

2024/25 Continuous Quality Improvement Initiative Report

Community Demographics

Community Name: Bradford Valley Community

Street Address: 2656 6th Line Bradford, Ontario, L3Z 2A1

Phone Number: (905) 952-2270

Quality Lead: Cathy VanBeek, Executive Director

2023-24 Quality Improvement Initiatives

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

Bradford Valley set a 2.5% reduction target to achieve a performance of 11.65% on this indicator, from 11.95%. Bradford Valley's current performance on this indicator is 10.11%. A summary of the change ideas and their results is available in table 1.

Bradford Valley Community aimed to improve resident satisfaction to 83%, and family satisfaction to 91.6%. This was a 2% improvement for resident satisfaction, from 81.4% and a 2% improvement for family satisfaction, from 89.8%. Sienna Senior Living implemented a new, innovative survey format on a new platform to measure resident and family satisfaction in 2023. Bradford Valley achieved a combined Net Promoter Score (NPS) of 38.00 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 Bradford Valley's quality committee has chosen Resident and Family Satisfaction (see table 2) and the percentage of LTC home residents who fell in the 30 days leading up to their assessment for its CQI initiatives (see table 3). In addition to the QIP, Bradford Valley 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. Bradford Valley completed the annual resident and family satisfaction surveys from September 13-27, 2023. Bradford Valley achieved an

NPS of 23 for resident satisfaction and an NPS of 48 for family satisfaction. The results were shared with our resident council March 21, 2024, family council February 29, 2024, and team members through town halls on May 14, 2024. Feedback from the resident, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Bradford Valley's annual Operational Planning Day was held on May 28, 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 workplan for 2024/25, was shared with the Resident Council on March 21, 2024, and Family Council on April 29, 2024.

This was shared with team members on May 14, 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	11.95%	10.11%	Determine reasons why antipsychotic medication was prescribed for newly moved-in residents who were prescribed antipsychotic medications prior to admission to LTC.	Continued as per pre-existing process	80% of newly moved-in residents on antipsychotic medications will have contact made with their POA to determine reasons for prescription of this class of medication by Sept 30, 2023.
			Use an interdisciplinary approach to review the antipsychotic cohort report and verify the accuracy of RAI-MDS Coding.	Continued as per pre-existing process	The Bradford Valley interdisciplinary team will review the antipsychotic cohort report twice by September 30, 2023.
			Enhance the use of the Gentle Persuasive Approach within the Care Community	Continued as per pre-existing process	Bradford Valley will train 30 staff on GPA by December 31, 2023.
			Antipsychotic reduction team to review 2 home areas per month.	March 2023	All 8 home areas will be reviewed by the antipsychotic

Area of Focus	Previous Performance (2022/23)	Current Performance (2023/24)	Change Ideas	Date of Implementation	Outcomes/Impact
					reduction team by Sept 30, 2023.
Resident and Family Satisfaction	Resident: 81.4% Family: 89.8%	Resident NPS: 23 Family NPS: 48	Bradford Valley purchased more laundry bins in April 2023 to improve the laundry turnaround time.	April 2023	Purchased more laundry bins in order to increase turn around time Laundry will be returned to the home areas faster
			Bradford Valley implemented playing soft music during mealtimes in June 2023.	June 2023	Enhance atmosphere and decrease behaviours in dining room
			Bradford Valley will purchase new place mats for the dining room.	September 2023	Challenges with maintaining quality during laundering process. On hold
			Improving décor in dining rooms by updating the window treatments and paint throughout 2023.	September 2023	Create home like warm environment
			Bradford Valley cooks will participate in education with Sienna Senior Living's Executive Chef on enhancing culinary skills.	June 2023	Enhance food quality and skills and abilities of team members
			Bradford Valley 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	April 2023	Improved resident satisfaction with meals.

Area of Focus	Previous Performance (2022/23)	Current Performance (2023/24)	Change Ideas	Date of Implementation	Outcomes/Impact
			higher quality ingredients by May 2023.		
			Bradford Valley has implemented monthly town halls for each home area to provide updates directly to residents. Agenda includes, but is not limited to operations of the community, outbreak updates, infection control, upcoming events, etc.	January 2023	Improved communication for outbreaks, programs, operations of the building etc.

Planned Quality Improvement Initiatives for 2024-25

Table 2: QIP Indicator: Resident and Family Satisfaction

Bradford Valley aims to improve the combined Net Promoter Score for resident and family satisfaction from 38 to 39.

Change Ideas	Process Measure	Target for 2024/25
Bradford Valley will improve communication with residents and families after move-in to the community. Within the first 6 weeks from the move-in date for new residents, members of the leadership team will call the residents' families, introduce themselves and orient them to their role within the community. This process will help to establish lines of communication between the leadership team and the families.	Percentage of newly moved-in residents whose families have been called by members of the leadership team within 6-weeks of their move-in date.	Bradford Valley aims to complete the new move-in call process for 100% of newly moved-in residents.
Bradford Valley aims to improve communication between registered staff and families. Bradford Valley will utilize the "Situation, Background, Assessment,	Percentage of registered staff who have participated in SBAR training.	Bradford Valley will train 100% of fulltime and regular part-time registered staff on the SBAR tool by September 30, 2024.

Change Ideas	Process Measure	Target for 2024/25
Recommendation (SBAR)" tool to improve communication between registered staff and families. The nursing team will provide education to registered staff on the SBAR tool.		
Bradford Valley will improve opportunities for social interaction for residents. Bradford Valley aims to implement mobile evening programming that travels through the home areas to increase the opportunities for residents to participate.	Number of evening programs held weekly throughout 2024	Bradford Valley aims to hold the mobile evening programs 5-days a week throughout 2024.

Table 3: QIP Indicator: Percentage of LTC home residents who fell in the 30 days leading up to their assessment.

Bradford Valley aims to improve this indicator from the current performance of 13.8% to 13.4%.

Change Ideas	Process Measure	Target for 2024/25
Determine the fall risk for newly moved-in residents prior to admission. Collaborate with family and residents to determine risks and previous effective interventions. Bradford Valley will provide appropriate equipment as applicable at day of admission, staff support, and initiate falls care plan.	Percentage of newly moved-in residents with a history of falls who have interventions in place before move-in	100% of newly moved-in residents with a history of falls will have falls interventions in place prior to their move-in.
Improve the collaboration with pharmacy for residents with frequent falls. Residents with frequent falls will have their falls history flagged and reviewed with the pharmacist for consideration during their medication review.	Percentage of residents with frequent falls who have their falls history reviewed by the pharmacist during their medications review.	100% of residents with frequent falls will have their falls history reviewed by the pharmacist during their medications review throughout 2024.