

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

April 2, 2024



## 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 is home to 120 residents. There is an additional 20 independent living seniors apartments attached to the long term care home. Our buildings are single story structures and are made up of single and double occupancy rooms.

Huronview shares a mobility van with the other County long term care home, Huronlea, which is used for resident outings or to assist the residents going to appointments.

Our quality improvement plan is based on the fundamental principles of Long Term care which is that Huronview 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.

Huronview receives substantial municipal funds annually for resident care and services as well as on-going capital projects.

The Homes Mission is "To provide quality, compassionate care in a homelike environment". Our Values are Respect, Teamwork, Accountability and Integrity. Our Vision is to "Foster a caring environment with the open possibilities of life's continued journey".

In August 2023, we received a three-year accreditation result from our survey. A quality improvement plan was submitted to CARF and actions are being addressed.

For the upcoming year of 2024/2025, the QIP workplan for Huronview will include the following:

1. Decreasing potentially avoidable ED visits
2. Equity, Diversity, Inclusion and anti-racism for all staff and

management.

3. Implementation of the Restorative Care Program
4. Improving dining room customer service and pleasurable dining experience for residents
5. Percentage of LTC residents without psychosis who were given antipsychotic medication.

## **ACCESS AND FLOW**

At Huronview we continue to support local and provincial strategies to assist with Access and Flow to ensure timely admissions to our Home through partnerships with HCCSS , the use of HPG and Clinical Connect. The Director of Care, when needed, completes site visits at hospitals pre-admission to review complex care needs and arranges for additional education and support for the staff at the home prior to the final acceptance and admission.

Our Home has a variety of equipment in place to support the complex care needs of our residents including: dedicated ceiling lifts in most resident rooms, bariatric equipment, bladder scanner, urinalysis machine, INR and IV equipment. The Home has received recent Local Priorities Funding and has used that funding to widen doorways to provide a more inclusive environment for our residents who have bariatric needs. It was also used for wound training.

The Home continues to partner with a variety of community supports such as the Regional BSO Outreach team, the Alzheimer's Society, Geriatric Mental Health, Pain and Palliative specialists and IPAC Hub.

## **EQUITY AND INDIGENOUS HEALTH**

The County of Huron has recently hired an Inclusion, Diversity, Equity and Accessibility (IDEA) Specialist through the Human resources Team that will be supporting the Home to ensure there are equitable outcomes to reduce health inequities. In March of 2024, the home's Managers participated in a training session from the IDEA Specialist. In 2024, the goal is to have 100% of employees receive training on Equity, Inclusion, Diversity, Anti-Racism along with First Nations, Inuit, Metis and Urban Indigenous health awareness education. This is included on our quality improvement plan.

The Home will engage with residents and staff by collecting information on events they would like to celebrate and recognize as we further develop our 2024 calendar of events and training.

The activation department includes resident programming around IDEA topics such as food tasting activities from foods around the world. The dietary department celebrates different cultural foods on the menu or as a special meal.

## **PATIENT/CLIENT/RESIDENT EXPERIENCE**

The Home has an active residents council who meet monthly which provides the opportunity for residents to share their concerns, positive or negative, with the group. Throughout the year, different departmental managers attend the meeting which provides the residents the opportunity to meet managers they might not regularly interact with, such as Housekeeping or Maintenance. Any concerns coming from the meeting are directed to the appropriate departmental manager.

The residents approve the menu cycle twice per year and are informed of the draft budget, yearly.

Resident satisfaction surveys were conducted and reviewed by the leadership team. This past year was one of the highest number of responses received which is great to see. Residents with a CPS score of 0-3 are invited to complete the survey. This represented 73 out of 120 residents. Of that 73, 58 surveys were completed, 7 residents refused and 8 were unable. 93% of resident responses said staff treat me with respect. 95% of the residents feel that staff respect their personal belongings.

Family members also complete a survey. 54 responses were received.

Currently we have no Family Council in place. Through newsletters and other means, it is communicated to the family members of their right to form a council. Just recently we have provided resources to a couple of families who have shown interest in forming a family council.

Quarterly Continuous Quality Improvement (CQI) meetings are held which will include resident(s), family member, frontline staff, Medical Director, members of the management team and ad hoc member(s) as needed.

The "Part of Us" program continues which has a specific trained PSW (or 2) who support a resident on admission day, to the home and help them settle into their new environment. This PSW advocates for the resident and would communicate the knowledge the family shares about the resident to the care team. There is also a dedicated RN scheduled for the day to assist the family and resident through various medical forms. This has proven to be a very positive program for new admissions. The day is not rushed and

time can be taken to complete the necessary paperwork.

