



CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT 2024-25

Home Quality Lead
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Maple Park Lodge (MPL) is a long-term care home located in Fort Erie, with a capacity of 96 beds for long-stay admissions. Our facility boasts a well-rounded interdisciplinary team that caters to the daily needs of our residents, including dietitians and social service workers. We also have access to external community partners and resources, such as Behavioral Supports Ontario, Seniors Mental Health Outreach, and Psychogeriatric Resource Consultants, who can be consulted on an as-needed basis.

We are committed to providing person-centered care and uphold our values of honesty, integrity, confidentiality, ethics, and workplace safety. Our focus is to create a homelike environment for our residents and their families, as well as a harmonious workplace for our staff.

Mission, Vision and Values for Resident Focused Care

Mission

We believe in cultivating a “circle of caring” to nurture and support our residents, the **RIGHT WAY**.

Vision

By focusing on the **RIGHT WAY**, we will be recognized as people’s first choice for a Long-Term Care home.

Values

R – Resident-Centered Care:

Residents are the center of everything we do, and by working in partnership, we drive the direction we take into the future.

I – Integrity:

Our relationships are built on trust and respect. Through honesty and equity, we develop relationships based on integrity.

G – Growth:

By encouraging growth and continuous quality improvement in leadership, knowledge, and technology, we achieve our vision of being "people’s first choice."

H – Honour:

Focusing on ethical decision-making, especially where it supports resident wishes and choice, ensures honour in all our interactions.

T – Teamwork:

We recognize that being partners in care and working as a team with residents, families, staff, and all stakeholders, nurtures and supports our residents.



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W – Workplace Health and Safety:

By focusing on staff safety and wellness, we provide a safe and healthy workplace. When staff take care of themselves and feel valued, their positive attitude reflects in the care they provide to our residents.

A – Always Confidentiality:

We learn many things about the people we care for and work with; it is crucial that this information is always treated as private and confidential.

Y – You Matter:

All the people who live, work, and interact in our homes matter. Your voice matters. Your feedback matters. You are our most important asset.

Continuous Quality Improvement

Priority Areas for Quality Improvement

In April 2022, the Ministry of Health and Long-Term Care, along with the Ontario Government, implemented the new Fixing Long-Term Care Act. This legislation focuses on improving resident care through a resident-centered approach, emphasizing the involvement of both residents and family members in the care provided at our home.

This new legislative framework enables us to better identify and address areas in need of improvement within our facility. We are committed to regularly updating our residents, family members, staff, community partners, and stakeholders on the progress of these initiatives.

At Maple Park Lodge, our quality priorities are driven by several key factors:

- **Fixing Long-Term Care Act:** Compliance with and implementation of the standards set by the new legislation.
- **RNAO Best Practice Guidelines:** Adherence to evidence-based practices as recommended by the Registered Nurses' Association of Ontario.
- **Key Performance Indicators:** Continuous monitoring and improvement based on indicators from CIHI (Canadian Institute for Health Information) and PointClickCare.
- **Program Evaluations:** Regular assessments of existing programs to ensure they meet the evolving needs of our residents.
- **Health Quality Ontario Priority Indicators:** Alignment with the provincial priorities for quality improvement in healthcare.



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- **Internal Audits:** Conducting comprehensive internal reviews to maintain high standards of care and service delivery.
- **Resident and Family Satisfaction Surveys:** Gathering and analyzing feedback to improve our services and address concerns.
- **Stakeholder Feedback:** Engaging with Residents Council, Family Forums, and other external stakeholders to gather insights and drive improvements.

Annually, Maple Park Lodge develops and implements a Quality Improvement Plan (QIP) that focuses on key areas of improvement aligned with Health Quality Ontario's priorities.

Five Core Focuses of Our Quality Improvement Plan

1. Access and Flow
2. Equity and Indigenous Health
3. Resident Experience
4. Provider Experience
5. Safety

The **Home's Quality Improvement Plan (QIP)** is collaboratively developed with input from residents, families, and staff. It is reviewed at the Resident Council to ensure alignment with the Home's overarching goals to improve the quality of care and deliver service excellence. The QIP reflects our commitment to continuous improvement and responsiveness to the needs of our community. As we progress, the goals and planned improvement initiatives outlined in this plan will continue to evolve, adapting to new insights, feedback, and best practices to enhance the resident and family experience in our Long-Term Care home.

