

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 14, 2024

OVERVIEW

“We serve with our hearts” is part of our mission statement here at Maxville Manor. We carry out that mission through three main programs: 122 LTC home including 2 respite beds, an ever growing outreach program and we offer apartments for seniors who want to remain living in the community.

In 2022, Maxville Manor’s strategic plan was updated in response to several unprecedented factors which resulted in a fundamentally changed healthcare landscape. These factors included, amongst others, the ongoing impacts of the COVID-19 pandemic, persistent healthcare worker shortage and burnout, increased public attention on long term care, and increased regulation of an already highly regulated environment. The updated Strategic Plan outlines objectives and priorities for 2021 - 2024. These objectives include focusing on those we serve, our people and culture, our leadership and our Manor.

Maxville Manor’s QIP is aligned with our Quality Framework, based on the Quadruple Aim framework adopted by Ontario Health. The high-level priorities for this year's QIP are informed by the quality and safety aims under the various pillars of the framework.

Maxville Manor is engaged in multiple activities that improve the quality of our services. This plan captures a selection of those high priority initiatives and builds on earlier plans to further improve performance. The following are some notable areas:

- As local hospitals are beyond capacity, Maxville Manor is looking to keep residents at the Manor as much as possible and when it is

safe to do so to reduce Emergency Department visits.

- Maxville Manor continues to work towards reducing usage of antipsychotic medications for LTC residents without a diagnosis of psychosis. This is a joint quality initiative between the medical staff, pharmacy, the Royal Ottawa Health Care Group and Maxville Manor staff. It is a team effort to ensure that resident medications are safely removed, if tolerated by the resident.
- Maxville Manor continues to work on reducing restraints and falls. Our philosophy is for residents to be free to walk or roam in their wheelchairs without restraints whenever possible. This is supported by our medical staff and family members.
- The nursing department has experienced many challenges in recent years as it relates to staffing. Health Human Resources is a provincial challenge but proves especially difficult in rural settings. To address staffing shortages, we have created a recruitment and retention plan, we've increased full-time staffing positions and we are moving towards the target of providing 4 hours of care per resident per day.

We look forward to working on our quality improvement plan for 2024-2025.

ACCESS AND FLOW

Maxville Manor continuously tries to decrease the amount of ED visits to hospitals. Our nursing leadership team reviews all reasons for ED transfers to determine if additional measures can be implemented to reduce unnecessary ED transfers.

The community paramedics are able to treat residents without transfer to ED for certain conditions including hypoglycemia, seizures, as well as palliative care. The residents need to be able to voice that they do not want to go to hospital and are happy with treatment at Maxville Manor. We will continue to educate the staff and family of the paramedic program that is now available to our residents to decrease transfers to hospitals.

EQUITY AND INDIGENOUS HEALTH

Population Health and Equity Considerations

Maxville Manor is situated in rural Ontario in the village of Maxville. Our residents are a blend of people who have lived in the local area (Stormont, Dundas, Glengarry and Prescott-Russell) and some who have arrived from the Ottawa and Montreal areas. The population at our home is both anglophone and francophone and some, in a state of dementia, revert back to the language spoken as a child which we have seen being mostly from European countries. Our employees mostly come from the local community, which is a perfect match for assisting our residents in speaking their language of choice. Many of the staff speak both French and English. When we encounter a situation when another language is spoken unfamiliar to most of our staff, there is always an employee or a volunteer who can assist with communication.

Maxville Manor also offers a wide variety of Spiritual and religious programs. Here at Maxville Manor we have a variety of programs that our residents attend, including: Church Services – lead by Anglican, Catholic, Presbyterian, United, Clergy (In person & Virtual during outbreak situations), Hymn Sings, Friendship Circle (hymns & bible readings), Rosary, Spiritual Youth Music Group, Sacrament of the sick, Communion, and 1-1 visiting from clergy.

We also have relevant training on equity, diversity, inclusion, and anti-racism. This training is part of our SURGE learning and all employees are required to complete their training. It is also completed yearly as a refresher course. The course is titled Diversity, Equity, and Inclusion at Work - A module by Surge Learning.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Our residents and families are engaged through their respective councils.

