

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

March 27, 2023



**Ontario  
Health**

## OVERVIEW

Maple Villa Long Term Care Centre is an independently owned and accredited 93 bed Long Term Care Home located in Burlington. Future plans to redevelop and relocate North Burlington are in progress. A tentative open date for our new 256 bed Home is scheduled for September 2025.

Maple Villa has provided quality care and services to the community and surrounding areas for 52 years. At Maple Villa, we value our residents, their families, our employees, volunteers & the community as our customers, and in doing so, we believe in Honesty and trust, Enjoyment of a meaningful lifestyle, Autonomy that recognizes individual needs and desires, Respect, Teamwork that nurtures beneficial partnerships and Safety as a fundamental value – HEARTS. Maple Villa's Quality Improvement Plan (QIP) is based on a comprehensive assessment of our opportunities to improve the quality of care we provide, quality of life for our residents and their safety which are closely linked to our Values. Since 2012, with our community partners, we have introduced and implemented improvements in Pain Management, Skin and Wound Care, Continence Care, Falls Prevention, Behaviour Management, Medication Safe Practice, Appropriate Prescribing of Antipsychotics, Restraint Reduction, Emergency Department visits and Ethics, Diversity and Inclusion.

Our organization continues to improve the promotion of the value of diversity at the organizational level and at an individual level; being culturally competent through education and integration of diversity practices.

Our cultural competency will improve the quality of care and service delivery and outcomes for our residents.

Our QIP aligns with LSAA agreement with the Hamilton Niagara Halton Brant Local Integrated Health Network (HNHB LHIN), and is

included in our strategic planning, operational goals and objectives for optimal Resident Safety.

## REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

2022 Quality Improvements implemented:

Medication Safety Program:

1. Computerized Physician Order Entry (CPOE)
2. Authorized on-line access to COVID-19 Vaccination Information Portal (CoVax) with independent administration of COVID-19 Vaccine
3. Order Sets implemented for treatment of mild - moderate Covid-19 as well as Paxlovid antiviral administration

Palliative Care/End of Life Care (EOL)

1. Tranquility Room was refreshed with new purchases to provide a natural home-like atmosphere
2. EOL assessment form implemented to acquire EOL requests

Infection Prevention and Control (IPAC)

1. Speedy Hand Hygiene online app implemented to capture HH observation and compliance
2. CoVax Onboarding - Covid-19 Vaccine Independent administration implemented
3. Focus on IPAC improved with General Orientation Program: N95 Mask Fit Testing, HH/PPE Teach Back Method, Outbreak Management

General Orientation Program for new Employees

1. General Orientation Program was restructured to add IPAC & Person-centred Care

2. Regularly scheduled twice monthly
3. Surge Learning on-line revised

Health Equity- see below

## PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

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. Our organization engages with residents and families through Resident and Family Council Meetings, resident and family members participate in all of the home's committee meetings and on an individual basis at multidisciplinary team care conferences, and through informed consent. The goal is to provide individualized person centred care based on evidenced best practices.

## PROVIDER EXPERIENCE

Ways we are supporting Health Care Workers (HCW)

1. Our Work-Life Balance Committee focuses on the importance of well-being and finding balance in life, mindful behaviour, self-leadership, reducing stress, emotional intelligence, and a relationship with yourself and others.
2. Examples the committee strongly promotes are: Canada's Healthy Workplace month in October and Laugh at Work Week in April.
3. EAP programs are promoted to eligible employees
4. Increased Recruitment and Retention Initiatives (\$) implemented
5. The Home has enrolled in CNO recruitment and placement initiatives; as well as PSW preceptor program with CLRI. Placements for RNs, RPNs and PSWs are promoted
6. Resident: Staff ratio has not changed with the decrease number of residents due to the Ministry's Directive of 2 persons per room

## WORKPLACE VIOLENCE PREVENTION

Maple Villa is committed to providing a safe, healthy and supportive working environment by treating our employees with respect, fairness and sensitivity. The management of Maple Villa recognizes the potential for violence and harassment in the workplace and therefore will make every reasonable effort to identify all potential sources of violence and to eliminate or minimize these risks through the Workplace Violence and Harassment Prevention program. To establish this program Maple Villa has consulted with the joint health and safety committee and legislation governing workplace violence in Ontario.

**Risk Assessment:** Management accompanied with a worker assess workplace violence hazards of all disciplines and in the workplace as a whole. Risk assessments are reviewed annually and whenever new jobs are created or job descriptions change. Also, annually all employees have an opportunity to complete a Workplace Violence Employee Survey which the health and safety committee review.

**Education:** All new employees receive both general and site-specific orientation to the Workplace Violence and Harassment Prevention Program. In addition, all employees receive an annual review.

**Program Evaluation:** The effectiveness of the Workplace Violence and Harassment Prevention Program is evaluated annually by management and reviewed by the Joint Health and Safety Committee.

**Policy Review:** The Workplace Violence and Harassment Prevention Policy and Program are reviewed annually.

## PATIENT 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, 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 themes/patterns and provides opportunities to improve our culture of safety.

## HEALTH EQUITY

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 utilized 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

- Introduced a Land Acknowledgment at the beginning of several meetings

- Created a "Private Reflection" space for all staff to used for prayer, quiet time, meditation or reflection.