Quality Improvement Priorities for 2024-2025

1. Efficient
 - Metric: Rate of Emergency Department (ED) visits for a modified list of ambulatory care-sensitive conditions per 100 long-term care residents.
 - Goal: Reduce unnecessary ED visits by improving onsite care and monitoring.
2. Equitable



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- Metric: Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education.
- Goal: Ensure all staff members are trained in equity and inclusion to foster a supportive and inclusive environment.

3. Patient-Centered

- Metric 1: Percentage of residents responding positively to the question, "What number would you use to rate how well the staff listen to you?"
- Metric 2: Percentage of residents who responded positively to the statement, "I can express my opinion without fear of consequences."
- Goal: Enhance communication and empowerment of residents, ensuring their voices are heard and respected.

4. Safe

- Metric 1: Percentage of long-term care home residents who fell in the 30 days leading up to their assessment.
- Metric 2: Percentage of long-term care residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment.
- Goal: Reduce falls and unnecessary medication use to ensure the safety and well-being of all residents.

Performance Monitoring and Measurement

Maple Park Lodge's quality initiatives are derived from data generated by our comprehensive measurement and accountability systems. Our frontline staff, care team leaders, and managers rely on real-time data, which is integrated into our quality and risk management review processes.

Review Processes Include:

- **Performance Indicators:** Tracked at both the home and program levels
- **Priority Indicators:** Outlined in the Annual Quality Improvement Plan
- **Benchmark Scores:** National and provincial benchmark indicator scores
- **Continuous Quality Improvement Meetings:** Held quarterly



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- **Resident Council and Family Interest Group:** Regular feedback and discussions
- **Satisfaction Surveys:** Resident and Family Satisfaction surveys

The performance indicators derived from CIHI data are tracked within our home and are presented and discussed at our quarterly Continuous Quality Improvement Meetings.

Maple Park Lodge CIHI Performance Indicators for 2023-2024:

Quality Indicator	Ontario	Maple Park Lodge
Potentially Inappropriate Use of Antipsychotics	20.7%	
Falls in the last 30 days	16.5%	
Restraint Use	1.8%	
Worsened Pressure Ulcers	2.3%	
Experiencing Pain	5%	
Worsened Depressive Mood	20.7%	
(Data Source – Continuing Care Reporting System provided by CIHI)		

Communication Strategy

At Maple Park Lodge, we prioritize resident and family input in all aspects of resident care from the day of admission and throughout their stay. We offer multiple avenues for feedback to ensure that residents and their families have ample opportunities to share their thoughts and experiences.

Feedback Channels Include:

- **Interdisciplinary Care Conferences:** Held six weeks post-admission and annually, providing a structured opportunity for residents and families to discuss their care and provide feedback.



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- **Satisfaction Surveys:** Available at all times, with reminders provided during care conferences and throughout the year.
- **Family Council:** An active council that meets quarterly to discuss and address family concerns and suggestions.
- **Continuous Quality Improvement (CQI) Meetings:** Residents and families are involved in quarterly meetings to review statistics and provide feedback on life at Maple Park Lodge.
- **Resident Council and Food Meetings:** Held monthly to gather resident input on various aspects of their care and dining experiences, promoting frequent and actionable feedback.
- **Emails:** Direct communication to keep stakeholders informed about the latest developments, initiatives, and changes in our Home
- **Automated Voice Messages:** Quick and efficient dissemination of important information to reach stakeholders promptly.
- **Memos and Posters:** Visible and accessible information displayed throughout the Home to keep everyone informed about upcoming events, updates, and achievements.

Through these diverse communication methods, we ensure that every voice is heard and that our Home remains transparent, inclusive, and engaged with our community. Additionally, we value our communication with stakeholders and community partners, who are integral to our quality improvement processes. Their input, along with that of our residents and families, helps us continuously enhance the quality of care and services we provide.

