

2024/25 Continuous Quality Improvement Initiative Report

Community Demographics

Community Name: Harmony Hills Community

Street Address: O'Connor, 1800 O'Connor Drive, Building 1, North York, Ontario, M4A 1W7

Phone Number: (416) 285-1411

Quality Lead: Vilma Bugarin, Executive Director

2023-24 Quality Improvement Initiatives

In 2023/24, Harmony Hills Community chose to focus on antipsychotic usage without a diagnosis of psychosis and resident and family satisfaction for its CQI initiatives.

Harmony Hills Community set a 5.2% improvement target to achieve a performance of 16.0% on this indicator, from 16.89%. Harmony Hills Community's current performance on this indicator is 16.27%. A summary of the change ideas and their results is available in table 1.

Harmony Hills Community aimed to maintain resident satisfaction at 90%, and family satisfaction at 88%. Sienna Senior Living implemented a new, innovative survey format on a new platform to measure resident and family satisfaction in 2023. Harmony Hills Community achieved a combined Net Promoter Score (NPS) of 30.00 for Resident and Family Satisfaction. A summary of the action plan and its results for resident and family satisfaction can be found in table 1.

2024-25 Priority Areas for Quality Improvement

Sienna Senior Living Communities use our Ontario Health Quality Improvement Plans (QIPs) to prioritize our improvement projects and this year Harmony Hills Community's quality committee has chosen Resident and Family Satisfaction (see table 2) and Percentage of LTC home residents who fell in the 30 days for its CQI initiatives (see table 3). In addition to the QIP, Harmony Hills Community uses the internal operational plan to help prioritize and plan improvements for key indicators.

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. Harmony Hills Community completed the annual resident and family satisfaction surveys from September 13-27, 2023. Harmony Hills

Posted: June 30, 2024.

Community achieved an NPS of 6.00 for resident satisfaction and an NPS of 51.00 for family satisfaction. The results were shared with our resident council February 26, 2024, family council January 18, 2024, and team members through town halls January 22, 2024. Feedback from the resident, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Harmony Hills Community's annual Operational Planning Day was held on February 16, 2024. During Operational Planning, resident and family satisfaction results and other clinical indicators were shared and feedback from stakeholders was sought in the development of improvement strategies.

Resident and Family Satisfaction Survey

Sienna Senior Living's innovative resident and family satisfaction survey improves our ability to incorporate feedback into our day-to-day culture. We've worked with experts to create surveys that are more accessible for people living in long-term care. Resident and Family councils from each Sienna Senior Living Community were consulted and involved in the creation of the new survey. They are shorter, intended to occur more frequently, and designed to capture a true picture of your experience and what you define as important. The survey results include an overall Net Promoter Score (NPS) that identifies residents' and families' perceptions of our community and how people feel their needs are being met as well as a text analysis that highlights what people have focused on and how we can meet their needs.

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 and 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 2023/24 QIP, and the workplan for 2024/25, was shared with the Resident Council on May 28, 2024, and Family Council on May 27, 2024.

This was shared with team members on May 22, 2024, through town halls and meetings with team members and it is posted in the homes. 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.

2023-24 Quality Improvement Initiatives

Table 1: results of 2023/24 Quality Improvement Plan and Resident and Family Satisfaction Improvement Initiatives

