



# **MPL Quality Initiative Report**

## **2025-26**

**Home Quality Lead**  
**Sandeep Kaur Bassan, RN Administrator**



## Continuous Quality Improvement Initiative Report 2025-2026

Maple Park Lodge is a 96-bed long-term care home in Fort Erie, dedicated to exceptional, resident- and family-centered care. We proudly achieved accreditation with exemplary standing through Accreditation Canada in 2023. To ensure continuous quality improvement, we hold monthly interdisciplinary meetings, including the Skin/Wound and Continence Committee, Responsive Behaviour Committee, Falls and Restraints, Medication Management, Registered Staff Meetings, and Pain and Palliative Care Committee. We also host monthly CQI meetings, where residents and families can provide input on areas for improvement. Meeting schedules are available at the front reception. Our home offers diverse menu options, with meals highly rated by residents, and expanded recreational programs that encourage participation. Housekeeping, laundry, and maintenance services are readily available to maintain a clean, safe environment. Residents' voices are valued through monthly Residents' Council and Food Committee meetings. Financial and administrative support is available through our Administrative Assistant and Nursing Assistant Manager. Our IPAC Lead ensures compliance with Ministry of Health guidelines, with monthly reviews to maintain low infection rates. Families and visitors are encouraged to follow our IPAC protocols for resident safety.

At Maple Park Lodge, we foster a collaborative, family-oriented environment, ensuring our residents receive the highest quality of care, respect, and dignity.

### Mission, Vision and Values for Resident Focused Care

#### Mission

We believe in cultivating a “circle of caring” to nurture and support our residents, the **RIGHT WAY**.

#### Vision

By focusing on the **RIGHT WAY**, we will be recognized as people's first choice for a Long-Term Care home.

#### Values

##### **R – Resident-Centered Care:**

Residents are the center of everything we do, and by working in partnership, we drive the direction we take into the future.

##### **I – Integrity:**

Our relationships are built on trust and respect. Through honesty and equity, we develop relationships based on integrity.

##### **G – Growth:**

By encouraging growth and continuous quality improvement in leadership, knowledge, and technology, we achieve our vision of being "people's first choice."



## Continuous Quality Improvement Initiative Report 2025-2026

### **H – Honour:**

Focusing on ethical decision-making, especially where it supports resident wishes and choice, ensures honour in all our interactions.

### **T – Teamwork:**

We recognize that being partners in care and working as a team with residents, families, staff, and all stakeholders, nurtures and supports our residents.

### **W – Workplace Health and Safety:**

By focusing on staff safety and wellness, we provide a safe and healthy workplace. When staff take care of themselves and feel valued, their positive attitude reflects in the care they provide to our residents.

### **A – Always Confidentiality:**

We learn many things about the people we care for and work with; it is crucial that this information is always treated as private and confidential.

### **Y – You Matter:**

All the people who live, work, and interact in our homes matter. Your voice matters. Your feedback matters. You are our most important asset.

## Continuous Quality Improvement

### **Priority Areas for Quality Improvement**

In April 2022, the Ministry of Health and Long-Term Care, along with the Ontario Government, implemented the new Fixing Long-Term Care Act. This legislation focuses on improving resident care through a resident-centered approach, emphasizing the involvement of both residents and family members in the care provided at our home.

This new legislative framework enables us to better identify and address areas in need of improvement within our facility. We are committed to regularly updating our residents, family members, staff, community partners, and stakeholders on the progress of these initiatives.

At Maple Park Lodge, our quality priorities are driven by several key factors:

- **Fixing Long-Term Care Act:** Compliance with and implementation of the standards set by the new legislation.
- **RNAO Best Practice Guidelines:** Adherence to evidence-based practices as recommended by the Registered Nurses' Association of Ontario.
- **Key Performance Indicators:** Continuous monitoring and improvement based on indicators from CIHI (Canadian Institute for Health Information) and PointClickCare.