The annual satisfaction survey of resident/family which is rolled out in the Fall is another way we engage our residents and families.

Additionally, inter-disciplinary annual care conferences and timely discussions with residents and family caregivers regarding changes in health status/care needs are opportunities for engagement.

Another way we have engaged residents and caregivers is they have been invited to participate in the quarterly quality sub-committees.

Finally, we continue to provide regular newsletters to residents and families weekly, thereby enhancing communications.

PROVIDER EXPERIENCE

Maxville Manor is an active member of the Great River Ontario Health Team through involvement on the Steering Committee, Collaboration Council and Co-Chair of the Lived Experience Partners Table, and AdvantAge Ontario.

Board members also represent a cross-section of the community and meet on a bi-monthly basis to set priorities for the delivery of health and community services for seniors.

We have close working relationships with all of the local hospitals, community support services and other LTC Homes.

Engagement of Clinicians, Leadership and Staff

As part of our quality improvement plan and vision for quality, Maxville Manor engages the inter-professional team and leadership by utilizing the quality committee structures to ensure that program specific quality initiatives are discussed, trends identified and action plans addressed. Such groups include the Management Committee, the Professional Advisory Committee, the Falls Prevention Committee, the Palliative Care Committee, the Restraints committee, the Skin and Wound committee, RN meetings, RPN meetings and Unit Tours.

Access to the Right Level of Care – Addressing ALC

Maxville Manor has been accepting crisis placements from local hospitals to allow for transition of people waiting in hospital for LTC, even though we may not be their top choice for home.

The Community Outreach Team provides a number of services to seniors and others with special needs who live in their own homes or in apartments, in Glengarry County and East Stormont. Aply assisted by local volunteers and skilled staff, the Outreach Team serves to enhance one’s quality of life, personal well being and promote independence to be able to continue to live in the community for as long as possible. For example, the Manor operates an adult day program within its premise and provides Meals on Wheels to seniors in their homes in the community.

Transportation is provided for medical appointments and treatments, shopping trips and social activities.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

As a long term care home, the treatment of pain and opioid use is very controlled. Our physicians and nurse practitioner are diligent in the assessment of pain and prescription of medication. With the assistance of the nursing staff, effectiveness of treatment is closely monitored.

We also offer alternatives as treatment for pain such as heat, massage and physiotherapy.

Addiction is rarely a concern in our resident population who are admitted in the end stages of their illnesses however, counselling is available through local services.

SAFETY

Resident safety is one of our top priorities along with quality of life. The majority of our resident population are in private rooms which provides each resident with a greater sense of autonomy and personal space.

Resident rooms and common areas are open spaces that are brightly lit by using both natural and artificial lighting.

With our focus on the reduction of falls and restraints, we have utilized safety precautions such as: fall assessments are completed on admission and quarterly, post-fall huddles are done to try to

reduce the risk of future falls, fall mats are utilized beside the bed of those residents at risk of falls, call bells within reach, wider beds are ordered annually with a capital plan to continually replace them throughout the home, nightlights in each resident washroom in addition to other precautions.

The Joint Health and Safety Committee of Maxville Manor recommended a stronger emphasis on addressing bullying in the workplace for 2023-2024. Training was provided to all staff on Bullying in the Workplace in 2022 and continues to be provided. In addition, the training provided an overview of the various types of abuse and harassment and how to recognize and report incidents.

The focus is on empowering staff who may be targeted or witnesses to stand up for a violence free workplace and to report incidents when necessary.

In 2024-2025 we will continue to focus on staff education, investigation of concerns and the necessary follow up.

POPULATION HEALTH APPROACH

Maxville Manor has partnered with The Individual Approach [TIA] Rehabilitation Services to provide physiotherapy to our residents on-site. When they started in February 2023, we had 39 residents registered in the first month with the new physiotherapy team. Currently, 60 residents are registered in our physiotherapy program.

To help with the growing staffing shortages we have partnered with Alison Jones Consulting to help Maxville Manor bring 6 international nurses to Canada. They have signed a two-year contract to work at Maxville Manor and we plan to support them with their studies to receive their Registered Practical Nurse Diploma. We continue to work on recruitment and retention of staff through attending job fairs with the local colleges, as well as, through indeed.

