

Community Demographics

Community Name: Spencer House

Street Address: 835 W Ridge Boulevard, Orillia, Ontario, L3V 8B3

Phone Number: (705) 326-6609

Quality Lead: Traci Van Grinsven, Executive Director

Continuous Quality Improvement Initiative Report

2022-23 Quality Improvement Initiative

In 2022/23, Spencer House chose to focus on the number of ED visits for modified list of ambulatory care–sensitive conditions per 100 long-term care residents for its CQI initiative. Spencer House set a maintenance target of 13.47% for this indicator. Spencer House’s current performance on this indicator is 25.43%. 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

Spencer House’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 modified list of ambulatory care–sensitive conditions per 100 long-term care 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. Spencer House completed the annual resident and family satisfaction surveys from September 14-28, 2022. Spencer House achieved 82.4% for overall resident satisfaction and 93.4% for overall family satisfaction. The results were shared with our resident council January 26th and family council February 2nd 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 number of ED visits for modified list of ambulatory care–sensitive conditions per 100 long-term care 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 and the QIP, including the progress report from the 2022/23 QIP, and the workplan for 2023/24, was shared with the Resident Council and Family Council on April 20th. 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

Spencer House aims to improve resident satisfaction to 83% or higher. This is a 0.7% improvement for resident satisfaction from 82.4%. Spencer House aims to maintain the current performance of 93.4% for family satisfaction.

Area of Focus	Change Ideas
Improve presentation of plates to increase resident satisfaction	<ul style="list-style-type: none"> Compass to provide training to dietary aides on proper plating techniques by August 31, 2023.
Increase representation of resident preferences on the menu	<ul style="list-style-type: none"> Conduct bi-annual food preference survey lead by Resident Council President by December 31, 2023. Results will be provided to the Director of Dietary Services to be taken into consideration for planning the menu.
Create a more pleasant and home-like atmosphere for dining	<ul style="list-style-type: none"> Spencer House purchased and installed televisions in June 2023 in each home area dining room to be used for ambient music at meal times.

Table 2: QIP Indicator: Number of ED visits for modified list of ambulatory care–sensitive conditions per 100 long-term care residents

Spencer House has set a 2.0% improvement target to achieve a performance of 24.92% on this indicator, from 25.43%.

Change Ideas	Process Measure	Target for 2023-24
1. Reduce the number of ED transfers resulting from a falls by improving the rounding process within our care community	Percentage of team members trained on purposeful rounding.	Spencer House will train 100% of CSAs on purposeful rounding by Dec 31, 2023.
2. Build capacity with Registered Team Members on post-fall assessment skills	Percentage of Registered Team Members educated on post-fall assessment	Spencer House will educate 100% of Registered Staff who work evening shifts by December 31, 2023.

Change Ideas	Process Measure	Target for 2023-24
3. Increase the knowledge of family members, caregivers, and residents on the treatments and services within the care community.	Percentage of residents with health care wishes assessment completed within 6 weeks of move in.	100% of residents will have health care wishes assessment completed within 6 weeks of move in.