## Continuous Quality Improvement Initiative Report 2025-2026

- **Program Evaluations:** Regular assessments of existing programs to ensure they meet the evolving needs of our residents.
- **Health Quality Ontario Priority Indicators:** Alignment with the provincial priorities for quality improvement in healthcare.
- **Internal Audits:** Conducting comprehensive internal reviews to maintain high standards of care and service delivery.
- **Resident and Family Satisfaction Surveys:** Gathering and analyzing feedback to improve our services and address concerns.
- **Stakeholder Feedback:** Engaging with Residents Council, Family Forums, and other external stakeholders to gather insights and drive improvements.

Annually, Maple Park Lodge develops and implements a Quality Improvement Plan (QIP) that focuses on key areas of improvement aligned with Health Quality Ontario's priorities.

### Five Core Focuses of Our Quality Improvement Plan

1. Access and Flow
2. Equity and Indigenous Health
3. Resident Experience
4. Provider Experience
5. Safety
6. Palliative Care
7. Population Health Management

The **Home's Quality Improvement Plan (QIP)** is collaboratively developed with input from residents, families, and staff. It is reviewed at the Resident Council to ensure alignment with the Home's overarching goals to improve the quality of care and deliver service excellence. The QIP reflects our commitment to continuous improvement and responsiveness to the needs of our community. As we progress, the goals and planned improvement initiatives outlined in this plan will continue to evolve, adapting to new insights, feedback, and best practices to enhance the resident and family experience in our Long-Term Care home.



## Continuous Quality Improvement Initiative Report 2025-2026

### Quality Improvement Priorities for 2025-2026

#### 1. Efficient

- Metric: Rate of Emergency Department (ED) visits for a modified list of ambulatory care-sensitive conditions per 100 long-term care residents.
- Goal: Reduce unnecessary ED visits by improving onsite care and monitoring.

#### 2. Equitable

- Metric: Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education.
- Goal: Ensure all staff members are trained in equity and inclusion to foster a supportive and inclusive environment.

#### 3. Patient-Centered

- Metric 1: Percentage of residents responding positively to the question, "What number would you use to rate how well the staff listen to you?"
- Metric 2: Percentage of residents who responded positively to the statement, "I can express my opinion without fear of consequences."
- Goal: Enhance communication and empowerment of residents, ensuring their voices are heard and respected.

#### 4. Safe

- Metric 1: Percentage of long-term care home residents who fell in the 30 days leading up to their assessment.
- Metric 2: Percentage of long-term care residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment.
- Goal: Reduce falls and unnecessary medication use to ensure the safety and well-being of all residents.

### Performance Monitoring and Measurement

Maple Park Lodge's quality initiatives are derived from data generated by our comprehensive measurement and accountability systems. Our frontline staff, care team leaders, and managers rely on real-time data, which is integrated into our quality and risk management review processes.



## Continuous Quality Improvement Initiative Report 2025-2026

Review Processes Include:

- **Performance Indicators:** Tracked at both the home and program levels via PCC insights. The home reviews this data continuously and discusses it multiple times during monthly program meetings.
- **Priority Indicators:** Outlined in the Annual Quality Improvement Plan. The home proactively develops and implements strategies to improve these indicators on an ongoing basis while ensuring compliance with MOH and HQO standards.
- **Benchmark Scores:** National and provincial benchmark indicator scores are reviewed more than once a month in committee and staff meetings.
- **Continuous Quality Improvement (CQI) Meetings:** Held monthly to review the home's quality improvement plan by department, set new goals when previous ones are met, and ensure ongoing progress. These meetings benefit from strong participation by residents, families, and the multidisciplinary team.
- **Resident Council and Family Interest Group:** Resident Council meetings occur monthly, and Family Council meetings are held quarterly. These forums provide valuable feedback and discussions. The home has seen great success, with strong resident participation in Resident Council meetings. Additionally, the Family Council has a President and a Co-Chair.
- **Satisfaction Surveys:** Resident and Family Satisfaction Surveys are actively promoted year-round. The home encourages ongoing participation from families and residents to gather valuable feedback.
- **Program and Staff Meetings:** The home successfully conducts monthly program meetings, weekly staff meetings on the floor, and monthly registered staff meetings to review expectations, updates, and new initiatives.
- **Daily Documentation Reviews and Meetings:** The home has an effective process for daily documentation review, identifying gaps, and providing staff education on documentation practices. Daily nursing meetings ensure that day-to-day issues are addressed, and improvement plans are developed as needed.

