

2024/25 Continuous Quality Improvement 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

2023-24 Quality Improvement Initiatives

In 2023/24, Maple Grove Community chose to focus on falls reduction and resident and family satisfaction for its CQI initiatives.

Maple Grove Community set a 12% improvement target to achieve a performance of 13.5% on the falls indicator, from 14.8%. Maple Grove Community's current performance on this indicator is 9.5%. A summary of the change ideas and their results is available in table 1.

Maple Grove Community aimed to improve resident satisfaction to 83% or higher, and family satisfaction to 84% or higher. This was a 3.7% improvement for resident satisfaction, from 81% and a 5% improvement for family satisfaction, from 80%. Sienna Senior Living implemented a new, innovative survey format on a new platform to measure resident and family satisfaction in 2023. Maple Grove Community achieved a combined Net Promoter Score (NPS) of 31.00 for Resident and Family Satisfaction. A summary of the action plan and its results for resident and family satisfaction can be found in table 2.

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 Maple Grove Community's quality committee has chosen Resident and Family Satisfaction (table 3) and Unnecessary Emergency Department Visits for its CQI initiatives (table 4). In addition to the QIP, Maple Grove 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. Maple Grove Community completed the annual resident and family satisfaction surveys from September 13-27, 2023. Maple Grove

Community achieved an NPS of 9 for resident satisfaction and an NPS of 25 for family satisfaction. The results were shared with our resident council Dec 13, 2023, family council on November 21, 2023, and team members through town halls on November 21, 2023. Feedback from the resident, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Maple Grove Community's annual Operational Planning Day was held on June 27, 2024. 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 focused 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.

Policies Supporting the CQI Initiatives

Sienna Senior Living has policies and procedures in place for each area identified as a priority on the 2024/25 CQI report:

- Maple Grove has identified the laundry process and clothing labelling as a key area to improve upon to positively impact the experiences of residents and families. In 2024, Maple Grove will offer education sessions where we will share our policies and procedures on clothing care and personal effects. The goal is to improve the understanding of the laundry labelling processes therefore potentially reducing the number of missing clothing items.
- Maple Grove has identified the need to promote and build skills to empathize with residents and families. To do so, Maple Grove's clinical team members will be encouraged to complete the Ontario's Centre for Learning, Research & Innovations training modules on engaging families in distress. This strategy aligns with Sienna Senior Living's policy for complaints management.
- Maple Grove aims to improve the tracking and trending of all ED transfers to learn from internal data and potentially avoid future unnecessary transfers. The process is supported by Sienna Policies and the Committee Structure which offers monthly forums for the discussion of and analysis of data. Sienna Senior Living has an electronic tracking system built into our electronic health record that Maple Grove will utilize to improve the approach to data collection and analysis in 2024/25.
- Maple Grove has identified the communication between members of the nursing team and physicians as an area for improvement. To accomplish change in this area, Maple Grove aims utilize Sienna's policy on the Situation, Background, Assessment, Recommendation (SBAR) Tool to educate team members. Additional education on this policy will improve communication across the health care team.
- Sienna Senior Living's policies require all residents to have an annual care conference. Care conferences enable the health care team, residents, and family members to align on appropriate strategies for managing care when there are changes in status or acuity. Care conferences also allow for discussion around what care needs can be met within the long-term care environment versus what may need additional specialized care (i.e. transfer to hospital). Maple Grove aims

to use care conferences as a forum to offer education on emergency department visits and strategies to prevent unnecessary transfers to hospital.

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 June 19, 2024, and Family Council on June 25, 2024.

