

Community Demographics

Community Name: Bradford Valley Community

Street Address: 2656 Line 6, Bradford, Ontario, L3Z 2A4

Phone Number: (905) 952-2270

Quality Lead: Cathy VanBeek, Executive Director

Continuous Quality Improvement Initiative Report

2022-23 Quality Improvement Initiative

In 2022/23, Bradford Valley Community chose to focus on the percentage of LTC residents without psychosis who were given antipsychotic medication for its CQI initiative. Bradford Valley Community set a 14.81% reduction target to achieve a performance of 16.1% on this indicator, from 18.9%. Bradford Valley Community's current performance on this indicator is 11.95%. 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

Bradford Valley 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. Bradford Valley Community completed the annual resident and family satisfaction surveys from September 14-28, 2022. Bradford Valley Community achieved 81.4% for overall resident satisfaction and 89.8% for overall family satisfaction. The results were shared with our resident council April 25, 2023, and family council March 29, 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 the Resident Council on June 22, 2023, and Family Council on July 26, 2023. The QIP, including the progress report from the 2022/23 QIP, and the workplan for 2023/24, was shared with the Resident Council on March 28, 2023, and Family Council on March 29, 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

Bradford Valley Community aims to improve resident satisfaction to 83% and family satisfaction to 91.6%. This is a 2% improvement for resident satisfaction, from 81.4% and a 2% improvement for family satisfaction, from 89.8%.

Area of Focus	Change Ideas
Laundry services	<ul style="list-style-type: none"> Bradford Valley purchased more laundry bins in August 2022 to improve the laundry turnaround time.
Meals appealing	<ul style="list-style-type: none"> Bradford Valley implemented playing soft music during mealtimes in June 2023. Bradford Valley will purchase new place mats for the dining room by July 2023. Improving décor in dining rooms by updating the window treatments and paint throughout 2023. Bradford Valley cooks will participate in education with Sienna Senior Living’s Executive Chef on enhancing culinary skills in June 2023. Bradford Valley 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 May 2023.
Kept informed by team members	<ul style="list-style-type: none"> Bradford Valley has implemented monthly town halls for each home area to provide updates directly to residents. Agenda includes, but is not limited to operations of the community, outbreak updates, infection control, upcoming events, etc.

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

Bradford Valley Community has set a 2.5% improvement target to achieve a performance of 11.65% on this indicator, from 11.95%.

Change Ideas	Process Measure	Target for 2023-24
1. Determine reasons why antipsychotic medication was prescribed for newly moved-in residents who were prescribed antipsychotic medications prior to admission to LTC.	Percentage of newly moved-in residents on antipsychotic medications who will have contact made with their POA to determine reasons for prescription of this class of medication.	80% of newly moved-in residents on antipsychotic medications will have contact made with their POA to determine reasons for prescription of this class of medication by Sept 30, 2023.

Change Ideas	Process Measure	Target for 2023-24
2. Use an interdisciplinary approach to review the antipsychotic cohort report and verify the accuracy of RAI-MDS Coding.	Number of times that Antipsychotic Cohort Report is printed out and reviewed by interdisciplinary team.	The Bradford Valley interdisciplinary team will review the antipsychotic cohort report twice by September 30, 2023.
3. Enhance the use of the Gentle Persuasive Approach within the Care Community.	Number of staff trained on GPA.	Bradford Valley will train 30 staff on GPA by December 31, 2023.
4. Antipsychotic reduction team to review 2 home areas per month.	Number of home areas to be reviewed monthly by antipsychotic reduction team.	All 8 home areas will be reviewed by the antipsychotic reduction team by Sept 30, 2023.