



## **Interim Continuous Quality Improvement (CQI) Report**

As required by the Fixing Long-Term Care Act, 2021

### **Designated Lead for the CQI Program**

Name, Title Russell Borden, Administrator

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### **CQI Committee:**

- Medical Director
- Administrator
- Director of Resident Care
- Food Services Manager
- Dietary Staff Rep
- Programs Manager
- Environmental Service Manager
- E.S. Rep
- IPAC Lead
- Support Services Manager
- PSW Rep
- Registered Dietician
- Restorative care worker

### **Planning the priority areas for quality improvement:**

Documents/resources used to identify priority areas with respect to the care and services that are provided to the residents include but are not limited to:

- Results of the Resident / Family Experience Survey.
- Residents' Council and Family Council minutes and feedback forms.
- Concern / complaint records.
- Inspection Guidelines of the Ministry of Long-Term Care, including inspection outcomes.

Maple Villa Long Term Care Centre  
**QUALITY IMPROVEMENT PLAN 2023**

OPERATIONAL OBJECTIVES	ACTION PLAN	PERSON RESPONSIBLE	TARGET DATE	COMPLETION DATE
Share and incorporate quality improvements and risk management activities	<ul style="list-style-type: none"> <li>Develop Annual Operational Goals &amp; Objectives input from families and residents; monitor achievements, outcomes. Share results.</li> </ul>	Management Team	January June December	
	<ul style="list-style-type: none"> <li>Share/communicate improvement plans through meetings with residents, family members, shareholders, staff, volunteers, and service providers.</li> </ul>	Administrator	Quarterly	
	<ul style="list-style-type: none"> <li>Utilize/integrate results of annual evaluations and MLTC Inspection Guides</li> </ul>	Management Team	Monthly June January	
	<ul style="list-style-type: none"> <li>Review and update risk management plan</li> </ul>			
	<ul style="list-style-type: none"> <li>Review/revise:                             <ul style="list-style-type: none"> <li>Staff Deployment/Plan</li> <li>Human Resource Plan</li> <li>Information/Communication Plan</li> </ul> </li> </ul>	DOC/Admin.	April/Aug/Nov January January	
	<ul style="list-style-type: none"> <li>Review performance indicators and improve data collection process</li> <li>Monthly input of data, quarterly reporting for comparison and monitoring of outcomes. Share/communicate improvement plans</li> </ul>	DOC/Admin.	February	
Human Resources	<ul style="list-style-type: none"> <li>Review/update mandatory training and educational program – Surge Learning.</li> </ul>	Admin./ Management Team	January	
	<ul style="list-style-type: none"> <li>Monitor completion.</li> </ul>			
	<ul style="list-style-type: none"> <li>Determine HR plan goals and objectives 2023</li> </ul>		January	

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OPERATIONAL OBJECTIVES	ACTION PLAN	PERSON RESPONSIBLE	TARGET DATE	COMPLETION DATE
Resident Safety Program Evaluation	<ul style="list-style-type: none"> <li>Review/revise Resident Safety Plan and high-risk Best Practices.</li> <li>Implement monthly schedule for Emergency Preparedness exercises</li> </ul>	DOC/Resident Safety Committee  Administrator/DOC	January  January	
Maintain Legislated Compliance and Improve Residents' Safety and Quality of Life	<ul style="list-style-type: none"> <li>Complete annual program and services evaluations as per legislated requirements.</li> <li>Review Ministry of LTC Inspection Guides</li> <li>Evaluating to include avoidable ED visits, satisfaction rate, complaint response, early detection of palliation needs and M.D. role</li> <li>Share/communicate improvements/and/or changes</li> <li>Revise Policy and Procedure for QI program based on regulations and reporting requirements s.s.165-169</li> </ul>	Management Team  Management Team  DOC/Management Team	As per schedule January - November January - November March 31 <sup>st</sup>	
Conduct Resident/Family Annual Satisfaction Surveys	<ul style="list-style-type: none"> <li>Review survey questions with resident and family council; revise accordingly</li> <li>Distribute surveys for completion</li> <li>Analyze/summarize and share results</li> <li>Develop and share action plan for improvements</li> </ul>	DOC/Management Team Administrator/QI Committee  Administrator	Monthly/Quarterly  March  March	
		Administrator  Administrator Administrator  Administrator	March  June July  September	