

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 31, 2025

## OVERVIEW

Huronview Home for the Aged is one of the Long Term Care homes operated by the County of Huron. Huronview is located just outside of Clinton Ontario and is the home to 120 Long Term Care residents. There is an independent Seniors Apartment attached called Heartland Apartments that has 20 apartment units. Huronview is a single story facility that is made up of single or double occupancy accommodations.

Huronview was awarded a 3 year accreditation through CARF Canada. The home is currently in the process of preparing for the next CARF Survey expected to take place in the spring of 2026.

Our Homes for the Aged Mission is to "Provide quality, compassionate, care in a homelike environment".

Our Vision is to "Foster a caring environment with the open possibilities of life's continued journey".

Our Values focus on Respect, Teamwork, Accountability and Integrity.

Our Continuous Quality Improvement Committee is lead by the Homes Administrator and driven by the fundamental principles of Long Term Care and the Homes mission, vision and values. The interdisciplinary team consists of both a resident and family representative as well as the Home's Leadership Team, interdisciplinary team members, Medical Director, Registered Dietitian, Pharmacy provider as well as other allied health team members. The team meets quarterly to review the data and improvements made from the various committees within the Home in addition to quality action plans created as a result of Strategic Planning, CARF Accreditation, QIP and Satisfaction Surveys. The

Homes results are analyzed and trends are identified and prioritized throughout the year. The CQI Committee provides input and additional direction and feedback on the quality improvement initiatives and action plans are updated accordingly after collaboration and review. The Quality Action Plans and updates are reviewed at the Resident Council Meetings, Employee Huddles and QIP is also posted on the Homes website and on the quality boards at the Home.

For the upcoming 2025/2026 year, the QIP workplan for Huronview Home for the Aged is as follows:

1. Decrease potentially avoidable ED visits
2. Expansion of the restorative program to include a maintenance program
3. Establish an Inclusion, Diversity, Equity and Accessibility Committee with clear goals to help educate staff, residents and family members
4. Establish and active Family Council

## **ACCESS AND FLOW**

At Huronview Home for the Aged we continue to support local and provincial strategies to assist with Access and Flow to ensure timely admissions to our Home through partnerships with Ontario Health atHome and the use of HPG and Clinical Connect. Through this commitment we are also dedicated to the QIP focus of avoiding unnecessary hospitalizations and avoiding ED visits. 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 final acceptance and admission. This continues to be a successful endeavor and partnership for the Home. The Nursing Department leaders

continue to actively participate in the Huron Perth Access and Flow Working Group in collaboration with the Huron Perth Healthcare Alliance. The Homes Medical Director is supported by an additional Attending Physician to ensure residents receive the required supports in the home. In 2025 the Home entered into a new service agreement with the Southwestern Nurse Led Outreach Team to assist with providing additional services to the home. Huronview has a variety of equipment in place to support the complex care needs of our residents including; dedicated ceiling lifts and tracks in resident rooms, bariatric equipment, urinalysis machine and a bladder scanner.

Local Priority Funding for 2024/25 was received and utilized to purchase additional bariatric beds and a bariatric hoyer lift. Additionally, the Home received funding for door widening of the shower rooms to provide residents and staff with a more accessible space. One-Time Funding was also received for Equipment and Training to build capacity by purchasing equipment and/ training that supports the assessment, testing, and treatment of conditions that most often lead to avoidable emergency department visits.

The Home has been actively investigating community partnerships to provide additional services within the home such as IV Therapy. The Home continues to partner with a variety of community supports such as the Regional BSO Outreach, Alzheimer Society, Geriatric Mental Health, Psychogeriatric Resource Team, Pain and Palliative Specialist, RNAO, NLOT, IPAC HUB which all provide additional supports, education and guidance to further assist residents with their care needs.

## **EQUITY AND INDIGENOUS HEALTH**

In 2024 Huronview hosted a variety of events as we continue to focus on Equity, Inclusion, Diversity, and Anti-Racism in the workplace as well as increasing awareness of First Nations, Inuit, Metis and Urban Indigenous Health. Some highlights include, Mental Health week in May, the National Day for Truth and Reconciliation in September, and other cultural events celebrated around the World. Huron County Museum and Huron County Library representatives attend the Home to offer interactive programs which provide opportunities for discussion and community engagement.

The County of Huron employs an Inclusion, Diversity, Equity and Accessibility (IDEA) Specialist through the Human Resources Team. The IDEA Specialist supports the Homes to ensure there are equitable outcomes to reduce health inequities. In March of 2024 the Managers participated in a training from the IDEA Specialist. In October 2024, the Home hosted in person mandatory education sessions for all employees. All employees received education from the IDEA Specialist which focused on Fostering Inclusive, Diverse, Equitable and Accessible Environments in Long Term Care. Additionally, the Homes added education onto the Surge Learning platform to provide additional learning opportunities. In 2024 all managers completed a combination of either the San'yas Indigenous Cultural Safety Online Training or Professional Development Courses offered through Ontario Health. In 2024 the Home developed an IDEA Committee which continues to be in the early stages. The current committee members have advanced their education through CLRI programs such as Creating a Culture of Belonging and the 2SLGBTQ+ training.