**CONTACT INFORMATION/DESIGNATED LEAD**

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Fax 905-639-3034  
Website: <http://www.maplevilla.ca>  
Call or email: [maplevilla@maplevilla.ca](mailto:maplevilla@maplevilla.ca)

**OTHER**

N/A

**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

\_\_\_\_\_  
*Barbara*

Board Chair / Licensee or delegate

\_\_\_\_\_  
*Barbara*

Administrator /Executive Director

\_\_\_\_\_  
*Judith*

Quality Committee Chair or delegate

\_\_\_\_\_  
Other leadership as appropriate

\_\_\_\_\_

### THEME I: TIMELY AND EFFICIENT TRANSITIONS

#### EFFICIENT

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

Last Year's Performance (LY)

9.0

2022/23

Target

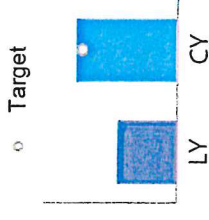
Current Year's Performance (CY)

15.4

2023/24

Target

↓ Lower is better



**THEME II: SERVICE EXCELLENCE**

**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)

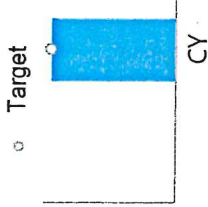
Current Year's Performance (CY)

↑ Higher is better

**94.1**      **95.0**

2023/24

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)

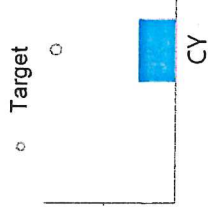
Current Year's Performance (CY)

↑ Higher is better

**28.3**      **92.0**

2023/24

Target





THEME III: SAFE AND EFFECTIVE CARE

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)

0.0

2022/23

Target

Current Year's Performance (CY)

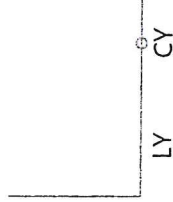
0.0

2023/24

Target

↓ Lower is better

○ Target





## Theme I: Timely and Efficient Transitions

Indicator #1	Measure	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
	Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 2021 - Sep 2022	15.38	14.50	5% reduction target for ED transfers is realistic given the current population and complexity of acuity of health status. The ongoing staff shortages of both lab and diagnostic services have contributed to a significant increase of ED transfers in the past year.	

### Change Ideas

Change Idea #1 We will continue to analyze all ED transfers including mitigating factors, evenings, weekends and after hours when there is reduced medical coverage, diagnostics and labs

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	The ongoing staff shortages for both lab and diagnostic services have contributed to a significant increase of ED transfers in the past year. It is unknown how this will affect our ED transfer numbers for the coming year.

## Theme II: Service Excellence

Measure Dimension: Patient-centred

Indicator #2	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?"	P	% / LTC home residents	In house data, NHCAHPS survey / Apr 2022 - Mar 2023	94.12	95.00	95% maintenance/improvement plan is realistic	

### Change Ideas

Change Idea #1 Our Survey was updated in 2020 to include the new response rating system. Since we have not submitted a QIP since 2020, our internal number indicated an improvement over the last year

Methods	Process measures	Target for process measure	Comments
Surveys are sent to families and residents most likely to respond to the surveys.	All questions are written as the QIP for Health Organizations in Ontario	100% of the received surveys will be reviewed	Total Surveys Initiated: 60 Total LTCH Beds: 73 traditionally very low numbers of responses of our survey is ongoing.

**Measure** Dimension: Patient-centred

Indicator #3	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".	P	% / LTC home residents	In house data, interRAI survey / Apr 2022 - Mar 2023	28.33	92.00	We received 88% approval rating based on 17 responses 11 were 10/10, 5 were 9/10, 1 was 8/10	

**Change Ideas**

**Change Idea #1** Our Survey was updated in 2020 to include the new response rating system. Since we have not submitted a QIP since 2020, our internal number indicated an improvement over the last year

**Methods**

Process measures

Target for process measure

Comments

Surveys are sent to families and residents most likely to respond to the surveys.

All questions are written as the QIP for Health Organizations in Ontario

100% of the received surveys will be reviewed

Total Surveys Initiated: 60  
Total LTCH Beds: 73

traditionally very low numbers of responses of our survey is ongoing.

## Theme III: Safe and Effective Care

**Measure**      Dimension: Safe

Indicator #4	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	P	% / LTC home residents	CIHI CCRS / Jul - Sept 2022	0.00	0.00	We have been below threshold amounts since 20??.	

### Change Ideas

**Change Idea #1** Based on our demographics, our trend is to admit those residents with higher rates of responsive behavior's and diagnoses of Behavioral and Physical Symptoms of Dementia (BPSD) not a recognized diagnosis for antipsychotic use in the long term care RAI-MDS. We work extensively with BSO and Gero-psychiatry Outreach program with monthly education on specific resident PIECES and dementia approaches.

### Methods

#### Process measures

All medications are reassessed every 1/4 by the interdisciplinary team including Gero-psych when appropriate; all new admissions with any psychotropic medication including antipsychotics are reassessed by 6 weeks after admission.

#### Target for process measure

Each resident who receives antipsychotic medication will be assessed on a quarterly basis by the interdisciplinary team to ensure appropriate use, with right diagnosis and indications for use

#### Comments

Our current performance raw data indicates our numerator is 5, our denominator is 24, making the facility percentage to be 20.8%. Since we know the provincial data average is 21.2%, reference rate is 6.5%, we still need to reduce this number to meet reference rate.