

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 27, 2024



OVERVIEW

Maple Villa is an independent 93-bed licensed long-term care home located in Burlington, Ontario. We are an active community member of the Hamilton Niagara Haldimand Brant Local Health Integration Network and Ontario Health West. Maple Villa has been providing quality resident and family-focused care since 1971. We continually strive to make a difference, to provide Person – and Family-centered care and provide services where safety is a priority, in order to meet our current and future needs of our community and exceed customer expectations in the process. Our interdisciplinary team are passionate about the care for our residents, staff, families and volunteers and are constantly reflecting on practices and areas of improvement to provide exceptional, individualized, culturally competent care to our residents and maintain a strong and dedicated health care team.

The construction of our new 256-bed home is underway in North Burlington with planned completion in the Spring of 2026. Over the coming months our team is continuing to develop, review and revise our quality improvement plans as we transition to the new location.

Maple Villa has voluntarily worked with Accreditation Canada with their continuous assessment program for the past 50 years to advance quality and safety in our organization. The partnership between our home and Accreditation Canada focuses on making a positive impact on all our residents, care partners, volunteers, staff, families. This partnership is also recognized by the Ministry of Long Term Care and supports the same principles that are expressed by the Fixing the Long Term Care Homes Act, 2021. This year we are looking to again achieve an Exemplary Certification with

Accreditation Canada.

Maple Villa is pleased to provide our 2024/25 Quality Improvement Plan (QIP) that aligns with our Mission, Vision & Values, Accreditation Canada and Health Quality Ontario. We have set goals that focus on system level priority issues of access and flow, equity, experience, and safety. Rather than indicators, we can focus our quality improvement activities to those areas where quality gaps exist and positively shift from a quality resident health care focus to a quality health care system focus.



ACCESS AND FLOW

Our Management team has received education in LEAN "Six Sigma" management to reduce waste in time, space, resources and Kaizen "Good Change" business approach for continuous quality improvement and change management. Kaizen encourages the management team to be on the floor "Gemba", for direct observation to help identify improvement opportunities. Four important incentives (the first 2 are Ministry supported) to increase Gemba and reduce waste that were initiated this year are:

1. Integrated Medication Management, to provide a single-entry medication system to reduce error and time spent entering & checking orders. It allows instant access to check orders, reordering medications, managing order receiving and verifications.
2. AMPLIFI, which coordinates our resident discharge processes from hospitals digitally. This health information exchange is inputted directly into the home's electronic health system, Point Click Care, in a read only format that provides the health care team with the information to continue timely care and treatment.
3. Our Maintenance department now categorizes all repairs/replacements to identify ongoing building, resident or staff safety issues as well as education needs.
4. Infection Prevention and Control (IPAC) Consultant resource to assess the effectiveness of our IPAC system. This consultation has led to a redesign of our environmental practices to upgrade processes with infection prevention and safety standards.



EQUITY AND INDIGENOUS HEALTH

1. Collection of data from residents is captured in our "Getting to Know Me Assessment". Questions asked are related to the resident's cultural and spiritual background, languages spoken, preferred language, gender identification and preferred use of pronouns.
2. For employees, we use a Cultural Diversity Staff Language Survey. We also inquire about their availability to assist with interpretation and/or translation for residents.
3. Annual Employee Satisfaction Survey and Annual Resident Satisfaction Survey with questions specifically related to diversity and inclusion.
4. Ethics, Diversity and Inclusion Committee meet quarterly.
 - Implemented Strategies:
 - Planning, implementing and promoting various events related to

diversity and inclusion based on the demographics of the residents and staff.

- The committee utilizes the CLRI "Embracing Diversity Toolkit for LTCH
- Diversity and Inclusion Calendar of Events is utilized by various departments
- We launched an initiative to use gender inclusive language in all our policies.
- Education to all staff: Diversity and Inclusion; Gender Inclusiveness; World Religions and the Impact on LTC
- Residents participated in a 3-part focus group series on Diversity and Inclusiveness
- Land Acknowledgment posted at both entry ways and at the beginning of several meetings
- Created a "Private Reflection" space for all staff to used for prayer, quiet time, meditation or reflection.
- Annual participation in National Day for Truth and Reconciliation

PATIENT/CLIENT/RESIDENT EXPERIENCE

Maple Villa fosters a person and family-centred care that is respectful, compassionate, culturally competent care which is responsive to the needs, values, beliefs, and preferences of our residents and family members.

