resident and Family Satisfaction
2. Our Ontario Health QIP Indicator: Percentage of LTC residents without psychosis who were given antipsychotic medication

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. Granite Ridge Community completed the annual resident and family satisfaction surveys from September 14-28, 2022. Granite Ridge Community achieved 85% for overall resident satisfaction and 85% for overall family satisfaction. The results were shared with our Resident Council February 27, 2023 and Family Council January 11, 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 percentage of LTC residents without psychosis who were given antipsychotic medication 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 26, 2023 and Family Council on 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

Granite Ridge Community aims to maintain current performance for resident satisfaction at 85% and family satisfaction at 85%.

Area of Focus	Change Ideas
Dining Experience	<ul style="list-style-type: none"> 100% of dietary team members will be educated on plating food and serving meals by September 30, 2023. Cooks will participate in education with Sienna Senior Living's Executive Chef on enhancing culinary skills in June 2023. Granite Ridge will implement 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 by June 30, 2023. Committee formed to assess and refresh each of the dining rooms.
Environment	<ul style="list-style-type: none"> Outdoor and indoor spaces accessible to residents will be cleaned up and refreshed by July 31, 2023.

Table 2: QIP Indicator: Percentage of LTC residents without psychosis who were given antipsychotic medication

Granite Ridge Community has set a 2.9% improvement target to achieve a performance of 21.4% on this indicator, from 22.03%.

Change Ideas	Process Measure	Target for 2023-24
1. Utilization of the Antipsychotic Reduction Program	Percentage and frequency of residents on antipsychotics without diagnosis of psychosis that will be reviewed by ADOCs/physician.	100% of residents on antipsychotics without diagnosis of psychosis to be reviewed by the ADOC/physician on quarterly basis starting April 1, 2023.
2. Offer Gentle Persuasive Approach (GPA) training to front-line staff	Number of front-line team members trained on GPA.	Granite Ridge will train 50 front-line team members on GPA by December 31, 2023.
3. Utilize internal Behaviour Supports Ontario (BSO) team for non-pharmacological care planning for newly moved-in residents	Percentage of newly moved-in residents referred to the BSO team for assessment of responsive behaviours and care planning of non-pharmacological approaches.	80% of newly moved-in residents will be referred to the BSO team for assessment of responsive behaviours and care planning of non-pharmacological approaches.