

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 31, 2026

OVERVIEW

Huronview home for the Aged is 120 bed long term care home located outside of Clinton and is one of two Long Term Care Homes operated by the County of Huron. Huronview is a single story facility that is made up of single or double occupancy accommodations. Attached to the Long Term Care Home is a 20 unit independent Seniors Apartment called Heartland Apartments. Huronview was awarded a 3 year accreditation through CARF Canada in 2023 and just completed the CARF survey again in March 2026. The home is currently awaiting for their Survey report. During the survey report the surveyors highlighted many areas of the home including the staff culture and staff commitment to the home, that is shown through the length of employment of many staff; staff that have left and returned to the homes; our teamwork; staff feeling like part of a family and proud to work at our home. The surveyors also recognized that the home has ceiling lifts in most of the resident rooms; our extensive art collection from the community art exhibits in the home and our indigenous art; community events and participation through fundraising including the duet bike and many family donations; we have a lot of community support e.g. duet bike and lending library, and hold a lot of activities including restaurant outings, spa days, craft show, scenic tours, the duet bike and golf cart tours to name a couple. We were recognized as a cornerstone in our community. They also highlighted our restorative program; strong communication skills with both staff and the leadership team; collaboration and communication between our stakeholders and the staff and leadership team; our skin integrity program; and person centred approach to care, providing quality care excellence, and addressing the needs of our residents to name a few. Our home for the aged is guided by a mission 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 are centered on Respect, Teamwork, Accountability, and Integrity.

The Continuous Quality Improvement (CQI) Committee is led collaboratively by the Home's Administrator and the Business and Finance Administrator. It meets quarterly, with an annual evaluation conducted each spring. The committee is guided by the core principles of Long-Term Care, as well as the home's mission, vision, and values. This interdisciplinary committee includes members of the Home's Leadership Team, program leads, the Medical Director and attending physician, dietitian, consulting pharmacist, activation staff, RAI Coordinator, registered social worker, resident and family representatives, and other allied health professionals. At each meeting, the committee reviews data, goals, and improvement initiatives related to IPAC, falls, bowel and continence care, pain, palliative care, skin and wound care, responsive behaviours, and medication management programs. It also examines trends and data related to ministry inspections, complaints and concerns, and privacy matters. Departmental updates are shared, and both local funding and operational and capital budgets are reviewed. Quality indicators are analyzed and compared with provincial benchmarks. Updates on quality action plans and initiatives connected to the Strategic Plan, CARF accreditation, QIP, and satisfaction surveys are also presented. Through this process, results are analyzed, and trends are identified and prioritized throughout the year. The CQI Committee provides input and direction for action plans, which are revised collaboratively based on this feedback. These plans are then communicated during weekly staff huddles and at Residents' Council meetings.

For the upcoming 2026/2027 year, the Quality Improvement Workplan for Huronview Home for the Aged is as follows:

1. Rate of ED visits for modified list of ambulatory care-sensitive conditions per 100 LTC residents.
2. % of residents who responded positively to the statement, "Overall I am satisfied with the food and dining room experience."
3. % of LTC residents who fell in the 30 days leading up to their assessment.
4. % of emergency code drills conducted in the home

ACCESS AND FLOW

At Huronview Home for the Aged, we continue to support both local and provincial strategies that enhance access and flow, helping to ensure timely admissions through partnerships with Ontario Health atHome, as well as the use of HPG and ClinicalConnect systems. The Director of Care conducts site visits to hospitals and long-term care homes, as needed prior to admission, to assess complex care needs, coordinate additional staff education and support, and ensure that required medical supplies are available within the home. Through this commitment, the home has implemented strategies to support residents in remaining in place. These include ongoing staff education in areas such as tube care and IV therapy, establishing agreements with pharmacy providers to administer IV medications on-site, and investing in additional equipment such as a second bladder scanner and bariatric equipment. The Nursing Leadership Team also actively participates in the Huron Perth Access and Flow Working Group in collaboration with the Huron Perth Healthcare Alliance. The home has developed a strong partnership with the Nursing Lead Outreach Team (NLOT), which provides added support in areas such as acute care management, hospital repatriation, priority geriatric assessments,

and capacity building. Huronview is equipped to meet the complex care needs of its residents, with features that include ceiling track lifts in nearly all resident rooms, a range of bariatric equipment (including floor lifts, commodes, shower and bath chairs, and beds), bladder scanners, and a urinalysis machine.