## **PROVIDER EXPERIENCE**

Similar to many long term care homes, staffing this past year is our biggest challenge. The Home relies heavily on agency staff for RN, RPN and PSW staff. We do have one agency Cook currently in place.

Particularly with our family satisfaction survey, there are many negative comments about agency staff.

We have been working closely with the County Human Resources department on recruitment. Streamlining efforts have been put into place to ensure we are making job offers in a timely manner. For example, tasks typically done by HR is now being done internally. This is helping with job offers being done before the candidate moves on to another job offer.

We permit staff who have qualifications in another department to take call-ins for that department. Some of these staff have even moved to that department to cover open lines.

We surveyed PSW staff this past year asking about possible changes to their schedules. Only 55% prefer a full-time line which the Home has been experiencing with FT lines remaining open.

When we asked about 12 hour shifts, it was split 50%/50%. This option was not pursued then.

Partnerships with local colleges have helped with recruitment efforts. In the fall of 2023, Huronview provided space for the college to have their lab portion of the course, in the Home. This was another great initiative undertaken, with little disruption. Most of the students were hired at the Home, upon completion of the PSW course.

We have continued our partnership with Fanshawe College and are providing placement opportunities for these students as well as students from the Avon Maitland School Board.

We also created a Resident Care Aide role that was utilized when we were short PSW staff. These staff members were not able to do the full scope of work of a PSW but did help with some of their tasks so PSW's could focus on resident personal care. Some of these RCA staff have completed their PSW certificate and stayed with the Home.

Other initiatives that have been put into place include:

- increased in-person education instead of zoom (such as lift training)
- changing pharmacy provider to better enable the registered staff to perform their duties
- PSW and dietary department staff lines have been revised to better suit the needs of the department and requests of the staff
- communication huddles have been started this year for the day and evening staff (for all departments) with night staff receiving a copy of the minutes
- supporting the staff by providing them opportunities for growth e.g. PSW program, placement opportunities, mentorship program and specialized training (leadership, wound management, IPAC and use of LTC education funding)

## SAFETY

The approach of safety at Huronview is standardized across the two Huron County Long Term Care Homes. We ensure that the practices and standards are in place to provide a safe space for all. Annually and on hire, employees complete Respect in the Workplace and

Employee Behaviour and Code of Conduct education on Surge Learning. The County of Huron employs a Safety and Wellness Supervisor through the HR team who assists with the Health and Safety Committee and provides support to the Homes for any work related and non-work related injuries.

If there is an incident that involves a resident, then the care team is advised and assist with preventative measures. For example, if behaviours or resident actions occur then the Medical Director would be involved for interventions, to ensure safety for the resident and staff.

The Homes staff are trained annually on the requirements and criteria of reporting Critical incidents to the Ministry of Long Term Care, through Surge Learning. The Home ensures that the Power of Attorney for Personal Care, appropriate authorities are notified as required. In collaboration with the Medical Director and the interdisciplinary team, we ensure the care plan, referrals and interventions are in place and reviewed quarterly.

To ensure resident and prevent reoccurrences of potential or actual injuries, families are part of the discussions for corrective action. This also applies to complaints from family members or the resident.

The Abuse prevention policy and the Whistleblower Protection policy are in place to support employees, residents and other stakeholders in reporting matters such as any form of abuse, fraud, fraudulent activity or breaches of the business code of ethics.

## POPULATION HEALTH APPROACH

Huronview is a member of AdvantAge Ontario and was also

awarded a three-year CARF Accreditation in 2023. We continue to work with a variety of community partners to enhance the quality of like while ensuring the ever increasing complex care needs are being met. Working relationships are being developed with BSO Outreach team, Seniors Mental Health and Psychologists.

The Home has strong partnerships with an oxygen provider, wheelchair/walker provider with onsite Occupational Therapist services, lab services and medical suppliers.

Over the last year the home has partnered with Care Partners and our nurse's attended the hospital to receive wound care VAC training which was then followed up with a visit from the hospital Nurse to our Home. In 2023, in collaboration with Point Click Care, the Home implemented the skin and wound care app to assist in maintaining the continuity of care and track wound care progress.

This year the Home provided restorative care training to assist with the implementation of our restorative care program. This was done in collaboration with Life Mark.

Wound Care training for Registered staff was provided to enhance wound healing and to reduce possible ED visits.

The leadership team participated in multiple committees and regional groups to gain knowledge and keep current on new changes, ideas and projects. Members of our regional teas represent our group as a whole with the Ontario Health Team. The Infection Prevention and Control Leads/Associate Director of Care along with the Director of care participate in IPAC Hub Communities of Practice along with trainings and ongoing support from Public

Health.

## CONTACT INFORMATION/DESIGNATED LEAD

Dana Mellor  
Huronview Administrator  
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## 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 **March 28, 2024**

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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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Other leadership as appropriate

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