The performance indicators derived from CIHI data are tracked within our home and are presented and discussed at our quarterly Continuous Quality Improvement Meetings.



## Continuous Quality Improvement Initiative Report 2025-2026

### Maple Park Lodge CIHI Performance Indicators for 2023-2024:

Quality Indicator	Ontario	Maple Park Lodge
Potentially Inappropriate Use of Antipsychotics	21.2%	26.4%
Falls in the last 30 days	16.5%	16%
Restraint Use	2.1%	16.7%
Worsened Pressure Ulcers	2.4%	2.2%
Experiencing Pain	4.4	1.5%
Worsened Depressive Mood	20.8	33.5%
(Data Source – Continuing Care Reporting System provided by CIHI)		

### Communication Strategy

At Maple Park Lodge, we prioritize resident and family input in all aspects of resident care from the day of admission and throughout their stay. We offer multiple avenues for feedback to ensure that residents and their families have ample opportunities to share their thoughts and experiences.

#### Feedback Channels Include:

- **Interdisciplinary Care Conferences:** Held six weeks post-admission and annually, providing a structured opportunity for residents and families to discuss their care and provide feedback.
- **Satisfaction Surveys:** Available at all times, with reminders provided during care conferences and throughout the year.
- **Family Council:** An active council that meets quarterly to discuss and address family concerns and suggestions.
- **Continuous Quality Improvement (CQI) Meetings:** Residents and families are involved in quarterly meetings to review statistics and provide feedback on life at Maple Park Lodge.





## Continuous Quality Improvement Initiative Report 2025-2026

- **Resident Council and Food Meetings:** Held monthly to gather resident input on various aspects of their care and dining experiences, promoting frequent and actionable feedback.
- **Emails:** Direct communication to keep stakeholders informed about the latest developments, initiatives, and changes in our Home
- **Automated Voice Messages:** Quick and efficient dissemination of important information to reach stakeholders promptly.
- **Memos and Posters:** Visible and accessible information displayed throughout the Home to keep everyone informed about upcoming events, updates, and achievements.
- **Monthly newsletters:** for on-going communication related to any updates made in the home or any other news to spread to families.
- **Robo Calls:** Robo calls are used to notify all families of important updates, such as outbreaks, vaccine clinics, or any events that may impact residents, families, visitors, and others in the building.

Through these diverse communication methods, we ensure that every voice is heard and that our Home remains transparent, inclusive, and engaged with our community. Additionally, we value our communication with stakeholders and community partners, who are integral to our quality improvement processes. Their input, along with that of our residents and families, helps us continuously enhance the quality of care and services we provide.

### The Summary of Our Initiatives

Requirement Under O. Reg 246/22	Home Summary Report
Continuous quality improvement initiative report 168. (1) Every licensee of a long-term care home shall prepare a report on the continuous quality improvement initiative for the home for each fiscal year no later than three months after the end of the fiscal year and, subject to section 271, shall publish a copy of each report on its website.	Fiscal year ends: March 31, 2025  Report due: June 30, 2025,