The Home will be utilizing the IDEA Specialist, Centres for Learning,

Research & Innovation in Long-Term Care (CLRI) and other community partners as we continue to grow in Equity and Indigenous Health services. The Home will continue to engage with residents and staff by collecting information on events they would also like to celebrate and recognize as we further develop our 2025 calendar of events and training.

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

The Huronview team members have worked diligently to foster an environment that is inclusive of individuals, promote kindness, respect, collaboration and compassion which extends to all who enter the home. The Home continues to facilitate a multi-disciplinary approach when developing strategic priorities and quality improvement projects. These quality projects are developed based on our mission, vision, values, satisfaction survey results and ongoing tracking of audits, and regulatory inspections of which we analyze, trend and develop. Plans are then implemented based on the feedback from stakeholders. In 2024 the Home continued to have active Resident Council engagement and further promoted the development of a Family Council Committee through family education, newsletters, email updates, and in person conversations. In February 2025 the Home hosted a Family Council information event to further promote this committee.

The Annual Resident and Family Satisfaction Surveys were released from December 1 to December 15, 2024. The feedback was gathered over a 14 day period by means of an electronic survey conducted through the use of Survey Monkey. Residents and Families were also offered a paper survey in addition to the electronic survey to ensure it was accessible to all. Residents completed the survey independently and with staff or family assistance as needed. The survey consisted of the following

categories: General Experience, Communication, Care, Dietary, Activities and Environmental. The results were compiled and discussed at the Residents Council and CQI meetings in January of 2025, and at the huddles with the team members.

The top area for improvement that the home will further develop in 2025 are:

1. My call bell is answered in a timely manner. Agree 49%

The top 3 areas the Home excelled in were noted as:

1. Staff respect my personal belongings. Agree - 91%
2. Staff respect my privacy and dignity. Agree - 87%
3. I feel safe in my home. Agree - 87%

Department and other Committee Meetings take place as per the Committee and Meeting Structure set out within the Homes for the Aged. These minutes and reports are filtered through the Professional Advisory Committee and Continuous Quality Improvement Committee (CQI). The Continuous Quality Improvement (CQI) Committee Meetings are scheduled on a quarterly basis. At the CQI Committee Meetings the team reviews action plans to ensure actionable outcomes are achieved. When feedback or updates are required, the Home reaches out to the various committees to ensure a collaborative approach is taken. The leadership team continues to meet with Regional members of Long Term Care Homes to network, collaborate and advocate for changes in the sector. These regional groups assist with policy development and implementation to ensure Homes continue to meet the changes set forth in the Fixing Long Term Care Act, 2021. Groups such as our Emergency Operation Committee for Huron County, Region 3 groups for each department (Directors,

Administrators, Directors of Care, Activity Managers), Facilities Operation Group, Huron Perth Public Health meetings, and IPAC HUB.

"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 PSW advocates for the Resident and would communicate the knowledge the family shared about the resident to the care team.

## PROVIDER EXPERIENCE

Huronview has experienced challenges with staffing due to the geographical location of this Home. The Home has built partnerships with agencies to backfill vacancies in the staffing pool to ensure resident care and services are not impacted. Partnerships with SPEP, PREP LTC, local Colleges and other funding programs have supported student education and placement opportunities. The Resident Care Aid role transitioned into an opportunity for those in school for the PSW program to work in our Home and eventually transition into the PSW role. Huronview has taken many opportunities through the last year to attend job fairs offered in the community to attract new employees for all departments.

Every other year, the County of Huron distributes an Employee Engagement Survey. The most recent survey was completed in October 2023. Employees are sent a link to their work emails and provided with two weeks to complete a 3rd party survey through Talent Map. A survey summary was provided by the Director which indicated 96 of the 275 employees at Huronview and Huronlea completed the survey. The survey highlighted the following positive responses: 94% of Respondents like the kind of work they do. 94%

of Respondents are committed to contributing to an environment that supports mental health and wellness in the workplace. 93% of Respondents have a very clear idea of their work responsibilities. The following improvement areas were identified in the categories: Performance Management, Work/Life Balance and Teamwork to which action plans will be completed through consultation with the teams to improve in these areas.

In December 2024, the Home created a Home specific employee survey to further identify areas for improvement. The survey was completed on Survey Monkey with a total of 88 employees between the two Homes completing the survey.

The top 3 areas noted for improvement are:

1. The amount of work I am expected to finish each shift is reasonable.
2. All departments work as a team.
3. I have a manageable amount of work-related stress.

