

2024/25 Continuous Quality Improvement Initiative Report

Community Demographics

Community Name: Silverthorn Care Community

Street Address: 4350 Mississauga Rd, Mississauga, ON L5M 7C8

Phone Number: (905) 812-1175

Quality Lead: Masika Gardner, Executive Director

2023-24 Quality Improvement Reflection

In 2023/24 Silverthorn Care Community chose to focus on rate of ED visits for modified list of ambulatory care sensitive conditions per 100 long-term care residents and Resident and Family Satisfaction for its CQI initiatives.

Silverthorn set a 0.57% reduction target to achieve a performance of 27.79% on this indicator, from 28.36% Silverthorn's current performance on this indicator is 21.69%. A summary of the change ideas and their results is available in table 1.

Silverthorn Community aimed to maintain their performance for resident satisfaction at 85.4% and family satisfaction at 86.4%. Sienna Senior Living implemented a new, innovative survey format on a new platform to measure resident and family satisfaction in 2023. Silverthorn achieved a combined Net Promoter Score (NPS) of 32.00 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 Silverthorn's quality committee has chosen Resident and Family Satisfaction (see table 2) and reduce ED transfers for its CQI initiatives (see table 3). In addition to the QIP, Silverthorn 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. Silverthorn completed the annual resident and family satisfaction surveys from September 13-27, 2023. Silverthorn achieved an NPS of 19 for resident satisfaction and an NPS of 41 for family satisfaction. The results were shared with our resident council on Jan 17th,

2024, family council on Feb 20th, 2024, and team members through town halls on Jan 25th, 2024, Feedback from the resident, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Silverthorn's annual Operational Planning Day was held on April 3rd, 2024, and included a resident, family member, 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 workplan for 2024/25, was shared with the Resident Council on June 19, 2024, and Family Council on June 17, 2024.

This was shared with team members on July 4, 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 ED visits for modified list of ambulatory care sensitive conditions per 100 long-term care residents	28.36%	21.69%	Improve the use of the SBAR tool	Training was completed on March 21, 2023.	100% of Registered staff were trained on SBAR documentation. 100% of physicians were educated on the use of the tool and followed through with the nurses
			Trending of ED transfer data	Ongoing on a monthly basis throughout 2023	Nursing practice meetings were held monthly with emphasis on ED transfer reduction
			Use of the Health Care Wishes assessment in PointClickCare	Ongoing on a monthly basis throughout 2023	100% of newly moved in residents has their health care wishes completed within 6 weeks of admission
Resident and Family Satisfaction	Resident: 85.4% Family: 86.4%	Resident NPS: 19 Family NPS: 41	Silverthorn will improve the communication strategy about special event (e.g. Seniors Month Celebrations, Summer BBQs) with residents and families by sending out emails starting in 2023.	Silverthorn sent monthly newsletters throughout 2023.	This strategy has improved the communication strategy overall with families.

Area of Focus	Previous Performance (2022/23)	Current Performance (2023/24)	Change Ideas	Date of Implementation	Outcomes/Impact
			Silverthorn cooks will participate in education with Sienna Senior Living's Executive Chef on culinary skills in August 2023.	August 2023	This education helped to improve food quality.
			Silverthorn will implement new Sienna standard menus in collaboration with our Executive Chef, that incorporate new cooking processes, recipe enhancements and fresher and higher quality ingredients by Q4 2023.	Throughout 2023	New menus and frequent feedback improved food quality by incorporating fresher ingredients and responding to resident needs.
			Silverthorn Implemented a new call bell system to assist in improving response times in November 2022.	Installation completed in 2022	Improved communication between residents and staff.
			Education on the new call bell system will be completed by February 28, 2023, and will be completed annually going forward.	Ongoing from installation in 2022 throughout 2023.	Training was completed to ensure staff and residents understood the new system.

Planned Quality Improvement Initiatives for 2024-25

Table 2: QIP Indicator: Resident and Family Satisfaction

Silverthorn aims to improve the combined Net Promoter Score for resident and family satisfaction from 32 to 33.

Change Ideas	Process Measure	Target for 2024/25
Silverthorn aims to improve communication with residents and families	Percentage of team members who complete the CLRI Families in Distress education modules	100% clinical staff and leaders will complete the CLRI Families in Distress

Change Ideas	Process Measure	Target for 2024/25
		education modules by December 31, 2024.
Silverthorn aims to improve communication with residents and families	Percentage of newly moved in residents who have check-in call process completed	Silverthorn aims to complete the check-in call process for 100% of newly moved-in residents in 2024
Silverthorn will improve resident and family satisfaction engagement through 2024	Percentage of residents and families who participate in activities on a monthly basis.	Silverthorn aims to increase the percentage of families and residents that engage in activities by 20% by September 20,2024

Table 3: QIP Indicator: ED Transfers

Silverthorn aims to improve ED transfers from the current performance of 21.68 to 20.80%

Change Ideas	Process Measure	Target for 2024/25
Virtual care visits with in-house NP	Percentage if residents referred to Virtual Care per month, per home area	90% of residents will be referred to Virtual Care and avoid unnecessary ED transfers
Silverthorn will improve the quality of clinical care	Number of staff who complete the Humber College Physical Assessment Course	Silverthorn aims to have 4 Registered staff complete Humber College course by December 31, 2024.
Improve the use of the SBAR tool	Percentage of SBAR tool audits completed prior to transfer in 2024	90% of residents will have a completed SBAR tool before transfer to the ER by July 30, 2024.