## Continuous Quality Improvement Initiative Report 2025-2026

<p>(2) The report required under subsection (1) must contain the following information:</p> <p>1. The name and position of the designated lead for the continuous quality improvement initiative</p>	<p>Home Designated Quality Lead:</p> <p>Home Designated Quality Lead:</p> <ul style="list-style-type: none"> <li>• Sandeep Bassan, MPL Administrator</li> </ul>
<p>2. A written description of the home's priority areas for quality improvement, objectives, policies, procedures, and protocols for the continuous quality improvement initiative for the next fiscal year.</p>	<p>For the coming fiscal year 2025-2026, our priority areas for quality improvement as outlined in the annual Quality Improvement Plan (QIP) addressed the following:</p> <p>As we move into the next year, our ongoing commitment to improving resident care, safety, and satisfaction remains at the forefront. The following initiatives will guide our efforts in 2025-2026:</p> <ul style="list-style-type: none"> <li>• Ongoing Communication with Pharmacy:</li> <li>• Building Meaningful Relationships with Residents:</li> <li>• Resident Satisfaction Surveys</li> <li>• Collaborative Efforts to Reduce Emergency Department Transfers</li> <li>• Strengthening the Falls Prevention Committee:</li> <li>• Zero Tolerance Program</li> <li>• Resident-First Approach</li> <li>• Staffing: Hire More and Retain in All Departments</li> <li>• Hiring More Staff</li> <li>• Retention Strategies</li> <li>• Effective Communication</li> <li>• Floor Renovation</li> <li>• Renovations to Improve Environment</li> </ul> <p>Please see below for the details of each initiative.</p>
<p>3. A written description of the process used to identify the home's priority areas for quality improvement for the next fiscal year and how the home's priority areas for quality improvement for the next fiscal year are based on the recommendations of the home's continuous quality improvement committee.</p>	<p>I. When developing home annual Quality Improvement Plan (QIP), the steps below are used to ensure a sustainable plan is in place that includes SMART goals that are Specific, Measurable, Achievable, Relevant, Time-based, and Effective.</p> <p>At Maple Park Lodge, our quality priorities are driven by several key factors:</p>



## Continuous Quality Improvement Initiative Report 2025-2026

	<ul style="list-style-type: none"> <li>• Fixing Long-Term Care Act</li> <li>• RNAO Best Practice Guidelines</li> <li>• Key Performance Indicators</li> <li>• Program Evaluations</li> <li>• Health Quality Ontario Priority Indicators</li> <li>• Internal Audits</li> <li>• Resident and Family Satisfaction Surveys</li> <li>• Stakeholder Feedback</li> </ul> <p>Please see above for more details on each part.</p>
3. A written description of the process used to identify the home's priority areas for quality improvement for the next fiscal year and how the home's priority areas for quality improvement for the next fiscal year are based on the recommendations of the home's continuous quality improvement committee.	<p>II. A number of reliable data sources are reviewed by several teams and committees as following:</p> <ul style="list-style-type: none"> <li>• Continuous Quality Improvement (CQI) Committee</li> <li>• Resident's Council</li> <li>• Family Council</li> <li>• Professional Advisory Committee (PAC)</li> <li>• Clinical Leadership Team</li> <li>• Monthly program committee meetings</li> </ul>
<b>Requirement Under O. Reg 246/22</b>	<b>Home Summary Report</b>
4. A written description of a process to monitor and measure progress, identify, and implement adjustments, and communicate outcomes for the home's priority areas for quality improvement in the next fiscal year.	The process to monitor and measure successes and challenges, identify, and implement adjustments, and communicate outcomes is reflected in each home's annual Quality Improvement Committee Schedule/Workplan.
5. A written record of, i. the date the survey required under section 43 of the Act was taken during the fiscal year,	Each year Maple Park Lodge is committed to ensure that resident satisfaction survey is undertaken in time as soon as the beginning of fiscal year.
ii. the results of the survey taken during the fiscal year under section 43 of the Act, and	The results are monitored on an ongoing basis, and satisfaction survey data is regularly reviewed with both the Resident Council and Family Council to ensure the home actively communicates with residents and families to complete the surveys and achieve the target response rate.
iii. how, and the dates when, the results of the survey taken during the fiscal year	The home utilizes monthly Resident Council and Family Council meetings as an opportunity to communicate



