

## Community Demographics

Community Name: St. George Community

Street Address: 225 St George Street, Toronto, Ontario, M5R 2M2

Phone Number: (416) 967-3985

Quality Lead: Mathew Manathara, Executive Director

## Continuous Quality Improvement Initiative Report

### 2022-23 Quality Improvement Initiative

In 2022/23, St. George Community chose to focus on the percentage of LTC residents without psychosis who were given antipsychotic medication for its CQI initiative. St. George Community set a 8.42% reduction target to achieve a performance of 18.5% on this indicator, from 20.2%. St. George Community's current performance on this indicator is 21.54%. 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

St. George Community 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. St. George Community completed the annual resident and family satisfaction surveys from September 14-28, 2022. St. George Community achieved 87.0% for overall resident satisfaction and 79.5% for overall family satisfaction. The results were shared with our resident council Dec 29, 2023, and family council Nov 30, 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

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 June 29, 2023, and Family Council on June 28, 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**

St. George Community aims to maintain resident satisfaction at its current performance of 87.0% and to improve family satisfaction by 5.7% to 84% from the current performance of 79.5%.

Area of Focus	Change Ideas
Dinning experience	<ul style="list-style-type: none"> <li>St. George re-opened the main dinning room for all 3 meals on April 17, 2023, to improve the dining experience for the residents.</li> <li>St. George cooks will participate in education with Sienna Senior Living's Executive Chef on enhancing culinary skills on June 2, 2023.</li> <li>St. George 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 June 30/2023.</li> </ul>
Physical environment	<ul style="list-style-type: none"> <li>All COVID/pandemic related changes to resident lounges will be removed to allow residents to enjoy the spaces by Dec 31, 2023.</li> </ul>
Quality of Care	<ul style="list-style-type: none"> <li>20% of staff at St. George Community will complete the Pallium Palliative Care training by December 31, 2023.</li> </ul>
Activities/Social Programs	<ul style="list-style-type: none"> <li>St. George will offer one community outing per month that is chosen by the residents.</li> </ul>

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

St. George Community has set a 5% improvement target to achieve a performance of 20.46% on this indicator, from 21.54%.

Change Ideas	Process Measure	Target for 2023-24
1. Trial antipsychotic reduction for eligible residents	Number of residents who are identified by the antipsychotic reduction team as appropriate for a medication reduction.	St. George aims to reduce antipsychotic medications for 1 resident each month through 2023.
2. Improve the use of behavioural assessment tools to understand root causes of behaviours.	Percentage of residents demonstrating behaviours who have appropriate assessment tools in place (e.g. DOS).	60% of residents demonstrating behaviours will have the appropriate assessment tools in place (e.g. DOS) by September 30, 2023.

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target for 2023-24</b>
3. Improve the use of the Gentle Persuasive Approach (GPA).	Number of staff trained on GPA.	St. George will train 50 staff on GPA by December 2023.