

Community Demographics

Community Name: Norfinch Community

Street Address: 22 Norfinch Drive, North York, Ontario, M3N 1X1

Phone Number: (416) 623-1120

Quality Lead: Gethro Dorval, Executive Director

Continuous Quality Improvement Initiative Report

2022-23 Quality Improvement Initiative

In 2022/23, Norfinch Community chose to focus on the number of ED visits for modified list of ambulatory care sensitive conditions per 100 long-term care residents for its CQI initiative. Norfinch Community set a 2.49% reduction target to achieve a performance of 26.64% on this indicator, from 27.32%. Norfinch Community's current performance on this indicator is 25.25%. 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

Norfinch 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. Norfinch Community completed the annual resident and family satisfaction surveys from September 14-28, 2022. Norfinch Community achieved 55.9% for overall resident satisfaction and 82.3% for overall family satisfaction. The results were shared with our resident council February 9, 2023 and family council January 25, 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 work plan for 2023/24, was shared with the Resident Council on February 9, 2023 and Family Council on May 31st, 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

Norfinch Community aims to improve resident satisfaction to the Sienna Senior Living benchmark of 83%. Norfinch Community aims to improve family satisfaction to 84% or higher; this is a 2.07% family satisfaction, from 82.3%.

Area of Focus	Change Ideas
Activities and Social Events	<ul style="list-style-type: none"> Norfinch aims to implement the Pet Therapy Program by December 31, 2023. Norfinch has added specialized therapeutic programs to the activities calendar each month throughout 2023. Norfinch aims to offer at least five large special event program for the entire community each month throughout 2023.
Dining Experience	<ul style="list-style-type: none"> Norfinch’s cooks participated in training and education on culinary skills with Sienna Senior Living’s Executive Chef in January 2023. Monthly Resident Choice Meals, planned in collaboration with residents, are scheduled throughout 2023.

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

Norfinch Community has set a 5.0% improvement target to achieve a performance of 16.27% on this indicator, from 17.13%.

Change Ideas	Process Measure	Target for 2023-24
1. Re-establish Internal Behaviour Support Lead.	Number of referrals received to verify if the team members are using in house resources effectively and review nonpharmacological interventions implemented.	Norfinch aims to increase the number of referrals to the internal behavioural support team by 10% by December 31, 2023.
2. Quarterly reviews of residents receiving antipsychotic medications and their RAI-MDS outcome scores.	Percentage of residents receiving antipsychotic medications who are reviewed quarterly.	Norfinch will review 100% of residents receiving antipsychotic medications quarterly through December 2023.
3. Utilize quarterly Professional Advisory Committee meetings	Percentage of residents on antipsychotics without a diagnosis who are reviewed by team.	100% of resident on anti-psychotic without diagnosis will by reviewed by the

Change Ideas	Process Measure	Target for 2023-24
as a forum to discuss reducing antipsychotic medications.		Professional Advisory Committee quarterly.
4. Implement and conduct interdisciplinary meetings, where team members can identify residents who would benefit from antipsychotic drug reduction.	Number of interdisciplinary team meetings.	Norfinch aims to hold 4 interdisciplinary meetings on the home areas where team members can identify residents who would benefit from antipsychotic drug reduction by December 31, 2023.