The top 3 areas the Home excelled in were:

1. Staff provide compassionate care, are friendly and courteous.
2. I am properly trained to perform all aspects of my job.
3. People with diverse backgrounds have equal opportunities within the organization.

Huronview has focused on creating a positive work culture by meeting with employees to connect through interdisciplinary team huddles. These huddles have proven to be successful and have increased communication and effectiveness in the Home.

## SAFETY

Huronview strives to provide high quality, safe, person-centered

care through services in a home-like setting for residents and families. Care Conferences, department meetings, and weekly interdisciplinary huddles identify any areas of potential risk and provide valuable insight from residents, their families, and staff to further mitigate any potential risk or safety challenges.

Resident safety concerns are tracked and reviewed through the homes Quality Committee, along with review of Critical Incidents (CI) to identify any areas of focused improvement needs. Discussions during Resident and Family Councils also drive quality improvement changes pertaining to resident and staff safety.

Huronview has a Joint Health and Safety Committee, with representation from departments across the home as multi-site committee with their sister home, Huronlea. The Homes Joint Health and safety Committee is also supported by the County's Health & Safety Supervisor through the Human Resources Department. The committee meets bi-monthly for review, analyzing and discussing any actual or potential risks within the homes. Mitigation strategies are reviewed and shared with staff and residents.

Staff are trained on requirements and criteria during orientation and annually on Resident Abuse, Mandatory Reporting, and Musculoskeletal safety. All staff are also trained annually and have supports in place for Workplace Violence and Whistleblowing policies and processes. Staff also participate in training opportunities for Mental Health, GPA, as well as training on Unconscious Bias and Racism in the workplace.

The Homes Joint Health and Safety Committee has improved

processes for monthly inspections, emergency planning, and incident report tracking. Utilizing the data collected to track trends and identify areas where further support and/or education is required. Data is reviewed annually to identify education supports and goals for the committee to work towards in the year ahead.

## **PALLIATIVE CARE**

The Home supports and prepares residents and families in making end of life choices related to palliative care. This is achieved through an interdisciplinary conversation with the resident and their family through the completion of the Palliative Goals and Plan Form. This form is used to guide the conversation to ensure we are supporting the holistic needs of the resident to encourage and enhance advance care planning. The completed form is easily accessible to all team members to ensure continuity of care through end of life.

Three examples of activities within our Home that demonstrates a commitment to meeting high-quality palliative care are:

1. The Home honours residents and their families through the facilitation of an Honour Gaurd upon a residents passing. The Honour Gaurd is the residents final farewell and an opportunity for fellow residents and staff to pay their respects.
2. In the 2025 QIP the Home plans to educate residents, families and employees on the Homes Palliative Care Program and Philosophy. Through this education we will shift the focus to conversations around goals of care, values and end of life wishes. It is our hope through these proactive conversations with residents and families that the residents goals of care are honoured and respected.
3. Through the use of early identification assessment tools, the

home staff will further enhance their competency to initiate proactive conversations, ensuring better quality of life for the residents.

Overall, the Home strives to support the quality of living and dying by engaging in a holistic approach to support residents quality of life through a person-centred palliative care.

## **POPULATION HEALTH MANAGEMENT**

Huronview is a member of AdvantAge Ontario and in 2023 was awarded a three-year CARF Accreditation. We continue to work with a variety of community partners to enhance the quality of life while ensuring the ever increasing complex care needs are being met. The Home has a Medical Director who is supported by an Attending Physician. With those resources we have further fostered relationships with a Psychologist, BSO Outreach Ontario, Seniors Mental Health and a Pain and Palliative Specialist to further support residents. The Home contracts in Pharmacy, Physiotherapy, Registered Dietitian. The Home also has strong partnerships with an oxygen provider, wheelchair/walker provider with onsite Occupational Therapist services, lab services, and medical supplier.

Through 2024 the Home has been diligent with it's efforts to ensure the beds are filled in a timely manner. This partnership is just one example of the effort the Home has made to improve the access and flow with support of Ontario Health atHome.

In 2024, the Home continued to invest in wound care and dementia training to further educate our team on making resident focused decisions. In 2025 the Home is looking forward to a new partnership with NLOT and our local paramedicine team to further



support chronic health management other health complexities in Long Term Care. The leadership team participates in multiple committees and regional groups to gain knowledge and keep up to date on changes. Members of our regional teams represent our group as a whole with the Ontario Health Team. The Infection Prevention and Control Leads/Associate Directors of Care along with the Directors of Care participate in IPAC Hub Communities of Practice along with trainings and ongoing support from Public Health. The Home continues with local outreach and case management support through Clinton Public Hospital, Listowel Wingham Hospital Alliance, Alexandra Marine Hospital and Seaforth Hospital.

### **CONTACT INFORMATION/DESIGNATED LEAD**

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Huron County Homes Interim Director  
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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 31, 2025**

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**Meighan Wark**, 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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Other leadership as appropriate

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