## Continuous Quality Improvement Initiative Report 2025-2026

<p>under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, if any, and members of the staff of the home.</p>	<p>survey results on an ongoing basis. The final year-end results for 2024 were shared with the Resident Council on December 9th, 2024. These results were also posted on the Resident Council board and remained up for three months, until April 2025. Survey results are available upon request and are shared with residents and families whenever requested.</p>
<p>6. A written record of,</p> <p>i. the actions taken to improve the long-term care home, and the care, services, programs, and goods based on the documentation of the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act, the dates the actions were implemented and the outcomes of the actions,</p>	<p>Based on the survey results, it was identified that some residents feel staff do not respond promptly to call bells and are not always available when needed. In response, the home has initiated weekly meetings to emphasize the importance of timely call bell responses. Additionally, a new staffing schedule has been proposed to improve the staff-to-resident ratio, allowing staff to spend more quality time with each resident. Due to the home's location, recruitment and retention remain ongoing challenges. However, efforts have been made to address this through student recruitment, increased student placements, participation in the Niagara College job fair, active postings on Indeed, and acceptance of in-person resumes. Regarding weekend programming, the home is currently operating within the Ministry of Health (MOH) staffing guidelines for each department. Recreation staffing remains a challenge, as both residents and families have expressed a desire for more weekend and evening programs. While working within the allocated budget, the home has proactively adjusted job posting schedules to attract candidates by shifting posting times to mid-day to improve visibility and interest.</p>
<p>ii. any other actions taken to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement during the fiscal year, the dates the actions were implemented and the outcomes of the actions,</p>	<p>Please see –</p> <p>Quality Improvement Initiatives 2024-2025 at Maple Park Lodge (MPL)</p>



## Continuous Quality Improvement Initiative Report 2025-2026

iii. the role of the Residents' Council and Family Council, if any, in actions taken under subparagraphs i and ii,	The Resident Council and Family Council play a significant role in the home's Quality Improvement Plan (QIP) by providing feedback, offering new suggestions, collaborating with the home to implement changes, and actively participating in quality initiatives.
iv. the role of the continuous quality improvement committee in actions taken under subparagraphs i and ii, and	The Continuous Quality Improvement (CQI) Committee continues to involve residents and families as much as possible. However, some residents and families have said that these meetings can feel repetitive, as their feedback and suggestions are already shared during Resident Council and Family Council meetings. To maintain transparency, the home posts CQI Committee meeting minutes monthly on the designated board for public review. Additionally, the home ensures that all program-specific committee meeting minutes are also posted on their respective boards.
<b>Requirement Under O. Reg 246/22</b>	<b>Home Summary Report</b>
v. how, and the dates when, the actions taken under subparagraphs i and ii were communicated to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.	The home acts as issues arise, or concerns are received. For survey-related follow-ups, action plans and updates are shared during Resident and Family Council meetings. When appropriate, the home also communicates changes through the monthly newsletter and addresses concerns directly with residents and families on an individual basis.
(3) The licensee shall ensure that a copy of the	
<b>Requirement Under O. Reg 246/22</b>	<b>Home Summary Report</b>
Records of improvements 169. Every licensee of a long-term care home shall ensure that the continuous quality improvement initiative required under section 42 of the Act includes a record maintained by the licensee setting out the names of the persons who participated in evaluations of improvements in the report required under section 168 of this Regulation.	Resident concerns and unmet needs are shared with the corporate team when necessary; otherwise, they are addressed within the home leadership team to ensure collaborative decision-making. The home also holds weekly staff meetings to gather feedback and suggestions, supporting ongoing improvements as part of the Quality Improvement Plan (QIP).



## Continuous Quality Improvement Initiative Report 2025-2026

### Quality Improvement Initiatives 2024-2025 at Maple Park Lodge (MPL)

At Maple Park Lodge, our commitment to continuous improvement is at the heart of everything we do. Through our Quality Improvement Program, we ensure that our staff, residents, and family members are actively involved in identifying areas for enhancement and implementing meaningful solutions. Below are the key initiatives undertaken in 2024-2025:

#### **Dietary:**

- **Spring/Summer Menu Update:** In response to feedback from our food committee and residents, a new spring and summer menu was rolled out in May 2023. The updated menu emphasizes variety, nutrition, and resident satisfaction.
- **Holiday Menus:** Special holiday menus were created for events such as Father's Day, Canada Day, and Mother's Day, Christmas day, Valentines day, and all other special occasional days providing residents with festive and culturally relevant meals. These initiatives foster a sense of celebration and community within the home.
- **Dining Room Table Adjustments:** The dining room tables have been swapped for hi-low tables to accommodate feeding tables. This change improves accessibility and comfort during meals.
- **Tablecloths and Clothing Protectors:** As per residents' requests, the home has updated and replaced tablecloths and clothing protectors to enhance dining comfort and satisfaction.

