

## 2024/25 Continuous Quality Improvement Initiative Report

### Community Demographics

Community Name: Streetsville Community

Street Address: 1742 Bristol Road West, Mississauga

Phone Number: 905-826-3045

Quality Lead: Jennifer Lee, Executive Director

### 2023-24 Quality Improvement Reflection

In 2024/25, Streetsville Community chose to focus on reducing antipsychotics usage without a diagnosis of psychosis and resident and family satisfaction for its CQI initiatives.

Streetsville Community set a 5.0% improvement target to achieve a performance of 25.08% on this indicator, from 26.4% Streetsville Community's current performance on this indicator is 24.68%. A summary of the change ideas and their results is available in table 1.

Streetsville Community aimed to maintain their performance for resident satisfaction, at 87.1%, and family satisfaction, at 88.39%. Sienna Senior Living implemented a new, innovative survey format on a new platform to measure resident and family satisfaction in 2023. Streetsville Community achieved a combined Net Promoter Score (NPS) of 54.00 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 Streetsville Community quality committee has chosen Resident and Family Satisfaction (see table 2) and reduction of usage of anti-psychotic medications for its CQI initiatives (see table 3). In addition to the QIP, Streetsville 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. Streetsville Community completed the annual resident and family satisfaction surveys from September 13-27, 2023. Streetsville Community achieved an NPS of 46.00 for resident satisfaction and an NPS of 68.00 for family satisfaction. The results were shared with our resident council on December 27, 2023, family council December 7, 2023, and team members through town halls March 27,

Posted: June 30, 2024.

2024. Feedback from the resident, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Streetsville Community Annual Operational Planning Day was held on March 8, 2024, 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 focused 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 27, 2024, and Family Council on May 29, 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
Percentage of LTC residents without psychosis who were given antipsychotic medication	26.40%	24.48%	Use of reports from PointClickCare and the pharmacy that will verify current resident data on antipsychotic use	April 1, 2023 and ongoing	Streetsville implemented this change idea as planned. The team ensured that the MRP considered antipsychotic reductions for all of the residents on the case load.
			Educate the Resident and Family Experience Coordinator on reviewing and flagging LTC applications for antipsychotic use.	April 1, 2023 and ongoing	Established an inter-disciplinary team to assess antipsychotic appropriateness.
			Collaborate with pharmacy to improve admission medications reviews.	April 1, 2023 and ongoing	Has forced us to focus on leveraging resident-centered approaches to care as a means to deprescribing/tapering antipsychotics that no longer benefit the resident.
			Offer Gentle Persuasive Approach (GPA) training at Streetsville.	Ongoing	Team members educated in GPA are better able to assess behaviours, identify strategies and develop resident-centred care plans for each resident.
	Resident: 88%	Resident NPS: 46	Streetsville aims to have all residents return to eating all	August 1, 2023	Improvement in resident quality of life

Area of Focus	Previous Performance (2022/23)	Current Performance (2023/24)	Change Ideas	Date of Implementation	Outcomes/Impact
Resident and Family Satisfaction	Family: 87%	Family NPS: 68	three meals in the main dining room by August 31, 2023.		
			All temporary dining spaces will be converted back to resident lounges by September/ 30, 2023.	September 1, 2023	Daily activities not impacted by room closures; lounges back to being used for resident programming and common space
			All COVID/pandemic changes to resident lounge spaces will be changed to allow residents to enjoy the space by September 30, 2023.	September 1, 2023	Resident lounges converted back to resident common space; all dining equipment and furniture removed

## Planned Quality Improvement Initiatives for 2024-2

**Table 2: QIP Indicator: Resident and Family Satisfaction**

Streetsville Community aims to improve the combined Net Promoter Score for resident and family satisfaction from 54 to 55.

Change Ideas	Process Measure	Target for 2024/25
Streetsville aims to improve communication with residents and families. Streetsville will support 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.
Streetsville aims to improve the physical plant to improve resident and family satisfaction. Streetsville will install a new call bell system	Number of semi-private resident rooms are painted and refreshed.	Streetsville will paint and refresh all 25 semi-private resident rooms by December 31, 2024.

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target for 2024/25</b>
that will improve communication between residents and clinical staff and reduce noise overall in the community.		
Streetsville aims to improve communication to improve resident and family satisfaction. Streetsville will install a new call bell system that will improve communication between residents and clinical staff and reduce noise overall in the community.	Number of new call bell systems installed.	Streetsville will install the new call bell system by April 30, 2024.

**Table 3: QIP Indicator: Antipsychotic Usage**

Streetsville Community aims to improve this QIP indicator from the current performance of 24.68% to 23.93%.

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target for 2024/25</b>
Utilize the antipsychotic medication tracking tool to identify residents who may be appropriate for deprescribing.	Percentage of residents reviewed each quarter.	100% of residents are categorized in each group per quarter.
Update and implement individualized behavioral care plans.	Percentage of residents reviewed by the BSO team.	100% of residents were reviewed by BSO team and MRP.
Improve medication review process	Percentage of residents on antipsychotics who are reviewed quarterly.	100% of residents were prescribed with antipsychotic medications.