

Community Demographics

Community Name: Fieldstone Commons Community

Street Address: 1000 Ellesmere Road, Scarborough, Ontario, M1P 5G2

Phone Number: (416) 291-0222

Quality Lead: Umang Khare, Executive Director

Continuous Quality Improvement Initiative Report

2022-23 Quality Improvement Initiative

In 2022/23, Fieldstone Commons Community chose to focus on the percentage of LTC residents without psychosis who were given antipsychotic medication for its CQI initiative. Fieldstone Commons Community set a 6.18% reduction target to achieve a performance of 15.17% on this indicator, from 16.17%. Fieldstone Commons Community's current performance on this indicator is 19.53%. 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

Fieldstone Commons 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. Fieldstone Commons Community completed the annual resident and family satisfaction surveys from September 14-28, 2022. Fieldstone Commons Community achieved 77.2% for overall resident satisfaction and 83.5% for overall family satisfaction. The results were shared with our resident council Jan 5th,2023 and family council Jan 12th,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 and the QIP, including the progress report from the 2022/23 QIP, and the work plan for 2023/24, was shared with the Resident Council on April 4th, 2023 and Family Council on April 13th, 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

Fieldstone Commons Community aims to improve resident satisfaction to 83% or higher, and family satisfaction to 84% or higher. This is a 7.5% improvement for resident satisfaction, from 77.2%, and a 0.6% improvement for family satisfaction, from 83.5%.

Area of Focus	Change Ideas
Move in experience	<ul style="list-style-type: none"> All frontline team members will complete training on the new Sienna move-in process by August 31, 2023.
Dining and Food Quality	<ul style="list-style-type: none"> Fieldstone Commons cooks will participate in education with Sienna Senior Living’s Executive Chef on enhancing culinary skills in June 2023. Fieldstone Commons 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 Q4 2023.

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

Fieldstone Commons Community has set a 5.0% improvement target to achieve a performance of 18.55% on this indicator, from 19.53%.

Change Ideas	Process Measure	Target for 2023-24
1. Train team members on the Gentle Persuasive Approach (GPA)	Number of team members trained on GPA	Fieldstone Commons will train 40 team members by December 31, 2023.
2. Education on responsive behaviour management and antipsychotic reduction program.	Percentage of team members who receive education on antipsychotic medication usage and managing responsive behaviours.	Fieldstone Commons aims to educate 50% of the full-time nursing team members on antipsychotic medication usage and managing responsive behaviours by December 2023.
3. Utilize the Dementia Observation System (DOS) to	Percentage of newly admitted residents who have a completed DOS.	Fieldstone Commons aims to complete a DOS for 90% of residents admitted with

Change Ideas	Process Measure	Target for 2023-24
help establish behavioural baseline on admission.		antipsychotic medications prescribed or a history of behavioural symptoms.