

Let's Make Healthy
Change Happen.



Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



MAPLE PARK LODGE
A DIVISION OF CONMED HEALTH CARE GROUP

4/2/2024

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

ontario.ca/excellentcare

Overview

Maple Park Lodge is a 96 bed Long Term Care Home located in Fort Erie. We strive to provide excellence and quality care to our residents with a focus on resident/family centered care.

At the end of 2023 we were successful in obtaining accreditation with exemplary standing through Accreditation Canada.

We have multiple programs that are a main focus that we track statistics and analyze data for to promote improvement over the course of the year. These programs are evaluated annually by our professional advisory committee. These programs include medication management, restraints, pain, wounds, and safety.

Access and Flow

At Maple Park Lodge we have collaborative partnerships with community service providers to ensure access on site to treatments such as IV medications, IV fluids, hypodermoclysis, and continuous pain management.

We have a focus on championing staff in house to be proactive in areas such as IPAC and wound care to prevent adverse outcomes.

We have been able to work with our physicians to make medication substitutions to accommodate lack of coverage in long term care versus hospital to expedite discharge back to Maple Park Lodge.

We attempt to provide all medical assessment and treatment possible on site, to prevent any unnecessary transfers to hospital. The majority of our transfers to hospital are related to immediate need for assessment utilizing CT scan or other imaging to rule out injury.

Equity and Indigenous Health

At Maple Park Lodge we treat all residents and staff with respect regardless of cultural background or orientation. We have a multicultural staff population. Our management team are trained in cultural sensitivity and care which we bring forth to our staff. Staff will all receive formal training through our online learning platform this year.

Patient/client/resident experience

We incorporate residents and families in all aspects of life at Maple Park Lodge. We meet with them individually during their care conferences. We share all reports from ministry of health, and public health. They are invited to our CQI and PAC meetings. All minutes are shared with residents and families through resident and family council meetings. We also disclose statistics on our information boards. We constantly seek input and feedback about activities, programming and meal choices. Residents and their family are consulted with all treatment plans and changes to medications.

We have an open door policy and our physicians are available for any urgent consultations, concerns or assessments.

We pride ourselves on clear communication with our residents and families.

We conduct weekly quality and safety rounds with the interdisciplinary team, which highlights multiple different topics including falls, medications, restraints, behaviours, wounds, and pain, amongst a variety of other topics.

In comparison to last year, according to our indicators - our falls, antipsychotic use and pressure ulcers have improved and our restraint use has maintained the same. We would like to put an emphasis on improving our mood and pain indicators.

Provider experience

At Maple, we are in full support of ongoing education such as participating in the bridging program for registered staff and PSWs. We have recently adopted the ONA wage grid, as well as additional wage enhancements to promote both recruitment of new staff and retention of current staff.

We have access to onsite training for registered staff through the Nurse Practitioner to ensure that staff are able to utilize their full scope of practice within policy guidelines to best provide care on site as ordered by the physician.

Safety

We have recently upgraded our training for employees in both safe resident handling and gentle persuasive approach to ensure resident safety as well as staff safety and wellbeing. We promote an interdisciplinary approach to plan of care for our residents from a safety perspective including the resident and family, as well as nursing team, and medical professionals including attending physicians, consulted specialists as needed, physiotherapy, social work, pharmacists, Behavioural Supports Ontario, Senior Mental Health Outreach and Psychogeriatric Resource Consultant if applicable.

We conduct quarterly continuous quality improvement reports/presentations that include a resident and family member representative in addition to our interdisciplinary team to review statistics, incidents, change implementations for improvement as well as seek input and feedback from staff and residents.

Safety is also included in our daily management meetings, and weekly interdisciplinary quality and safety rounds to ensure there is ample opportunity to voice concerns and provide feedback from staff.

Population Health Approach

In order to maintain a proactive health approach we ensure we review our applicants very carefully to ensure that we have the resources and staffing to provide the best quality of care for them before accepting for admission. There is a very large population of under 65 years of age with mental health afflictions that require a more specialty setting that caters to their needs, who do not thrive in this setting.

We work with the dietician, food service nutrition manager, clients and their families to support a healthy approach to nutrition and their overall well being.