The focus is always on creating and nurturing mutually beneficial partnerships among Maple Villa's team members and the residents and families we serve. We have an active Resident's Council that is key to providing feedback for the home about activities provided by the home, meals selection for the seasons, and how they can support their care providers (staff). They are actively involved in staff incentives such as pizza days, coffee and donuts for staff morale. Many of the Council members also sit on interdisciplinary committee meetings to provide active input and provide a direct liaison between residents, staff, and other health service providers. The goal is to provide individualized person centred care based on evidenced best practices.



PROVIDER EXPERIENCE

Like every Health Care organization, Maple Villa struggles with staff shortages across every discipline within the home. This has led to staff burnout, inefficient workforce and decreased morale. We have developed an organized orientation process for all our new hires & Agency staff which includes a general orientation day to provide information about our Mission, Vision Values; mandatory IPAC, HR, safety education; and a tour of the facility.

Team promotion, self care Wellness, 'every resident is your resident' are the 3 key values that are being developed in the home.

1. Every department has been encouraged to formalize their staff meeting agenda to include: P&P updates, resident care & safety issues, IPAC, Occupational Health & safety, Ministry and other

Regulatory updates, Accreditation and CQI updates

2. In home staff, resident and family feed back have resulted in incentives in the home such as a 'Private Reflection' room for staff for spiritual practices, meditation or reflection; a hairdressing care plan to provide support for those residents who require it during those times; a strong spiritual support team to provide spiritual support on a weekly and as needed basis for private support, as well as group/congregational support. Work life balance information regularly posted for all staff. Niuz app to replace our paper newsletters, memos, meeting minutes, policies, job postings, emails. Niuz provides timely access to the issues affecting the home and it allows the home to promote and support a worklife balance focus.

3. Our Employee Assistance Program has been extended to our part-time employees as well to support them with challenges to work and work life balance. Part time employees face the barrier of not being vested in the benefits programs available to full time staff.



SAFETY

Safety is a core value of Maple Villa that has shaped our patient safety and incident management. Safety has been embedded into our policies, assessments, audits and education. We have reviewed our incident management systems and ensured that safety reporting is supported by the leadership and promotes a just culture. This includes taking the proactive approach to reduce risk of imminent recurrence and other potential threats.

Mitigating risks are discussed and reviewed during the resident admission process, end of life huddles, weekly RAI-MDS meetings, monthly Responsive Behaviour-PIECES meetings, Pain Rounds, monthly staff meetings, general orientation of new hires, and auditing processes of all departments.

We promote transparency in incident reporting, which includes post incident 'hot' analysis with Huddles involving frontline

providers, resident and family as they can advocate for and support change implementation.

All incidents are reviewed quarterly by the Resident Safety Committee and are reportable to Continuous Quality Improvement and Professional Advisory Committees.

Recommended actions are implemented with assessment and reassessment to monitor effectiveness. Immediate changes are communicated in a timely manner and are reflected into the home's processes or resident plan of care. Long term changes are integrated within the home or resident plan of care to promote sustained improvement and quality of care.

Maple Villa encourages respectful and open communication around the results of incident analyses at all levels of the organization. Combining findings with those from different service providers helps identify trends/patterns and provides opportunities to improve our culture of safety.

POPULATION HEALTH APPROACH

Understanding the challenges that the pandemic has brought to LTC homes, we identified that we had to strengthen our foundation, tools and processes to ensure that our team continued to have the resources needed to ensure our residents received the best care and services possible. We support and encourage virtual appointments with consultations. We have more laptops available for staff/residents for this purpose.

- Our home partners with Behavior Support Ontario and Halton Geriatric Mental Health Outreach who provide monthly rounds for support on challenging behaviors.
- Halton Pain and Palliative Care Network provide monthly pain rounds where a resident's pain challenges are assessed and discussed.
- Monthly Education opportunities with Wound Therapeutic Consult through Convatec for our nursing staff.