| Area of Focus | Previous Performance (2022/23) | Current Performance (2023/24) | Change Ideas | Date of Implementation | Outcomes/Impact |
|---|--------------------------------|---|---|------------------------|---|
| Percentage of LTC residents without psychosis who were given antipsychotic medication | 16.89% | 16.27% | Review of the antipsychotic medication cohort. | April 30, 2023 | There were 16 residents identified as in the cohort, 9 out of 16 residents' anti-psychotics' medications were discontinued and 2 were reduced |
| | | | Increase the use of non-pharmacological interventions for residents with responsive behaviours. | September 30, 2023 | 100% of residents in the antipsychotic cohort have non-pharmacological interventions included in their care plan |
| | | | Offer Gentle Persuasive Approach (GPA) to front-line staff. | May 20, 2023 | There were 76 team members trained on the gentle persuasive approach (GPA). |
| Resident and Family Satisfaction | Resident: 90% Family 88% | Resident NPS: 6.00 Family NPS: 51.00 | Harmony Hills cooks and leaders will participate in education with Sienna Senior Living's Executive Chef on enhancing culinary skills in July 2023. | July 2023 | Education with the executive chef improved the culinary of Harmony Hill's cooks and dietary leadership team. |
| | | | Harmony Hills implemented new Sienna standard menus in collaboration with our Executive Chef and with ongoing feedback from residents, which incorporates new cooking processes, recipe | May 2023 | Sienna's standardized menus incorporate fresher ingredients. Residents have expressed satisfaction with the food quality and opportunities to taste new menu items. |

| Area of Focus | Previous Performance (2022/23) | Current Performance (2023/24) | Change Ideas | Date of Implementation | Outcomes/Impact |
|---------------|--------------------------------|-------------------------------|--|---|--|
| | | | enhancements and fresher and higher quality ingredients in May 2023. | | |
| | | | Harmony Hills created a café space called the Circle Café in January 2023 and aims to offer weekly café socials throughout 2023. | Café opened in January and weekly socials occurred routinely in 2023. | The circle café and the program ran at it throughout 2023 improved access to social activities for residents and made an overall positive impact on ambience of the community. |
| | | | Harmony Hills aims to offer five opportunities each month for residents to engage in large group programs such as performers or social events. | Ongoing throughout 2023. | Harmony Hills implemented this change throughout 2023. Large group programs help residents meet each other and increased opportunities for socialization. |

Planned Quality Improvement Initiatives for 2024-25

Table 2: QIP Indicator: Resident and Family Satisfaction

Harmony Hills Community aims to improve the combined Net Promoter Score for resident and family satisfaction from 30 to 31.

| Change Ideas | Process Measure | Target for 2024/25 |
|--|---|--|
| Harmony Hills aims to improve communication with residents and families. Harmony Hills will support team members to complete the CLRI Families in Distress education modules. These modules will help team members build empathy skills while interacting with families and residents. | Percentage of team members who complete the CLRI Families in Distress education modules | 100% of clinical staff and leaders will complete the CLRI Families in Distress education modules by December 31, 2024. |

| Change Ideas | Process Measure | Target for 2024/25 |
|---|--|--|
| Introduce menu upon move-in. Director of Dietary Services or Department representative will attend the move-in conference. Interview resident and/or SDMs regarding food and fluid preferences and provide menu list. Initiate plan of care on move-in. | Percentage of newly moved-in residents that receive the menu on move-in day. | 100% of newly moved-in residents will receive menu on move-in day throughout 2024. |
| Increase innovative programs. Will implement the following activities: Meaningful Visits Kits, Happiness Programme Interactive Light Projector & ArtFull Enrichment programs | Percentage of innovative programs implemented. | 100% of innovative programs will be implemented by September 30, 2024 |

Table 3: QIP Indicator: Percentage of LTC home residents who fell in the 30 days

Harmony Hills Community aims to improve Percentage of LTC home residents who fell in the last 30 days from the current performance of 15.61% to 15.29%

| Change Ideas | Process Measure | Target for 2024/25 |
|---|---|--|
| Falls interventions will be implemented for new residents prior to their admission to the community | Percentage of residents flagged as high risk for falls who have falls interventions implemented prior to move-in. | 100% of residents flagged as high risk for falls will have interventions in place on move-in. |
| Improve attendance of the interdisciplinary team involvement in post-fall huddles. | Percentage of post-fall huddles with representation from each department | 100% of post-fall huddles will be attended by team members from each department (when available) by September 30, 2024 |