We offer support to our residents in collaboration with our team of physicians to promote smoking cessation.

At Maple Park Lodge we collaborate with multiple external community partners to enhance the quality of life of our residents. These include Behavioural Supports Ontario, Senior Mental Health Outreach, Psychiatry, Nurse Led Outreach Team, Psychogeriatric Resource Consultant, Physio, and Palliative Pain Consultant.

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

Board Chair / Licensee or delegate Neil Simon _____ (signature)
Administrator /Executive Director Carole Jukosky _____ (signature)
Quality Committee Chair or delegate Grace Zhang _____ (signature)
Other leadership as appropriate Belinda Graye _____ (signature)

ACCESS AND FLOW

EFFICIENT

Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.

Last Year's Performance (LY)

Current Year's Performance (CY)

↓ Lower is better

○ Target

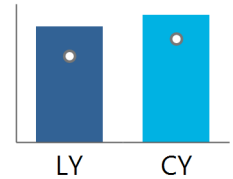
13.4**10.0****14.7****12.0**

2023/24

Target

2024/25

Target



Collaborators: Dr. Scher, Dr. Gholam, Dr. Spencer

EQUITY

EQUITABLE

Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education

Last Year's Performance (LY)

2023/24

Target

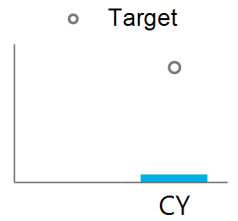
Current Year's Performance (CY)

6.7

2024/25

100.0

Target



EXPERIENCE

PATIENT-CENTRED

Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"

Last Year's Performance (LY)

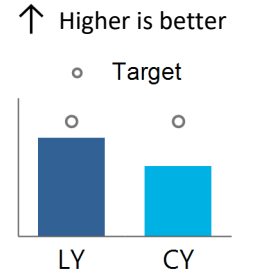
85.4 **100.0**

2023/24 Target

Current Year's Performance (CY)

60.6 **100.0**

2024/25 Target



PATIENT-CENTRED

Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".

Last Year's Performance (LY)

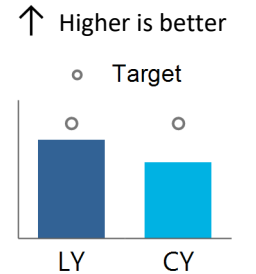
85.4 **100.0**

2023/24 Target

Current Year's Performance (CY)

65.6 **100.0**

2024/25 Target



SAFETY

SAFE

Percentage of LTC home residents who fell in the 30 days leading up to their assessment

Last Year's Performance (LY)

2023/24

Target

Current Year's Performance (CY)

20.7

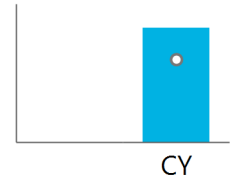
2024/25

15.0

Target

↓ Lower is better

○ Target



SAFE

Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment

Last Year's Performance (LY)

37.4

2023/24

30.0

Target

Current Year's Performance (CY)

31.6

2024/25

20.0

Target

↓ Lower is better

○ Target



LY

CY

2024/25 Quality Improvement Plan for Ontario Long Term Care Homes
 "Improvement Targets and Initiatives"



