

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

April 10, 2026

## OVERVIEW

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

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 and will provide accommodation for 192 residents in a new state of the art building. 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 InterRAI/HQO/CIHI
- 6) A Systems Approach to Management
- 7) Continuous Improvement
- 8) Evidence based decision making - RNAO Best Practice Guidelines
- 9) Mutually beneficial supplier relationship

## 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 Ontario Health at Home South East LHIN which partners with the Maple View Lodge to admit residents.

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 hydration when required can be completed on site.

Maple View Lodge has one Mobile X ray provider who can service the residents of the home providing Ultrasounds and X-rays. Dental and Foot care services are provided onsite for fee for service by external contractors. Mobile response team (MRT) and Geriatric Psychiatry attend the home as required. A Behavior response PSW and RPN are on site, hired by the home as well as a Social Service Worker for resident and family supports.

## EQUITY AND INDIGENOUS HEALTH

Maple View Lodge 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 BSO Team 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 Continuous Quality Improvement Committee that includes representation of residents and family members.

Quarterly 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.

These meetings include representation from all internal programs, departments and disciplines including external contracted service providers, Pharmacy, NP and the Medical Director. External Programs that are also included are representatives from the local Health unit and Life mark Physiotherapy Services.

In preparation for our upcoming redevelopment and expansion to 192 beds, interdisciplinary work efforts have focused on progress towards a Resident Centered Model of Care. We have also had our BSO team trained to be Masters in the 'Best Friend Approach to Dementia Care' and are rolling out education and principles throughout the entire care team and 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**

Staffing complements have been enhanced due to a robust recruitment program by the human resources department. 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.

We have been accepted for a grant to support a living classroom experience to help foster and train future employees of the home and have had a living classroom initiated in the Fall of 2024 with PSW students in conjunction with St Lawrence College. Partnerships with Providence Care Hospital have provided staff education and support for residents with behaviour's; including GPA (Gentle Persuasive Approach) and specific behavior huddles. We have also been able to get one of our own staff trained to be a GPA instructor.

## SAFETY

Maple View Lodge'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. Maple View Lodge 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. We completed a home wide anonymous survey using tools from the Public Services Health and Safety Association to get a pulse on employee experiences with both physical and mental safety and plan to complete this annually as well.

We have also had 3 new staff members become JOHS certified.

## PALLIATIVE CARE

The Palliative care Program at Maple View Lodge has expanded and become more robust in the past year. Instituting new flannel bed sheets, non institutional resident clothing gowns, palliative carts that include: snacks, games, crossword puzzles, magazines, for families and loved ones; a butterfly logo for the door of those who are in active End of life (EOL) care; a dove for the door for those who have passed away awaiting funeral home arrangements; lit flameless candles at the entrance to the home and also to the home area to notify others to speak quietly and that one of our residents are EOL; an honor guard by staff /residents in the home announced by intercom as "Code Dove " where staff and residents who wish to participate line the hallways on guard when the resident is leaving their home for the last time.

## POPULATION HEALTH MANAGEMENT

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. We now have 2 staff members who hold IPAC LTC-CIC certifications.

We've continued our Screening and Masking requirements with testing of staff to help keep the home safe during periods of high community transmission in conjunction with the public health unit support and guidance. Immunizations have been a target for administration to Residents and Staff of the home.

**CONTACT INFORMATION/DESIGNATED LEAD**

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**SIGN-OFF**

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan on **April 1, 2026**

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**Al Horsman**, Board Chair / Licensee or delegate

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**Linda Hunter**, Administrator /Executive Director

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**Alice Lacroix**, Quality Committee Chair or delegate

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**Brittany Dixie**, Other leadership as appropriate

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