Local priority funding for 2025/2026 was received for a second bladder scanner, bariatric commode chairs, and bariatric shower/bath chairs. Staff at the home were able to partake in the SWAN course free of charge as well as various palliative courses. The home continues to partner with a variety of community supports including regional BSO Outreach, Alzheimer Society, Seniors Mental Health, the Psychogeriatric Resource Team, the Palliative Pain and Symptom Management Consultation Program through St. Joseph's Health Care London, RNAO, The NLOT and the IPAC Hub which all provide additional supports, education, consultation and guidance to further assist the residents in our home with their care needs.

EQUITY AND INDIGENOUS HEALTH

In 2025/2026 the home hosted a variety of activities for the residents at the home including programs that celebrated various cultures celebrations; food tasting from around the world; and world travel tours. The home celebrated Dewali and the National Day for Truth and Reconciliation as well as Pride Month. In 2025 Jeannette Ladd of the Anishinaabe-kwe from the First Nations met with the the residents, families and staff and had an interactive session that provided guidance through idea generation and cultural/artist symbolism discussion that inspired her indigenous artwork. Jeannette then generated a painting that symbolized the importance and meaning of the home, people and the county. Jeannette came back into the home in March to complete the

artwork. During this time an interactive program was conducted where the residents were able to complete their own indigenous artwork that was then put together to be hung in the home. Last year the homes were supported by the County's Inclusion, Diversity, Equity, and Accessibility (IDEA) Specialist. The IDEA specialist supported the homes Mandatory Education in October where he presented on incivility. The IDEA specialist was also consulted throughout the year for support. Various leaders and staff in the home participated in various education including 2SLGBTQ+ Inclusive Care certificate, supporting SLGBTQ+ older adult inclusive care certificate course 2, creating a culture of belonging, San'yas Indigenous Cultural Safety Online Training for Professionals, mental health first aid for seniors, managing mental health in the workplace and, Inclusivity coaching. The homes also added education for all staff to their surge platform on IDEA. The homes continue to use the Centres for Learning Research and Innovation in Long Term Care (CLRI) and other community partners as the home continues to grow in equity and indigenous health and will continue to develop our education, training, and events in the home for 2026.

PATIENT/CLIENT/RESIDENT EXPERIENCE

The Huronview team members continue to work diligently to foster an environment that is more than just a place to live but a community that is inclusive of individuals, where compassion, dignity and connection are the heart of everyday life, providing a safe and supportive environment where residents are care for with kindness and respect, and where their individual needs and life stories are truly valued. The Home continues to facilitate a interdisciplinary approach when developing strategic priorities and quality improvement projects. These quality projects are developed

based on our mission, vision, values, and trends analyzed through our satisfaction survey results and ongoing tracking of audits, and regulatory inspections. Plans are then implemented based on the feedback from stakeholders. In 2025 the Home continued to have active Resident Council engagement and developed of a Family Council Committee.

In December 2025 the resident and family satisfaction surveys were distributed and completed by residents and families. 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 Meeting in March and will be discussed at the CQI meeting and staff huddles in April.

