2025/26 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Maple Grove Community

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

Phone Number: (905) 458-7604

Quality Lead: Klara Hamvas, Executive Director

2024–25 Quality Improvement Initiatives

In 2024–25, Maple Grove Community focused on reducing the rate of avoidable ED visits and improving Resident and Family Satisfaction as part of its CQI initiatives.

The target was to improve performance on the rate of avoidable ED visits from 27.78 % to 27.20%. Current performance stands at 21.62 %. A summary of change ideas and their results is provided in Table 1.

Additionally, the community aimed to raise the combined Net Promoter Score (NPS) for Resident and Family Satisfaction by 1 point from the 2023 score of 16. In 2024, Maple Grove Community achieved an NPS of 32. The action plan and its outcomes are also summarized in Table 1.

2025–26 Priority Areas for Quality Improvement

Sienna Senior Living communities use Ontario Health's QIP to identify and prioritize quality improvement initiatives. This year, Maple Grove Community selected Resident and Family Satisfaction (see Table 2) and antipsychotic usage (see Table 3) as focus areas. These priorities are also reflected in the community's internal operational plan.

Posted: June 30, 2025.

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. Resident & Family Satisfaction Surveys were conducted for each resident and family over the course of the year between January 1, 2024 – December 31, 2024; per our practice, we offer each resident and family member the opportunity to participate in a satisfaction survey twice each year.

In 2024, Maple Grove Community achieved an NPS of 31.00 for resident satisfaction and an NPS of 33.00 for family satisfaction. The results were shared with our resident council on January 22, 2025, family council on January 21, 2025, and team members through town halls on January 31, 2025. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

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 focused on and how we can meet their needs.

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Policies, Procedures, and Protocols Guiding Continuous Quality Improvement

Quality Improvement Policy, Planning, Monitoring & 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 manages all continuous quality improvement initiatives and identifies change ideas to be tested and implemented with the interdisciplinary team. CQI initiatives utilize Plan-Do-Study-Act (PDSA) cycles, following the Model for Improvement. The Continuous Quality Improvement Committee meets regularly to monitor key indicators and gathers feedback from stakeholders, including residents and families. Change ideas are based on best practices across Sienna, informed by research and literature. Regular meetings and data reviews help the organization determine if changes result in improvement and adjust, as necessary.

Accreditation

In 2025, Sienna Senior Living will undergo an external quality review for accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF), reaffirming our commitment to delivering high-quality care and services. We were last accredited in Fall 2022, earning CARF's highest-level award: three-year accreditation. The process includes internal self-assessments, engagement with residents, families, and other stakeholders, and an on-site evaluation conducted by peer surveyors.

Sharing and Reporting

A copy of this Continuous Quality Improvement Initiative Report and the QIP, including the progress report from the 2024/25 QIP, and the workplan for 2025/26, was shared with the Resident Council on April 28, 2025 via CQI/PAC Meeting, and with family council via zoom meeting June 3, 2025.

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This was shared with team members on June 12, 2025, through town halls. 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.

Table 1: 2024–25 Results — QIP and Satisfaction Initiatives

Area of Focus	Previous Performance (2023/24)	Current Performance (2024/25)	Change Ideas	Date of Implementation	Outcomes/Impact
Avoidable ED Visits	27.78%	21.62%	Improve trending and analysis of ED transfer data.	April 1, 2024	ED visits were discussed and analyzed monthly in resident safety/leadership meetings
			Implementation of the SBAR tool to improve communication between nursing and medical team members.	Review done in monthly registered staff meetings	SBAR review was provided monthly to registered staff by Sept 30, 2025
			Providing information to families at more regular intervals to discuss how ED transfers can be avoided.	April 1, 2024	Expectation with ERD transfers were discussed in all care conferences in 2024
Resident and Family Satisfaction	Resident NPS: 9.00	Resident NPS: 31.00	Reduce missing items from laundry services.	April 1, 2024	A new labeling machine was purchased that contributed to the reduction of items going missing. Lost and found cart was introduced and placed in

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Area of Focus	Previous Performance (2023/24)	Current Performance (2024/25)	Change Ideas	Date of Implementation	Outcomes/Impact
	Family NPS: 25.00	Family NPS: 33.00			common areas for resident's easy access.
			Maple Grove aims to improve communication with residents and families.	April 1, 2024	85% completion of Families in Distress was accomplished that contributed to communication improvement.

Table 2: 2025/26 Resident and Family Satisfaction

Maple Grove Community aims to improve the combined Net Promoter Score for resident and family satisfaction from 32.00 to 33.00.

Change Ideas	Process Measure	Target for 2025/26
Maple Grove Community aims to improve nursing knowledge, leadership, and capacity to deliver clinical care to improve resident and family satisfaction.	Number of registered staff who complete the Humber Physical Assessment course.	Maple Grove Community Name will send 2 registered staff to the Humber Physical Assessment Course by December 31, 2025.
Maple Grove Community aims to improve food quality and resident experience by offering opportunities for	Number of Menufest/Foodfest Events Held.	Maple Grove Community will hold 1 Menufest and 1 Foodfest events in 2025.

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Change Ideas	Process Measure	Target for 2025/26
residents to be involved in menu planning.		
Maple Grove Community aims to improve resident experience by promoting environmental and sensory interaction among its residents.	Maple Grove Community will install environmental murals and sensory cart in each unit	Maple Grove Community aims to install 2 environmental murals and 1 sensory cart in each unit

Table 3: 2025/26 QIP Indicator – Antipsychotic Use

Maple Grove Community aims to improve the rate of antipsychotic use from the current performance of 21.48% to 21.05%.

Change Ideas	Process Measure	Target for 2025/26
Use data from behaviour tracking tools to inform antipsychotic reduction committee	If the antipsychotic reduction committee identifies residents with potential to reduce their medications, the nursing team will use the Dementia Observation System (DOS) and/or alternative behaviours to complete behaviour monitoring. The results of the DOS will be reviewed by the committee to determine if medication reduction was successful.	100% of residents identified for medication reduction will have behaviour tracking completed.
Maple Grove Community will form an interdisciplinary committee to review antipsychotic usage	The Maple Grove Community antipsychotic reduction team will meet monthly to discuss the cohort of residents who are on antipsychotic medications without a diagnosis. The team consists of both community	Maple Grove Community will conduct 10 Antipsychotic Reduction team meetings in 2025.

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Change Ideas	Process Measure	Target for 2025/26
	partners and internal Maple Grove Community team members. The team meets to discuss any ongoing behaviours and medications that could potentially be decreased	
Maple Grove Community will train team members on the Gentle Persuasive Approach.	Maple Grove Community will utilize Internal/external GPA coaches to support team members to complete the iGPA modules.	Maple Grove Community will have 20 team members complete the iGPA modules in 2025