

Community Demographics

Community Name: Silverthorn Community

Street Address: 4350 Mississauga Road, Mississauga, Ontario, L5M 7C8

Phone Number: (905) 812-1175

Quality Lead: Masika Gardner, Executive Director

Continuous Quality Improvement Initiative Report

2022-23 Quality Improvement Initiative

In 2022/23, Silverthorn Community chose to focus on the number of ED visits for a modified list of ambulatory care-sensitive conditions per 100 LTC residents. for its CQI initiative. Silverthorn Community set a 4.0% reduction target to achieve a performance of 18.0% on this indicator, from 18.75%. Silverthorn Community's current performance on this indicator is 28.36%. 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

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

1. Resident and Family Satisfaction
2. Our Ontario Health QIP Indicator: number of ED visits for modified list of ambulatory care sensitive conditions per 100 long-term care residents.

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 Community completed the annual resident and family satisfaction surveys from September 14-28, 2022. Silverthorn Community achieved 85.4% for overall resident satisfaction and 86.4% for overall family satisfaction. The results were shared with our resident council February 15th 2023 and family council February 23rd 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 number of ED visits for modified list of ambulatory care sensitive conditions per 100 long-term care residents 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 February 15th 2023 and Family Council on February 23rd 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

Silverthorn Community aims to maintain our current performance for resident satisfaction and 85.4% and family satisfaction at 86.4%.

Area of Focus	Change Ideas
Activities/ Social events	<ul style="list-style-type: none"> Silverthorn will improve the communication strategy about special event (e.x. Seniors Month Celebrations, Summer BBQs) with residents and families by sending out emails starting in 2023.
Meal appealing/tasty	<ul style="list-style-type: none"> Silverthorn cooks will participate in education with Sienna Senior Living's Executive Chef on culinary skills in August 2023. 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.
Response time	<ul style="list-style-type: none"> Silverthorn Implemented a new call bell system to assist in improving response times in November 2022. Education on the new call bell system will be completed by February 28, 2023 and will be completed annually going forward.

Table 2: QIP Indicator: number of ED visits for modified list of ambulatory care sensitive conditions per 100 long-term care residents

Silverthorn Community has set a 2.0% improvement target to achieve a performance of 27.79% on this indicator, from 28.36%.

Change Ideas	Process Measure	Target for 2023-24
1. Improve the use of the Situation, Background, Assessment, Recommendation (SBAR) Tool.	<ol style="list-style-type: none"> Percentage of registered staff trained on the SBAR. Percentage of physicians trained on the SBAR. 	<ol style="list-style-type: none"> 75% of registered staff will be trained on the SBAR tool by September 30, 2023. 100% of the physicians at Silverthorn will be trained on the SBAR tool by September 30, 2023.

Change Ideas	Process Measure	Target for 2023-24
2. Trending of ED Transfers data.	Number of nursing practice meetings where ED transfer trends are shared and discussed	The Silverthorn team will share and discuss the ED transfer trends in the monthly nursing practice committee meetings through December 2023.
3. Use of the health care wishes assessment in PointClickCare.	Percentage of newly moved-in resident who have the health care wishes assessment within 6 weeks of moving in.	75% of newly moved-in residents will have the health care wishes assessment completed within 6 weeks of moving in by September 30, 2023.