The Summary of Our Initiatives

Requirement Under O. Reg 246/22	MPL Summary Report
Continuous quality improvement initiative report 168. (1) Every licensee of a long-term care home shall prepare a report on the continuous quality improvement initiative for the home for each fiscal year no later than three months after the end of the fiscal year and, subject to section 271, shall publish a copy of each report on its website.	Fiscal year ends: March 31, Year Report due: June 30, Year
(2) The report required under subsection (1) must contain the following information:	Home Designated Quality Lead:



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<p>1. The name and position of the designated lead for the continuous quality improvement initiative</p>	<ul style="list-style-type: none"> • Sandeep Bassan, MPL Administrator
<p>4. A written description of a process to monitor and measure progress, identify, and implement adjustments, and communicate outcomes for the home’s priority areas for quality improvement in the next fiscal year.</p>	<ul style="list-style-type: none"> • The process to monitor and measure successes and challenges, identify, and implement adjustments, and communicate outcomes is reflected in MPL’s annual Quality Improvement Narrative report/Workplan. • A copy of the Quality Improvement Plan, monthly progress, and Continuous Quality Improvement committee minutes are posted publicly in an accessible location in the home on the Quality Improvement Communication board for all residents, family members, staff, and visitors to read. Paper based copies are available upon request. Further, copies of the annual Quality Improvement Workplan, Narrative, and Continuous Quality Initiative Report are posted on our home’s website.

Quality Improvement Initiatives 2023-2024

Our Quality Improvement Program has been instrumental in guiding our leaders, staff, residents, and family members in identifying and addressing areas for enhancement. The following actions were implemented during 2023-2024:

1. Resident Environment and Dining Room Aesthetics:



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- **New Flooring Installation:** To enhance the residents' environment and the aesthetics of the dining rooms, new flooring has been installed. This was previously implemented and will continue on an ongoing basis.
- **Tilt Kettle Implementation:** A new tilt kettle was purchased and implemented to improve the efficiency and quality of food preparation.
- **Spring and Summer Menu Update:** In response to the food committee's requests, a new spring and summer menu was implemented in May 2023.
- **Holiday Menus:** Special menus were created and implemented for holidays such as Father's Day, Canada Day, Mother's Day, and more. This initiative is implemented and ongoing.

2. Safety and Comfort Measures:

- **Falls Prevention Supplies:** To ensure resident safety, supplies such as hip protectors, bed alarms, and floor mats were ordered and implemented.
- **Bariatric Resident Support:** Special requests for bariatric briefs were approved and implemented to ensure comfort for bariatric residents.
- **Wound Care Supplies:** Wound care supplies were switched to increase the quality of products to focus on skin concern prevention, enhancing the quality of care for residents.

3. Falls Prevention Program:

- **Strategic Plan Implementation:** The Home's Strategic Plan for Falls Prevention was implemented in June 2023, ensuring that staff do everything possible to ensure resident safety and compliance.

4. Skin and Wound Care Initiatives:

- **Positioning Tip Sheet:** A positioning tip sheet was placed at the top of the head end of each resident's room to enhance safety and prevent skin-related issues. This was implemented in June 2023 and is ongoing.
- **Dedicated Skin/Wound Nurse/Champion:** A dedicated role was added to assist, educate, and support nursing staff in skin and wound care. This initiative was previously implemented and is ongoing.



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5. Clinical Pathways and Training:

- **RNAO Clinical Pathways Adoption:** New RNAO clinical pathways were adopted for admission assessments, focusing on family involvement and resident safety. Implemented in September 2023 and is ongoing.
- **Delirium Clinical Pathway:** The RNAO delirium clinical pathway was incorporated to help registered staff identify and differentiate between delirium symptoms and responsive behaviors, leading to more timely and effective interventions. Implemented in September 2023 and is ongoing.
- **GPA Training:** GPA (Geriatric Physical Assessment) training was provided to all care team members. This was previously implemented and is ongoing.

6. Palliative Care Room Enhancement:

- **Room Decoration and Snack/Activity Cart Addition:** The Palliative Care room was decorated, and a snack/activity cart was added to enhance the environment and comfort for residents and their families.

