

2024/25 Continuous Quality Improvement Initiative Report

Community Demographics

Community Name: Glen Rouge Community

Street Address: 92 Island Road, West Hill, ON M1C 2P5

Phone Number: (416) 284-4781

Quality Lead: Zahra Mawji, Executive Director

2023-24 Quality Improvement Initiatives

In 2023/24, Glen Rouge Community chose to focus on Antipsychotic Reduction and Resident and Family Satisfaction for its CQI initiatives.

Glen Rouge Community set a 1.0% reduction target to achieve a performance of 16.00% on this indicator, from 16.17%. Glen Rouge current performance on this indicator is 18.09%. A summary of the change ideas and their results is available in table 1.

Altamont Community aims to improve resident satisfaction to 83%, and family satisfaction to 84%. This was a 5% improvement for resident satisfaction, from 79%, and a 6% 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. Glen Rouge Community achieved a combined Net Promoter Score (NPS) of 21.00 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 Glen Rouge's 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, Glen Rouge 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. Glen Rouge Community completed the annual resident and family satisfaction surveys from September 13-27, 2023. Glen Rouge Community achieved an NPS of 26.00 for resident satisfaction and an NPS of 18.00 for family satisfaction. The results were shared with our resident council on December 19, 2023, with families through a town hall on January 18, 2024, and team

Posted: June 30, 2024.

members through town halls on January 25, 2024. Feedback from the resident, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Glen Rouge Community's annual Operational Planning Day was held on March 18, 2024, and included 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 18, 2024, and with families through a family town hall on June 20, 2024. This was also shared with team members on June 18, 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
Antipsychotic Reduction	16.17%	18.09%	Collaboration with BSO, MD, NP and pharmacy to review MDS outcome scores	Commenced in April 2023 and continued monthly	Collaboration helped improve usage of antipsychotic medication and identifying diagnosis.
			Utilization of non-pharmacological approaches for responsive behaviors.	Commenced in April 2023 and continued monthly	Impact was positive
			Collaboration with MD, NP and pharmacy to discuss and consider use of alternative medications to antipsychotics	Commenced in April 2023 and continued monthly	BSO lead medication review with collaboration of MD, NP and pharmacy has provided outcomes.
Resident and Family Satisfaction	Resident: 79% Family: 80%	Resident NPS: 26 Family NPS: 18	Altamont Community cooks participated in education to enhance culinary skills with Sienna Senior Living's Executive Chef on May 24, 2023.	May 24, 2023.	This session improved culinary skills for Glen Rouge's Chefs.
			Altamont Community 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	November 2023.	New menus incorporate fresher ingredients and positively impact residents' dining experience.

Area of Focus	Previous Performance (2022/23)	Current Performance (2023/24)	Change Ideas	Date of Implementation	Outcomes/Impact
			higher quality ingredients by November 2023.		
			Altamont has launched new workflows in May 2023 to ensure consistent laundry turnaround time.	May 2023	Work continues by the Glen Rouge team to improve the approach to laundry services.
			Altamont Community painted the main dining room in Spring of 2022.	April 15, 2022	This refreshed the space and improved the atmosphere.
			Center core of the building was painted	May 26, 2023	
			The common areas are to be painted through the summer months and be completed by end of August 2023.	Deferred	List what did get painted, and ongoing effort to complete.
			Altamont aims to improve communication with families and provided education to all registered staff on the use of portable unit phones and returning calls in a timely manner in May 2023.	April 26, 2023 May 31, 2023	Staff responded positively to education.

Planned Quality Improvement Initiatives for 2024-25

Table 2: QIP Indicator: Resident and Family Satisfaction

Glen Rouge Community aims to improve the combined Net Promoter Score for resident and family satisfaction from 21 to 22.

Change Ideas	Process Measure	Target for 2024/25
Glen Rouge aims to improve communication with residents and families. Glen Rouge will support team	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

Change Ideas	Process Measure	Target for 2024/25
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.		education modules by December 31, 2024.
Glen Rouge aims to improve food service to improve resident and family satisfaction. Glen Rouge will provide education to team members on policy and process of dining service. The leadership team will monitor meal service weekly to encourage a pleasant environment for the dining service.	Percentage of team members who are provided education on the policies and processes related to the dining service.	50% of team members will be provided education on the policies and processes related to dining service by September 30th, 2024, with a goal of 100% of staff involved in meal services by December 31, 2024.

Table 3: QIP Indicator: ED Transfers

Glen Rouge aims to improve ED Transfers from the current performance of 36.88% to 36.14%

Change Ideas	Process Measure	Target for 2024/25
Improve clinical assessment skills. The Glen Rouge nursing team will provide education to registered staff about conducting thorough resident assessments prior to transferring residents to hospital.	Percentage of registered staff who participate in education on assessments before hospital transfers.	100% of registered staff will participate in education on conducting clinical assessments prior to hospital transfer by September 30, 2024.
Improve the approach to palliative care. Glen Rouge will support staff to complete the Pallium LEAP education modules.	Number of staff who complete the Pallium LEAP Education modules.	Glen Rouge will have 5 staff complete the Pallium LEAP education modules by December 31, 2024.

Change Ideas	Process Measure	Target for 2024/25
Offer education to families and residents on reducing ED transfers. Glen Rouge will utilize the resident and family councils as forums to offer educational opportunities to residents and families on the impacts of ED transfers.	Number of Resident and Family council meetings with educational opportunities related to ED transfers.	Glen Rouge will offer education in 2 resident and family council meetings in 2024.