

2024/25 Continuous Quality Improvement Initiative Report

Community Demographics

Community Name: Hawthorn Woods Community

Street Address: 9257 Goreway Drive, Brampton, ON L6P 0N5

Phone Number: 905-799-7502

Quality Lead: Amr El-Guindy

2023-24 Quality Improvement Reflection

In 2023/24, Hawthorn Woods Community chose to focus on reducing falls and Resident and Family Satisfaction for its CQI initiatives.

Hawthorn Woods Community set a 2.0% improvement target to achieve a performance of 13.13% on this indicator, from 13.4%. Hawthorn Woods Community's current performance on this indicator is 15.6%. A summary of the change ideas and their results is available in table 1.

Hawthorn Woods Community aimed to maintain their performance for resident and family satisfaction at 89.7% and 87.6% respectively. Sienna Senior Living implemented a new, innovative survey format on a new platform to measure resident and family satisfaction in 2023. Hawthorn Woods Community achieved a combined Net Promoter Score (NPS) of 6 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 Hawthorn Woods Community's quality committee has chosen Resident and Family Satisfaction (table 2) and avoidable ED visits for its CQI initiatives (table 3). In addition to the QIP, Hawthorn Woods 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. Hawthorn Woods Community completed the annual resident and family satisfaction surveys from September 13-27, 2023. Hawthorn Woods Community an NPS of 6 for resident satisfaction and an NPS of 7.00 for family satisfaction. The results were shared with our resident council May 5, 2024, family council April 24, 2024, and team members through town halls April 29, 2024. Feedback

from the resident, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Hawthorn Woods Community annual Operational Planning Day was held on June 6, 2024, and included residents, team members, and the management team. During Operational Planning, resident and family satisfaction results and other clinical indicators were 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 May 5, 2024, and Family Council on June 6, 2024. This was shared with team members on April 29, 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
Falls in the last 30 days in long-term care	13.40%	15.60%	Pharmacist to assess the medications of residents with multiple falls. 75% of residents who have had 3 or more falls within a quarter will have a medication review completed by the pharmacist	March 20, 2023	This helped our community take an interprofessional approach to care planning for residents with frequent falls.
			Provide education to team members on falls kits and bed alarms. 80% of registered staff will receive falls prevention education by September 30, 2023.	PSW Training: June 20, 2023 Registered staff training: June 14, 2023.	This improved access to falls equipment for the frontline staff.
Resident and Family Satisfaction	Resident: 89.7% Family: 87.6%	Resident NPS: 6 Family NPS: 7	Hawthorn Woods cooks participated in education with Sienna Senior Living's Executive Chef on culinary skills June 8, 2023.	June 8, 2023.	This improved cooking techniques and food quality.
			Hawthorn Woods 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 within 2023.	October 2023	Getting more compliments about the food and the different choices. Residents liked the new additions to the menu

Area of Focus	Previous Performance (2022/23)	Current Performance (2023/24)	Change Ideas	Date of Implementation	Outcomes/Impact
			Hawthorn Woods implemented “happy hour huddles” once a week on each home area in June 2023 to review and improve the dining experience for residents	June 2023	High impact with the daily huddles improved the stream of information to dietary aids before the meals to be able to answer any resident questions and serve them better.
			Hawthorn Woods has improved the process by which new resident clothing is labelled to help reduce the amount of missing or lost clothing items. This change was implemented in April 2023.	April 2023	High impact labelling cloth when we have new move ins or new clothes to be labelled.
			Hawthorn Woods implemented monthly “Lost and Found Days” where all missing clothing/items are displayed for residents and families to come and collect. This idea was implemented in June 2023	June 2023	High impact as residents and families can come on the weekend and see if any missing items for their loved ones is available for pickup and relabelling .

Planned Quality Improvement Initiatives for 2024-25

Table 2: QIP Indicator: Resident and Family Satisfaction

Hawthorn Woods 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
Hawthorn Woods aims to improve communication with residents and families. Hawthorn Woods will support team members to complete the CLRI Families in Distress education modules. These modules will help team members build empathy skills while interacting with families and residents.	Percentage of team members who complete the CLRI Families in Distress education modules.	100% of clinical staff and leaders will complete the CLRI Families in Distress education modules by December 31, 2024.
Hawthorn Woods aims to improve dining service to improve resident and family satisfaction. Hawthorn Woods will implement Daily Dining Huddles. In these huddles team members will discuss the day's menus, dining needs of residents, and leaders will offer education on plate presentation, table setup, and tips for dining service.	Adherence to the with Daily Dining Huddle Schedule.	Hawthorn Woods aims to have 100% adherence to the Daily Dining Huddle schedule throughout 2024 to improve the dining experience of our residents.

Table 3: QIP Indicator: Avoidable ED Transfers

Hawthorn Woods Community aims to improve Avoidable ED Transfers from the current performance of 32.00% to 31.36%.

Change Ideas	Process Measure	Target for 2024/25
Hawthorn Woods aims to improve the approach to palliative care in the community. Hawthorn Woods will ensure the members of the internal	Percentage of palliative care committee members who complete the Pallium LEAP education modules.	100% of the palliative care committee members will complete the Pallium LEAP education modules by December 31, 2024.

Change Ideas	Process Measure	Target for 2024/25
palliative care committee complete the Pallium LEAP education modules.		
Improve the use of the "Situation, Background, Assessment, Recommendation (SBAR)" Communication tool. Hawthorn Woods will provide education to registered staff on the use of the SBAR tool.	Percentage of registered staff educated on the SBAR tool.	100% of full-time and part-time registered staff will complete education on the SBAR tool by December 31, 2024.