

## Community Demographics

Community Name: Hawthorn Woods Community

Street Address: 9257 Goreway Drive, Brampton, Ontario, L6P 0N5

Phone Number: 905-799-7502

Quality Lead: Amr El Guindy, Executive Director

## Continuous Quality Improvement Initiative Report

### 2022-23 Quality Improvement Initiative

In 2022/23, Hawthorn Woods Community chose to focus on the percentage of long-term care residents who fell during the 30 days preceding their resident assessment for its CQI initiative. Hawthorn Woods Community set a 5% reduction target to achieve a performance of 11.5% on this indicator, from 12.1%. Hawthorn Woods Community's current performance on this indicator is 11.2%. 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

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

1. Resident and Family Satisfaction
2. Our Ontario Health QIP Indicator: falls in the last 30 days in long-term care

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. Hawthorn Woods Community completed the annual resident and family satisfaction surveys from September 14-28, 2022. Hawthorn Woods Community achieved 89.7% for overall resident satisfaction and 87.6% for overall family satisfaction. The results were shared with our resident council November 15, 2022 and family council June 21 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 falls in the last 30 days 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 the 2023/24 year was shared with the Resident Council on June 7, 2023, and Family Council on June 21, 2023. A copy of this Continuous Quality Improvement Initiative Report was shared with the Resident Council on June 7, 2023 and Family Council on June 21, 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**

Hawthorn Woods Community aims to maintain our current performance for resident and family satisfaction at 89.7% and 87.6% respectively.

Area of Focus	Change Ideas
Dining Services	<ul style="list-style-type: none"> <li>Hawthorn Woods cooks participated in education with Sienna Senior Living's Executive Chef on culinary skills June 8, 2023.</li> <li>Hawthorn Woods 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 within 2023.</li> <li>Hawthorn Woods implemented "happy hour huddles" once a week on each home area in June 2023 to review and improve the dining experience for residents.</li> </ul>
Laundry Services	<ul style="list-style-type: none"> <li>Hawthorn Woods has improved the process by which new resident clothing is labelled to help reduce the amount of missing or lost clothing items. This change was implemented in April 2023.</li> <li>Hawthorn Woods implemented monthly "Lost and Found Days" where all missing clothing/items are displayed for residents and families to come and collect. This idea was implemented in June 2023.</li> </ul>

**Table 2: QIP Indicator: Falls in the last 30 days in long-term care**

Hawthorn Woods Community has set a 2.0% improvement target to achieve a performance of 13.13% on this indicator, from 13.4%.

Change Ideas	Process Measure	Target for 2023-24
1. Pharmacist to assess the medications of residents with multiple falls.	Percentage of residents who have had 3 or more falls within one quarter who are reviewed by the pharmacist.	75% of residents who have had 3 or more falls within a quarter will be have a medication review completed by the pharmacist.

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target for 2023-24</b>
2. Provide education to team members on falls kits and bed alarms.	Percentage of team members that receive falls prevention and bed alarm education.	80% of registered staff will receive falls prevention education by September 30, 2023.