CONTACT INFORMATION/DESIGNATED LEAD

Courtney Jeske MScN, RN
Assistant Director of Care

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

Administrator /Executive Director

Quality Committee Chair or delegate

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)	21.56	21.00	We will reduce unnecessary ED transfers by 0.56 percent over the next fiscal year	

Change Ideas

Change Idea #1 Increase utilization of paramedic outreach program

Methods	Process measures	Target for process measure	Comments
Teaching family members the benefits of the paramedic outreach program and services offered. Teaching registered staff of the paramedic outreach program	% of families who receive the education of services % of registered staff who receive the education of services	100% of families 100% of registered staff	Brochure will be developed and given to families of new admissions Information attached in a newsletter email

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	86.52	88.52	We will increase our performance by 2% over the next fiscal year	

Change Ideas

Change Idea #1 Staff will complete the equity, diversity, inclusion and antiracism training

Methods	Process measures	Target for process measure	Comments
Staff will complete the module titled, "Diversity, Equity, and Inclusion at Work" by Surge Learning.	Staff will be encouraged to complete the training module by the end of Q4	88.52% of staff will complete the online learning module by the end of the Q4	Total LTCH Beds: 122

Safety

Measure - Dimension: Safe

Indicator #3	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	27.21	25.00	We will reduce our number of falls by 2.21% over the next fiscal year	

Change Ideas

Change Idea #1 The interdisciplinary team will meet to discuss the individual resident fall during the shift in which the fall occurs.

Methods	Process measures	Target for process measure	Comments
80% of residents who experience a fall will have an interdisciplinary post-fall huddle review	80% of residents who have a fall will have an interdisciplinary team meeting to discuss possible causes/risks	80% of residents with one fall will have a interdisciplinary team meeting during the shift in which the fall occurs	

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	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	28.64	27.64	We will reduce our performance by 1% over the next fiscal year	

Change Ideas

Change Idea #1 Taper MD has been implemented and is being utilized by our MD/NP and Pharmacists for all quarterly medication reviews

Methods	Process measures	Target for process measure	Comments
Taper MD is used for all quarterly reviews	We will see a decrease in the number of residents on antipsychotics without a diagnosis of psychosis over the next 12 months	We will see a decrease in the use of antipsychotics for our residents who do not have a diagnosis of psychosis from 28.64% to 27.64% over the next 12 months	

	Last Year		This Year	
Indicator #1	28.60	20	22.11	NA
Falls - we will see a decrease in the number of falls from 28.6% to 20% within the next 12 months (Maxville Manor)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

New Physiotherapy Provider started in the Manor on February 1, 2023

Process measure

- We will see a 50% increase in the number of residents actively participating in the Physiotherapy program

Target for process measure

- Increase to 50% of our residents actively participating in the Physiotherapy program

Lessons Learned

Currently 60 residents are registered in our physiotherapy program. 39 residents were registered in the first month with the new physiotherapy team.

Change Idea #2 Implemented Not Implemented

The interdisciplinary team will meet to discuss all residents with 2 or more falls in a 72 hr period

Process measure

- All residents with 2 or more falls in a 72 hr period will have an interdisciplinary team meeting to discuss possible causes/risks

Target for process measure

- 100% of residents with 2 or more falls in a 72 hr period will have an interdisciplinary team meeting

Lessons Learned

Post-fall huddle continues with the interdisciplinary team

Change Idea #3 Implemented Not Implemented

The interdisciplinary team will determine if a video monitor (baby camera) should be used to monitor for resident safety

Process measure

- All residents with 2 or more falls in a 7 day period will be reviewed for the possible use of a video monitor

Target for process measure

- 50% of residents with a video monitor in use will have a reduction in falls during each quarter

Lessons Learned

Maxville Manor continues to use video monitors as needed

Safety | Safe | **Custom Indicator**

	Last Year		This Year	
Indicator #2	11.20	8.20	11.83	NA
Percentage of long term care home residents in daily physical restraints during their 7 day observation period will decrease by 3% (Maxville Manor)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

