

2024/25 Continuous Quality Improvement Initiative Report

Community Demographics

Community Name: Bloomington Cove Community

Street Address: 13621 Ninth Line, Stouffville, Ontario, L4A 3C8

Phone Number: (905) 640-1310

Quality Lead: Gautham Mekala, Executive Director

2023-24 Quality Improvement Reflection

In 2023/24, Bloomington Cove Community chose to focus on Falls and Resident and Family Satisfaction for its CQI initiatives.

Bloomington Cove Community set a 2% reduction target to achieve a performance of 19.01% on the falls indicator, from 19.4%. Bloomington Cove Community's current performance on this indicator is 20.50%. A summary of the change ideas and their results is available in table 1.

Bloomington Cove Community aimed to improve resident satisfaction to 88% or higher, and family satisfaction to 85% or higher. This was a 0.6% improvement for resident satisfaction, from 87.5% and a 0.7% improvement for family satisfaction, from 84.4%. Sienna Senior Living implemented a new, innovative survey format on a new platform to measure resident and family satisfaction in 2023. Bloomington Cove Community achieved a combined Net Promoter Score (NPS) of 18.00 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 Bloomington Cove Community's quality committee has chosen Resident and Family Satisfaction (see table 2) and falls for its CQI initiatives (see table 3). In addition to the QIP, Bloomington Cove 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. Bloomington Cove Community completed the annual resident and family satisfaction surveys from September 13-27, 2023. Bloomington Cove Community achieved an NPS of -14.00 for resident satisfaction and an NPS of 36.00 for family satisfaction. The results were shared with our resident council February 8, 2024, family council December 21, 2023, and team members

Posted: June 30, 2024.

through town halls January 23, 2024. Feedback from the resident, family, and team member stakeholders was used to the develop strategies to improve overall resident and family satisfaction.

Additionally, Bloomington Cove Community's annual Operational Planning Day was held on March 21, 2024, and included residents, team members, and the management team. During Operational Planning, resident and family satisfaction results and other clinical indicators was 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 workplan for 2024/25, was shared with the Resident Council on June 19, 2024, and Family Council on June 27, 2024. This was shared with team members on June 25, 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
Falls	19.4%	21.1%	Identification of falls risks on admission 80% of newly admitted residents will have personalized falls care plans created and implemented by September 30, 2023.	September 30, 2023	Goal met
			Improve the post-fall huddle process 100% of falls at Bloomington Cove will have a post-fall huddle completed by December 31, 2023.	Goal of 100% not met	Change idea to be carried over to 2024/25 QIP
			Daily discussion of falls program 100% of Daily Risk Management Meetings will have follow-up to resident falls discussion by September 30, 2023	September 30, 2023	Goal met
Resident and Family Satisfaction	Resident: 87.5% Family: 84.4%	Resident NPS: -14 Family NPS: 36	Bloomington Cove communicates the process for bringing in new clothing for residents with families on move-in day and throughout residents stay in the community. Communication includes information about labelling, who to leave new items with and when to drop them off	December 31, 2023	Goal met
			Team members have been certified in Music Care and have added music related programs to the activities calendar starting in January 2023	February 28, 2023	Goal met

Area of Focus	Previous Performance (2022/23)	Current Performance (2023/24)	Change Ideas	Date of Implementation	Outcomes/Impact
			Added new cultural programs to cater to the demographics of the community starting in February 2023	Started in February 2023.	Goal met.

Planned Quality Improvement Initiatives for 2024-25

Table 2: QIP Indicator: Resident and Family Satisfaction

Bloomington Cove Community aims to improve the combined Net Promoter Score for resident and family satisfaction from 18 to 19.

Change Ideas	Process Measure	Target for 2024/25
Bloomington Cove aims to improve communication with residents and families. Bloomington Cove 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.
Bloomington Cove aims to improve the opportunities for social interaction to improve resident and family satisfaction. Bloomington Cove will refresh the outdoor common spaces and increase the number of programs held weekly in the warmer months in the outdoor common spaces.	Number of weekly programs held weekly in the outdoor common spaces.	Bloomington Cove aims to hold 2 group programs per week in the outdoor common spaces.
Bloomington Cove aims to improve the quality of clinical care to improve resident and family satisfaction. Bloomington Cove will send registered	Number of registered staff who complete the Humber College Physical Assessment Course.	Bloomington Cove will send 4 registered staff to the Humber College Physical Assessment Course by December 31, 2024.

Change Ideas	Process Measure	Target for 2024/25
staff to the Humber College Physical Assessment Course in 2024.		

Table 3: QIP Indicator: Falls

Bloomington Cove Community aims to improve falls from the current performance of 20.47% to 20.06%.

Change Ideas	Process Measure	Target for 2024/25
<p>Improve the post fall huddle process:</p> <ul style="list-style-type: none"> • Create a template/guide for the information to be discussed during the post fall huddles • Education for team members on the post fall huddle process 	<ul style="list-style-type: none"> • Percentage of residents with a completed post fall huddle • Percentage of team members that received post fall huddle education 	<ul style="list-style-type: none"> • 100% of all falls will have a completed post fall huddle • 75% of team members from all disciplines will have education related to the post fall huddle process
<p>ADOCs to audit falls documentation daily.</p> <ul style="list-style-type: none"> • Ensuring that post fall documentation is thorough, completed, signed and locked in a timely manner, as well as follow-up for any discrepancies will be addressed in a timely manner • Care plans will outline appropriate fall prevention interventions in place that are resident specific 	<ul style="list-style-type: none"> • Percentage of residents with a completed post fall assessment • Percentage of care plans will have resident specific fall prevention interventions clearly stated 	<ul style="list-style-type: none"> • 100% of residents with falls will have a completed post fall assessment • 100% of residents will have a fall prevention care plan that is resident specific