

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

September 26, 2023

## OVERVIEW

Huronlea Home for the Aged is one of the Long Term Care homes operated by the County of Huron. Huronlea is located in Brussels Ontario and houses 64 Long Term Care beds. There are an additional 20 senior apartment units attached to the building that are independent living for seniors. Huronlea was built in 1993 along with our sister home Huroview in Clinton. Huroview houses 120 Long Term Care beds as well as 20 seniors apartments. Our buildings are single storey structures and are made up on single and double occupancy rooms.

Huronlea and Huroview share a mobility van used by activation department to take residents on outings or assist with taking them to appointments.

The Huronlea quality improvement plan is driven by the fundamental principles of Long Term Care: a long term care home is primarily the home of its residents and is to be operated so that it is a place where residents may live with dignity, security, safety and comfort and have their physical , psychological, social, spiritual and cultural needs adequately met. The homes receive substantial municipal funds annually for resident care and services and capital projects.

Our Mission is:

To provide quality, compassionate care in a homelike environment.

Our Values:

Respect, Teamwork, Accountability, Integrity

The Homes are working on: 1)enhancing communication with

residents, families and staff 2) Enhancing resident programs 3) improving Infection, prevention and Control program 4) finding innovative recruitment opportunities in partnership with local colleges.

## **REFLECTIONS SINCE YOUR LAST QIP SUBMISSION**

As many homes operating through the pandemic, our focus was on Infection Prevention and Control as well as vaccination policies. We introduced the IPAC lead/Associate Director of Care role at Huronlea and formed IPAC teams that are truly multidisciplinary. We have emphasized the importance of every department on this committee as the pandemic truly taught us how much value we all add to the team. Housekeeping with enhanced cleaning contributed to reducing the spread, Activation with their innovative approach to programming and visiting during isolation, dietary to ensure nutritional needs were met when residents were feeling depressed and isolated, as well as nursing for all their contributions as well.

The homes have and continue to make updates to the facility to be more IPAC friendly by way of wipeable furniture, replacement of carpet with vinyl flooring along with air exchange units that bring in a higher percentage of outside air in replacement of recirculating the air in the home.

We formed a partnership with Emergency Medical Services (EMS) to provide vaccine clinics on site to support the residents, staff and the apartment tenants. We also consulted Huron Perth Public's IPAC lead and completed proactive audits to ensure our resources were being utilized in the best way possible.

The Nursing department received Leadership training to help them feel empowered in their position as a Registered staff member and to feel more confident with those difficult conversations that so

often are required in Long Term care as well as with the changing protocols with the Covid pandemic.

We have been focusing on trying to improve the activities in the home so that if a resident is in isolation there are options to still socialize. We provided smaller group activities and provided welcoming outdoor spacing in nicer weather for visiting.

Entertainers would perform in a protected space so residents could still enjoy the activities that they love. The pandemic has taught us to find creative solutions to visiting as well such as window visit, virtual visits to outdoor visits under the tent. Now that some of the restrictions have been lifted, we are pivoting again to reopen some of our areas of the home for visiting.

Communication is another way that we have made improvements and continue to improve. We have utilized social media, email and zoom to communicate when in person are not possible, which has allowed greater participation from families that would otherwise not be able to attend.

## **PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING**

The Huronlea Leadership, Social Worker and care team have worked diligently to foster an environment that is inclusive of individuals, promote kindness, respect, collaboration and compassion, this extends to the relationships we have with residents and their families. We have put great effort into transparent communication when it comes to outbreaks, updates and vaccine clinics. During the pandemic it was difficult to maintain the level of community involvement with the restrictions in place but were able to have redeployed staff members come to the homes and support the residents through partnerships with EMS, Huron Perth Public Health and Seniors mental Health. These

partnerships proved to be extremely important when it came to resident and staff swabbing and vaccinations. We sought out the assistance of Huron Perth's Infection Prevent Control lead to ensure that our practices were in line with Public Health and had our residents health and wellbeing in mind.

The leadership team felt it was important to continue meeting with Regional members of Long Term Care Homes to collaboratively approach changes that were happening in the sector. Meeting were held virtually so that we could still be present in the home to support were needed. These groups were instrumental in advocating for our sector as we all navigated through the times of the creating and changing policy, implementation of changes set forth by Ministry. Group such as our Emergency Operation Committee for Huron County, Region # group, Facilities operation Group and Huron Perth Public Health meetings.

