

2024/25 Continuous Quality Improvement Initiative Report

Community Demographics

Community Name: Fountain View Community

Street Address: 1800 O'Connor Drive, Building 2, North York, ON M4A 1W7

Phone Number: (416) 285-2000

Quality Lead: Nargish Malam, Executive Director

2023-24 Quality Improvement Initiatives

In 2023/24, Fountain View Community chose to focus on reducing the percentage of LTC residents without psychosis who were given antipsychotic medication and Resident and Family Satisfaction for its CQI initiatives.

Fountain View Community set a 1% reduction target to achieve a performance of 18.41% on this indicator, from 18.60%. Fountain View Community's current performance on this indicator is 18.82%. A summary of the change ideas and their results is available in table 1.

Fountain View Community aimed to improve resident satisfaction to 83% from 67% and to maintain the performance for family satisfaction at 91%. Sienna Senior Living implemented a new, innovative survey format on a new platform to measure resident and family satisfaction in 2023. Fountain View Community achieved a combined Net Promoter Score (NPS) of 22.00 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 Fountain View Community's quality committee has chosen Resident and Family Satisfaction (see table 2) and Avoidable ED Transfer for its CQI initiatives (see table 3). In addition to the QIP, Fountain View 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. Fountain View Community completed the annual resident and family satisfaction surveys from September 13-27, 2023. Fountain View Community achieved an NPS of 10.00 for resident satisfaction and an NPS of 39.00 for family satisfaction. The results were

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shared with our resident council on January 26th, 2024, family council on May 13th, 2024 and team members through town halls January 18th, 2024. Feedback from the resident, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Fountain View Community annual Operational Planning Day was held on March 28th, 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 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 May 24th, 2024 (tentative) and Family Council on May 13th, 2024.

This was shared with team members on May 22, 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	18.60%	18.82%	Monitor all residents including new move-ins who are triggering the antipsychotic indicator (DRG01) and assess them by using a tracking tool.	September 30, 2023	100% of residents qualifying under DRG01 had at least 1 behavioral tracking tool completed and audited for accurate completion by BSO team by Sept 30, 2023.
			Educate families of newly moved-in residents on antipsychotic reduction program	September 30, 2023	75% of families of newly moved-in residents was educated on antipsychotic reduction program by September 30, 2023
			Utilize Interdisciplinary Care Conference (IDCC) meetings to sustain education regarding anti-psychotic program using resident case examples.	September 30, 2023	100% of qualifying residents that fall under DRG01 had a discussion around anti-psychotic program and resident specific non-pharmacological approaches facilitated by the BSO and RAI team during their IDCC by Sept 30, 2023.

Area of Focus	Previous Performance (2022/23)	Current Performance (2023/24)	Change Ideas	Date of Implementation	Outcomes/Impact
Resident and Family Satisfaction	Resident: 67% Family: 91%	Resident NPS:10 Family NPS: 39	Obtain feedback from residents each month in 2023 on food quality and menu options during the food committee meeting.	December 31, 2023	Feedback from residents used to make any changes to the menu.
			Fountain View Community implemented a process to share real time feedback with cooks on the residents' opinions of the meals in March 2023.	March 2023	Real Time feedback has allowed the cooks to modify any particular dish based on the feedback to better suit residents' tastes and preferences, leading to higher satisfaction with meals.
			Fountain View Community's cooks to participate in education on enhancing culinary skills with Sienna Senior Living's Executive Chef in May 2023.	May 2023	It has enhanced cooking techniques and flavor enhancements.
			Fountain View Community purchased a new hot holding cabinet to improve food-serving temperatures in March 2023.	March 2023	The implementation of a hot holding cabinet has enhanced the home's capacity to maintain the temperature of prepared meals.

Area of Focus	Previous Performance (2022/23)	Current Performance (2023/24)	Change Ideas	Date of Implementation	Outcomes/Impact
			Fountain View community will purchase a new oven by December 31, 2023.	On hold	A new oven was purchased but did not fit. Fountain View is currently sourcing an appropriate oven.
			Fountain View implemented an Art Therapy program in October 2022.	October 2022	Residents are enjoying Art Therapy and has significantly enhanced some residents' emotional, cognitive, social, and physical well-being.
			Spiritual Volunteers have returned to Fountain View Community and have begun supporting with spiritual practices with residents in June 2023.	June 2023	The inclusion of spiritual volunteers has created a more holistic and supportive living environment.
			To open Circle Café with Cookie Oven, Ice Cream Freezer & sitting area.	March 31, 2023	Enhanced Activity space for residents as well as Socializing space.
			Fountain View budgeted for an increase in hours for the Programs Department in 2023.	May 31, 2023	2 Full Time team members hired in 2023. Increased hours in programs department had an impact on increased program activities for residents.

Planned Quality Improvement Initiatives for 2024-25

Table 2: QIP Indicator: Resident and Family Satisfaction

Fountain View Community aims to improve the combined Net Promoter Score for resident and family satisfaction from 22 to 23.

Change Ideas	Process Measure	Target for 2024/25
To enhance and improve different socializing opportunities for residents within our community. Fountain View has reopened the large group common space for residents and aims to use that space in 2024 to increase the capacity of our large group events.	Number of large group programs offered in 2024.	Fountain View aims to hold monthly large group programs in 2024.
Fountain View aims to enhance team member communication skills in order to improve resident and family satisfaction. Fountain View will support all clinical team members to complete the CLRI education modules on Families in Distress. These education modules will enable our team members to practice a method they can use when engaging with residents and family members who may be in distress to prepare themselves to respond compassionately.	Percentage of clinical and leadership team members who complete the CLRI Families in Distress training modules.	100% of clinical and leadership team members will complete the CLRI Families in Distress training modules by September 30, 2024.

Table 3: QIP Indicator: ED Transfers

Fountain View Community aims to improve ED Transfers from the current performance of 20.44% to 20.03%.

Change Ideas	Process Measure	Target for 2024/25
Improve communication between the registered staff and attending physicians. Improve the registered staffs' use of the SBAR tool when communicating resident information to physicians.	Number of full-time and part-time registered staff who are educated on the SBAR tool	3-4 full-time or part-time registered staff will be provided education on the SBAR tool each month
Improve the approach to palliative care. Fountain View will support registered staff to complete the Pallium LEAP education modules.	Number of team members who complete the Pallium LEAP education modules.	10 team members will complete the Pallium LEAP education modules in 2024.