

Community Demographics

Community Name: Woodhall Park Community

Street Address: 10260 Kennedy Road North, Brampton, Ontario, L6Z 4N7

Phone Number: (905) 495-4695

Quality Lead: Angela Matthews, Executive Director

Continuous Quality Improvement Initiative Report

2022-23 Quality Improvement Initiative

In 2022/23, Woodhall Park Community chose to focus on the percentage of LTC residents without psychosis who were given antipsychotic medication for its CQI initiative. Woodhall Park Community set a 0.13% reduction target to achieve a performance of 7.76% on this indicator, from 7.77%. Woodhall Park Community's current performance on this indicator is 10.46%. 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

Woodhall Park 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. Woodhall Park Community completed the annual resident and family satisfaction surveys from September 14-28, 2022. Woodhall Park Community achieved 83% for overall resident satisfaction and 91% for overall family satisfaction. The results were shared with our resident council January 17, 2023 and family council February 23 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 20, 2023, and Family Council on June 14, 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

Woodhall Park Community aims to maintain our current performance for resident satisfaction, at 83%, and family satisfaction, at 91%.

Area of Focus	Change Ideas
Improve Communication	<ol style="list-style-type: none"> In addition to the monthly newsletter, Woodhall Park aims to communicate good news with residents and their families throughout 2023. Woodhall Park will offer clinical skills courses on assessment and palliative to our frontline staff throughout 2023.
Dining Experience	<ol style="list-style-type: none"> Woodhall Park cooks will participate in education with Sienna Senior Living’s Executive Chef on culinary skills in June 2023. Woodhall Park will implement a refreshed 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 in Q4 2023.

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

Woodhall Park Community has set a 1.0% improvement target to achieve a performance of 10.36% on this indicator, from 10.46%.

Change Ideas	Process Measure	Target for 2023-24
1. Utilize the quarterly medication reviews to identify residents with potential to reduce antipsychotic medications.	Percentage of residents without a diagnosis that supports the use of antipsychotic medications that have this flagged on their three month medication review	100% of residents will have their antipsychotic medications and diagnoses reviewed during their quarterly medication review.
2. Review RAI-MDS outcome scores after the first quarterly assessment to understand	Percentage of newly admitted residents reviewed for medication	75% of residents will have their medications reviewed after their first quarterly RAI-MDS assessment for

Change Ideas	Process Measure	Target for 2023-24
behavioural changes for recently admitted residents	reduction after their first quarterly RAI-MDS assessment.	potential reduction by December 31, 2023.
3. Offer Gentle Persuasive Approach Education.	Number of team members trained on GPA.	Woodhall Park will train 15 team members on GPA by December 31, 2023.