The home has an active residents council who met regularly throughout the pandemic to ensure that updates were communicated timely and input was received and acted upon. We were unable to do our annual Harvest dinners so we did an outside food truck day where families could come and join their loved ones outside for a meal and entertainment.

Resident satisfaction surveys were conducted and reviewed by the leadership team. "A Part of Us" program continues which has a specially trained PSW support a resident on admission to the home to help them settle into their new environment. This was especially important when families where unable to come to the residents room. This PSW was the advocate for the Resident and would communicate the knowledge the family shared about the resident to the care team.

Activation staff were utilized to assist residents with virtual visiting so that they were still able to keep InTouch with families during this

time.

The social worker has been a pivotal part in maintaining the mental health of or residents as well as maintaining family relationships. The pandemic has been an isolating experience for a lot of residents and their families there for maintaining good communication with residents and families increased the need for the social worker in Long Term Care and we were lucky enough to have a Social Worker already on staff.

## PROVIDER EXPERIENCE

Huronlea has experiences significant challenges with staffing just as many homes in the area especially with the geographical location of this home. There are no large centers to draw staff from. Huronlea has been able to source agency staff to backfill vacancies in the staffing pool. Partnerships with local colleges have helped with recruitment efforts but the flexibility that an agency schedule allows is depleting the homes staffing pool and inflating the cost to staff the building. Agency were asking for housing, transportation, meals among other perks to fill vacancies. Homes were asked to pay these extra costs and the cost to orientate these short stay staff members just to turn around and orientate another staff for the same shifts. Huronlea was lucky to receive some exceptional staff from agency.

Home PSW staff received a wage enhancement that was greatly appreciated by some but caused a divide in other staff as they are experiencing similar challenges and changes in their jobs that the PDSW's were experiencing. Huronlea experienced the greatest staffing losses through the pandemic with the Registered staff and the Dietary departments. The reason for these vacancies were related to either vaccine policy or the flexibility of schedules being better with agency.

Huronlea and Huronview created a Resident Care Aid role that was utilized when we were short PSW staff. These staff members were not able to do the full scope of work as a Personal Support Worker (PSW) but did help with some of their tasks so PSW's could focus on resident personal care.

Since then we have seen a change in program delivery for the Personal Support Worker course that allows staff to complete their placement as work experience which has help a little with recruitment.

## **WORKPLACE VIOLENCE PREVENTION**

Huronview and Huronlea share the same policies. We have collaborated with the Mental Health OPP officers to create a code white policy and drill. We are scheduled to have our first Code White drill Spring/Summer or 2023. The Mental Health Officer has agreed to participate in the Code White drill and give feedback on how to improve our response as well as educate on their roles and responsibilities when a code white is call and OPP attend. We have found this collaboration extremely valuable as this also give the offices a clear picture of what we are able to do in supporting residents during the code white process. After the Code White drill we will review the feedback from both staff and the Officers to modify our policies.

We have had education provided from Seniors mental health on how to support residents with mental health diagnosis. We will continue to partner with resources in the area to provide training and support to staff as our resident population is always changing. We are seeing more residents with multiple mental health diagnosis and at a younger age. We feel the more resources, training and support we can provide staff the better experience the resident will have in our homes.

## **PATIENT SAFETY**

Resident Incidents are reviewed at the health and safety meetings. The resolutions are then taken to the appropriate departmental staff meetings to implement and communicate and changes that are required for prevention.

If the Incident meets the criteria for a Critical Incident, these are reviewed with the Medical Director, care plan interventions are put in place. Power of Attorney for Personal Care would be notified and any authorities that were required. A critical incident would be file with the Ministry of Long Term Care. All interventions are reviewed for relevancy and effectiveness. If the incident resulted in a wound or was a fall they would be reviewed at the Skin and Wound and/or Falls meeting.

## **CONTACT INFORMATION/DESIGNATED LEAD**

Connie Townsend- Homes Director  
Dana Mellor- Administrator  
Meenu Nair- 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 **April 1, 2023**

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**Connie Townsend**, Board Chair / Licensee or delegate

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**Dana Mellor**, Administrator /Executive Director

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**Dana Mellor**, Quality Committee Chair or delegate

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**Connie Townsend**, Other leadership as appropriate

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