

## 2024/25 Continuous Quality Improvement Initiative Report

### Community Demographics

Community Name: Secord Trails Community

Street Address: 263 Wonham Street S, Ingersoll, Ontario N5C 3P6

Phone Number: (519) 485-3920

Quality Lead: Annette Sprentall, Executive Director

### 2023-24 Quality Improvement Initiatives

In 2023/24, Secord Trails chose to focus on reducing antipsychotic usage and Resident and Family Satisfaction for its CQI initiatives.

Secord Trails set a 2% improvement target to achieve a performance of 23.3% on this indicator, from 23.79%. Secord Trails' current performance on this indicator is 21.03%. A summary of the change ideas and their results is available in table 1.

Secord Trails aimed to improve resident satisfaction to 83% or higher, and family satisfaction to 84% or higher. This was a 3% improvement for resident satisfaction, from 80% and an 4% improvement for family satisfaction, from 80%. Sienna Senior Living implemented a new, innovative survey format on a new platform to measure resident and family satisfaction in 2023. Secord Trails achieved a combined Net Promoter Score (NPS) of 14.0 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 Secord Trails' quality committee has chosen Resident and Family Satisfaction (see table 2) and ED Transfers for its CQI initiatives (see table 3). In addition to the QIP, Secord Trails 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. Secord Trails completed the annual resident and family satisfaction surveys from September 13-27, 2023. Secord Trails achieved an

NPS of 32 for resident satisfaction and an NPS of -2 for family satisfaction. The results were shared with our resident council on January 31, 2024, family council January 18, 2024, and team members through town halls on December 20, 2023. Feedback from the resident, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Second Trails annual Operational Planning Day was held on April 1, 2024, and included team members and the leadership 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 work plan for 2024/25, was shared with the Resident Council on March 27, 2024 and Family Council on April 18, 2024.

This was shared with team members in April/May 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 in the 7 days preceding their resident assessment.	23.79%	21.03%	Implement an antipsychotic reduction team that meets every other month.	Date of first antipsychotic reduction team meeting was February 6 2023.	The team met 6 times in 2023 as planned on the QIP and helped reduce antipsychotic usage.
			Improve the use of GPA in the care community by offering regular GPA in-services.	Training dates were held on: January 26 2023 May 10 2023 May 24 2023 June 7 2023 July 26 2023	Secord Trails was able to provide GPA training to 51% of registered staff in 2023. Although the threshold of 65% was not achieved, work on this strategy continues in 2024.
			BSO lead to review antipsychotic medication cohort with the physician monthly.	Change idea implemented in February 2023.	The process was followed and improved the interprofessional collaboration on medication reduction.
Resident and Family Satisfaction	Resident: 80% Family: 80%	Resident NPS: 32	Secord Trails will play music during meal times to improve the environment.	June 2023	This has improved the atmosphere of the dining spaces.

Area of Focus	Previous Performance (2022/23)	Current Performance (2023/24)	Change Ideas	Date of Implementation	Outcomes/Impact
		Family NPS: -2	Secord Trails will implement a new process for labelling residents clothing by September 2023 with the overall goal of reducing the number of missing clothing items by December 31, 2023.	June 2023	The number of missing clothing items has decreased significantly since implement revised process.
			Secord Trails will improve the availability of variety of self-directed activities for residents by September 30, 2023.	June 2023	Secord Trails created activity caddies with self directed activities. This improved access to activities for residents.

## Planned Quality Improvement Initiatives for 2024-25

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

Secord Trails aims to improve the combined Net Promoter Score for resident and family satisfaction from 14 to 15.

Change Ideas	Process Measure	Target for 2024/25
Secord Trails aims to improve communication with residents and families by improving the phone system.	Number of comments related to phone systems received on the 2024 Resident and Family Satisfaction Survey.	Secord Trails aims to have 0 comments related to phone systems on the 2024 resident and family satisfaction survey.
Secord Trails aims to improve the physical plant by updating flooring and refreshing paint.	Number of resident rooms with updated flooring.	Secord Trails will update the flooring in 13 resident rooms by April 2024.
Secord Trails aims to improve the physical plant by creating a schedule to paint resident rooms and common spaces.	Number of home areas that are repainted in 2024.	Secord Trails aims to refresh the paint on one home area in 2024 and start the others within the year

**Table 3: QIP Indicator: ED Transfers/Falls/Antipsychotic Usage**

Secord Trails aims to improve ED Transfers from the current performance of 28.89% to 28.31%.

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target for 2024/25</b>
The Secord Trails Nursing team will track, trend, and review the data from all ED transfers on a monthly basis. This data will allow the team to conduct root cause analysis and understand how to prevent similar ED transfers from reoccurring.	Percentage of ED transfers trended and reviewed.	Secord Trails will review 100% of ED transfers in 2024.
Secord Trails nursing team will provide education to all frontline nurses on the use of the SBAR tool.	Percentage of frontline nurses trained on the SBAR tool.	100% of the frontline nurses will be trained on the SBAR tool by December 31, 2024