

## Community Demographics

Community Name: Rockcliffe Community

Street Address: 3015 Lawrence Avenue East, Scarborough, Ontario, M1P 2V7

Phone Number: (416) 264-3201

Quality Lead: Denise Bulmer, Executive Director

## Continuous Quality Improvement Initiative Report

### 2022-23 Quality Improvement Initiative

In 2022/23, Rockcliffe 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. Rockcliffe Community set a 5% reduction target to achieve a performance of 18.12% on this indicator, from 19.07%. Rockcliffe Community's current performance on this indicator is 19.7%. 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

Rockcliffe 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. Rockcliffe Community completed the annual resident and family satisfaction surveys from September 14-28, 2022. Rockcliffe Community achieved 74% for overall resident satisfaction and 81% for overall family satisfaction. The results were shared with our resident council January 26, 2023 and family council March 17, 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 the 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 June 28, 2023 and Family Council on June 27, 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**

Rockcliffe Community aims to improve resident satisfaction to the Sienna Senior Living benchmark of 83%. Rockcliffe aims to improve family satisfaction to 84% or higher; this is a 3.7% improvement for family satisfaction, from 81%.

Area of Focus	Change Ideas
Dining Experience	<ul style="list-style-type: none"> <li>Rockcliffe cooks will participated in education with Sienna Senior Living's Executive Chef on enhancing culinary skills in May 25, 2023.</li> <li>Rockcliffe will implement new Sienna standard menus in collaboration with our Executive Chef and with ongoing feedback from residents, that incorporate new cooking processes, recipe enhancements and fresher and higher quality ingredients by June 30, 2023.</li> </ul>
Environmental/Structural upgrades	<ul style="list-style-type: none"> <li>Rockcliffe resurfaced and painted the parking lot and sidewalks on June 8 &amp; 9, 2023.</li> <li>Rockcliffe renovated the lobby including replacing the reception desk, first floor nursing station, flooring, and added new shelving, cupboards and a sink in March 2023.</li> <li>Rockcliffe is installing a new washer and dryer by the end of June 2023.</li> </ul>

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

Rockcliffe Community has set a 5% improvement target to achieve a performance of 18.7% on this indicator, from 19.7%

Change Ideas	Process Measure	Target for 2023-24
1. Utilizing the Situation, Background, Assessment, Recommendation (SBAR) tool.	Percentage of registered staff who are educated on use of the SBAR Tool.	90% of registered staff are educated on use of the SBAR Tool by Sept 30, 2023.
2. Consult and oversight by Nursing Leadership Team on Transfers to Hospital	Percentage of transfers to hospital where registered staff consulted the Charge Nurse/ADOC/DOC prior to transferring resident.	80% of transfers to hospital will be overseen by Charge Nurse/ADOC/DOC by Sept 30, 2023.
3. Use of Nurse Practitioners Supporting Teams Averting Transfers (NPSTAT) program	Percentage of high risk residents who have a referral made to NPSTAT.	60% of high risk residents will have a referral made to NPSTAT by September 30, 2023.