

Community Demographics

Community Name: Waters Edge Community

Street Address: 401 William Street, North Bay, Ontario, P1A 1X5

Phone Number: (705) 476-2602

Quality Lead: Angel Vibert, Executive Director

Continuous Quality Improvement Initiative Report

2022-23 Quality Improvement Initiative

In 2022/23, Waters Edge Community chose to focus on the percentage of LTC residents without psychosis who were given antipsychotic medication for its CQI initiative. Waters Edge Community set a 2.21% reduction target to achieve a performance of 16.35% on this indicator, from 16.72%. Waters Edge Community's current performance on this indicator is 16.96%. 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

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

1. Resident and Family Satisfaction
2. Our Ontario Health QIP: 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. Waters Edge completed the annual resident and family satisfaction surveys from September 14-28, 2022. Waters Edge achieved 81% for overall resident satisfaction and 86% for overall family satisfaction. The results were shared with our resident council January 4, 2023 and family council January 31, 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 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

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 3, 2023 and Family Council on February 28, 2023. A copy of this Continuous Quality Improvement Initiative Report was shared with Resident Council on June 7, 2023, and with 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

Waters Edge Community aims to improve resident satisfaction by 2.5% to 83%, from 81.0% and to maintain our current performance of 86.0% for family satisfaction.

Area of Focus	Change Ideas
Improve Dining Experience	<ul style="list-style-type: none"> Waters Edge Cook to guest speak at Family Council once in 2023 to provide education on dining experience within the community. Sienna's Executive Chef to provide training on culinary skills by July 30, 2023. Waters Edge will include dining information in the newsletter such as recipes, photos, and resident meal reviews starting in May 2023. Waters Edge will invite families and caregivers to participate in cooking programs/activities with residents throughout 2023.
Enhance the Environment	<ul style="list-style-type: none"> Waters Edge will follow a schedule for stripping and waxing of floors in 2023. Waters Edge will involve family members in annual Spring Cleaning Day. Waters Edge will use Sienna branded posters and signage. Make spaces home like by using decals and murals.

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

Waters Edge Community has set a 1.0% improvement target to achieve a performance of 16.79% on this indicator, from 16.96%.

Change Ideas	Process Measure	Target for 2023-24
1. Complete a Collaborative Medication Review (CMR) process.	Number of residents who have their medication review completed with a collaborative approach	Waters Edge aims to complete 3 Collaborative Medication Reviews a quarter by September 30, 2023.
2. Train team members on the Gentle Persuasive Approach (GPA).	Number of team members trained on GPA.	Waters Edge will provide GPA education to 30 team members by December 31, 2023.

Change Ideas	Process Measure	Target for 2023-24
3. Utilize the BSO DOS on admission to screen for potential risks and assist in developing a plan of care to minimize risk to self/others	Percentage of residents with history of high risk verbal or physical expressions of risk that have a BSO DOS initiated upon move in	90% of residents with history of high risk verbal or physical expressions of risk will have a BSO DOS initiated upon move in by September 30, 2023.
4. If a resident has any known history of high risk verbal or physical expressions prior to move-in, the team will hold a pre-transition huddle	Percentage of residents with history of high risk verbal or physical expressions will have pre-transition huddle.	90% of residents with history of high risk verbal or physical expressions will have pre-transition huddles.