

2024/25 Continuous Quality Improvement Initiative Report

Community Demographics

Community Name: Creedan Valley Community

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Phone Number: (705) 466-3437

Quality Lead: Punnapa Hartley, Executive Director

2023-24 Quality Improvement Reflection

In 2023/24, Creedan Valley Community chose to focus on antipsychotic usage without a diagnosis of psychosis and Resident and Family Satisfaction for its CQI initiatives.

Creedan Valley Community set a 2% reduction target to achieve a performance of 21.16% on the antipsychotics without a diagnosis of psychosis indicator, from 21.59%. Creedan Valley Community's current performance for antipsychotics is 27.13%. A summary of the change ideas and their results is available in table 1.

Creedan Valley Community aims to maintain our current performance for resident satisfaction at 94%, and family satisfaction at 96%. Sienna Senior Living implemented a new, innovative survey format on a new platform to measure resident and family satisfaction in 2023. Creedan Valley Community achieved a combined Net Promoter Score (NPS) of 44.00 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 Creedan Valley Community's quality committee has chosen Resident and Family Satisfaction (see table 2) and the percentage of residents on an antipsychotic without a diagnosis of psychosis for its CQI initiatives (see table 3). In addition to the QIP, Creedan Valley 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. Creedan Valley Community completed the annual resident and family satisfaction surveys from September 13-27, 2023. Creedan Valley Community achieved an NPS of 48.00 for resident satisfaction and an NPS of 31.00 for family satisfaction. The results were

shared with our resident council on March 19, 2024, and family members through the newsletter sent via email on April 4, 2024, and team members through town halls on March 28, 2024. Feedback from the resident, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Creedan Valley Community's annual Operational Planning Day was held on April 18, 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 have 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 work plan for 2024/25, was shared with the Resident Council on June 11, 2024, and emailed to families on June 18, 2024.

This report was also shared with team members on June 19, 2024, through town halls and meetings with team members and it is posted in the community. 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 | 21.59% | 27.13% | Improve the use of the Gentle Persuasive Approach (GPA) in the care community. | 2023 GPA training dates were: -May 15, 2023 -May 30, 2023 -June 13, 2023 -September 8, 2023 | We had 26 team members trained on GPA. |
| | | | Monthly reviews of the antipsychotic medication cohort. | April 28, 2023, and monthly thereafter | 100% of residents were reviewed. The committee continued to review on monthly basis. |
| Resident and Family Satisfaction | Resident: 94% Family: 96% | Resident NPS: 48.00 Family NPS: 31.00 | Creedan Valley cooks will participate in education with Sienna Senior Living's Executive Chef on Enhancing culinary skills in July 2023. | July 5, 2023 | All Dietary Team Members participated in the Culinary Academy conducted by Sienna's Executive Chef. |
| | | | Creedan Valley 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 July 2023 | May 15, 2023. | Positive feedback from residents as indicated in the Satisfaction survey. |

| Area of Focus | Previous Performance (2022/23) | Current Performance (2023/24) | Change Ideas | Date of Implementation | Outcomes/Impact |
|---------------|--------------------------------|-------------------------------|--|------------------------|---|
| | | | Creedan Valley will buy new furniture and BBQs for and improve the landscaping of the resident courtyard by July 31, 2023. | June 15, 2023 | Creedan Valley purchased 2 new BBQ and Courtyard furniture. Sweet Equity Team revitalized the courtyard garden and for residents and families to enjoy. |
| | | | Creedan Valley has purchased a new gazebo and is improving the communal outdoor space at the front of the building. This project has added an additional space for residents and their families to gather. This project will be complete by June 30, 2023. | June 19, 2023 | Creedan Valley purchased new outdoor gazebo and furniture. Additional outdoor visiting area was implemented for the residents and their families. |

Planned Quality Improvement Initiatives for 2024-25

Table 2: QIP Indicator: Resident and Family Satisfaction

Creedan Valley Community aims to improve the combined Net Promoter Score for resident and family satisfaction from 44.00 to 45.00.

| Change Ideas | Process Measure | Target for 2024/25 |
|---|--|--|
| Creedan Valley will send registered staff to attend the Humber College Physical Assessment course | Number of registered staff who completed the Humber College Physical Assessment Course | Creedan Valley will send 6 registered staff to the Humber College Physical Assessment course in 2024 |
| Creedan Valley will offer IV Therapy and IV initiation workshops for all registered staff. | Percentage of staff who participate in IV Therapy and IV initiation workshops. | 100% of Registered Staff will participate in the IV Therapy and IV initiation workshops by December 31, 2024. |
| Creedan Valley 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. |

Table 3: QIP Indicator: Antipsychotic Usage

Creedan Valley Community aims to improve antipsychotic usage from the current performance of 27.13% to 26.59%.

| Change Ideas | Process Measure | Target for 2024/25 |
|--|--|--|
| Creedan Valley will utilize the 2 internal GPA coaches to offer GPA training sessions throughout the year. | Number of staff trained on GPA. | Creedan Valley aims to train 20 staff on GPA by December 31, 2024 |
| The interdisciplinary team meets monthly to review all resident assessments that trigger the antipsychotic medication indicator in the RAI-MDS data. Plans of care are | Percentage of residents using antipsychotic medications without the supporting diagnosis reviewed monthly. | 100% of residents using antipsychotic medications without the supporting diagnosis will be reviewed monthly throughout 2024. |

| Change Ideas | Process Measure | Target for 2024/25 |
|---|------------------------|---------------------------|
| reviewed to ensure relevant and appropriate use of antipsychotic medications. | | |