

## Community Demographics

Community Name: Creedan Valley Community

Street Address: 143 Mary Street, Creemore, Ontario, L0M 1G0

Phone Number: (705) 466-3437

Quality Lead: Punnapa Hartley, Executive Director

## Continuous Quality Improvement Initiative Report

### 2022-23 Quality Improvement Initiative

In 2022/23, Creedan Valley Community chose to focus on the percentage of LTC residents without psychosis who were given antipsychotic medication for its CQI initiative. Creedan Valley Community set a 14.22% reduction target to achieve a performance of 14.0% on this indicator, from 16.32%. Creedan Valley Community's current performance on this indicator is 21.59%. 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

Creedan Valley 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. Creedan Valley Community completed the annual resident and family satisfaction surveys from September 14-28, 2022. Creedan Valley Community achieved 94% for overall resident satisfaction and 96% for overall family satisfaction. The results were shared with our resident council on February 14, 2023 and family council on February 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 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, Creedan Valley 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 Town Hall on June 21, 2023. The QIP, including the progress report from the 2022/23 QIP, and the work plan for 2023/24, was shared with the Resident Council on April 11, 2023 and Family Town Hall on April 19, 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**

Creedan Valley Community aims to maintain our current performance for resident satisfaction at 94%, and family satisfaction at 96%.

Area of Focus	Change Ideas
Dining Experience	<ul style="list-style-type: none"> <li>Creedan Valley cooks will participate in education with Sienna Senior Living's Executive Chef on enhancing culinary skills in July 2023.</li> <li>Creedan Valley 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 July 2023.</li> </ul>
Improve the Physical Environment	<ul style="list-style-type: none"> <li>Creedan Valley will buy new furniture and BBQs for, and improve the landscaping of the resident courtyard by July 31, 2023.</li> <li>Creedan Valley has purchased a new gazebo and is improving the communal outdoor space at the front of the building. This project has added an additional space for residents and their families to gather. This project will be complete by June 30, 2023.</li> </ul>

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

Creedan Valley Community has set a 2% improvement target to achieve a performance of 21.16% on this indicator, from 21.59%.

Change Ideas	Process Measure	Target for 2023-24
1. Improve the use of the Gentle Persuasive Approach in the care community	Number of staff trained on GPA.	Creedan Valley aims to train 20 staff on GPA by December 31, 2023.
2. Monthly reviews of the antipsychotic medication cohort.	Percentage of residents using antipsychotic medications without the supporting diagnosis reviewed monthly.	100% of residents using antipsychotic medications without the supporting diagnosis will be reviewed monthly by September 30, 2023.