2024/25 Continuous Quality Improvement Initiative Report

Community Demographics Community Name: Tullamore Community Street Address: 133 Kennedy Road South, Brampton, Ontario L6W 3G3

Phone Number: (905) 459-2324

Quality Lead: Katie Hutchins, Executive Director

2023-24 Quality Improvement Initiatives

In 2023/24, Tullamore Community chose to focus on ED Transfers and Resident and Family Satisfaction for its CQI initiatives.

Tullamore Community set a 5% improvement target to achieve a performance of 29.57% on this indicator, from 31.13%. Tullamore Community's current performance on this indicator is 48.40%. A summary of the change ideas and their results is available in table 1.

Tullamore Community aimed to improve resident satisfaction to 83%, and family satisfaction to 84%. This was an 15.3% improvement for resident satisfaction, from 72% and a 6.4% improvement for family satisfaction, from 78%. Sienna Senior Living implemented a new, innovative survey format on a new platform to measure resident and family satisfaction in 2023. Tullamore Community achieved a combined Net Promoter Score (NPS) of 6.00 for Resident and Family Satisfaction. A summary of the action plan and its results for resident and family satisfaction can be found in table 1.

2024-25 Priority Areas for Quality Improvement

Sienna Senior Living Communities use our Ontario Health Quality Improvement Plans (QIPs) to prioritize our improvement projects and this year Tullamore Communities' quality committee has chosen Resident and Family Satisfaction (table 2) and Ed Transfers for its CQI initiatives (table 3). In addition to the QIP, Tullamore Community uses the internal operational plan to help prioritize and plan improvements for key indicators.

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. Tullamore Community completed the annual resident and family satisfaction surveys from September 13-27, 2023. Tullamore Community

achieved an NPS of 3.00 for resident satisfaction and an NPS of 12.00 for family satisfaction. The results were shared with our resident council February 13, 2024, family council February 8, 2024, and team members through town halls on February 13, 2024. Feedback from the resident, family, and team member stakeholders was used to the develop strategies to improve overall resident and family satisfaction.

Additionally, Tullamore Communities annual Operational Planning Day was held on March 25, 2024, and included residents, team members, and the management team. During Operational Planning, resident and family satisfaction results and other clinical indicators was shared and feedback from stakeholders was sought in the development of improvement strategies.

Resident and Family Satisfaction Survey

Sienna Senior Living's innovative resident and family satisfaction survey improves our ability to incorporate feedback into our day-to-day culture. We've worked with experts to create surveys that are more accessible for people living in long-term care. Resident and Family councils from each Sienna Senior Living Community were consulted and involved in the creation of the new survey. They are shorter, intended to occur more frequently, and designed to capture a true picture of your experience and what you define as important. The survey results include an overall Net Promoter Score (NPS) that identifies residents' and families' perceptions of our community and how people feel their needs are being met as well as a text analysis that highlights what people have focussed on and how we can meet their needs.

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 and 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 2023/24 QIP, and the workplan for 2024/25, was shared with the Resident Council on April 16, 2024, and Family Council on April 4, 2024. This was shared with team members on April 8, 2024 & March 25, 2024, through town halls and meetings with team members and it is posted in the homes. 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.

2023-24 Quality Improvement Initiatives

Table 1: results of 2023/24 Quality Improvement Plan and Resident and Family Satisfaction Improvement Initiatives

| Area of Focus | Previous Performance (2022/23) | Current Performance (2023/24) | Change Ideas | Date of Implementation | Outcomes/Impact |
|--|--------------------------------------|---|--|--|--|
| Rate of Avoidable ED Visits | 31.13% | 48.80% | Enhance the clinical capacity at Tullamore Community | September 2023 | Tullamore recruited a Nurse Practitioner 3 days per week starting late September 2023. |
| | | | Implement and educate team members on the Situation, Background, Assessment, Recommendation (SBAR) Communication tool. | Training was first offered on September 12, 2023. | Education completed which resulted in more thorough situational based calls to the physicians regarding transport to hospital. |
| | | | Train registered staff on the purpose and scope of the Nurse Lead Outreach Team (NLOT). | Training was first offered on June 11, 2023. | Education completed. NLOT team utilized more frequently. |
| Resident and Family Satisfaction | Resident: 72% Family: 78% | Resident NPS: 3 Family NPS: 12 | Tullamore cooks will participate in education with Sienna Senior Living's Executive Chef on culinary skills on June 27, 2023. | June 27, 2023. | Training with the executive chef improved the food presentation skills of the Tullamore culinary team. |
| | | | Tullamore 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 by July 15, 2023. | July 15, 2023. | Refreshed menus offered additional options for meals and catered to the diverse cultures of Tullamore's residents. |

| Area of Focus | Previous Performance (2022/23) | Current Performance (2023/24) | Change Ideas | Date of Implementation | Outcomes/Impact |
|------------------|--------------------------------------|-------------------------------------|--|---------------------------|---|
| | | | Tullamore recruited a new hairdresser in January 2023. | January 2023. | Residents are highly satisfied with the quality and consistency of the hair care services being offered. |

Planned Quality Improvement Initiatives for 2024-25

Table 2: QIP Indicator: Resident and Family Satisfaction

Tullamore Community aims to improve the combined Net Promoter Score for resident and family satisfaction from 6 to 7.

| Change Ideas | Process Measure | Target for 2024/25 |
|--|--|--|
| Tullamore aims to meet the cultural needs of residents by improving the menu. Introduction of cultural items to the menu every day | Menus will reflect a cultural choice daily | 1 menu item per day will be culturally based |
| Tullamore aims to improve availability of cultural foods. Tullamore has implemented a resident cooking club where residents cook meals from home with supervision from team members. The meals are then frozen and made available throughout the month. | Number of cooking clubs monthly | Tullamore will run the cooking club twice per month in 2024. |
| Tullamore aims to improve the physical plant to improve resident and family satisfaction. Throughout 2024 Tullamore has planned renovations for our nursing stations. | Number of nursing stations renovated. | Tullamore will renovate both nursing stations in 2024. |

Table 3: QIP Indicator: ED Transfers

Tullamore Community aims to improve ED Transfers from the current performance of 48.80% to 47.82%.

| Change Ideas | Process Measure | Target for 2024/25 |
|---|---|--|
| Tullamore will send registered staff to the Humber College Clinical Assessment course. | Number of staff who complete the Humber College Clinical Assessment Course. | Tullamore will send 2 staff to the Humber College Clinical Assessment Course by December 31, 2024. |
| Nursing leadership team will provide education to registered staff on the SBAR communication tool. | Percentage of registered staff who complete SBAR communication tool education. | 100% of registered team members will complete SBAR education by September 31, 2024. |
| Tullamore will purchase a bladder scanner and provide training to registered staff on how to use the bladder scanner to reduce ED transfers related to urinary tract infections and retention. | Number of Registered Staff trained on using the bladder scanner. | Tullamore aims to train 5 Registered Staff on the bladder scanner by September 30, 2024. |