

Community Demographics

Community Name: Streetsville Community

Street Address: 1742 Bristol Road West, Mississauga, Ontario, L5M 1X9

Phone Number: 905-826-3045

Quality Lead: Jennifer Lee, Executive Director

Continuous Quality Improvement Initiative Report

2022-23 Quality Improvement Initiative

In 2022/23, Streetsville Community chose to focus on the number of ED visits for modified list of ambulatory care–sensitive conditions per 100 long-term care residents for its CQI initiative. Streetsville Community set a 2.47% reduction target to achieve a performance of 15% on this indicator, from 15.38%. Streetsville Community's current performance on this indicator is 15.78%. 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

Streetsville 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 in the 7 days preceding their resident assessment

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. Streetsville Community completed the annual resident and family satisfaction surveys from September 14-28, 2022. Streetsville Community achieved 88.3% for overall resident satisfaction and 87.1% for overall family satisfaction. The results were shared with our resident council November 24, 2022 and family council November 30, 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 percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding

their resident assessment 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

The QIP, including the progress report from the 2022/23 QIP, and the workplan for the 2023/24 year, was shared with the Resident and Family councils on March 29, 2023. A copy of this Continuous Quality Improvement Initiative Report was shared with the resident and family council on March 30, 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

Streetsville Community aims to maintain our current performance for resident satisfaction, at 87.1%, and family satisfaction, at 88.39%.

Area of Focus	Change Ideas
Improve the dining experience	<ul style="list-style-type: none">Streetsville aims to have all residents return to eating all three meals in the main dining room by August 31, 2023.
Improve the physical environment	<ul style="list-style-type: none">All temporary dining spaces will be converted back to resident lounges by September 30, 2023.All COVID/pandemic changes to resident lounge spaces will be changed to allow residents to enjoy the space by September 30, 2023.

Table 2: QIP Indicator: percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment

Streetsville Community has set a 5.0% improvement target to achieve a performance of 25.08% on this indicator, from 26.4%.

Change Ideas	Process Measure	Target for 2023-24
Use of reports from PointClickCare and the pharmacy that will verify current resident data on antipsychotic use.	Percentage of residents reviewed by MRP for antipsychotic reduction or deprescribing per quarter.	80% of residents receiving antipsychotics without a diagnosis will be considered for reduction in or deprescribing of medications
Educate the Resident and Family Experience Coordinator on reviewing and flagging LTC applications for antipsychotic use.	Percentage of HPG applications flagged per month.	100% of HPG applications where residents receive antipsychotic medications will be flagged by September 2023.

Change Ideas	Process Measure	Target for 2023-24
Collaborate with pharmacy to improve admission medications reviews.	Percentage of newly admitted residents who receive antipsychotic medications reviewed by BOOMR.	100% of newly admitted residents who receive antipsychotic medications reviewed by BOOMR by December 2023.