

2024/25 Continuous Quality Improvement Initiative Report

Community Demographics

Community Name: Woods Park Community

Street Address: 110 Lillian Crescent, Barrie, Ontario, L4N 5H7

Phone Number: 705-739-6881

Quality Lead: Amy Richard, Executive Director

2023-24 Quality Improvement Initiatives

In 2023/24, Woods Park Community chose to focus on reducing the percentage of LTC Residents without a psychosis diagnosis who were given antipsychotic medications and Resident and Family Satisfaction for its CQI initiatives.

Woods Park set a 5% reduction target to achieve a performance of 30.00% on the percentage of LTC Residents without a psychosis diagnosis who were given antipsychotic medications, from 31.58%. Woods Park's current performance on this indicator is 34.20%. A summary of the change ideas and their results is available in table 1.

Woods Park Community aimed to maintain their performance for resident satisfaction, at 84%, and family satisfaction, at 90%. Sienna Senior Living implemented a new, innovative survey format on a new platform to measure resident and family satisfaction in 2023. Woods Park achieved a combined Net Promoter Score (NPS) of 26.00 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 Woods Park quality committee has chosen Resident and Family Satisfaction (see table 2) and 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, Woods Park 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. Woods Park completed the annual resident and family satisfaction surveys from September 13-27, 2023. Woods Park achieved an NPS

of 14.00 for resident satisfaction and an NPS of 40.00 for family satisfaction. The results were shared with our resident council on November 30, 2023, with families on December 10, 2023, via a family town hall, and team members through town halls on November 12 & 21, 2023. Feedback from the resident, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Woods Park annual Operational Planning Day was held on February 16, 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 May 20, 2024, and Families on May 31, 2024.

This was shared with team members on May 16, 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 a psychosis diagnosis who were given antipsychotic medications	31.58%	34.20%	Improve the use of Gentle Persuasive Approach at Woods Park.	GPA Training dates in 2023: Feb 3, 2023 March 31, 2023 May 18, 2023 September 25, 2023	80% of all staff have completed the GPA training as per our 2023 plan. We will continue to offer refresher training yearly to capture new & existing staff.
			Develop an interdisciplinary BSO internal team.	BSO Lead hired on staff January 3, 2023	Creation of an internal BSO lead completed. The lead works collaboratively on all home areas to develop care plans, brainstorm ideas and implement changes.
			Tracking and trending of incidents where staff are impacted by responsive behaviours.	Ongoing process throughout 2023	The Executive Director tracked incidents involving staff & responsive behaviors throughout 2023 via internal incident reports in conjunction with the health & safety team at Woods Park. Woods Park saw a 40% reduction in incidents where staff are impacted

Area of Focus	Previous Performance (2022/23)	Current Performance (2023/24)	Change Ideas	Date of Implementation	Outcomes/Impact
					by responsive behaviours.
Resident and Family Satisfaction	Resident: 84% Family: 90%	Resident NPS: 14 Family NPS: 40	Woods Park will improve satisfaction with the dining experience by offering restaurant and themed days in collaboration with the program department. Theme days will be held monthly, and restaurant days will be held quarterly.	March 2023	March 2023 saw the implementation of improved themed days within the dietary department at Woods Park. Alternating between themed days such as Spring flavours and restaurant styles such as Chinese. Resident satisfaction increased via feedback at Resident council meetings.
			Residents will be satisfied with the variety, timing and offerings of meaningful things to do. A variety of programs will be offered at different times though out the day and evening and include outdoor activities, pet programs and theme days.	Ongoing throughout 2023.	Our new BSO lead implemented increased Montessori style programming to help aide in providing meaningful programs at different times of the day. Programs team members began alternating their days on site to offer improved timings for our community and came in on holidays.

Planned Quality Improvement Initiatives for 2024-25

Table 2: QIP Indicator: Resident and Family Satisfaction

Woods Park Community aims to improve the combined Net Promoter Score for resident and family satisfaction from 25.00 to 26.00.

Change Ideas	Process Measure	Target for 2024/25
Woods Park aims to improve dining service to improve resident and family satisfaction. Woods Park will implement Daily Dining Huddles. In these huddles team members will discuss the day's menus, dining needs of residents, and leaders will offer education on plate presentation, table setup, and tips for dining service.	Adherence to the with Daily Dining Huddle Schedule	Woods Park aims to have 100% adherence to the Daily Dining Huddle schedule throughout 2024 to improve the dining experience of our residents
Woods Park aims to improve communication with residents and families. Woods Park 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.

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

Woods Park Community aims to improve falls from the current performance of 19.44% to 19.05%.

Change Ideas	Process Measure	Target for 2024/25
Implementation of post-fall huddles. Woods Park will work with the interdisciplinary team to conduct post fall huddles starting with the day shift.	Percentage of falls on the day shift that have a post-fall huddle completed	100% of falls that occur on the day shift will have a post-fall huddle completed by September 30, 2024

Change Ideas	Process Measure	Target for 2024/25
After a fall on the day shift, the home area nurse will call for a fall huddle and all available members of the interdisciplinary team will attend		
Review of all falls at Resident Safety meeting monthly. Team will review: anti-psychotic use, hydration status, physical environment and infections stats monthly at Resident Safety meeting in regards to anyone who has fallen 2+ time	Percentage of residents who have fallen 2 or more times who are reviewed at the resident safety meeting.	100% of residents falling 2+ times in one month will be reviewed fully at resident safety meeting monthly