

## 2024/25 Continuous Quality Improvement Initiative Report

### Community Demographics

Community Name: Woodhall Park Community

Street Address: 10260 Kennedy Road N., Brampton, Ontario L6Z 4N7

Phone Number: 905-495-4695

Quality Lead: Angela Matthews, Executive Director

### 2023-24 Quality Improvement Initiative Reflection

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

Woodhall Park set a 1% reduction target to achieve a performance of 10.36 % on this indicator, from 10.46% Woodhall Park current performance on this indicator is 8.8%. A summary of the change ideas and the results is available in table 1.

Woodhall Park Community aimed to maintain their performance for resident satisfaction, at 83%, and family satisfaction, at 91%. Sienna Senior Living implemented a new, innovative survey format on a new platform to measure resident and family satisfaction in 2023. Woodhall Park achieved a combined Net Promoter Score (NPS) of 40.00 for Resident and Family Satisfaction. A summary of the action plan and the 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 Woodhall Park quality committee has chosen Resident and Family Satisfaction (table 2) and ED transfers for its CQI initiatives (table 3). In addition to the QIP, Woodhall Park 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. Woodhall Park completed the annual resident and family satisfaction surveys from September 13-27, 2023. Woodhall Park achieved an NPS of 25 for resident satisfaction and an NPS of 57 for family satisfaction. The results were shared with our resident council on

December 19, 2023, family council on December 15, 2023, and team members through town halls May 28, 2024. Feedback from the resident, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Woodhall Park annual Operational Planning Day was held on May 7, 2024, and included residents, family member, 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 workplan for 2024/25, was shared with the Resident Council on June 18, 2024, and Family Council on June 19, 2024.

This was shared with team members through meetings on June 19 & 27, 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 diagnosis who were given antipsychotic medication in the 7 days preceding their resident assessment.	10.46%	8.18%	Utilize the quarterly medication reviews to identify residents with potential to reduce antipsychotic medications.	Woodhall Park implemented this change idea throughout 2023/2024 on a quarterly basis.	This change idea helped the team identify residents with potential for antipsychotic medication reduction.
			Review RAI-MDS outcome scores after the first quarterly assessment to understand behavioural changes for recently admitted residents.	Woodhall Park implemented this change idea throughout 2023/2024 and focussed on recently admitted residents.	This helped the team establish the baseline for the resident prior to changing medications.
			Offer Gentle Persuasive Approach Education. Woodhall Park will train 15 team members on GPA by December 31, 2023.	Training sessions were held on the following dates in 2023: May 2 & 8, April 18 & 28, March 7, February 13	35 team members were trained by Dec. 31, 2023.
Resident and Family Satisfaction	Resident: 83%  Family: 91%	Resident NPS: 25  Family NPS: 57	In addition to the monthly newsletter, we aim to communicate good news with residents and their families throughout the year.	Occurred throughout 2023.	Monthly newsletters with good news section and leadership connections with the residents and families through

Area of Focus	Previous Performance (2022/23)	Current Performance (2023/24)	Change Ideas	Date of Implementation	Outcomes/Impact
					out the year. This helped to build trust with residents and families.
			Woodhall Park will offer clinical skill courses on assessments and palliative to our frontline staff throughout the 2023.	December 31, 2023.	4 team member completed the Pallium LEAP training by the end of 2023.
			Woodhall Park cooks will participate in education with Sienna Senior Living Executive Chef on culinary skills in June 2023.	June 1, 2023.	Cooks participated in education to further enhance their culinary skills
			Implement a refreshed 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 in Q4 2023.	October 16, 2023.	Residents reviewed and shared feedback at monthly pleasurable dining meetings.

## Planned Quality Improvement Initiatives for 2024-25

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

Woodhall Park aims to improve the combined Net Promoter Score for resident and family satisfaction from 40 to 41.

Change Ideas	Process Measure	Target for 2024/25
Woodhall Park aims to improve service excellence to improve resident and family satisfaction.	Percentage of team members who complete the CLRI Family in Distress education modules	100% of clinical staff and leaders will complete the CLRI Families in Distress education modules by December 31, 2024.

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target for 2024/25</b>
Woodhall Park aims to improve the quality of clinical care to improve resident and family satisfaction	Number of Registered staff who attend the Humber College Physical Assessment Course	Woodhall Park will send 3 registered staff to the Humber College Physical Assessment Course by December 31, 2024.

**Table 3: QIP Indicator: Avoidable ED Transfers**

Woodhall Park aims to improve the rate of avoidable ED transfers from the current performance of 25.90% to 25.38%.

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target for 2024/25</b>
Improve the Palliative Care Program. Woodhall Park will offer the Pallium LEAP training to the registered staff and leadership team members	Number of registered staff and leadership team members who complete the Pallium Leap education.	Woodhall Park will 10 leadership and registered staff complete the Pallium Leap education by December 31, 2024.
Partner with the NLOT to provide education. Woodhall Park will work with the NLOT team to provide specific education on the most common reasons for ED transfers based on the monthly review of the ED transfer data.	Number of education sessions held by the NLOT team at Woodhall Park	Woodhall Park aims to hold 4 education sessions with the NLOT team by December 31, 2024.