

## Community Demographics

Community Name: Altamont Community

Street Address: 92 Island Road, Scarborough, Ontario, M1C 2P5

Phone Number: (416) 284-4781

Quality Lead: Zahra Mawji, Executive Director

## Continuous Quality Improvement Initiative Report

### 2022-23 Quality Improvement Initiative

In 2022/23, Altamont Community chose to focus on the percentage of LTC residents without psychosis who were given antipsychotic medication for its CQI initiative. Altamont Community set a 5.13% reduction target to achieve a performance of 13.5% on this indicator, from 14.23%. Altamont Community's current performance on this indicator is 16.17%. 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

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

1. Resident and Family Satisfaction
2. Our Ontario Health QIP Indicator: Percentage of LTC residents without psychosis who were given antipsychotic medication

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. Altamont Community completed the annual resident and family satisfaction surveys from September 14-28, 2022. Altamont Community achieved 79% for overall resident satisfaction and 80% for overall family satisfaction. The results were shared with our resident council December 13, 2023 and family council December 8, 2022 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 the percentage of LTC residents without psychosis who were given antipsychotic medication 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 was shared with the Resident Council on March 28, 2023 and Family Council on March 30, 2023. The QIP, including the progress report from the 2022/23 QIP, and the workplan for 2023/24, was shared with the Resident Council on June 2023 and Family Council on June 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**

Altamont Community aims to improve resident satisfaction to 83% or higher, and family satisfaction to 84% or higher. This is a 5% improvement for resident satisfaction, from 79%, and a 6% improvement for family satisfaction, from 80%

Area of Focus	Change Ideas
Dining Experience	<ul style="list-style-type: none"> <li>Altamont Community cooks participated in education to enhance culinary skills with Sienna Senior Living's Executive Chef in May 24, 2023.</li> <li>Altamont Community 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 higher quality ingredients by November 2023.</li> </ul>
Laundry Services	<ul style="list-style-type: none"> <li>Altamont has launched new workflows in May 2023 to ensure consistent laundry turnaround time.</li> </ul>
Comfortable & Attractive Space	<ul style="list-style-type: none"> <li>Altamont Community painted the main dining room in January 2023.</li> <li>The common areas are to be painted through the summer months and be completed by end of August 2023.</li> </ul>
Communication	<ul style="list-style-type: none"> <li>Altamont aims to improve communication with families and provided education to all registered staff on the use of portable unit phones and returning calls in a timely manner in May 2023.</li> </ul>

**Table 2: QIP Indicator: Percentage of LTC residents without psychosis who were given antipsychotic medication**

Altamont Community has set a 1.0% improvement target to achieve a performance of 16.0% on this indicator, from 16.17%.

Change Ideas	Process Measure	Target for 2023-24
1. Collaboration with BSO, MD, NP and pharmacy to review MDS outcome scores.	The percentage of the cohort reviewed by the internal BSO Lead and Nursing Team monthly with follow up assessment done by the MD, NP and pharmacy.	100% of cohort will be reviewed and assessed by the internal BSO Lead, followed by a collaborative review with the MD, NP and pharmacy by December 2023.
2. Utilization of non-pharmacological approaches for responsive behaviors.	The percentage of cohort that have nonpharmacological approaches implemented in their plan of care.	100% of cohort will be assessed by the BSO lead, followed by an interdisciplinary discussion for nonpharmacological

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target for 2023-24</b>
		approaches to care by end of December 2023.
3. Collaboration with MD, NP and pharmacy to discuss and consider use of alternative medications to antipsychotics.	The percentage of residents that are reviewed by the BSO lead with an assessment done by the MD, NP and pharmacy where alternative medications to antipsychotics have been ordered	100% of residents identified as potential candidates for using alternative medications to antipsychotics will be reviewed and assessed by the BSO lead, with further assessment completed by the MD, NP and pharmacy by end of December 2023