The top area for improvement that the home will further develop in 2026 are:

1. I have been given the opportunity to express my palliative goals (including end of life) 67.16%
2. I am satisfied with the temperature of the food 63.69%
3. I am given the opportunity to give input into the menu choices. 55.88%

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

1. I am satisfied with the cleanliness and maintenance of the home 100%
2. staff respect my personal belongings 98.53%
3. Staff treat me with respect 95.59%

Departmental and 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) which 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 the Homes continue to meet the changes set forth in the Fixing Long Term Care Act, 2021. The leadership team participates in groups such as our Emergency Operation Committee for Huron County, Region 3 groups for each department (Directors, Administrators, Directors of Care, Activity Managers), Huron Perth Long Term Care Committee, Huron Perth Public Health meetings, and the IPAC HUB.

The home has continued with the "A Part of Us" program for residents being admitted to the home. As part of this program there are specially trained PSW that support each resident on admission to the Home to help them settle into their new environment. This PSW advocates for the Resident and communicates the knowledge the resident and family shared about the resident to the care team.

PROVIDER EXPERIENCE

In March, Huronview completed its CARF survey, during which the home was recognized for its strong staff culture and deep

commitment to the organization. The survey highlighted the dedication of long-term employees, as well as the number of staff who have returned after leaving—reflecting a positive and supportive work environment. Teamwork was noted as a key strength, with staff expressing a strong sense of belonging, pride, and feeling like part of a family.

Over the past year, Huronview has made significant progress in strengthening its staffing complement. Through initiatives such as job fairs, clinical placement stipends, and recruitment and relocation incentives supported by Ontario Health, the home has successfully attracted new team members. Many individuals who previously worked at the home through agencies are now directly employed, contributing to a notable reduction in agency staffing. In 2025–2026, Huronview also hosted a Living Classroom for the PSW program in partnership with Fanshawe College and the Avon Maitland District School Board (AMDSB). Additionally, Fanshawe College students, in collaboration with the REACH Centre, completed placements at the home. In April, the Nursing Leadership Team and Administrator will meet with Fanshawe College at the REACH Centre to explore the potential for offering an RPN program locally to further support recruitment efforts. These partnerships have already proven successful, with the home hiring many students following completion of their placements. In 2024 the Homes distributed a homes employee satisfaction survey. Employees were sent a link to complete the survey. As a result of these surveys improvement ideas were identified and action plans created to improve these areas. In 2026 the homes sent out a pulse check survey where they asked staff the following questions:

1. three positive things that happened in the home in 2025
2. three areas you would like to see improve in 2026

3. of the improvements provided what would make the biggest impact on the morale of the home and how would you implement it?

The results from the pulse check survey are currently being compiled and then an action plan will be created and implemented from it.

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

The home is currently working in collaboration with the County's Human Resource team to revise and expand our onboarding and orientation process to be more comprehensive.

In our recent CARF survey the home was recognized for its long standing employees, the home focuses on retaining employees through education and growth opportunities, staff appreciated and having a positive culture.

SAFETY

Huronview strives to provide high quality, safe, person centred care through services in a home-like environment for residents and their families. Care conferences, departmental meetings and weekly interdisciplinary meetings and huddles identify areas of potential risk and provide any areas of risk and provide valuable insight from residents, their families and staff to further mitigate any potential risk or safety challenges.

Staff are trained on requirements during orientation and then annually thereafter including Resident abuse, mandatory reporting, and musculoskeletal safety. Annual education is also provided on Workplace violence and on Whistleblower policy. Staff are assigned

surge learning throughout the year and mandatory education is provided each fall for staff. Throughout the year staff also have the opportunity to participate in various training opportunities including mental health first aid, GPA, Culture training, NVCI among others.

The homes CQI committee review and track any resident safety concerns and, critical incidents to identify trends as well as areas of focused improvement needs. Discussion during both Family and Resident council also provide focus for quality improvement changes pertaining to resident and staff safety.

