

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 9, 2023



## OVERVIEW

Maple View Lodge, located in rural Athens Township Northwest of Brockville, is Municipally owned and operated by the United Counties of Leeds and Grenville and currently home to 60 residents.

From humble origins as a House of Industry for the indigent it was founded in 1895 as a working farm and fully redeveloped and expanded in 2004 to level-A standards. In late March 2019, the Ministry of Health and Long-Term Care approved our application for 132 new beds to add to the existing complement. When complete the new Home will provide accommodation for 192 residents in a new for-purpose building. Construction is underway and on completion and relocation of existing residents the current building will be repurposed.

Our Quality Improvement Program is based on an Integrated Framework model with the following 9 principles:

- 1) Customer Focus and Resident Centered Care as the hub
- 2) Values and Guiding Principles
- 3) Leadership
- 4) Stakeholder Engagement
- 5) Process Approach - i.e. the fit with RAI MDS/HQO/CIHI
- 6) A Systems Approach to Management
- 7) Continual improvement
- 8) Evidence based decision making - RNAO Best Practice Guidelines
- 9) Mutually beneficial supplier relationships



## REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

After a three-year journey, our greatest achievement in 2022 was being awarded the distinction of the Registered Nurses Association of Ontario's Best Practice Spotlight Organization (BPSO), the first Long-Term care Home in the Southeast to achieve this designation. The overall goals of being a BPSO are: 1) to flourish, motivate, inspire teamwork in a positive, progressive work environment 2) to make everyone feel like a Champion and 3) to become a Home of Excellence, Employer of Choice and Leader in Southeastern Ontario.

Our Nurse led interdisciplinary Best Practice teams are comprised of internal and external stakeholders. Robust reporting requirements with the Registered Nurses Association of Ontario (RNAO) and NQURE are in place. Our progress was impacted over the past two years by COVID and related staffing pressures however our teams

have reengaged and are committed to continued progress and service excellence. We will continue to implement new Best Practice Guidelines (BPG's) in addition to supporting the re-fresh and sustainability of those already in place.

In preparation for our upcoming redevelopment and expansion to 192 beds, interdisciplinary work efforts have focused on progress towards a refreshed Model of Care. Ultimately our team developed and is in the process of adopting the Maple View Way, our home-grown approach to resident care. This unique approach was developed after examination of multiple different model types. We felt strongly that no other single model provided the focused resident and family centered care aspects that we desired for our Home. We are proudly adopting improvements on an ongoing basis and preparing for significant changes in functional programming particularly in food service delivery.

The Quality Improvement Plan for 2023/24 has been approved by our Professional Advisory Committee in consultation with our Stakeholder Advisory group which includes residents and family members.

## **PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING**

Maple View is pleased to announce the addition of a new Stakeholder Advisory Committee, a sub-committee of Professional Advisory Committee, that includes representation of residents and family members. Terms of reference have been developed for this advisory group with bi-annual meetings scheduled providing collaboration and feedback on quality improvement planning in the Home. Meetings will include discussion of associated action items to improve outcomes with dialogue and understanding of results.

Professional Advisory Committee meets quarterly and includes representation from all internal programs, departments and disciplines including external contracted service providers, Pharmacy, NP and the Medical Director.

## **PROVIDER EXPERIENCE**

The Pandemic, specifically the past 3 years, have impacted our residents and staff in a variety of ways. Recruitment and retention, already challenging in a rural environment pre-pandemic, has been exacerbated by the Health Human resource challenge locally, Provincially and Nationally.

Staff burn out is a growing phenomenon given challenges in filling vacancies, staff over-time and difficulty in providing time off. Staff recognition is under review in consideration of meaningful acknowledgement and appreciation of the vital role they play in the care of our residents.

The investment of time and effort into becoming a Best Practice Spotlight Organization has been a key factor in recruitment notably for Registered professionals. Our nurse led teams utilize Best Practice Guidelines to ensure quality resident focused care remains a priority in the delivery of care and services to our residents.

## **WORKPLACE VIOLENCE PREVENTION**

The RNAO Best Practice Guideline Preventing Violence, Harassment and Bullying Against Health Workers Gap Analysis will be revisited in 2023. Maple View remains committed to workplace safety working collaboratively with staff via our Occupational Health and Safety team. Our in-house Behavioral Support Resources work diligently with team members to educate, mitigate and plan tailored and customized interventions.

## PATIENT SAFETY

Maple View's resident focused model of care includes, as a fundamental component, resident and staff safety in all aspects of care provision. This is evident in our chosen Quality Care committees and associated RNAO Best Practice Guidelines including wound prevention, fall reduction, restraint reduction and medication reconciliation and compression reviews.

Similar to efforts described in Workplace Violence and Prevention Maple View works to ensure the safety of residents. Recognizing the possibility of resident to resident incidents the team actions an interdisciplinary review identifying and educating on triggers and actions to prevent, mitigate and/or address potential situations.

While our current Home does not offer a secure environment planning has this capability for our new 192 bed Home scheduled to open in 2025.

Maple View completes a Whole Home risk assessment annually and in addition reviews the emergency planning hazard analysis and risk assessment ensuring the documentation of plans to mitigate and address each hazard.

## HEALTH EQUITY

Maple View has completed the Gap Analysis on "Promoting 2SLGBTQI + Health Equity", has created an interdisciplinary team and will be implementing this RNAO Best Practice Guideline (BPG).

This BPG and Gap Analysis will determine next steps. At the present time on move in, our Program and Support department completes an assessment entitled My Personhood. This assessment provides an overview of sociodemographic information utilized to introduce residents to staff and develop a personalized plan of care.

Maple View conducts an annual resident/family survey. This year we plan to add questions that speak to diversity to begin the process of gathering feedback that will inform improvement efforts.

**CONTACT INFORMATION/DESIGNATED LEAD**

Tracy Jordan  
Administrator  
Maple View Lodge  
Tracy.Jordan@uclg.on.ca

Coralee Boileau  
Director of Care, Quality Lead  
Maple View Lodge  
Coralee.Boileau@uclg.on.ca

Kirsten Pollock  
Director of Care, IPAC Lead  
Maple View Lodge  
Kirsten.Pollock@uclg.on.ca

Cristy Nichol  
Support Services Supervisor  
Maple View Lodge  
Cristy.Nichol@uclg.on.ca

Brittany Knowles  
Resident Services Supervisor  
Maple View Lodge  
Brittany.Knowles@uclg.on.ca

**OTHER**

The challenges related to Health Human Resources (HHR) is impacting the delivery of quality resident care. Staffing at all levels has not kept up to the increasing complexity and acuity of residents while regulatory changes, restrictive legislation and documentation requirements have expanded. While progressive quality care of residents is of undisputed importance the funding has not followed. In an environment of human resource crisis anything that is added workload ultimately take staff away from the direct care of residents. A robust Provincial and/or National HHR strategy is long overdue.