

Community Demographics

Community Name: Woods Park Community

Street Address: 110 Lillian Crescent, Barrie, ON L4N 5H7

Phone Number: (705) 739-6881

Quality Lead: Chris Read, Executive Director

Continuous Quality Improvement Initiative Report

2022-23 Completed Quality Improvement Initiative

In 2022/23, Woods Park Community chose to focus on two indicators for its CQI initiatives: the percentage of long-term care residents without psychosis who were given antipsychotics and the number of emergency department visits for a modified list of ambulatory care-sensitive conditions, per 100 long-term care residents.

Woods Park Community set a 10% reduction target to achieve a performance of 37.58% for number of emergency department visits for a modified list of ambulatory care-sensitive conditions, per 100 long-term care residents, from 20.27%. Woods Park Community's current performance on this indicator is 31.58%.

Woods Park Community set a 2.57% reduction target to achieve a performance of 19.75% for the percentage of long-term care residents without psychosis who were given antipsychotics, from 41.75%. Woods Park Community's current performance on this indicator is 27.54%.

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

Woods Park 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. Woods

Park Community completed the annual resident and family satisfaction surveys from September 14-28, 2022. Woods Park Community achieved 84% for overall resident satisfaction and 90% for overall family satisfaction. The results were shared with our resident council February 6, 2023 and family council December 29 2022 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 the 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 the 2023/24 year, was shared with the Resident and Family councils on March 23, 2023. A copy of this Continuous Quality Improvement Initiative Report was shared with the resident and family council on March 23, 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

Woods Park Community aims to maintain our current performance for resident satisfaction, at 84%, and family satisfaction, at 90%.

Area of Focus	Change Ideas	Process Measures
Dining Experience	Woods Park will improve satisfaction with the dining experience by offering restaurant and themed days in collaboration with the program department. Theme days will be held monthly and restaurant days will be held quarterly.	Overall resident dining satisfaction will improve by 5% from 80% in 2022 to 85% in 2023.
Resident Programs	Residents will be satisfied with the variety, timing and offerings of meaningful things to do. A variety of programs will be offered at different times though out the day and evening and include outdoor activities, pet programs and theme days.	Overall resident satisfaction will improve by 11% from 69% in 2022 to 80% in 2023.

Table 2: QIP Indicator: Reducing antipsychotic usage for residents without a diagnosis of psychosis.

Woods Park Care Centre has set a 5% improvement target to achieve a performance of 37% on this indicator, from 39.5%.

Change Ideas	Process Measure	Target for 2023-24
1) Improve the use of Gentle Persuasive Approach at Woods Park.	Woods Park is training an internal GPA coach. The GPA coach will run routine GPA in-services at Woods Park to increase the usage in the Care Community.	Woods Park will train 80% of team members in GPA by December 2023.
2) Develop an interdisciplinary BSO internal team.	BSO lead aims to recruit new team members for the BSO team through the following methods: 1) Recruit PSW champion for Q1, one from each home areas. A dedicated time will be assigned on the agenda to cluster residents from the same floor for discussion, to ease PSW commitment. 2) Review new admissions and MDS triggers at internal rounds with RAI-Coordinator. Agenda and Action minutes will be taken by SW or delegate.	Woods Park will recruit a PSW BSO Champion from each of the 4 home areas by June 2023 and host 20 bi-weekly BSO rounds in 2023.
3) Tracking and trending of incidents where staff are impacted by responsive behaviours.	Woods Park will utilize the QIA tool in PointClickCare to track the occurrences of responsive behaviours where staff are impacted. This data will be used by the interdisciplinary team to understand the effects of antipsychotic medication reduction.	Woods Park aims to reduce the number of responsive behaviours where staff are impacted by 10% by December 2023.