

2024/25 Continuous Quality Improvement Initiative Report

Community Demographics

Community Name: Owen Hill Community

Street Address: 130 Owen St, Barrie, Ontario, L4N0Y9

Phone Number: 705-726-8621

Quality Lead: Lenka Fousek, Executive Director

2023-24 Quality Improvement Initiatives

In 2023/24, Owen Hill Community chose to focus on percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment and Resident and Family Satisfaction for its CQI initiatives.

Owen Hill Community set a 5% reduction target to achieve a performance of 27.14% on this indicator, from 28.57%. Owen Hill Community current performance on this indicator is 26.92%. A summary of the change ideas and their results is available in table 1.

Owen Hill Community aimed to improve resident satisfaction to 83%; this was a 2% improvement for resident satisfaction, from 81.2%. Owen Hill aimed to maintain family satisfaction at 91.8%. Sienna Senior Living implemented a new, innovative survey format on a new platform to measure resident and family satisfaction in 2023. Owen Hill Community achieved a combined Net Promoter Score (NPS) of 33.00 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 Owen Hill Community quality committee has chosen Resident and Family Satisfaction (see table 2) and Falls for its CQI initiatives (see table 3). In addition to the QIP, Owen Hill Community 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. Owen Hill Community completed the annual resident and family satisfaction surveys from September 13-27, 2023. Owen Hill Community achieved an NPS of -3.00 for resident satisfaction and an NPS of 69.00 for family satisfaction. The results were shared with our resident council February 5th, 2024, family council on January 17th, 2024 and will be shared with team members through town halls on June 20th and 25th, 2024. Feedback from the resident, family, and team member stakeholders was used to the develop strategies to improve overall resident and family satisfaction.

Additionally, Owen Hill Community's annual Operational Planning Day was held on April 12, 2024. During Operational Planning, resident and family satisfaction results and other clinical indicators was 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, will be shared with the Resident Council on June 6th, 2024 and Family Council on June 20th, 2024.

This will be shared with team members on June 20th, 2024 through town halls and meetings with team members and it is posted in the home. 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
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	11.27%	28.57%	Gentle Persuasive Approach (GPA) training provided for team members across all departments	Numerous GPA sessions were held throughout 2023	22 team members were trained in 2023 which surpassed our target of 20 team members
			Collaborate with inter-professional team and review each resident receiving antipsychotic medication for intent and effectiveness	Quarterly in 2023	100% of residents in the cohort were reviewed every quarter in 2023
			Utilize Dementia Observation System (DOS) for all residents that are part of the antipsychotic medication reductions to ensure medication effectiveness	Throughout 2023	100% or residents whose antipsychotic medications are reduced or discontinued had a DOS in place
Resident and Family Satisfaction	Resident: 81% Family: 92%	Resident NPS: -3.00 Family NPS: 69.00	Owen Hill will focus on timely response by maximizing direct care hours and	Q4 2023	Scheduled additional PSW and registered nurse hours for timely response to resident care and needs
			Owen Hill will improve access to outdoor space/fresh air for residents and families by installing automated door to the courtyard	September 2023	Automated door to make courtyard more accessible for residents with wheelchairs and walkers

Planned Quality Improvement Initiatives for 2024-25

Table 2: QIP Indicator: Resident and Family Satisfaction

Owen Hill Community aims to improve the combined Net Promoter Score for resident and family satisfaction from 33 to 34.

Change Ideas	Process Measure	Target for 2024/25
Owen Hill aims to improve the physical plant	Number of dining rooms revamped to improve physical plant	Owen Hill will revamp both dining spaces by December 31, 2024
Owen Hill aims to improve the quality of clinical care	Number of newly hired registered staff who attend the Humber College Physical Assessment Course	Owen Hill aims to send 3 registered staff to the Humber College Physical Assessment Course by December 31, 2024
Owen Hill has partnered with the Royal Victoria Regional Health Centre to provide monthly education sessions for nurses and PSWs on relevant clinical skills and issues that arise within the community	Number of monthly education sessions held	Owen Hill aims to hold 10 education sessions on clinical skills in collaboration with Royal Victoria Regional Health Centre by December 31, 2024

Table 3: QIP Indicator: Falls

Owen Hill Community aims to reduce the rate of falls from the current performance of 18.72% to 18.35%.

Change Ideas	Process Measure	Target for 2024/25
Fall huddles will take place on both home areas on all 3 shifts	Number of huddles held every month	3 huddles will be completed every month
Implement a visual identifier for residents at high risk for falls	Percentage of residents at high risk for falls who have a visual identifier in place	100% of residents at high risk for falls will have a visual identifier in place by May 31 st , 2024
Implementation of the collaborative medication review process with a falls prevention focus	The percentage of collaborative medication reviews completed with a falls prevention focus	100% of residents who have fallen will have a collaborative medication review completed with a falls prevention focus in 2024