

Community Demographics

Community Name: Fox Ridge Community

Street Address: 389 West Street, Brantford, Ontario, N3R 3V9

Phone Number: (519) 759-4666

Quality Lead: Jennifer Glavac, Executive Director

Continuous Quality Improvement Initiative Report

2022-23 Quality Improvement Initiative

In 2022/23, Fox Ridge Community chose to focus on percentage of LTC residents without psychosis who were given antipsychotic medication for its CQI initiative. Fox Ridge Community set a 2.54% reduction target to achieve a performance of 15.36% on this indicator, from 15.76%. Fox Ridge Community's current performance on this indicator is 19.58%. 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

Fox Ridge 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. Fox Ridge Community completed the annual resident and family satisfaction surveys from September 14-28, 2022. Fox Ridge Community achieved 73.5% for overall resident satisfaction and 72.9% for overall family satisfaction. The results were shared with our resident council on March 31, 2023 and on a family town hall on January 19, 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, 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

The QIP, including the progress report from the 2022/23 QIP, and the workplan for 2023/24, was shared with the Resident Council on May 25, 2023 and on a Family Town Hall Meeting on March 23, 2023. A copy of this Continuous Quality Improvement Initiative Report was shared with the Resident Council and on a Family Town Hall Meeting on May 25, 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

Fox Ridge Community aims to improve resident satisfaction to 83% or higher, and family satisfaction to 84% or higher. This is a 12.9% improvement for resident satisfaction, from 73.5% and a 15.2% improvement for family satisfaction, from 72.9%.

Area of Focus	Change Ideas
Activities and Programs	<ul style="list-style-type: none"> • Fox Ridge re-implement programs that were in effect prior to the pandemic, such as horticulture club and 'left of 65', starting in Spring 2023. • Fox Ridge will be incorporating new programming ideas suggested through the Resident Suggestion Box in Summer 2023.
Dining Experience	<ul style="list-style-type: none"> • Fox Ridge cooks will participate in education with Sienna Senior Living's Executive Chef on culinary skills by June 2023. • Fox Ridge will implement a Resident Suggestion Box and focus groups to encourage and welcome discussions for areas of improvement starting in June 2023.

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

Fox Ridge Community has set a 5% improvement target to achieve a performance of 18.6% on this indicator, from 19.58%.

Change Ideas	Process Measure	Target for 2023-24
1. Increase the frequency of the Antipsychotic Reduction Team Meetings to track the progress of residents who have had their antipsychotic medications reduced.	Number of Antipsychotic Reduction Team meetings held in 2023.	The Antipsychotic Reduction Team will meet 12 times in 2023.
2. Utilization of internal Gentle Persuasive Approach (GPA) coaches to educate all staff on the GPA method	Number of front-line staff trained in GPA.	Fox Ridge will train 40 frontline staff on GPA in 2023.

Change Ideas	Process Measure	Target for 2023-24
3. Increase frequency of education on antipsychotic use and reduction as well as non-pharmacological approaches to care.	Number of nursing practice meetings where antipsychotic reduction education is on the agenda	Fox Ridge will offer monthly antipsychotic reduction education opportunities through December 2023