

## Community Demographics

Community Name: Barnswallow Place Community

Street Address: 120 Barnswallow Drive, Elmira, ON N3B 2Y9

Phone Number: (519) 669-5777

Quality Lead: Techiya Loewen, Executive Director

## Continuous Quality Improvement Initiative Report

### 2022-23 Quality Improvement Initiative

In 2022/23, Barnswallow Place Community chose to focus on the percentage of LTC residents without psychosis who were given antipsychotic medication for its CQI initiative. Barnswallow Place Community set a 5.0% reduction target to achieve a performance of 13.12% on this indicator, from 13.81%. Barnswallow Place Community's current performance on this indicator is 14.23%. 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

Barnswallow Place 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. Barnswallow Place Community completed the annual resident and family satisfaction surveys from September 14-28, 2022. Barnswallow Place Community achieved 77.6% for overall resident satisfaction and 78.9% for overall family satisfaction. The results were shared with our resident council February 24, 2023 and family council May 30, 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 in long-term care 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 on May 31, 2023 and Family Council on May 31, 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**

Barnswallow Place Community aims to improve resident satisfaction to 83% or higher, and family satisfaction to 84% or higher. This is a 5.4% improvement for resident satisfaction, from 77.6%, and a 5.1% improvement for family satisfaction, from 78.9%.

Area of Focus	Change Ideas
Dining Experience	<ul style="list-style-type: none"> <li>Barnswallow Place cooks will participate in education with Sienna Senior Living's Executive Chef on enhancing culinary skills in June 2023.</li> <li>Barnswallow Place 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 Q4 2023.</li> </ul>
Opportunities to Communicate	<ul style="list-style-type: none"> <li>Barnswallow Place aims to increase the frequency of communication of good news with residents and their families throughout 2023.</li> <li>Barnswallow Place will hold monthly town hall meetings for families throughout 2023 as a way to improve communication.</li> </ul>

**Table 2: QIP Indicator: Falls in the Last 30 Days in Long-Term Care**

Barnswallow Place Community has set a 5.0% improvement target to achieve a performance of 18.72% on this indicator, from 19.7%.

Change Ideas	Process Measure	Target for 2023-24
1. Improve the quality of post-fall documentation completed by the registered staff to enhance the root cause analysis process after falls.	Percentage of front-line registered staff who have participated in post-fall documentation in-services.	100% of front-line registered staff will receive post-fall documentation education by September 2023.
2. Implement a bi-weekly walkabout Falls Environmental Scan conducted by the interdisciplinary team	Percentage of residents who have recently fallen on Pheasant Run who have had received an environmental scan of their room.	100% of residents with recent falls on Pheasant Run will have the interdisciplinary conduct an environmental scan of their room by September 30, 2023.

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target for 2023-24</b>
3. Discuss falls at the monthly Resident Safety meeting and review and analyze current falls trends to enhance the interdisciplinary approach to falls prevention.	Number of falls meetings that occur after the monthly Leadership and Quality.	Barnswallow Place will conduct a falls specific meeting each month in 2023 starting in February.