

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 31, 2026

## 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 is Home to 64 residents. 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. Our building is a single story structure and is made up of single and double occupancy rooms split into three wings.

Our Homes for the Aged Mission is to "Provide quality, compassion 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 (CQI) 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 the review of quality various action plans such as the Strategic Plan, 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 the QIP is also posted on the Home's website and on the quality boards at the Home.

For the upcoming year of 2026/27, the QIP workplan for Huronlea Home for the Aged are the following:

1. Decreasing Potentially Avoidable ED Visits
2. Improve Satisfaction Survey results for "I have been given the opportunity to express my palliative goals (including end of life)".
3. Pain Management - Worsened Pain

## **ACCESS AND FLOW**

At Huronlea 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 Director of Care continues to be involved in the Southwest Sub region Access and Flow Advisory Committee representing Huron Perth to smoothen the transition from hospital to long term care and avoid ED visits. The Homes 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 a Nurse Practitioner to

provide additional support as needed to our residents. In 2025 the Home entered into a new service agreement with the Southwestern Nurse Led Outreach Team (NLOT) to assist with providing additional services at the home. In the last quarter of 2025, the NLOT team provided in person education and services to our home with a goal of increasing access to services in 2026. Our Home has a variety of equipment in place to support the complex care needs of our resident's including; dedicated ceiling lifts and tracks in each residents room, bariatric equipment, bladder scanner, CADD pump, Infusion pump and sensory aides.

Local Priority Funding for 2025/26 was received and utilized to purchase additional bariatric equipment such as a bariatric tub and bariatric tub chair. Additionally, the home received funding for CADD Pump and training, IV Pump, poles and IV therapy training, PICC Line Start Kits and supplies as well as a new Snoezelen Mobile Cart. These additional funds assisted the home to build capacity and necessary training that supports the assessment, testing, and treatment of conditions that commonly lead to avoidable emergency department visits.

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, and IPAC HUB which all provide additional supports, education and guidance to further assist residents with their care needs.

## **EQUITY AND INDIGENOUS HEALTH**

In 2025 Huronlea 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, Diwali and other cultural events celebrated around the World. The Home continues to partner with the County of Huron Museum & Historic Gaol which provides the Home with the opportunity to display a variety of local artists paintings throughout the Home as well as local historical artifacts in a display case for viewing and reminiscing. Additionally, a museum representative attends 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 supported the Home to ensure there are equitable outcomes to reduce health inequities. In October 2025, the Home hosted in person mandatory education sessions for all employees on with education focusing on incivility. The Homes continued with the addition of education onto the Surge Learning Education platform to provide additional learning opportunities.

In 2025, the Homes partnered with an Anishinaabe-kwe artist from Saugeen First Nation, to promote education and awareness through art grounded in the land, as well as the stories and teachings of the community. This collaboration included an interactive presentation that provided residents and employees with opportunities to learn about First Nations culture, values, and beliefs. The presentation encouraged participants to reflect on their own experiences and feelings related to living at Huronlea and within Huron County. Drawing on these reflections, the artist created a painting that captured and represented the shared perspectives of the

community. The final stages of the artwork were completed in collaboration with residents in March 2026, offering an engaging and interactive art experience facilitated by the artist. A written narrative accompanies the finished painting, explaining the symbolism and meaning behind its various elements, allowing viewers to better understand and connect with the piece.

The Homes IDEA Committee took a pause in 2025 to focus on increasing education and awareness amongst employees at the Home. In 2025 the Home continued to focus on promoting education offered through Centres for Learning, Research & Innovation in Long-Term Care (CLRI) programs such as Creating a Culture of Belonging and the 2SLGBTQ+ training and the Coaching Program. The County of Huron sent communication to all employees in November 2025 to seek involvement of team members in the creation of the Counties IDEA Committee. This committee will comprise of employees throughout the various departments within the County and will provide input and guidance on implementing the Counties internal IDEA related initiatives, policies and strategies. It will also assist with planning and promoting the IDEA related training/events and awareness campaigns for all County employees. The Home has a DOC, 1 RN and 1 PSW who have joined this committee for the County. In December 2025, the Homes Administrators met with the IDEA Specialist to discuss the development of a Terms of Reference for the Home specific Committee with the intention further promotion at the home level.

In January 2026, the Home offered education from the Mennonite Central Committee intended to provide a professional development training opportunity through the Low German Program to better

serve our residents needs.

The Home will be utilizing the IDEA Specialist, 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 2026 calendar of events and training.

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

The Huronlea team members have worked diligently to foster an environment that is inclusive of individuals, by promoting kindness, respect, collaboration and compassion which extends to all who enter the Home. The Home continues to facilitate a multidisciplinary approach when developing strategic priorities and quality improvement projects based on our mission, vision, values, satisfaction survey results and ongoing tracking of audits, regulatory inspections of which we analyze, trend and develop improvement plans based on feedback gathered from stakeholders. In 2025 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. The Home was successful in the creation of a Family Council, however it currently has a low participation rate. The Home will continue to encourage family involvement through Family Council and other means of advocacy and involvement through special events.

The Annual Resident and Family Satisfaction Surveys were released from November 14 – December 4, 2025. The feedback was gathered over a 14 day period by means of an electronic survey

conducted through the use of Survey Monkey. Participation rates for residents was 34/36 eligible residents and 35 families that completed the survey. 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 December 16, 2025, and the CQI meeting in January 2026, and at the huddles with the team members. The Administrator joined the Resident Council meeting on February 24, 2026 to gather additional feedback from residents to further develop action plans.

