

Community Demographics

Community Name: Cheltenham Care Community

Street Address: 5935 Bathurst Street, North York, Ontario, M2R 1Y8

Phone Number: (416) 223-4050

Quality Lead: Jennifer Gillingham, Executive Director

Continuous Quality Improvement Initiative Report

2022-23 Quality Improvement Initiative

In 2022/23, Cheltenham Care 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. Cheltenham Care Community set a 5.87% reduction target to achieve a performance of 13.0% on this indicator, from 13.81%. Cheltenham Care Community's current performance on this indicator is 23.9%. 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

Cheltenham Care 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. Cheltenham Care Community completed the annual resident and family satisfaction surveys from September 14-28, 2022. Cheltenham Care Community achieved 84.0% for overall resident satisfaction and 84.8% for overall family satisfaction. The results were shared with our resident council January 17, 2023 and family council January 15, 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 was shared with resident council on June 13, 2023, and family council on June 9, 2023. The QIP, including the progress report from the 2022/23 QIP, and the work plan for 2023/24, was shared with the Resident Council and Family Council on May 15, 2023 in a Community wide Town Hall. The QIP was also shared in Resident Council Meeting on April 11, 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

Cheltenham Care Community aims maintain our current performance for resident and family satisfaction at 84.0% and 84.8% respectively.

Area of Focus	Change Ideas
Dining Experience	<ul style="list-style-type: none"> Cheltenham cooks will participate in education with Sienna Senior Living's Executive Chef on enhancing culinary skills by September 30, 2023. Cheltenham will implement the new Sienna standard menus in collaboration with our Executive Chef and with ongoing feedback from residents that incorporates new cooking processes, recipe enhancements and fresher and higher quality ingredients by December 31, 2023. Cheltenham is upgrading the table linens in each of the dining rooms in July 2023 to improve the dining atmosphere.
Timely response for care	<ul style="list-style-type: none"> Cheltenham trained staff on the new call bell system on June 5 & 6, 2023 and went live with the new system on June 9, 2023.

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

Cheltenham Care Community has set a 3.0% improvement target to achieve a performance of 23.18% on this indicator, from 23.9%

Change Ideas	Process Measure	Target for 2023-24
1. Utilize the Preview ED Tool for each hospital transfer.	<ol style="list-style-type: none"> Percentage of residents reviewed with Preview ED tool daily. Percentage of residents who score on the Preview ED tool who are reviewed and assessed by registered staff. 	<ol style="list-style-type: none"> 100% of residents will be reviewed by the PSWs with the preview ED tool daily. 100% of residents who score on the Preview ED tool will be reviewed and assessed by registered staff.

Change Ideas	Process Measure	Target for 2023-24
2. PreviewED education on orientation for all staff	Percentage of nursing team members that are trained to use the PreviewED tool.	100% of nursing team members will be trained on PreviewED.
3. Use data to understand trends in hospital transfers.	Percentage of hospital transfers reviewed in resident safety meetings.	100% of hospital transfers will be reviewed in monthly resident safety meetings by September 30, 2023.