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

Board Chair / Licensee or delegate

Kerri-Ann Helinas

Administrator /Executive Director

Julya Page

Quality Committee Chair or delegate

Onsetman

Other leadership as appropriate

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1st 2022 to September 30th 2023 (Q3 to the end of the following Q2)	8.79	8.79	performance significantly improved over last year	

Change Ideas

Change Idea #1 The ongoing staff shortages of both lab and diagnostic services have contributed to ED transfers in the past year.

Methods	Process measures	Target for process measure	Comments
DOC will continue and investigate all ED transfers	Each transfer will be logged indicating date/time sent, schedule/unscheduled, reason for transfer, who initiated transfer, whether admitted, date and time of return	100% of ED transfers will be logged and analyzed	Maintain partnership with NLOT NP for assessments when Physicians unavailable Support Agency staff with orientation that includes who to call for assessments. Using SSW to support residents and families through health status/life changes to promote quality care according to life stages.

Equity

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	100.00	100.00	Maintain 100% of managers trained in Cultural, Diversity & Inclusion.	

Change Ideas

Change Idea #1 CLRI toolkit to be used for ongoing training and updating for all staff & managers.

Methods	Process measures	Target for process measure	Comments
All managers are members of Cultural & Diversity Committee. 100% of all managers are trained in Cultural, Diversity & Inclusion education	Administrator will monitor education processes	100% of all managers are trained in Cultural, Diversity & Inclusion training	Total LTCH Beds: 70 Annual in service provided for all staff to build awareness/capacity. Continue Diversity/Inclusion education for management team quarterly using CLRI Embracing Diversity tool kit to maintain and build capacity in diversity/inclusion and equity. Ongoing Home Policies/Communications are being reviewed to update inclusive and gender neutral language.

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	71.43	75.00	improvement planned with better data collection	

Change Ideas

Change Idea #1 Communication and Customer service training for all staff

Methods	Process measures	Target for process measure	Comments
education and online learning for all staff on communication and customer service	DOC monitors education compliance	100% all staff completion of education	Total Surveys Initiated: 15 Total LTCH Beds: 70 Robust SSW team who meet with and advocate for individual residents/families according to their needs and work as liaison with community partners for referrals. Strong alliance with residents council who are encouraged to direct their care and make decisions surrounding their life in the home

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	CB	75.00	2023 Maple Villa experienced several changes in Administration which led to incorrect and inadequate survey submissions. Based on current calculations a net response of 70% was obtained.	

Change Ideas

Change Idea #1 Communication and Customer service training for all staff

Methods	Process measures	Target for process measure	Comments
education and online learning for all staff on communication and customer service	DOC monitors compliance to education	100% of all staff	Abuse & Harassment in services to educate residents on what are their rights when reporting incidents. 'Open Door' rule for all managers to promote transparent interactions and reduce access barriers to managers

Safety

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	6.51	6.00	falls reduction is dependent on demographics of the resident population, ie potentially the reduction of risk of injury may be the ultimate goal of some frequently falling residents.	

Change Ideas

Change Idea #1 Ongoing structured falls management that starts on admission throughout the stay within the home by interdisciplinary team.

Methods	Process measures	Target for process measure	Comments
assessed on admission, quarterly and post each fall. All resident falls within last 30 days are assessed individually by the Clinical Manager and reports to physician and Resident Safety Committee.	each resident is assessed for falls risks according to their individual goals and safety risks	100% of all residents will be assessed for safety and individual goals surrounding falls	Focused individual interventions for those who repeat falls, with goals that reduce risk of severe injury, rather than reducing number of falls. Post fall Analysis focuses on resolving the unmet needs of the residents, 'thinking outside the box' to reduce falls.

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 2023– September 2023 (Q2 2023/24), with rolling 4-quarter average	X	0.00	we will continue to monitor as per our assessment processes.	

Change Ideas**Change Idea #1** GPA training for all care staff

Methods	Process measures	Target for process measure	Comments
bi annual and on boarding staff training in GPA methods	DOC monitor staff training	100% of all care staff GPA trained	Those requiring medications for psychosis d/t dementia are assessed by Halton Mental Health Outreach PsychoGeriatric team including BSO on admission for transition. Ongoing assessment of the medication needs of individual residents to ensure medications are reduced as behaviours change. Mandatory education of all direct care staff in Gentle Persuasive Approach training. Educate families on medication risks and benefits of not only medication use but risks and benefits of not using medications with responsive behaviours of dementia