The top 2 areas for improvement that the home will further develop in 2026 are:

1. Overall, I am satisfied with the food and dining experience - 78% Agree
2. I have been given the opportunity to discuss my palliative goals including end of life – 53% Agree

The top 3 areas the Home excelled in are:

1. My individual preferences are being met (cultural, social, spiritual, and religious) - 100% Agree
2. I feel safe in my home - 100% Agree
3. Staff respect my privacy and dignity - 100% Agree

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 CQI Committee Meetings are scheduled on a quarterly basis with an annual review scheduled for April each year. 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

Huronlea 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 such as SPEP, PREP LTC and other funding programs to further support student placement opportunities. Although the home supported a low number of Resident Care Aides while they were in

school to become PSW, this program slowly reduced through 2025. Huronlea has taken many opportunities through the last year to attend job fairs offered in the community to attract new employees for all departments.

The County of Huron distributes an Employee Engagement Survey, though the last one completed was 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. That survey provided a summary which was provided by the Director which indicated 96 of the 275 employees at Huronview and Huronlea completed the survey. The home made efforts since that survey to address further highlight the positive responses such as enjoying their work, supporting mental illness and wellness and having clear ideas of their work. Additionally, further develop in areas such as the amount of work staff are expected to complete each shift, teamwork and having a manageable amount of work related stress

In December 2024, the Homes completed a 'Staff Survey' through the use of Survey Monkey. It was available for employees to complete for two weeks.

The survey highlighted the following positive responses:

1. People with diverse backgrounds have equal opportunities within the organization. 76% Agree/Strongly Agree
2. I have safe working conditions. 75% Agree/Strongly Agree
3. I am properly trained to perform all aspects of my job. 88.38% Agree/Strongly Agree
4. Staff empower individuals living in the home, their families and each other. 85% Agree/Strongly Agree

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 Home has followed up with a Pulse Check survey in February 2026 with results to be analyzed in the coming months. The intention is to better understand what is working well and what areas require improvement so the home can set new goals for 2026 with another full survey in December 2026.

Huronlea 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**

Huronlea 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 Council meetings also drive quality improvement changes pertaining to resident and staff safety.

Huronlea now has a Joint Health and Safety Committee for a single site, which was changed from the previous multi-site agreement in May 2025. The Home worked to ensure sufficient multidisciplinary representation was within the Home and supported employees with training to be successful within the committee. 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 to review, analyze and discuss any actual or potential risks within the homes. Mitigation strategies are reviewed and shared with staff and residents.

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

The Homes Joint Health and Safety Committee has improved processes for monthly inspections, emergency planning, and incident report tracking throughout 2025. 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. In 2025 the Home made significant improvements in Fire Safety Planning, by updating the Fire Safety Manuals and implementing a newly improved Registered Staff Fire Safety Orientation while also improving the orientation for new hires.

The 2026 Goals include emergency planning effectiveness, increasing monthly inspections to 100%, increase the amount of incident reports completed for reported incidents, decrease incidents due to strain and sprain by 10%, decrease incidents of slip and fall by 10%, train 2 worker and management members to ensure we have sufficient certified committee members.

## **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 facilitate conversations to ensure we are addressing the holistic needs of the resident, promoting and enhancing advance care planning. Once completed, the form is readily accessible to all team members, ensuring continuity of care throughout the end-of-life process.

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 Guard upon a residents passing. The Honour Guard is the residents final farewell and an opportunity for fellow residents and staff to pay their respects.
2. In the 2025 the Home updated the Palliative Care Program and provided mandatory education to all employees at the fall education days. The education was well received with many positive comments from employees. Residents also received similar education on the implementation of the new policy and program.
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.

In 2026/2027, the Home will continue to provide education and have discussions with residents about their Palliative Care wishes as it was identified as an area for improvement on the Resident Satisfaction Survey completed in December 2025. 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.

## **POPULATION HEALTH MANAGEMENT**

Huronlea is a member of AdvantAge Ontario and in 2023 was awarded a three-year CARF Accreditation and are participating in the CARF Accreditation process again in March 2026. 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 a Nurse Practitioner. 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, and a 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.

Throughout 2025 the Home was diligent with its efforts to ensure the beds were filled in a timely manner, ensuring quick access to the home for those who require long term care services. The

Director of Care consistently works with Ontario Health atHome to ensure the admission process is smooth. 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 2025, the Home continued to invest in palliative care, wound care, dementia training to further educate our team on making resident focused decisions. The Home received Dementia Care Funding that will be used to further educate staff on Dementiability, GPA and other supportive approaches to care. In 2026 the Home is looking forward to furthering our partnership with NLOT and our local paramedicine team to support chronic health management and other in Long Term Care.

In 2026, Huronlea was selected to the RNAO Best Practice Spotlight Organization (BPSO®) Long-Term Care Designation program with the launch taking place in April 2026. The Home is enthusiastic about building capacity within our team, strengthening evidence-based practice, and contributing meaningfully to the BPSO community over the coming years.

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.

## CONTACT INFORMATION/DESIGNATED LEAD

Dawna Glen  
Administrator, Huronlea Home for the Aged  
dcourtney@huroncounty.ca

## 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

---

**Dawna Glen**, Administrator /Executive Director

---

**Dawna Glen**, Quality Committee Chair or delegate

---

**Tammy Mitchell**, Other leadership as appropriate

---