#### **Safety and Comfort Measures:**

- **Bariatric Resident Support:** We have recognized the unique needs of bariatric residents by providing bariatric briefs, improving comfort and dignity. The home has also made adjustments, such as accommodating bariatric residents with bariatric beds, widening TV room doors, and addressing day-to-day needs where possible.
- **Committee Meetings:** Regular meetings for all core programs, including monthly registered staff meetings, weekly staff discussions, and daily nursing huddles, ensure that safety concerns are promptly addressed. Meeting minutes are posted on the program boards and sent to staff via email for transparency, keeping staff informed of all initiatives.



## Continuous Quality Improvement Initiative Report 2025-2026

### Falls Prevention Program:

- **Strategic Plan Implementation:** Our Falls Prevention Program focuses on comprehensive resident safety. We've introduced universal falls precautions, revised care plans, and maintained continuous communication with families and residents (if applicable) to proactively address fall risks. Falls are discussed daily during RAP meetings to ensure staff alignment in preventing incidents.
- **Staff Engagement:** We actively engage both staff and families in the prevention process. Feedback from families and residents is integrated into care plans, ensuring the most effective strategies are implemented.
- **Falls Prevention Measures:** Our program includes monthly meetings, daily audits, documentation guides for staff, monthly registered staff meetings, follow-ups with staff, and ongoing assessments for residents at high risk for falls. To enhance safety, we provide hip protectors, bed alarms, and floor mats for high-risk areas. The home has also implemented a hip protector program to ensure all residents requiring them have appropriate protection, and regular audits confirm adequate supplies. All beds at MPL are now fully electric and equipped with hi-low functionality.

### Skin and Wound Care Initiatives:

- **Dedicated Skin/Wound Nurse:** MPL employs a dedicated skin/wound care nurse to provide ongoing education, support, and guidance to our nursing team, ensuring staff are equipped with the latest knowledge on wound prevention and treatment.
- **Wound Care Program:** We have successfully implemented a wound care program with daily audits, weekly wound care tracking system, daily and weekly follow ups by wound care nurse, regularly updated care plans, monthly program meetings and registered staff meetings to discuss trends/improvements, discussing the needs of the residents such as air mattress, RD referral, wound care champion rereferral etc. and follow-ups with staff, families, and residents to ensure optimal care. We've upgraded wound care products to prioritize skin integrity and prevent pressure injuries, following best practices and implemented weekly skin and wound care checklists ensure that all assessments are conducted thoroughly and meet policy requirements. We closely monitor residents with a PURS score of 3 or higher, implementing individualized care plans for those with impaired skin integrity. Diabetic residents receive specialized assessments to prevent complications.



## Continuous Quality Improvement Initiative Report 2025-2026

### Clinical Pathways and Training:

- **RNAO Clinical Pathways Adoption:** Our staff follow RNAO Clinical Pathways for Falls Prevention, ensuring that assessments are completed, and falls are properly managed. Any resident who experiences two or more falls is referred to the Falls Lead for further intervention.
- **GPA (Gentle Persuasive Approach) Training:** All care team members receive GPA training to better address the comprehensive needs of our residents, especially those at high risk for falls or other health issues.
- **Individualized Staff Education:** Managers provide targeted education to address specific issues, ensuring that staff stay updated on policy changes and sign off on each training session to confirm compliance.

### Palliative Care:

- **Compassionate Care:** At MPL, we recognize the importance of providing compassionate, dignified care for residents in palliative stages. We focus on making their environment as comfortable as possible while offering emotional support to both the resident and their family.
- **Palliative Care Checklist:** A comprehensive Palliative Care Checklist is regularly reviewed to ensure all aspects of care are addressed. Monthly meetings are held to assess care, discuss areas for improvement, and refine strategies.
- **Palliative Comfort Care:** We ensure that families have a dedicated space to rest and remain with their loved ones during this final stage. The home has a palliative care cart stocked with comfort items such as lip gloss, soothing music, tea/coffee, and snacks. We maintain an open policy allowing families unrestricted access to residents during end-of-life care, prioritizing the residents' wishes and dignity.