7. Controlled Drugs Safety:

- **NEXSYS Unit Allocation:** Controlled drugs were allocated to our NEXSYS unit to improve medication safety and handling.

Looking Ahead: Priorities for 2024-2025

Ongoing Communication:

- Maintain routine communication between the pharmacy and the home management team to promptly identify and address any issues or concerns at the pharmacy level.

Antipsychotic Medication Review: as this has already been an on-going effort, home will be looking ahead to continue to quality improve in this area by-

- Continuously review the use of antipsychotics to minimize their use among residents without a diagnosis of psychosis.
- Provide registered staff with education on:
 - Responsive behaviors and personal expressions.
 - The appropriate use of antipsychotic medications and alternatives.



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- De-escalation techniques to manage responsive behaviors effectively.

Responsive Behaviors committee improvements:

- Continue to implement comprehensive training for staff on **Gentle Persuasive Approaches to Care** and **Positive Approaches to Care**, emphasizing a person-centered approach to enhance the quality of care for residents.
- Continue to ensure all interventions comply with the home's policies and Ministry of Health (MOH) requirements to prioritize resident safety. Regular audits and checks will be conducted to ensure adherence.
- Conduct monthly meetings of the Responsive Behaviors Committee as an interdisciplinary team effort. This will address current issues and prevent future safety risks to residents through collaborative problem-solving.
- Develop and focus on the unique needs of individuals by establishing meaningful relationships. This will enhance residents' emotional well-being and improve their lived experiences and outcomes.
- Perform weekly rounds with staff on the floor, particularly with secure unit staff, to ensure that the latest interventions are in place. Modify care plans as needed with the involvement of families to ensure they are up-to-date and effective..

Resident Satisfaction Surveys:

- Enhance resident satisfaction survey processes by incorporating an online platform, while maintaining a paper version for those without computer access.
- For family members who cannot attend care conferences, send out paper copies of surveys with pre-paid return envelopes to ensure their feedback is collected, especially for those without cell phone or computer access.

Collaborative Efforts to Reduce Emergency Department Transfers:

- Focus on reducing unnecessary Emergency Department transfers and ensuring safe hospital discharges by involving home physician, nurse practitioner where needed as soon as possible. Also, acting proactively by doing certain doable tests at home to avoid Emergency department visit.



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- Before transferring a resident to a hospital, registered staff will consult with Physician to assess if the resident can be treated in-house, except in cases requiring immediate medical intervention.

Pleasurable Dining Experience:

- Provide comprehensive education on pleasurable dining to all staff, equipping them with the knowledge and skills to enhance dining experiences for residents.
- The home will continue to enhance the dining room aesthetics to improve the overall dining experience for residents. Efforts will include changing the tablecloths, updating the décor, and adding elements that create a warm and inviting atmosphere.

Strengthen the Falls Prevention Committee:

- Enhance the existing falls prevention committee, which includes registered staff, Personal Support Workers, physiotherapy, and recreation staff and goal to meet monthly and as needed basis with staff to discuss current interventions and fall trends, evaluate strategies, and make necessary improvements with a focus on residents who frequently fall.
- Collaborate with pharmacy and physicians to ensure all residents at risk for fractures are on preventative medications, such as Vitamin D, Calcium, Actonel, and Prolia.
- Educate staff on the Falling Leaf/Star program to improve fall prevention strategies and outcomes on on-going basis.

Zero Tolerance Program:

- Develop and implement a Zero Tolerance Program to address and prevent abuse, neglect, and any forms of mistreatment within the Home.
- Educate all staff, residents, and families about the Zero Tolerance policy, ensuring everyone understands their rights and the expectations for conduct.
- Establish clear reporting mechanisms and procedures for addressing incidents, maintaining a safe and respectful environment for all residents and staff.

Looking Ahead: With our focus on the "Resident First" approach through the RNAO Clinical Pathway initiative, we aim to achieve 100% favorable responses from residents and family members in the upcoming year.



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Home Quality Lead Contact Information

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