

Community Demographics

Community Name: Maple Grove Community

Street Address: 215 Sunny Meadow Boulevard, Brampton, Ontario, L6R 3B5

Phone Number: (905) 458-7604

Quality Lead: Amy Richard, Executive Director

Continuous Quality Improvement Initiative Report

2022-23 Quality Improvement Initiative

In 2022/23, Maple Grove Community chose to focus on the percentage of LTC residents without psychosis who were given antipsychotic medication for its CQI initiative. Maple Grove Community set a 4% reduction target to achieve a performance of 12% on this indicator, from 12.5%. Maple Grove Community's current performance on this indicator is 12.35%. 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

Maple Grove Community's priority areas for quality improvement for the year are:

1. Resident and Family Satisfaction
2. Our Ontario Health QIP Indicator: Falls in the last 30 days in long-term care

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. Maple Grove Community completed the annual resident and family satisfaction surveys from September 14-28, 2022. Maple Grove Community achieved 81% for overall resident satisfaction and 80% for overall family satisfaction. The results were shared with our resident council January 12, 2023 and family council February 4, 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 falls in the last 30 days in long-term care 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 workplan for 2023/24, was shared with the Resident Council on April 12, 2023 and Family Council on April 22, 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

Maple Grove Community aims to improve resident satisfaction to 83%, and family satisfaction to 84%. This is a 3.7% improvement for resident satisfaction, from 81%, and a 5% improvement for family satisfaction, from 80%.

Area of Focus	Change Ideas
Improved communication to all stakeholders	<ul style="list-style-type: none"> • Implementation of bi-weekly emails from the executive director to families implemented beginning November 2022. Emails include monthly programming calendars, outbreak updates and status updates on physical improvements being made within the community as per their feedback and concerns • Maple Grove is a regional pilot site for the implementation of the enhanced move in experience. Our pilot commenced February 2023, and included: <ol style="list-style-type: none"> 1. Personalized welcome gift for every resident admitted to the community 2. Implemented Tour team following a set standard and team member training 3. Implementation of post move in survey to evaluate resident & family experience • Family and resident town halls held virtually monthly via zoom on different times of the day/different days of the week to be as accessible as possible.
Building Services	<ul style="list-style-type: none"> • New landscaping company in May 2023 sourced that aims to improve the resident and family experience. • New furnishings & equipment purchased since December 2022 – electric beds, mechanical lifts, lounge furniture, décor & more. • Maple Grove will follow a stripping and waxing schedule for the floors in 2023. • Maple Grove purchased a new clothing labeller in Q1 2023 and aims to improve the delivery and handling of personal clothing.

Table 2: QIP Indicator: Falls in the last 30 days in long-term care

Maple Grove Community has set a 12% improvement target to achieve a performance of 13.5% on this indicator, from 14.8%.

Change Ideas	Process Measure	Target for 2023-24
1. Improve the number of post-fall huddles.	Percentage of falls with a post-fall huddle	90% of falls will have a post-fall huddle by September 30, 2023.

Change Ideas	Process Measure	Target for 2023-24
2. Increase the competency of registered staff in completing falls documentation and care planning	Percentage of staff educated on falls documentation and care planning.	75% of Registered teams members will complete education on falls documentation and care planning by September 30, 2023.
3. Bi-weekly discussion of residents at risk for falls.	Number of bi-weekly meetings.	Maple Grove will conduct 12 meetings to discuss residents at risk for falls by September 30, 2023.