

Community Demographics

Community Name: Trillium Community

Street Address: 800 Edgar Street, Kingston, Ontario, K7M 8S4

Phone Number: 613-547-0040

Quality Lead: Jessica Babcock, Executive Director

Continuous Quality Improvement Initiative Report

2022-23 Quality Improvement Initiative

In 2022/23, Trillium Community chose to focus on the percentage of LTC residents without psychosis who were given antipsychotic medication for its CQI initiative. Trillium Community set a 5% reduction target to achieve a performance of 12.52% on this indicator, from 13.18%. Trillium Community's current performance on this indicator is 16.62%. 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

Trillium 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. Trillium Community completed the annual resident and family satisfaction surveys from September 14-28, 2022. Trillium Community achieved 75% for overall resident satisfaction and 88% for overall family satisfaction. The results were shared with our resident council February 13th, 2023 and family council February 28th, 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 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 was shared with the Resident Council on February 13th, 2023 and Family Council on February 28th, 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 April 26th, 2023 and Family Council on April 25th, 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

Trillium Community aims to improve resident satisfaction to 83%; this is a 10.7% improvement from 75%. Trillium Community aims to maintain our current performance for family satisfaction of 88%.

| Area of Focus | Change Ideas |
|-------------------------------|---|
| Improve the dining experience | <ul style="list-style-type: none"> • Trillium 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 Spring/Summer 2023. • Trillium cooks will participate in education with Sienna Senior Living’s Executive Chef on enhanced culinary skills in September 2023. • In consultation with residents, Trillium will implement music in the dining rooms to create a more restaurant like atmosphere and pleasurable dining experience by June 2023. |
| Improve communication | <ul style="list-style-type: none"> • In addition to the newsletter, email updates on new initiatives in the Community will be sent to families at least once per month starting in January 2023. These updates will be printed and shared with residents. |

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

Trillium Community has set a 1% improvement target to achieve a performance of 16.45% on this indicator, from 16.62%.

| Change Ideas | Process Measure | Target for 2023-24 |
|---|---|--|
| 1. LTC application review will focus on identification of responsive behaviours and antipsychotic medication usage for new residents. | Percentage of LTC applications reviewed for responsive behaviours and/or antipsychotic medications. | Trillium aims to review 98% of LTC applications for responsive behaviours and/or antipsychotics medications. |
| 2. Utilization of the antipsychotic reduction program. | Number of assessments completed to identify cohort of residents taking antipsychotic medication without a diagnosis of psychosis. | Monthly assessments to be completed to identify cohorts of residents taking antipsychotic medication without a diagnosis of psychosis. |

| Change Ideas | Process Measure | Target for 2023-24 |
|--|-------------------------------------|--|
| 3. Offer gentle persuasive approach (GPA) training at Trillium Care Community. | Percentage of staff trained on GPA. | 30% of Trillium staff will participate in GPA training by December 30, 2023. |