Maple Park Lodge 6 HAGEY AVENUE, Fort Erie, ON, L2A5M5

AIM	Measure	Unit / Population	Source / Period	Organization Id	Current performance	Target	Justification	External Collaborators	Change	Planned improvement Initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments	
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) O = Optional (do not select if you are not working on this indicator) C = Custom (add any other indicators you are working on)															
Access and Flow	Efficient	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)	54398*	14.73	12.00	We think this is a realistic goal based on our current statistics.	Dr. Scher, Dr. Gholam, Dr. Spencer	1)Improving an open line of communication between resident/family and health care team regarding a realistic approach to care	Discuss at time of admission and consult with physician as needed throughout trajectory to meet needs of resident.	Hospital transfers to be reviewed quarterly at CQI with the professional advisory committee.	To see a decrease in avoidable ER transfers to coincide with our corporate target	
											2)Dedicated IPAC lead to consult as needed for appropriate infection control measures to minimize potential for	Auditing of PPE and hand hygiene to promote compliance with staff, as well as resident hand hygiene audits with meal service.	Statistics reviewed at CQI/PAC and education scheduled as needed	Decrease in transmission of infection and need for hospitalization related to	
											3)Increase safety equipment use to prevent injuries related to falls.	Collaborate with residents and family to educate and ensure proactive safety interventions in place to meet residents needs.	Decrease in number of injuries related to falls.	Decrease in number of transfer to hospital as per target goal.	
											4)Improve our use of psychogeriatric resource consultant proactively to manage resident behaviours and staff	Review BSO involvement with residents weekly at quality and safety rounds and determine need for PRC involvement to assist with creating effective strategies.	To see a decrease in behavioural incidents over the next year and transfers to ED because of this.	To align with our corporate goal for ED transfers.	
Equity	Equitable	Percentage of staff (executive-level, management, or all) who have completed relevant equity.	O	% / Staff	Local data collection / Most recent consecutive 12-month period	54398*	6.67	100.00	This is a realistic goal based on our current statistics.		1)To ensure all staff receive applicable training on cultural sensitivity by the end of the year.	This is to be incorporated through our online learning platform.	Will be reviewed for completion by end of year cut off date.	To ensure 100% completion by the end of the year.	
Experience	Patient-centred	Percentage of residents responding positively to: "What number would you use to rate how well	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	54398*	60.61	100.00	According to survey results - 61 results are satisfied, 5 not satisfied. This		1)For any family members who do not attend care conferences, we will send out a paper copy of the survey with pre-paid return	Satisfaction survey results will be reviewed at CQI/PAC.	To see an increase in response rates.	To meet our goal of 100% satisfaction.	
											Percentage of residents who responded positively to the statement: "I can express my	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	54398*
Safety	Safe	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	54398*	20.68	15.00	We think this is a realistic goal based on our current statistics and would like to coincide with our corporate goals.		1)Implementation of falling leaf program with the adoption of extender care policies.	This is implemented on admission and incorporates ongoing assessment over the trajectory of their stay.	Falls will be reviewed weekly through our quality and safety rounds from an interdisciplinary perspective.	To meet or exceed our corporate target.	
											2)Implementation of a portering protocol for safe ambulation in wheelchair.	Staff educated that residents must have footrests on chair for staff to assist with ambulation, or POA consent for living at risk if foot rests are not available.	To see zero falls or injuries related to lack of foot rests.	To meet or exceed our corporate target.	
											3)Recertification of Resident safe handling team leads to ensure that there is an engaged and motivated trainer on each	Corporate training provided for team leads, and direct staff training provided during their orientation period.	To see a decrease in falls related to unsafe transferring. Incidents reviewed at CQI/PAC.	To meet or exceed our corporate target.	
											4)We promote an active collaboration including engagement of the resident and family with the nursing and physio team to prevent	Adoption of RNAO clinical pathways admission assessment to ensure family involvement from admission onward including a focus on resident safety.	Decrease in number of falls related to improper or lack of mobility aids.	To meet or exceed our corporate target.	
		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	54398*	31.63	20.00	While we would like to coincide with our corporate goal of 17.3%, we think 20% would be a more realistic goal based on our current statistics.		1)Review all charts of residents with antipsychotic use.	Run report from smartlink of any residents with antipsychotic use and compare chart to ensure a coinciding diagnosis as applicable.	ADOC will run report and review with appropriate physicians on their upcoming rounds date to ensure records are accurate. This will be completed by May 1st.	Decrease number of residents receiving an antipsychotic without a	
											2)Incorporation of Delirium clinical pathway on admission to ensure registered staff are able to identify and set	Education for all registered staff regarding clinical pathways.	Recognition of delirium as opposed to an underlying diagnosis requiring long term medication.	All residents will be screened on admission and careplanned interventions	
											3)Collaborate with pharmacist during three month medication review to highlight any need for	Nursing managers to discuss this with pharmacist lead.	Effectiveness of this strategy will be reviewed at CQI/PAC meetings with coinciding reports.	To meet or exceed the corporate target outlined.	
											4)Implementation of pharmacist led medication reconciliation program.	Ensures an indication for use for each medication ordered at time of admission.	Review statistics quarterly with CQI/PAC.	To meet or exceed our corporate goal.	