

Community Demographics

Community Name: Tullamore Community

Street Address: 133 Kennedy Road South, Brampton, Ontario, L6W 3G3

Phone Number: (905) 459-2324

Quality Lead: Katie Hutchins, Executive Director

Continuous Quality Improvement Initiative Report

2022-23 Quality Improvement Initiative

In 2022/23, Tullamore Community chose to focus on Number of ED visits for a modified list of ambulatory care-sensitive conditions per 100 LTC residents for its CQI initiative. Tullamore Community set a 10.63% reduction target to achieve a performance of 18.0% on this indicator, from 20.14%. Tullamore Community's current performance on this indicator is 31.13%. 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

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

1. Resident and Family Satisfaction
2. Our Ontario Health QIP Indicator: Number of ED visits for a modified list of ambulatory care-sensitive conditions per 100 LTC residents

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. Tullamore Community completed the annual resident and family satisfaction surveys from September 14-28, 2022. Tullamore Community achieved 72% for overall resident satisfaction and 78% for overall family satisfaction. The results were shared with our resident council on January 24, 2023 and family council on January 17, 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 the number of ED visits for a modified list of ambulatory care-sensitive conditions per 100 LTC residents 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 June 13, 2023 and Family Council on June 8, 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 January 24, 2023 and Family Council on January 17, 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

Tullamore Community aims to improve family satisfaction to 84% or higher. This is a 6.4% improvement from 78%. Tullamore Community aims to improve resident satisfaction to the Sienna benchmark of 83%.

Area of Focus	Change Ideas
Dining Experience	<ol style="list-style-type: none"> 1. Tullamore cooks will participate in education with Sienna Senior Living's Executive Chef on culinary skills on June 27, 2023. 2. Tullamore will 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 by July 15, 2023.
Hairdressing Services	<ol style="list-style-type: none"> 1. Tullamore recruited a new hairdresser in January 2023.

Table 2: QIP Indicator: Number of ED visits for a modified list of ambulatory care-sensitive conditions, per 100 LTC residents

Tullamore Community has set a 5% improvement target to achieve a performance of 29.57% on this indicator, from 31.13%.

Change Ideas	Process Measure	Target for 2023-24
1. Enhance the clinical capacity at the care community	Number of nurse practitioners hired	Tullamore will recruit a nurse practitioner by December 31, 2023
2. Implement and educate team members on the Situation, Background, Assessment, Recommendation (SBAR) Communication tool.	Percentage of registered staff trained on the SBAR communication tool.	100% of the registered staff who work on the home area with the highest ED visit rate will be educated on the SBAR communication tool by September 30, 2023.
3. Train registered staff on the purpose and scope of the Nurse Lead Outreach Team (NLOT).	Number of registered staff trained on the purpose and scope of the NLOT.	80% of registered staff will be trained on the purpose and scope of the NLOT by September 30, 2023.