This was shared with team members on June 21, 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. [OB]

2023-24 Quality Improvement Initiatives

Table 1: results of 2023/24 Quality Improvement Plan for Falls reduction

Previous Performance (2022/23)	Current Performance (2023/24)	Change Ideas	Date of Implementation	Outcomes/Impact
14.8%	9.5%	Improve the number of post-fall huddles.	Post-fall huddles were held routinely throughout 2023.	Maple Grove has implemented falls huddles as intended on the 2023/24 QIP. 100% of falls have post-fall huddles at this time.
		Increase the competency of registered staff in completing falls documentation and care planning.	Feb 16, 2023 March 9, 2023 March 16, 2023 May 25, 2023 June 21, 2023 August 3, 2023 October 12, 2023 Feb 1, 2024 March 19, 2024 March 21, 2024	Maple Grove completed the education as planned.
		Bi-weekly discussion of residents at risk for falls	June 2023	Maple Grove implemented meetings to discuss residents at risk for falls. The frequency was decreased to monthly in order to improve the quality of discussion and trending of data during the meetings.

Table 2: results of 2023/24 Action Plan for Resident and Family Satisfaction

Previous Performance (2022/23)	Current Performance (2023/24)	Change Ideas	Date of Implementation	Outcomes/Impact
Resident: 81% Family: 80%	Resident NPS: 9 Family NPS: 25	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	October 2022 Implemented in November 2022 and ended in January 2023	This improved communication. In January 2023, Maple Grove utilized the monthly newsletter to accomplish the objectives of the change idea.
		Maple Grove is a regional pilot site for the implementation of the enhanced move in experience. Our pilot commenced February 2023, and included: 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	February 2023	This change idea was implemented in February and has remained part of Maple Grove's process throughout 2023/24. This has had a positive impact on residents transitioning into long-term care.
		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.	February 2023	This was initially a positive improvement however, Maple Grove did stop holding virtual town halls as the monthly resident and family council meetings were sufficient.
		New furnishings & equipment purchased since December 2022 – electric beds,	Continuous throughout 2023/2024	Furnishing was bought routinely throughout 2023/24. New furnishings

Previous Performance (2022/23)	Current Performance (2023/24)	Change Ideas	Date of Implementation	Outcomes/Impact
		mechanical lifts, lounge furniture, décor & more.		and equipment creates a more homelike environment for residents.
		Maple Grove will follow a stripping and waxing schedule for the floors in 2023.	Continuous throughout 2023/2024	Maple Grove followed the stripping and waxing schedule throughout 2023. This process maintains a clean and pleasant environment.
		Maple Grove purchased a new clothing labeller in Q1 2023 and aims to improve the delivery and handling of personal clothing.	January 2023	The new clothing labeller improved the durability of resident labels on clothing. This has had an overall positive impact on laundry processes.

Planned Quality Improvement Initiatives for 2024-25

Table 3: QIP Indicator: Resident and Family Satisfaction

Maple Grove Community aims to improve the combined Net Promoter Score for resident and family satisfaction from 16 to 17.

Change Ideas	Process Measure	Target for 2024/25
Maple Grove will provide education to families during family councils and town halls on the process for labelling new clothing items and how to report missing items.	Number of educational opportunities for families offered on labelling clothing and reporting missing items.	Maple Grove aims to offer 4 educational opportunities for families through a variety of forums on labelling clothing and reporting missing items in 2024.
Maple Grove 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

Table 4: QIP Indicator: Unnecessary Emergency Department Visits

Maple Grove Community aims to improve this indicator from the current performance of 27.78% to 27.2%.

Change Ideas	Process Measure	Target for 2024/25
The Maple Grove Nursing team has analyzed 6 months of ED transfers from September to January to develop a baseline of data. This analysis will continue on a routine basis throughout 2024/25.	The percentage of ED visits analyzed quarterly.	100% of ED visits will be analyzed quarterly through December 2024.
Maple Grove will provide education to the registered staff on the use of SBAR. Upon completion of the education, Maple Grove will review the	Percentage of registered staff who participate in SBAR education.	100% of registered staff will participate in SBAR education by September 30, 2024.

Change Ideas	Process Measure	Target for 2024/25
use of the SBAR tool when residents are transferred to hospital.		
Maple Grove will have ED transfer discussion and provide education with families at every Care conference in 2024.	Percentage of care conferences where information has been shared on ED transfer avoidance.	80% of care conferences in 2024 will include discussion of strategies for ED transfer avoidance.