

## 2024/25 Continuous Quality Improvement Initiative Report

### Community Demographics

Community Name: Midland Gardens Community

Street Address: 130 Midland Avenue, Scarborough, Ontario, M1N 4B2

Phone Number: (416) 264-2301

Quality Lead: Gethro Dorval, Executive Director

### 2023-24 Quality Improvement Reflection

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

Midland Gardens Community set a 10.00% improvement target to achieve a performance of 22.09% on this indicator, from 24.54%. Midland Gardens Community current performance on this indicator is 24.41%. A summary of the change ideas and their results is available in table 1.

Midland Gardens Community aimed to improve resident satisfaction to 83%, and family satisfaction to 84%. This was a 36.1% improvement for resident satisfaction, from 53% and a 63.9% improvement for family satisfaction, from 31%. Sienna Senior Living implemented a new, innovative survey format on a new platform to measure resident and family satisfaction in 2023. Midland Gardens Community achieved a combined Net Promoter Score (NPS) of -9.00 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 Midland Gardens Community quality committee has chosen Resident and Family Satisfaction (see table 2) and reducing the percentage of residents prescribed antipsychotics without a diagnosis of psychosis for its CQI initiatives (see table 3). In addition to the QIP, Midland Gardens 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. Midland Gardens Community completed the annual resident and family satisfaction surveys from September 13-27, 2023. Midland Gardens Community achieved an NPS of -12.00 for resident satisfaction and an NPS of -2.00 for family satisfaction. The results were shared with our resident council April 18, 2024, family council April 30, 2024, and team members through town halls March 26, 2024. Feedback from the resident, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Midland Gardens Community Annual Operational Planning Day was held on April 30, 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 work plan for 2024/25, was shared with the Resident Council on April 18, 2024 and Family Council on April 30<sup>th</sup>, 2024 during our Stake Holder Advisory Committee meeting as there is not an active Family council. This was shared with team members on April 29, 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	24.54%	24.41%	Improve the collaborative approach to reducing antipsychotic medication usage.	This change idea was implemented by June 30, 2024.	All residents prescribed an antipsychotic without the appropriate diagnosis were assessed for reduction of their medications.
			Review current resident data to assess and evaluate the indication and effectiveness of using antipsychotic medications without the supporting diagnosis for managing responsive behaviours.	This change idea was implemented by June 30, 2024	Decrease in total number of residents on antipsychotic medications without the supporting diagnosis.
			Interprofessional collaboration on the 3 month medication review for residents using antipsychotic medication without the supporting diagnosis.	July 2023	We are collaborating with our interprofessional team
			Revise care plans to reflect individualized non-pharmacological approaches.	December 2023	Care plans are update date
Resident and Family Satisfaction	Resident: 53.0% Family: 31.0%	Resident NPS: -12.00 Family NPS: -2.0	Midland Gardens cooks will participate in education with Sienna Senior Living's Executive Chef on enhancing culinary skills in June 2023.	April 29, 2024	Education and suggestions provided by Chef has been showing evident improvements on

Area of Focus	Previous Performance (2022/23)	Current Performance (2023/24)	Change Ideas	Date of Implementation	Outcomes/Impact
					raw food budget and food textures.
			Midland Gardens will implement new Sienna standard menus in collaboration with our Executive Chef, that incorporate new cooking processes, recipe enhancements and fresher and higher quality ingredients by June 2023.	May 20, 2024	Residents approved SS menu and provided good feedback about the seasonal choices provided on the menu. Home level changes on the menu were implemented as per resident's choice.
			Midland Gardens will conduct Palliative Care and End of Life rounds with our external partners throughout 2023.	Palliative care and end of life rounds are continued throughout.	Resident that requires palliative care are being identified at early stage as per their condition. Follow ups are being done.

## Planned Quality Improvement Initiatives for 2024-25

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

Midland Gardens Community aims to improve the combined Net Promoter Score for resident and family satisfaction from -9.00 to -8.00.

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

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target for 2024/25</b>
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.		education modules by December 31, 2024.
Midland Gardens will improve communication with residents and families. Midland Gardens will fully implement the Sienna Move-in Process including welcome gifts for all newly moved-in residents and check-in calls for the families of newly moved-in residents.	1) Percentage of residents who received a welcome gift. 2) Percentage of residents who have the check-in call process completed.	1) 100% of newly moved-in residents will have welcome gifts given to them throughout 2024. 2) Midland Gardens will implement the check-in call process for 100% of residents by December 31, 2024.

**Table 3: QIP Indicator: Antipsychotic Usage**

Midland Gardens Community aims to improve the percentage of residents without psychosis who were given antipsychotics from the current performance of 24.41% to 23.92%.

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target for 2024/25</b>
Collaborate with the multidisciplinary team to implement antipsychotic reduction program.	Percentage of residents assessed using collaborative resources where recommendations have been implemented to either reduce or discontinue antipsychotic medications.	Multidisciplinary team will assess quarterly 100% of residents using antipsychotic medications without the supporting diagnosis. All recommendations made by team will be trialed and evaluated by the multidisciplinary team at set points throughout the year.
Review current resident data to assess and evaluate the indication and effectiveness of using antipsychotic	Percentage of residents who are on an antipsychotic medication with a diagnosis of psychosis who have been	100% of residents who are on an antipsychotic medication with a diagnosis of psychosis will be assessed using

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target for 2024/25</b>
medications for managing responsive behaviours.	assessed using Sienna's medication tracking tool.	Sienna's medication tracking tool quarterly in 2024.
Interprofessional collaboration on the quarterly med review for residents using antipsychotic medication without the supporting diagnosis.	Percentage of residents on antipsychotics with a diagnosis reviewed by the BSO team quarterly	100% of residents on antipsychotic medications without a diagnosis will be reviewed by the BSO team quarterly throughout 2024.
Utilize individualized non-pharmacological approaches.	Percentage of residents with a P.I.E.C.E.S. assessment tool completed.	100% of identified residents with responsive behaviours will have a P.I.E.C.E.S. assessment tool to identify potential non-pharmacological approaches throughout 2024.