

Community Demographics

Community Name: Fountain View Community

Street Address: 1800 O'Connor Drive, Building 2, North York, Ontario, M4A 1W7

Phone Number: (416) 285-2000

Quality Lead: Nargish Malam, Executive Director

Continuous Quality Improvement Initiative Report

2022-23 Quality Improvement Initiative

In 2022/23, Fountain View Community chose to focus on the percentage of LTC residents without psychosis who were given antipsychotic medication for its CQI initiative. Fountain View Community set a 10.0% reduction target to achieve a performance of 15.84% on this indicator, from 17.61%. Fountain View Community's current performance on this indicator is 18.6%. 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

Fountain View 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. Fountain View Community completed the annual resident and family satisfaction surveys from September 14-28, 2022. Fountain View Community achieved 67% for overall resident satisfaction and 91% for overall family satisfaction. The results were shared with our resident council on November 16, 2022 and family council November 24th, 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 Antipsychotics INDICATOR 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 16th, 2023 and Family Council on May 23rd, 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

Fountain View Community aims to improve resident satisfaction to the Sienna Senior Living benchmark of 83%. Fountain View aims to maintain our current performance for family satisfaction at 91%.

Area of Focus	Change Ideas
Dining Experience	<ul style="list-style-type: none"> • Obtain feedback from residents each month on food quality and menu options during the food committee meeting. • Fountain View Community implemented a process to share real time feedback with cooks on the residents' opinions of the meals in March 2023. • Fountain View Community's cooks to participate in education on enhancing culinary skills with Sienna Senior Living's Executive Chef in May 2023. • Fountain View Community purchased a new hot holding cabinet to improve food-serving temperatures in March 2023. • Fountain View community will purchase a new oven by December 31, 2023.
Residents offered meaningful things to do	<ul style="list-style-type: none"> • Fountain View implemented an Art Therapy program in October 2022. • Spiritual Volunteers have returned to Fountain View Community and have begun supporting with spiritual practices with residents in June 2023. • Fountain View opened our Circle Café in December 2022.

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

Fountain View Community has set a 1.0% improvement target to achieve a performance of 18.41% on this indicator, from 18.60%.

Change Ideas	Process Measure	Target for 2023-24
1. Monitor all residents including new move-ins who are triggering the antipsychotic indicator (DRG01) and assess them by using a tracking tool.	<ol style="list-style-type: none"> a. Percentage of residents including new move-ins who are qualifying under DRG01 that have a behavioral tracking tool completed. b. Percentage of Behavioral Tracking tools that are audited 	<ol style="list-style-type: none"> a. 100% of residents qualifying under DRG01 will have at least 1 behavioral tracking tool completed by Sept 30, 2023. b. 100% of behavioral tracking tools will be audited for accurate

Change Ideas	Process Measure	Target for 2023-24
	for accurate completion by the BSO team.	completion by BSO team by Sept 30, 2023.
2. Educate families of newly moved-in residents on antipsychotic reduction program	Percentage of families newly moved-in residents that are educated on antipsychotic reduction program	75% of families of newly moved-in residents will be educated on antipsychotic reduction program by September 30, 2023
3. Utilize Interdisciplinary Care Conference (IDCC) meetings to sustain education regarding anti-psychotic program using resident case examples.	Percentage of qualifying residents that fall under DRG01 that have a discussion around anti-psychotic program and resident specific non-pharmacological approaches facilitated by the BSO and RAI team	100% of qualifying residents that fall under DRG01 will have a discussion around anti-psychotic program and resident specific non-pharmacological approaches facilitated by the BSO and RAI team during their IDCC by Sept 30, 2023.