

2024/25 Continuous Quality Improvement Initiative Report

Community Demographics

Community Name: Spencer House

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Quality Lead: Traci Van Grinsven, Executive Director

2023-24 Quality Improvement Initiatives

In 2023/24, Spencer House chose to focus on Unnecessary Emergency Department Transfers for its CQI initiatives.

Spencer House set a 2% reduction target to achieve a performance of 24.92% on this indicator, from 25.43%. Spencer House's current performance on this indicator is 20.0%. A summary of the change ideas and their results is available in table 1.

Spencer House aimed to improve resident satisfaction to 83%; this was a 0.7% improvement for resident satisfaction, from 82.4%. Spencer House aimed to maintain family satisfaction at 93%. Sienna Senior Living implemented a new, innovative survey format on a new platform to measure resident and family satisfaction in 2023. Spencer House achieved a combined Net Promoter Score (NPS) of 40.00 for Resident and Family Satisfaction. A summary of the action plan and its results for resident and family satisfaction can be found in table 1.

2024-25 Priority Areas for Quality Improvement

Sienna Senior Living Communities use our Ontario Health Quality Improvement Plans (QIPs) to prioritize our improvement projects and this year Spencer House's quality committee has chosen Resident and Family Satisfaction (see table 2) and Residents who fall for its CQI initiatives (see table 3). In addition to the QIP, Spencer House uses the internal operational plan to help prioritize and plan improvements for key indicators.

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. Spencer House completed the annual resident and family satisfaction surveys from September 13-27, 2023. Spencer House achieved an NPS of 24.00 for resident satisfaction and an NPS of 60.00 for family satisfaction. The results were shared with our resident

council on December 21, 2023, family council on November 30, 2023, and team members through town halls January 31, 2024. Feedback from the resident, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Spencer House's annual Operational Planning Day was held on March 22, 2023, and included residents, team members, and the management team. During Operational Planning, resident and family satisfaction results and other clinical indicators were shared and feedback from stakeholders was sought in the development of improvement strategies.

Resident and Family Satisfaction Survey

Sienna Senior Living's innovative resident and family satisfaction survey improves our ability to incorporate feedback into our day-to-day culture. We've worked with experts to create surveys that are more accessible for people living in long-term care. Resident and Family councils from each Sienna Senior Living Community were consulted and involved in the creation of the new survey. They are shorter, intended to occur more frequently, and designed to capture a true picture of your experience and what you define as important. The survey results include an overall Net Promoter Score (NPS) that identifies residents' and families' perceptions of our community and how people feel their needs are being met as well as a text analysis that highlights what people have focussed on and how we can meet their needs.

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 and 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 2023/24 QIP, and the workplan for 2024/25, was shared with the Resident Council on June 26, 2024, and draft was emailed to Family Council on June 14, 2024. This was shared with team members on June 26, 2024, through town halls and meetings with team members and it is posted in the homes. 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.

2023-24 Quality Improvement Initiatives

Table 1: results of 2023/24 Quality Improvement Plan and Resident and Family Satisfaction Improvement Initiatives

Area of Focus	Previous Performance (2022/23)	Current Performance (2023/24)	Change Ideas	Date of Implementation	Outcomes & Impact
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	25.43%	20.00%	Reduce the number of ED transfers resulting from a falls by improving the rounding process within our care community.	Training completed by December 31, 2023.	Helped reduce the rate of falls overall.
			Build capacity with Registered Team Members on post-fall assessment skills by providing education on post-fall assessments to Registered Staff	Training completed by December 31, 2023.	Improved the content of post-fall assessment notes.
			Increase the knowledge of family members, caregivers, and residents on the treatments and services within the care community by completing the health care wishes with 6-weeks of a resident moving into the community.	The Health Care Wishes Assessment was used on an ongoing basis throughout 2023.	The health care wishes assessment was enhanced in 2022 and Spencer House used the assessment to improve the approach to care planning.
Resident and Family Satisfaction	Resident: 82% Family: 94%	Resident NPS: 24 Family NPS: 40	Compass to provide training to dietary aides on proper plating techniques by August 31, 2023.	Completed by August 31, 2023.	Plating techniques directly improved overall resident satisfaction.
			Conduct bi-annual food preference survey lead by Resident Council President by December 31, 2023. Results will be provided to the Director of Dietary Services	Two surveys completed in 2023.	Survey data was used to inform the director of dietary services

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			to be taken into consideration for planning the menu.		of menu changes desired by the residents.
			Spencer House purchased and installed televisions in June 2023 in each home area dining room to be used for ambient music at mealtimes.	Completed by June 30, 2023.	The televisions are used during mealtimes when requested and have improved the atmosphere.

Planned Quality Improvement Initiatives for 2024-25

Table 2: QIP Indicator: Resident and Family Satisfaction

Spencer House aims to improve the combined Net Promoter Score for resident and family satisfaction from 40 to 41.

Change Ideas	Process Measure	Target for 2024/25
Spencer House aims to improve communication with residents and families by sending team members to complete the CLRI Families in Distress education modules. These modules will help team members build empathy skills while interacting with families and residents.	Percentage of team members who complete the CLRI Families in Distress education modules.	100% of clinical staff and leaders will complete the CLRI Families in Distress education modules by December 31, 2024.
Spencer House aims to increase the opportunities for social interaction for residents by inviting new residents to a welcome social hosted by the Spencer House team members. The welcome	Number of welcome socials held in 2024.	Spencer House aims to hold 6 welcome socials in 2024.

Change Ideas	Process Measure	Target for 2024/25
socials will offer opportunities to new residents to meet other residents and build connections with each other.		

Table 3: QIP Indicator: Falls

Spencer House aims to improve Falls from the current performance of 25.7% to 25%.

Change Ideas	Process Measure	Target for 2024/25
Falls Prevention education for team members	Percentage of staff who complete falls prevention education	Spencer House aims to provide education to 100% of full-time Registered staff
Implement purposeful rounding	The Percentage of CSAs educated on Purposeful Rounding	100% of CSAs will be educated on Purposeful Rounding by Dec. 31, 2024
Monthly High Risk Falls Meetings	Number of High Risk Falls Meetings	Spencer House aims to conduct High Risk Falls Meetings 12 times in 2024