In May 2025 Huronview transitioned from a multi-site to an individual Joint Health and Safety Committee (JHSC) at Huronview. The home's Joint Health and Safety Committee has representatives from across the home and is also supported by the County's Health and Safety Supervisor through the County's Human Resource Department. Meetings are held bi-monthly for review, analyzing and discussing any actual or potential risks within the home. Mitigation strategies are reviewed and shared with staff and residents. Inspections are completed monthly. The home has also revised and improved their emergency codes and planning. The team tracks and trends the data collected to identify areas where further support and/or education is required. Data is reviewed annually to identify educational supports and goals for the following year.

The 2026 JHSC goals include:

- To increase monthly inspections to 100%

- To increase amount of incidents being completed

- To decrease incidents due to Resident action by 10%

PALLIATIVE CARE

Huronview takes pride in ensuring that residents and their families

receive a high standard of care at all stages of their journey. The home supports and prepares residents and families in making the end of life choices related to palliative care. In 2026, the home revised their palliative program to ensure that residents are receiving a high standard of care. To support the new palliative program, there has been a focus on education in the home for staff, and residents. Education has been offered to staff on various aspects of our palliative program as well as with residents through residents council. Palliative care carts were also revamped to support residents and families in the last days of their lives. The palliative carts are used to support residents, families, and staff during the final stages of life. Their purpose is to make the dying process more comfortable, dignified, and compassionate, while also supporting those around the resident. Palliative Goals and plans are completed with the interdisciplinary team and family to ensure we are supporting the holistic needs of the resident and to encourage and enhance individualized care planning. The home also has a palliative doula that volunteers at the home and is part of the palliative team who helps ensure the resident's final stage of life is as meaningful, calm, and person-centered as possible, while also supporting family and staff. The home honours residents and their families through the facilitation of an Honour Guard upon a residents passing. The Honour Guard is the resident final farewell and an opportunity for fellow residents and staff to pay their respects.

As a result of the homes 2026 resident satisfaction survey, the home in collaboration with the residents council have developed a focus on ensuring residents are given the opportunity to express their palliative goals (including end of life). Huronview will continue to focus on palliative care for 2026.

POPULATION HEALTH MANAGEMENT

Huronview is a member of AdvantAge Ontario and, in 2023, achieved a three-year accreditation through CARF International. The home completed their CARF survey in March 2026 and is waiting their report. The Home continues to collaborate with a wide range of community partners to enhance residents' quality of life while meeting increasingly complex care needs.

Clinical leadership is supported by our Medical Director and Attending Physician. In addition, the Home has strengthened partnerships with a Psychologist, Behavioural Supports Ontario (BSO), Seniors Mental Health services, and a Pain and Palliative Care Specialist to further support residents. Huronview contracts key services including pharmacy, physiotherapy, and a Registered Dietitian. The Home also maintains strong partnerships with an oxygen provider, wheelchair and walker services with onsite Occupational Therapy support, laboratory services, and medical supply providers.

Throughout 2025, the Home remained focused on ensuring timely occupancy and bed utilization. This work reflects ongoing efforts to improve access and system flow in collaboration with Ontario Health atHome.

The Home has also continued to invest in staff education, with a focus on wound care, palliation and dementia training to support informed, resident-centered decision-making. In 2026, Huronview looks forward to expand their partnership with NLOT and the local paramedicine team to further enhance care delivery in the long-term care setting and prevent avoidable ED visits.

The leadership team actively participates in multiple committees and regional groups to stay informed and aligned with evolving practices. Team members also contribute to broader system planning through representation within the Ontario Health Team structure. Infection Prevention and Control (IPAC) Leads, Associate

Directors of Care, and Directors of Care participate in IPAC Hub Communities of Practice, along with ongoing education and support from Public Health.

The Home continues to collaborate locally through outreach and case management partnerships with Listowel Wingham Hospitals Alliance, Huron Health Systems, and Huron Perth Health Care Alliance.

CONTACT INFORMATION/DESIGNATED LEAD

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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, 2026**

Dana Mellor, Board Chair / Licensee or delegate

Rachel Bernard, Administrator /Executive Director

Rachel Bernard, Quality Committee Chair or delegate

Other leadership as appropriate
