

## 2024/25 Continuous Quality Improvement Initiative Report

### Community Demographics

Community: Deerwood Creek

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Quality Lead: Carol Ois, Executive Director

### 2023-24 Quality Improvement Initiatives

In 2023/24, Deerwood Creek Community chose to focus on reducing the number of avoidable ER transfers, reduction of the incidence of falls and Resident and Family Satisfaction for its CQI initiatives.

Deerwood Creek Community set a 13.6% reduction target to achieve a performance of 18.5% on this indicator, from 21.43%. Deerwood Creek's current performance on this indicator is 26.49 %. A summary of the change ideas and their results is available in table 1.

Deerwood Creek Community aimed to improve resident satisfaction to 83%. This was a 4.0% improvement for resident satisfaction, from 79%. Deerwood Creek Community aimed to maintain their performance for family satisfaction at 86%. Sienna Senior Living implemented a new, innovative survey format on a new platform to measure resident and family satisfaction in 2023. Deerwood Creek achieved a combined Net Promoter Score (NPS) of 8 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 Deerwood Creek's quality committee has chosen Resident and Family Satisfaction (table 2), reduction of avoidable ED transfers for its CQI initiatives (table 3), and reduction of falls (table 4). In addition to the QIP, Deerwood Creek 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. Deerwood Creek Community completed the annual resident and family satisfaction surveys from September 13-27, 2023. Deerwood Creek Community achieved an NPS of -6.00 for resident satisfaction and an NPS of 32.00 for family satisfaction. The results were

Posted: June 30, 2024.

shared with our resident council April 16<sup>th</sup> 2024, family council March 27<sup>th</sup> 2024, and team members through town halls November 29<sup>th</sup> 2023. Feedback from the resident, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Deerwood Creek Community's annual Operational Planning Day was held on May 8<sup>th</sup>, 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 work plan for 2024/25, was shared with the Resident Council on June 18<sup>th</sup>, 2024, and Family Council on June 26<sup>th</sup> 2024

This was shared with team members on June 19<sup>th</sup> 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	21.43%	26.46%	Purposeful rounds will be completed at identified peak times. Deerwood Creek aimed to implement this by providing education to full and part-time nursing staff on the home area with the highest falls rate.	June 20 <sup>th</sup> , 2023	Education was completed for 75% of registered nurses. Purposeful rounding initiated for residents identified as highest risk for falls. We achieved a 20% reduction in fall incidences.
			Send physiotherapy referrals for residents in isolation who are medium to high risk for falls.	Referrals sent throughout 2023.	This intervention had limited success. We learned residents confined due to isolation requirements were generally too unwell and unable to participate in PT interventions offered. Once residents recovered and started to regain strength, physio was initiated to help resident

Area of Focus	Previous Performance (2022/23)	Current Performance (2023/24)	Change Ideas	Date of Implementation	Outcomes/Impact
					return to baseline mobility levels.
Resident and Family Satisfaction	Resident: 79%  Family: 86%	Resident NPS: -6.00  Family NPS: 32.00	<p>Deerwood Creek was a regional pilot site for the implementation of the enhanced move-in experience. Our pilot commenced December 2nd, 2022, and included:</p> <ul style="list-style-type: none"> <li>Personalized welcome gift for every resident admitted to the community</li> <li>Implemented Tour team following a set standard and team member training</li> <li>Implementation of post move in survey to evaluate resident and family experience</li> </ul>	December 2 <sup>nd</sup> 2022	Initiatives were successfully implemented and we have since transitioned to a monthly survey format to ensure we receive continuous feedback on our performance.
			Deerwood Creek has implemented Happy Hour Huddles twice weekly starting on April 4, 2023, as a way to share information and improve the meal service for the residents.	April 4, 2023.	This was implemented in April 2023 however we were unable to sustain this process. Other methods of information sharing and meal service improvements in progress.
			Deerwood Creek cooks will participate in education with Sienna	July 20 <sup>th</sup> 2023	Full time and part time cooks

Area of Focus	Previous Performance (2022/23)	Current Performance (2023/24)	Change Ideas	Date of Implementation	Outcomes/Impact
			Senior Living's Executive Chef on enhanced culinary skills in July 2023.		attended Culinary Academy sessions hosted by corporate Chef Kire.
			Deerwood Creek will implement a refreshed Sienna standard menus in collaboration with our Executive Chef and with ongoing feedback from residents, which incorporate new cooking processes, recipe enhancements and fresher and higher quality ingredients in Spring/Summer 2023.	May 29 <sup>th</sup> 2023	We achieved our goal to implement new and improved cooking processes and use fresher, improved quality ingredients. Regular monthly feed back from residents through food committee and family resident survey results.

## Planned Quality Improvement Initiatives for 2024-25

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

Deerwood Creek Community aims to improve the combined Net Promoter Score for resident and family satisfaction from 8.00 to 9.00.

Change Ideas	Process Measure	Target for 2024/25
Food quality has been identified as a significant driver of resident and family satisfaction therefore Deerwood Creek aims to improve adherence to Sienna menus and recipes by Cooks during meal preparation.	Number of food production audits conducted by DFS/ week	Achieve a 75% compliance rate by end of September 2024 and 90% or higher rate by March 2025
Deerwood Creek aims to enhance clinical care services provided to improve resident and family satisfaction. Deerwood Creek will schedule regular and sustained nursing education sessions focused on enhancement of clinical assessment skills and critical thinking using simulated mannequin technology	% registered nurses attending clinical education sessions in 2024.	90% of full time and part time registered nurses will complete this education by December 31 2024

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

Deerwood Creek Community aims to improve the rate of unnecessary ED transfers from the current performance of 26.49% to 23.8%.

Change Ideas	Process Measure	Target for 2024/25
Leveraging simulated Mannequin technology we aim to build confidence and enhance clinical assessment skills of our registered nursing team	% of staff who complete education facilitated by NP utilizing the SIM Mannequin.	90% of full-time and part-time nursing staff complete required education by Nov 30, 2024.

Change Ideas	Process Measure	Target for 2024/25
members. Sessions will be facilitated by our in house nurse practitioner		
Weekly nursing clinical rounds facilitated by the nurse practitioner.	Number of weekly clinical rounds completed by NP and nursing team members.	90% compliance with weekly clinical rounds by September 2024.

**Table 4: Percentage of LTC home residents who fell in the 30 days leading up to their assessment.**

Deerwood Creek Community aims to reduce falls from the current performance of 14.92% to 12.5%.

Change Ideas	Process Measure	Target for 2024/25
The inter disciplinary team will identify a cohort of residents (residents in secure home area experiencing multiple falls) and conduct regular strengthening and balancing exercises.	% of (ambulatory) residents participating in balance and strength training programming.	60% of resident cohort who are having multiple falls will attend strengthening and balance exercises twice per week