We will continue to provide education to 100% of new residents, families and staff

Process measure

- We will see a decrease of 3% in the use of daily physical restraints

Target for process measure

- We will see a decrease of 3% in the use of daily physical restraints by March 31, 2024

Lessons Learned

Percentage of daily restraints has fluctuated throughout the year based on current resident status

Change Idea #2 Implemented Not Implemented

When a bed is vacated, we will continue to remove side rails

Process measure

- All vacant beds will have side rails removed

Target for process measure

- We will decrease the use of daily physical restraints by 3% by March 31, 2024

Lessons Learned

All full bed rails have been removed from the home. We currently have assist rails for those residents as assessed requiring them.

Change Idea #3 **Implemented** **Not Implemented**

We will work with our vendors to ensure that new wheelchairs do not have seat belts attached on delivery to the Manor

Process measure

- We will see a decrease of 95% of new wheelchairs being delivered to the Manor that will not have seat belts attached on delivery

Target for process measure

- 95% of new wheelchairs being delivered to the Manor will not have seat belts

Lessons Learned

No wheelchairs are delivered with seatbelts

Change Idea #4 **Implemented** **Not Implemented**

During quarterly reviews our coding team will review each resident record for the use of restraints and will also confirm if the restraint is being used as a restraint or for another purpose

Process measure

- Number of quarterly reviews where we identify that a 'restraint' is being used for other purposes

Target for process measure

- 100% of residents files will be reviewed quarterly and the purposes for restraints will be tracked and documented

Lessons Learned

Quarterly reviews are completed and PASDs are identified.

Indicator #3	Last Year		This Year	
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Maxville Manor)	31.33	29.33	28.64
	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Each quarter our pharmacy partner, will complete a medication review on all referred residents

Process measure

- We will see a decrease in the number of residents on antipsychotics without a diagnosis of psychosis over the next 12 months

Target for process measure

- We will see a decrease in the use of antipsychotics for our residents who do not have a diagnosis of psychosis from 31.13% to 29.33% over the next 12 months

Lessons Learned

Pharmacy completes a quarterly review

Change Idea #2 Implemented Not Implemented

Weekly meetings will occur with the ROH Outreach Nurse and our BSO staff

Process measure

- The number of residents receiving antipsychotics will decrease

Target for process measure

- We will see a 2% decrease in the number of residents receiving antipsychotics who do not have a diagnosis of psychosis

Lessons Learned

ROH outreach nurse and BSO lead meet weekly

Change Idea #3 Implemented Not Implemented

Taper MD will be added to our medication safety plan

Process measure

- Taper MD will be used to review all resident medication records on admission and quarterly and we will see a 10% reduction in the overall number of medications each individual residents is prescribed in addition to supporting our goal to reduce antipsychotics

Target for process measure

- 100% of all resident medication records will be reviewed on admission and quarterly

Lessons Learned

TaperMD added in may of 2023. It is currently used by physicians and pharmacist to complete quarterly reviews

Access and Flow | Efficient | Priority Indicator

	Last Year		This Year	
Indicator #4	22.92	18.50	21.56	21
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Maxville Manor)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Our Nursing Leadership Team will review the reasons for ED transfers to determine if additional measures can be implemented to reduce unnecessary ED transfers

Process measure

- We will see a reduction in the number of ED transfers for ambulatory care sensitive conditions

Target for process measure

- 75% of all residents transferred to ED will have a review of their file and the reasons for the ED transfer

Lessons Learned

Yes the leadership team has been discussing and reviewing transfers to hospitals

Change Idea #2 Implemented Not Implemented

Once available, community paramedics will be permitted to treat residents without transfer to ED for diabetes, known seizures and palliative care. Cornwall paramedics are receiving training at this time

Process measure

- 90% of ambulatory care sensitive conditions will receive treatment at the Manor to avoid unnecessary transfer to ED

Target for process measure

- 90% of ambulatory care sensitive conditions will receive treatment at the Manor to avoid unnecessary transfer to ED

Lessons Learned

This program has been implemented by the paramedics this past year.