

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

October 30, 2023

## OVERVIEW

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

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

The Huronview 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.

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

Our Mission is:

To provide quality, compassionate care in a homelike environment.

Our Values:

Respect, Teamwork, Accountability, Integrity

## **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 blended the IPAC lead in with the role of Associate Director of Care. IPAC teams were created that are multidisciplinary. We emphasized the importance of representation from all departments 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 EMS and Public Health to offer vaccine clinics for staff, residents and apartment tenants. We also invited the Huron Perth Public Health IPAC lead to our home to proactively audit the home to ensure we were meeting all IPAC requirements in order to keep our residents safe.

The Registered staff participated in Leadership training to assist them feeling empowered in their roles as Registered staff members and to feel more confident with those difficult conversations that so often are required.

We have also been focusing on trying to improve the activities in

the home so that if a resident is in isolation there are options for socialization. The pandemic has taught us to find creative solutions for visiting such as window visits, 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 area that we have made improvements and continue to improve upon. We have utilized social media, email and zoom to communicate when "in person" visits are not possible. This has allowed greater participation for families that would otherwise not be able to attend.

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

The Huronview Leadership team, 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' thought 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. Meetings 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 and implementation of changes set forth by Ministry. Group such as our Emergency Operation Committee for Huron County, AdvantAge Region Three 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 home. This was especially important when families where unable to come to the resident's 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 in touch 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. Therefore maintaining good communication with residents and families emphasized 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**

Huronview, like many homes, has been effected by the provincial health care worker shortage. We have been working closely with agencies, colleges, human resources and local high school to find quality staff to help fill the vacancies. We have sustained increased difficulties as the increased direct care has added further demands on recruitment. While we all agree that more direct care hours would have a positive impact on the resident experience in the home, staff just aren't there. The Homes for the Aged implemented a role to help ease the staff shortages by introducing the Resident Care Aide(RCA)position. This position helped the Personal Support Workers when they were short staffed. The RCA's would complete some of the less personal tasks so that the PSW could spend their time on personal Care for the residents.

The Leadership team has participated in recruitment efforts such as job fairs in hopes that we could highlight all the positive experiences in Long Term Care. Our goal is to attract students to apply for these courses in the future.

Fanshawe college has a campus in Clinton that offered a Personal Support worker course but unfortunately there are not always enough interested students to run the course. Colleges are now looking at more flexible delivery methods to allow students to work and attend classes.

Dietary department has also experienced significant staff shortages. With the vaccine mandate that was forced upon Long Term Care homes, we saw several staff members leave or be terminated from the dietary department as they could work in kitchens elsewhere without the required Covid vaccines.

As a result of these shortages we have partnered with local colleges in hopes to provide students the ability to work and obtain schooling. We have reached out to CLRI and are participating in the preceptor program where our staff are empowered to educate and motivate new hires in Long Term Care. This relationship hopefully will creating a more positive work environment. We arranged for Leadership training for the Registered staff to help them feel as though they can manage and direct staff when experiencing challenges in their work day. We are investing in our staff as we feel that they are the best advocates for our residents and our home. We offer flexible delivery methods for education as we know that staff need their time off, so will be able to participate on their own schedule.

Both Huronview and Huronlea have also utilized several agencies to fill the staffing vacancies. We have seen significant agency use with the registered staff. We provide them with mandatory education as they are included in our staffing complement. We have seen several staff members go to agency as their schedules are more flexible when not bound by union collective agreements. We have also seen several come back to the home after working with agency for a period of time. Unfortunately our home like many others are experiencing significant staffing costs related to the rates that agencies charge. At the height of the pandemic requests from agencies went beyond monetary and included housing, meals and car rentals. Now that there are multiple agencies with staffing we are in a a better position to negotiate to reduce costs. We are not always successful though.

## **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 which includes mock drills. We are scheduled to have our first Code White drill Spring/Summer of 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 any changes that are required for prevention.

If the Incident meets the criteria for a Critical Incident, these are reviewed with the Medical Director and 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 filed 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  
Rachel Bernard- 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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**Connie Townsend**, Administrator /Executive Director

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

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**Dana Mellor**, Other leadership as appropriate

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