

# 2026/27 Continuous Quality Improvement (CQI) Initiative Report

---

## **Community Demographics**

Community Name: Maple Grove Care Community

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

Phone Number: (905) 458-7604

Quality Lead: Klara Hamvas, Executive Director

## **2025–26 Quality Improvement Initiatives**

In 2025–26, Maple Grove Community focused on Antipsychotic Use and Resident and Family Satisfaction as its CQI initiatives.

The target was to improve performance on the selected Antipsychotic Use from 21.48% to 21.05%. Current performance stands at 18.36%. 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 2024 score of 32. In 2025, Maple Grove Community achieved an NPS of 53. The action plan and its outcomes are also summarized in Table 1.

## **2026–27 Priority Areas for Quality Improvement**

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

Posted: June 30, 2026.

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, 2025 – December 31, 2025; per our practice, we offer each resident and family member the opportunity to participate in a satisfaction survey twice each year.

In 2026, Long-Term Care operations are focused on a set of initiatives aimed at enhancing resident-centered care and strengthening overall performance. Key initiatives include the Circle Spa, modernization of the Volunteer Program, targeted Dementia Program enhancements, and successful completion of our Accreditation survey and subsequent action planning. Progress is measured through a defined set of outcome indicators, including improvements in resident and family experience as well as quality of life. In addition, the organization is prioritizing employee engagement through values-driven education to support an aligned, empowered workforce.

In 2025, Maple Grove Community achieved an NPS of 69 for resident satisfaction and an NPS of 22 for family satisfaction. The results were shared with our resident council on January 21, 2026, family council on January 13, 2026, and team members through town halls on January 20, 2026. Feedback from the residents, 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 November 7, 2025, 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 focused on and how we can meet their needs.

Posted: June 30, 2026.

## **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 underwent 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 earned 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 2026/27 QIP was shared with the Resident Council on April 24, 2026, and Family Council on April 21, 2026. They were also shared with team members on April 21, 2026, through town halls and meetings with team members and it is posted in the home. The committee will continually review progress and share updates and outcomes with residents, families, and staff via existing council and team meetings.

Posted: June 30, 2026.

**Table 1: 2025/26 QIP Results**

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
Antipsychotic Use	21.48%	18.36%	Use data from behaviour tracking tools to inform antipsychotic reduction committee.	Completed monthly	100% of residents identified for medication reduction had behaviour tracking completed.
			Maple Grove Care Community will form an interdisciplinary committee to review antipsychotic usage.	Completed monthly	In 2025, we exceeded our target of holding 10 interdisciplinary meetings focused on reviewing antipsychotics usage, conducting a total of 12 meetings throughout the year.
			Maple Grove Care Community will train team members on the Gentle Persuasive Approach.	July 3, 2025 July 4, 2025 July 14, 2025 September 14, 2025	4 GPA training sessions were held with 53 team members trained in 2025.
Resident and Family Satisfaction- Net Promoter Score	Resident NPS: 32 Family NPS: 32	Resident NPS: 69 Family NPS: 22	Maple Gove Community aims to improve nursing knowledge, leadership and capacity to deliver clinical care to improve	Completed monthly	In 2025, Maple Grove met its targeted goal by facilitating the participation of two nurses in the Humber assessment course, strengthening clinical assessment skills and leadership.

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
			resident and family satisfaction.		
			Maple Grove Community aims to improve food quality and resident experience by offering opportunities for residents to be involved in menu planning.	Completed Quarterly	Throughout 2025, Maple Grove prioritized food quality and resident experience by offering regular opportunities for input into menu planning to promote resident satisfaction.
			Maple Grove Community aims to improve resident experience by promoting environmental and sensory interaction among its residents.	December 31, 2025	A variety of murals were incorporated across the community to create a more vibrant and engaging atmosphere, alongside the development of dedicated sensory areas in several locations to support resident stimulation and well-being.

**Table 2: 2026/27 Resident and Family Satisfaction Action Plan**

Maple Grove Community aims to maintain the combined Net Promoter Score for resident and family satisfaction at 53.

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target for 2026/27</b>
Maple Grove Community aims to improve food quality and resident experience by offering opportunities for residents to be involved in menu planning.	<ol style="list-style-type: none"> <li>1. Number of Menifest Events held.</li> <li>2. Number of close the loop calls attended by the leadership team with Sienna Senior Living Support Services.</li> </ol>	<ol style="list-style-type: none"> <li>1. Maple Grove Community will hold 2 Menifest events in 2026</li> <li>2. Maple Grove Community will attend 1 close the loop call.</li> </ol>
Maple Grove Community aims to improve resident experience by fostering a sense of community among residents.	Number of residents participating in The Gems in our Community in 2026.	Maple Grove Community will ensure a minimum of three resident Gems are identified in the program throughout 2026.

**Table 3: 2026/27 QIP Indicator - Antipsychotic Use**

Maple Grove Community aims to improve Anti-Psychotic Use from the current performance of 18.36% to 17.99%.

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target for 2026/27</b>
Maple Grove Community will train team members on the Gentle Persuasive Approach.	Number of trained GPA coaches in the community.	Maple Grove Community will have an additional 1 trained GPA coach by December 31, 2026.
Maple Grove Community will improve process for medication reviews for newly moved-in residents.	100% LTC applications reviewed for antipsychotic medications.	100% of LTC applications will be reviewed for antipsychotic medication use.