### Controlled Drugs Safety:

- **NEXSYS Unit Allocation:** To improve medication safety and handling, controlled drugs are stored in our NEXSYS unit, ensuring secure storage and accurate medication administration.
- **Antipsychotic Use Reduction:** Our efforts to reduce the use of antipsychotic medications among residents without a diagnosis of psychosis have been successful, with rates now





## Continuous Quality Improvement Initiative Report 2025-2026

falling below the provincial average. Staff continue to receive education on the appropriate use of antipsychotic medications and alternative interventions.

### Responsive Behaviors Committee:

- **Ongoing Committee Work:** Maple Park Lodge (MPL) has established a dedicated Responsive Behaviors Committee, which meets monthly to review and refine strategies for managing responsive behaviors. Additionally, weekly meetings with the Behavioral Support Ontario (BSO) team and staff on the floor ensure that responsive behaviors are addressed promptly. The home has implemented a system for daily audits of documentation to ensure accuracy and continuity of care. Staff are provided with documentation cheat sheets to guarantee the availability of essential resources when needed. Furthermore, MPL holds monthly registered staff meetings to review expectations and policies, ensuring staff are well-informed about the latest guidelines and procedures. Care conferences are held to discuss responsive behaviors with families, ensuring they are included in the care planning process. The use of Daily Observational (DOS) charting is implemented when necessary to track changes and inform care decisions. When required, the involvement of the Senior Mental Health Outreach (SMHO) team is sought to provide specialized support. Through ongoing interdisciplinary collaboration, best practices are identified, and staff are equipped with effective interventions to ensure that residents receive compassionate, person-centered care.
- **Responsive Behaviors Committee Improvements:** The committee will continue to enhance staff training, focusing on Gentle Persuasive Approaches to Care (GPA) and Positive Approaches to Care (PAC). Staff also received Ministry funded U-First training to better support individuals living with responsive behaviors. Regular audits will ensure that interventions comply with MPL's policies and Ministry of Health standards.

### Boomer Program:

- **Admissions:** MPL uses the Boomer program for all resident admissions. This has proven effective in reducing errors during the transfer of residents from other facilities or pharmacies to MPL.

### Maintenance:

- **Audits:** MPL continues to maintain its standards according to Ministry of Health (MOH) and policy requirements, including light audits and timely replacements, floor audits, door



## Continuous Quality Improvement Initiative Report 2025-2026

audits, bed audits, monthly building audits at JH&S inspections and deficiencies are reported and followed up on promptly.

- **Full-Time Painter:** MPL has added a full-time painter to ensure the home's aesthetics are maintained and compliant with regulations.
- **Balcony Renovations:** The balcony fence for the Blue Jays and Robin units has been renovated to allow residents to safely enjoy the outdoors during spring/summer times.
- **Cardinal Court Doors:** The art and paint were completed in the Cardinal Court dining room to address residents' behaviors, such as exit-seeking. The front entry door to the unit has also been approved for similar updates.
- **Bariatric Shower Room:** With funding secured, have finished construction of a bariatric shower room to create a fully accessible and comfortable shower facility for bariatric residents, ensuring their dignity and safety during personal care.

### Program and Maintenance Updates:

- **Holiday Décor:** Christmas trees have been replaced for seasonal décor during the Christmas season.
- **Family Council:** The president of the Family Council has been assigned, ensuring active family involvement in care and community building.
- **Ongoing Program Success:** Programs are running smoothly, meeting resident needs and promoting engagement.

## Ongoing Communication: Looking Ahead: Priorities for 2025-2026 at Maple Park Lodge (MPL)

As we move into the next year, our ongoing commitment to improving resident care, safety, and satisfaction remains at the forefront. The following initiatives will guide our efforts in 2025-2026:

### Ongoing Communication with Pharmacy:

We will continue to maintain regular communication between the pharmacy team and home management to promptly identify and address any issues or concerns at the pharmacy level. This collaborative effort ensures that residents receive optimal medication management and care.



## **Continuous Quality Improvement Initiative Report 2025-2026**

### **Building Meaningful Relationships with Residents:**

Focus will be placed on developing individualized relationships with each resident. By understanding and addressing their unique needs, we aim to enhance emotional well-being, promote a sense of belonging, and improve the lived experiences and outcomes for residents at MPL.

