

Community Demographics

Community Name: Bloomington Cove Community

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

Phone Number: (905) 640-1310

Quality Lead: Gautham Mekala, Executive Director

Continuous Quality Improvement Initiative Report

2022-23 Quality Improvement Initiative

In 2022/23, Bloomington Cove Community chose to focus on the number of ED visits for a modified list of ambulatory care-sensitive conditions per 100 LTC residents for its CQI initiative. Bloomington Cove Community set a 5.14% reduction target to achieve a performance of 18.1% on this indicator, from 19.08%. Bloomington Cove Community's current performance on this indicator is 17.42%. A detailed summary of our change ideas and lessons learned is available on the Ontario Health's Quality Improvement Plan (QIP) publicly accessible pages.

2023-24 Priority Areas for Quality Improvement

Bloomington Cove Community's priority areas for quality improvement for the year are:

1. Resident and Family Satisfaction
2. Our Ontario Health QIP Indicator: Falls in the last 30 days in long-term care

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 14-28, 2022. Bloomington Cove Community achieved 87.5% for overall resident satisfaction and 84.4% for overall family satisfaction. The results were shared with our resident council February 2, 2023 and family council December 22, 2023 and their feedback was sought in the development of the strategies to improve overall satisfaction (see Table 1).

Sienna Senior Living Communities use QIPs to help us prioritize our improvement projects and this year the quality committee has chosen falls in the last 30 days in long-term care for its CQI initiative (see table 2). In addition to the QIP, our community uses our internal operational plan to help prioritize and plan improvements for key indicators.

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/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 2022/23 QIP, and the workplan for 2023/24, were shared with the Resident Council on May 11, 2023 and Family Council on April 27, 2023. 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.

Planned Quality Improvement Initiatives for 2023-24

Table 1: Resident and Family Satisfaction

Bloomington Cove Community aims to improve resident satisfaction to 88% or higher, and family satisfaction to 85% or higher. This is a 0.6% improvement for resident satisfaction, from 87.5%, and a 0.7% improvement for family satisfaction, from 84.4%.

Area of Focus	Change Ideas
Laundry Services– Missing clothing	1. 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.
Activities/Social events	1. Team members have been certified in Music Care and have added music related programs to the activities calendar starting in January 2023. 2. Added new cultural programs to cater to the demographics of the community starting in February 2023.

Table 2: QIP Indicator: Falls in the last 30 days in long-term care

Bloomington Cove Community has set a 2.0% improvement target to achieve a performance of 19.01% on this indicator, from 19.4%.

Change Ideas	Process Measure	Target for 2023-24
1. Identification of falls risks on admission.	Percentage of newly admitted residents with personalized falls care plans created and implemented.	80% of newly admitted residents will have personalized falls care plans created and implemented by September 30, 2023.
2. Improve the post-fall huddle process	Percentage of falls that have a post-fall huddle completed.	100% of falls at Bloomington Cove will have a post-fall huddle completed by December 31, 2023.
3. Daily discussion of falls program.	Percentage of Daily Risk Management Meetings with follow-up to resident falls discussion.	100% of Daily Risk Management Meetings will have follow-up to resident falls discussion by September 30, 2023.