

2024/25 Continuous Quality Improvement Initiative Report

Community Demographics

Community Name: St. George Community

Street Address: 225 St. George Street, Toronto ON – M4R 2M2

Phone Number: 416 965 3985 ext 214

Quality Lead: Mathew Manathara

2023-24 Quality Improvement Initiatives

In 2023/24, St. George community chose to focus on reducing the percentage of LTC residents without psychosis who were given antipsychotic medications and Resident and Family Satisfaction for its CQI initiatives.

St. George Community set a 5% reduction target to achieve a performance of 20.46% on the antipsychotic without a diagnosis indicator, from 21.54%. St. George Community's current performance on this indicator is 21.71%. A summary of the change ideas and their results is available in table 1.

St. George Community aimed to maintain resident satisfaction at 87.0%. St. George Community aimed to improve family satisfaction by 5.7% to 84% from 79.5%. Sienna Senior Living implemented a new, innovative survey format on a new platform to measure resident and family satisfaction in 2023. St. George 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 St. George Community's quality committee has chosen Resident and Family Satisfaction (see table 2) and Rate of ED visits for modified list of ambulatory care-sensitive conditions per 100 long term care residents for its CQI initiatives (see table 3). In addition to the QIP, St. George 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. St. George Community completed the annual resident and family satisfaction surveys from September 13-27, 2023. St. George Community achieved an NPS of 5 for resident satisfaction and an NPS of 23 for family satisfaction. The results were shared with our resident council March 21/2024, family council December 20/2023, and team members through town halls December 21/2023. Feedback from the resident, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

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 20, 2024, and Family Council on June 26, 2024.

This was shared with team members on June 20, 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	21.54%	21.71%	<p>Trial antipsychotic reduction for eligible residents.</p> <p>Through the quality management process the antipsychotic reduction team identified residents and monitored for effective reduction strategies focused on resident safety.</p>	Commenced on August 1, 2024.	<p>There were varying levels of success with medication reductions based on individual diagnoses and expression of behaviours. Antipsychotic medication reduction continues under the guidance of the medical director.</p>
			<p>Improve the use of behavioural assessment tools to understand root causes of behaviours by utilizing appropriate assessment tools (DOS) for residents demonstrating responsive behaviours.</p>	Ongoing throughout 2023.	<p>St. George utilized behaviour assessment tools (DOS) which helped understand when and how residents' behaviour was triggered.</p>
			<p>Improve the use of the Gentle Persuasive Approach (GPA). St. George utilized the 2 internal GPA coaches to conduct routine GPA inservices for all team members.</p>	<p>Training dates were held in 2023 on: Aug. 21, 25 & 29, Oct. 11-13, Nov. 16</p>	<p>St. George trained 30 staff on GPA in 2023. St. George is continuing with GPA training as a</p>

Area of Focus	Previous Performance (2022/23)	Current Performance (2023/24)	Change Ideas	Date of Implementation	Outcomes/Impact
					strategy for reducing antipsychotic usage in 2024.
Resident and Family Satisfaction	Resident: 87% Family: 79.5%	Resident NPS: 5 Family NPS: 23	St. George re-opened the main dining room for all 3 meals on April 17, 2023, to improve the dining experience for the residents.	April 17, 2023.	Residents were happy to come down to the main dining room from 4 th and 5 th floor and are enjoying communal dining.
			St. George cooks will participate in education with Sienna Senior Living's Executive Chef on enhancing culinary skills on June 2, 2023.	June 2, 2023.	Cooks were happy about new menu and to enhance their culinary skills.
			St. George 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 June 30/2023.	June 30, 2023.	Resident feedback was that they enjoyed the new menu implemented by following the new recipe that was more scratch cooking and better quality.
			All COVID/pandemic related changes to resident lounges will be removed to allow residents to enjoy the spaces by Dec 31, 2023.	December 31, 2023.	Residents are happy to enjoy communal space with other residents.

Area of Focus	Previous Performance (2022/23)	Current Performance (2023/24)	Change Ideas	Date of Implementation	Outcomes/Impact
			20% of staff at St. George Community will complete the Pallium Palliative Care training by December 31, 2023	Deferred to 2024	
			St. George will offer one community outing per month that is chosen by the residents.	April 24/2023, June 22/2023, July 20/2023, Aug 9/2023, Nov 15/2023, Dec 18/2023. Some outing scheduled were cancelled related to outbreak in the care community.	Residents enjoyed outdoor activities like shopping and picnics. It enhanced their sense of belonging to and self worth. Residents cognitive function, social engagement and mood improved.

Planned Quality Improvement Initiatives for 2024-25

Table 2: QIP Indicator: Resident and Family Satisfaction

St. George Community aims to improve the combined Net Promoter Score for resident and family satisfaction from 9 to 10.

Change Ideas	Process Measure	Target for 2024/25
St. George aims to improve the physical plant to improve resident and family satisfaction. St. George will revamp and reopen the common space in the basement for use by residents and their families.	Number of common spaces opened up for resident use.	St. George will reopen the common space in the basement for use by residents and families by September 30, 2024.
St. George aims to improve communication with residents and families. St. George will support team	Percentage of team members who complete the CLRI Families in Distress education modules.	100% of the leadership team and 50% of the registered nurses will complete the

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.		CLRI Families in Distress education modules by December 31, 2024.
St. George aims to improve communication with residents and families to improve resident and family satisfaction. St. George will purchase a TV screen for the lobby area that will display community announcements, stories, and other good news.	Number of TV communication screens installed in the lobby.	St. George will install 1 TV communication screen in the main lobby by July 31, 2024.

Table 3: QIP Indicator: Rate of Avoidable ED Transfers

St. George Community aims to improve the rate of avoidable ED transfers from the current performance of 28.78% to 28.20%.

Change Ideas	Process Measure	Target for 2024/25
Utilize the Nurse Lead Outreach Team (NLOT) to support with education on ED Transfers.	Number of in-services lead by the NLOT.	St. George aims to partner with the NLOT for 4 in-services for registered staff in 2024.
Improve palliative care skills for clinical staff. St. George will support team members to attend the Pallium LEAP education sessions.	Number of team members who have completed the Pallium LEAP Education.	15 team members will complete the Pallium LEAP Education by December 31, 2024.
Improved tracking and trending of ED transfers data.	Percentage of Resident Safety Committee Meetings where ED transfer data is trended and analyzed by the nursing team.	The Resident Safety Committee will review and analyze ED transfer data at 100% of meetings by December 31, 2024.