

2024/25 Continuous Quality Improvement Initiative Report

Community Demographics

Community Name: Barnswallow Place Community

Street Access: 120 Barnswallow Drive, Elmira Ontario

Phone Number: (519) 669-5777

Quality Lead: Techiya Loewen, Executive Director

2023-24 Quality Improvement Initiative Reflection

In 2023/24, Barnswallow Place chose to focus on falls in the last 30 days in long term care and Resident and Family Satisfaction for its CQI initiatives.

Barnswallow Place set a 5% improvement target to achieve a performance of 18.72% on this indicator, from 19.70%. Barnswallow's current performance on this indicator is 17.00%. A summary of the change ideas and their results is available in table 1.

Barnswallow Place aimed to improve resident satisfaction to 83%, and family satisfaction to 84%. This was a 5.4% improvement for resident satisfaction, from 77.6% and a 5.1% improvement for family satisfaction, from 78.9%. Sienna Senior Living implemented a new, innovative survey format on a new platform to measure resident and family satisfaction in 2023. Barnswallow Place achieved a combined Net Promoter Score (NPS) of 8.00 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 Barnswallow Place's quality committee has chosen Resident and Family Satisfaction (see table 2) and falls in the last 30 days in long term care for its CQI initiatives (see table 3). In addition to the QIP, Barnswallow Place 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. Barnswallow Place completed the annual resident and family satisfaction surveys from September 13-27, 2023. Barnswallow Place achieved an NPS of 4.00 for resident satisfaction and an NPS of 15.00 for family satisfaction. The results were shared with

our resident council May 17, 2024, family council April 10, 2024 and team members through town halls February 28, 2024. Feedback from the resident, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Barnswallow Place's annual Operational Planning Day was held on February 28, 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 June 21, 2024, and Family Council on June 20, 2024.

This was shared with team members on June 24, 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
Falls in the Last 30 Days in Long-Term Care	19.70%	18.72%	The Barnswallow Place falls lead will provide education to front-line registered staff on how to complete falls documentation, key elements to include in post-fall documentation, falls policies and the "why" behind thorough documentation.	September 12, 2023.	100% of registered staff attended mandatory skills fair.
			Trial a system on the Pheasant Run Home Area for three months where the interdisciplinary team will meet biweekly to visit each resident room who has recently fallen to assess their environment for potential risks for falls and to ensure falls interventions are in place.	March 13, 2023.	Some lessons learned included: documentation was not generated to provide evidence of continued environmental scans. A detailed checklist needed to be developed to ensure consistency of the scans
			Each month after the Leadership and Quality Meeting, the Barnswallow Place Leadership Team will meet to discuss and analyze current falls trends, review falls policies and review the current process on reducing falls.	May 17, 2023	Barnswallow Place implemented this change idea however the forum for the falls review changed from the Leadership and Quality Meeting to

Area of Focus	Previous Performance (2022/23)	Current Performance (2023/24)	Change Ideas	Date of Implementation	Outcomes/Impact
					the Resident Safety Meeting. The team learned that with the increased participation from the front-line in this forum that the falls review was more effective.
Resident and Family Satisfaction	Resident: 77.6% Family: 78.9%	Resident NPS: 4 Family NPS: 15	Barnswallow Place cooks will participate in education with Sienna Senior Living's Executive Chef on enhancing culinary skills in June 2023.	June 28, 2023.	The culinary skills education was attended by all cooks.
			Barnswallow Place will implement new Sienna standard menus in collaboration with our Executive Chef and with ongoing feedback from residents, that incorporate new cooking processes, recipe enhancements and fresher and higher quality ingredients by Q4 2023	November 29, 2023.	The Committee actively provided feedback on the new menu and continue to provide insights to the Culinary Department.
			Barnswallow Place aims to increase the frequency of communication of good news with residents and their families throughout 2023.	Newsletter publication dates: August 3, 2023 September 7, 2023 October 5, 2023 November 2, 2023 December 7, 2023	Newsletters, posters and messages sent through Clinic Connects were used to increase communications.

Area of Focus	Previous Performance (2022/23)	Current Performance (2023/24)	Change Ideas	Date of Implementation	Outcomes/Impact
					Greater engagement is seen through requests for the newsletter and discussions held with family members about information sent via Clinic Connects.
			Barnswallow Place will hold monthly town hall meetings for families throughout 2023 as a way to improve communication	Town hall meetings were not well attended. The home moved to a quarterly meeting in December 2023.	Barnswallow moved to holding quarterly town hall meetings in order to have greater family turnout.

Planned Quality Improvement Initiatives for 2024-25

Table 2: QIP Indicator: Resident and Family Satisfaction

Barnswallow aims to improve the combined Net Promoter Score for resident and family satisfaction from 8 to 9.

Change Ideas	Process Measure	Target for 2024/25
Barnswallow 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.

Change Ideas	Process Measure	Target for 2024/25
Educate nursing team members on personal health information privacy, through in-services, town halls and huddles.	Percentage of team members who have received training through in-services, town halls, and huddles.	Barnswallow aims to train 90% of team members through in-services, town halls, and huddles in 2024.

Table 3: QIP Indicator: Falls

Barnswallow Place aims to improve the falls indicator from the current performance of 16.96% to 16.62%

Change Ideas	Process Measure	Target for 2024/25
Review of risk management to determine the number of and time of resident falls and install a night light in each room for every resident that falls more than twice at night. Upon admission to the community a night light will be installed in the bathroom of each new resident.	Number of night lights installed in resident's rooms.	100% of new residents and 100% of residents that have fallen more than twice at night in a month will have a night light installed.
RNAO Gap Analysis Worksheet: Prevention of Falls and Fall Injuries in the Older Adult will be completed once every four months to determine any gaps in the community's falls prevention program. Gaps identified will be remedied through the drafting of and execution of action plans.	Number of RNAO Gap Analysis Worksheets completed in 2024.	Barnswallow Place will complete 4 RNAO Gap Analysis Worksheets by December 31, 2024.
Review of Risk Management to determine the number of residents with a CPS score of 3 or below who have fallen. Education will be provided by the falls lead to each resident who has fallen with a CPS score of 3 or below.	Percentage of residents with a CPS score of 3 or below who have fallen that have received education about their risk for falling	95% of residents with a CPS score of 3 or below that have fallen who received education