

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

April 8, 2024

## 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 on target and on budget with completion set for March 2024. The current buildings relocation of existing residents is set to take place after July 2025 and 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

## ACCESS AND FLOW

Maple View Lodge has in the past year taken review of the admission and discharge process to streamline and improve turnover time of resident rooms. Much of this process factors in external collaboration with the Health and Community care services of the South East LHIN which partners with the home to admit residents.

Joint Collaboration with the Local HUB where Discharge planners are also involved with the new creation of an ALC department in the local hospital to improve communication between home and hospitals for new admissions and transfers.

The home continues to work with the Nurse Lead Outreach Team with the support of a Nurse Practitioner assigned to the home to support diversion of residents to hospital by providing the services in the home. Use of intravenous antibiotics and subcutaneous hydration when required can be completed on site.

Maple View Lodge has 2 Mobile X ray providers who can service the residents of the home providing Ultrasounds and X-rays. This has been challenging in the past year due to the providers inability to keep one of the positions filled causing a few transfers for emergency diagnostics. Recently the services have again stabilized.

## EQUITY AND INDIGENOUS HEALTH

Maple View has completed the Gap Analysis on "Promoting 2SLGBTQI + Health Equity" each year and has an interdisciplinary team that has implemented this RNAO Best Practice Guideline (BPG). Combining the awareness of the CLRI inclusivity Calendars to be utilized in the home with a lens to support various holidays and celebrations. Beliefs and Values of both Residents and Staff are taken into consideration when planning these events.

The Program and Support department continue to conduct an assessment entitled My Personhood on resident admission to the home. 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. Questions were included that speak to diversity to begin the process of gathering feedback that will inform improvement efforts.

## **PATIENT/CLIENT/RESIDENT EXPERIENCE**

Maple View continues with the addition of the Stakeholder Advisory Committee, a sub-committee of Professional Advisory Committee, that includes representation of residents and family members. Bi-annual meetings are scheduled providing collaboration and feedback on quality improvement planning in the Home. Meetings 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.

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.

## **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 has undertaken a review in consideration of meaningful acknowledgement and appreciation of the vital role they play in the care of our residents with annual celebrations.

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.

Partnerships with local educational institutions offering programs that combine employment opportunities has been underway in the past year. Recently we have been accepted for a grant to support a living classroom experience to help foster and train future employees of the home.

## 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.

## POPULATION HEALTH APPROACH

Maple View Lodge has been an active member working alongside the IPAC Hub, the Local Public Health Unit and other long term care homes to be proactive in providing protection to our residents in the last few years with the rise in respiratory viruses. We continued our Screening and Masking requirements with testing of staff to help keep the home safe during periods of high community transmission.

Immunizations have been a target for administration to Residents and Staff of the home. Now that the respiratory heightened period is slowing we are beginning to relax these measures.

**CONTACT INFORMATION/DESIGNATED LEAD**

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**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.