### **Resident Satisfaction Surveys:**

To better capture resident and family feedback, MPL will introduce an online survey platform, while still offering a paper version for those without access to technology. For family members unable to attend care conferences, we will send out surveys with pre-paid return envelopes to ensure their voices are heard, especially for those without cell phone or computer access.

### **Collaborative Efforts to Reduce Emergency Department Transfers:**

MPL will work proactively to reduce unnecessary emergency department (ED) transfers. This will involve early consultations with the home physician and nurse practitioner to assess whether certain tests or interventions can be conducted in-house, avoiding the need for an ED visit. Before transferring a resident to the hospital, our registered staff will consult with the physician to evaluate if care can be provided within the home, except in cases of immediate medical intervention.

### **Strengthening the Falls Prevention Committee:**

We will enhance our Falls Prevention Committee by including registered staff, Personal Support Workers (PSWs), physiotherapy, and recreation staff. The committee will meet monthly and as needed to evaluate fall trends, assess the effectiveness of current interventions, and make necessary improvements, especially for residents who are at high risk for falls.

Collaboration with pharmacy and physicians will ensure that residents at risk for fractures are provided with appropriate preventative medications such as Vitamin D, Calcium, Actonel, and Prolia.

We will continue to educate staff on the Falling Leaf/Star program to improve fall prevention strategies and outcomes across the home.

### **Zero Tolerance Program:**

We will implement a Zero Tolerance Program to address and prevent all forms of abuse, neglect, and mistreatment within Maple Park Lodge. This program will ensure that residents and staff work in a safe and respectful environment.



## Continuous Quality Improvement Initiative Report 2025-2026

Education will be provided to staff, residents, and families regarding the Zero Tolerance policy, including clear guidelines on rights and expected conduct. We will establish transparent reporting mechanisms for incidents and ensure that appropriate actions are taken to resolve any concerns.

### **Resident-First Approach:**

Building on our work with the RNAO Clinical Pathway initiative, we will continue to adopt a “Resident First” approach, focusing on improving residents' quality of life and care. Our goal is to achieve 100% favorable responses from residents and family members in the upcoming year, demonstrating our unwavering dedication to meeting their needs and exceeding their expectations.

### **Staffing: Hire More and Retain in All Departments**

#### **Hiring More Staff:**

To meet the growing needs of residents, Maple Park Lodge (MPL) plans to hire additional staff across various departments, including nursing, dietary, recreational therapy, maintenance, and administration. By expanding the workforce, MPL can provide more personalized and efficient care, ensuring all residents' needs are met effectively.

#### **Retention Strategies:**

Retaining quality staff is just as important as hiring new ones. MPL focuses on retention strategies to reduce turnover and maintain a skilled, experienced team. This includes offering competitive salaries, benefits, career development opportunities, and creating a supportive work environment. Retention initiatives help to maintain a stable, experienced workforce that understands the unique needs of the residents.

#### **Effective Communication:**

Regular staff meetings and huddles help ensure that all team members are aligned on the day's goals, resident needs, and any changes in care plans. Staff are encouraged to communicate openly about challenges and improvements in staffing alignment, ensuring that every department is equipped to perform efficiently and provide high-quality care.

### **Floor Renovation: Renovations to Improve Environment:**

MPL is dedicated to improving the physical environment of the home, which includes ongoing floor renovations and upgrades. These renovations could involve updating flooring to improve safety, such as installing slip-resistant floors, creating more accessible spaces for residents with mobility issues, or renovating common areas to make them more comfortable and inviting.



## **Continuous Quality Improvement Initiative Report 2025-2026**

### **Ongoing Upkeep:**

After renovations are completed, MPL ensures that all maintenance is up to date, and regular checks are performed to maintain the safety and cleanliness of the home. Scheduled upkeep of flooring, equipment, and overall infrastructure ensures that the environment remains safe, functional, and aesthetically pleasing.

### **Home Quality Lead Contact Information**

Sandeep Kaur, RN

Administrator

Phone: 905-994-0224 Ext. 201; Fax- 905-994-8628

Email: [sbassan@conmedhealth.com](mailto:sbassan@conmedhealth.com)