

Community Demographics

Community Name: Owen Hill Community

Street Address: 130 Owen Street, Barrie, Ontario, L4M 3H7

Phone Number: (705) 726-8621

Quality Lead: Lenka Fousek, Executive Director

Continuous Quality Improvement Initiative Report

2022-23 Quality Improvement Initiative

In 2022/23, Owen Hill Community chose to focus on the percentage of LTC residents without psychosis who were given antipsychotic medication for its CQI initiative. Owen Hill Community set a 2.4% reduction target to achieve a performance of 11.0% on this indicator, from 11.27%. Owen Hill Community's current performance on this indicator is 28.57%. 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

Owen Hill 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. Owen Hill Community completed the annual resident and family satisfaction surveys from September 14-28, 2022. Owen Hill Community achieved 81.2% for overall resident satisfaction and 91.8% for overall family satisfaction. The results were shared with our resident council on February 6th, 2023 and family council on February 7th, 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

A copy of this Continuous Quality Improvement Initiative Report was shared with Resident Council on June 21, 2023, and with Family Council on June 23, 2023. The QIP, including the progress report from the 2022/23 QIP, and the workplan for 2023/24, will be shared with the Resident Council on June 6, 2023 and was shared with Family Council on May 2, 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

Owen Hill Community aims to improve resident satisfaction to 83% or higher; this is a 2.2% improvement from our current performance of 81.2%. Owen Hill Community aims to maintain our current performance of 91.8% for family satisfaction.

| Area of Focus | Change Ideas |
|--------------------------------|--|
| Timely Response | <ul style="list-style-type: none"> • Provide education to all departments on purposeful rounding by September 30, 2023. • Educate front line on the use of missing item forms, complaints process and customer service standards by September 30, 2023. |
| Access to outdoors / fresh air | <ul style="list-style-type: none"> • Owen Hill plans to install an automatic door to improve access to the courtyard in August 2023. • Owen Hill will involve residents and family members in annual spring-cleaning day in 2024. • Utilize courtyard for meal service (BBQs) and programming ensuring equal opportunity for all residents weekly while weather permits. • Education for all team members on access to courtyard to be completed by June 30, 2023. |
| Opportunities to Communicate | <ul style="list-style-type: none"> • Owen Hill will purchase and install new signs for the units to display the names of the nurses and PSWs working on each shift by June 30, 2023. • Owen Hill will install signs by June 30, 2023 to display which managers are onsite each day. • Owen Hill will install a TV screen at the front entry to use as a communication with residents and families by June 30, 2023. |

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

Owen Hill Community has set a 5.3% improvement target to achieve a performance of 27.14% on this indicator, from 28.57%.

| Change Ideas | Process Measure | Target for 2023-24 |
|--|---|--|
| 1. Gentle Persuasive Approach (GPA) training provided for team members across all departments | Number of team members trained on GPA. | 20 team members will receive GPA training by December 2023. |
| 2. Collaborate with inter-professional team (DOC, MD, NP, Pharmacy) and review each resident receiving antipsychotic | Percentage of residents in cohort for antipsychotic medication reduction reviewed quarterly | 100% of residents in the cohort will be reviewed quarterly by December 2023. |

| Change Ideas | Process Measure | Target for 2023-24 |
|--|---|--|
| medication for intent and effectiveness | | |
| 3. Utilize Dementia Observation System (DOS) for all residents that are part of the antipsychotic medication reductions to ensure medication effectiveness | Percentage of residents who have a completed DOS when their antipsychotic medications are reduced or discontinued | 100% of residents whose antipsychotic medications are reduced or discontinued will have a DOS completed. |