Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 26, 2024

Ontario Health

OVERVIEW

Huron Lodge is a municipally owned long-term care (LTC) home located in Windsor, Ontario – a city full of history and potential, with a diverse culture, a durable economy, and a healthy environment where citizens share a strong sense of belonging and a collective pride of place. Our home consists of 224 permanent residents. There are 7 home units of 32 beds with a secure home area with enclosed courtyard to meet the needs of our residents who wish to explore and enjoy the outdoors in a safe manner. Huron lodge is home to adults needing continuous care, ranging from 42 to 102 years of age. Home occupancy rate remains steadily over 97% ongoing.

Our Quality Improvement Plan (QIP) is built on evidence-based best practices and is aligned with the City of Windsor strategic action plan, our CARF accreditation and with L-SAA quality indicator requirements. These, together with the vision of Huron Lodge – Make each day better than the one before – demonstrate our team's dedication to continuous quality improvement in our home.

Huron Lodge provides an opportunity to maintain self-esteem and self-worth for those who require long-term care home placement in an environment that promotes the quality of life for residents, family, and staff. Residents lead productive, active lives, in a friendly and caring environment. Huron Lodge has one medical director, one attending physician and one nurse practitioner that oversee the medical care for our residents. The remainder of the care team includes over 200 nursing staff in the registered nurse, registered practical nurse and personal support worker categories, along with additional staff allied health, dietary services, therapeutic recreation, and support staff.

We focus on actualizing our vision through quality of care and reaching resident safety goals in our quality improvement program, scored by key indicators as set out by the Ministry of Long-Term Care. We are responding to changes in the complexity of residents' health issues, restructuring in service delivery, and emerging best practices by developing creative new program initiatives, demonstrating our continued commitment to resident-driven quality improvement. Enthusiastic feedback and involvement from Residents' Council is shared monthly during the council meetings during which the quality improvement manager provides regular updates, seeks input, and report back as requested by council.

ACCESS AND FLOW

Huron Lodge continues to have a robust working relationship with Ontario Health At Home to ensure seamless transitions for residents being admitted to or transferred within the long-term care system. Through the Nurse Practitioner-Led Outreach Team program, our partnership with our local hospitals remains strong, effectively reducing avoidable hospital transfers. For our residents living with dementia, we continue to remain committed to a resident-centred, transformed physical environment through the staged implementation of the Chrysalis project but also through collaboration with the Behavioural Supports Ontario and Geriatric Mental Health Outreach teams.

Working alongside stakeholders, such as our local Ontario Health Team (OHT) and administrators of our area long-term care homes, provides a combined voice to address communication strategies between Ontario Health and the long-term care sector. In fact, Windsor-Essex OHT exceeds provincial guidance on membership with 40+ organizations in our community participating including primary care, Ontario Health At Home, LTC, hospitals, patients, families, and caregivers. In engaging these key stakeholders, the identification of gaps and commitment to solutions takes on a multifaceted approach for supporting appropriate long-term care placement. Ensuring access to care at the right time in the right place, will not only improve systemic access and flow challenges, but contribute to a better patient experience, resulting in increased quality of life for those who become our residents.
At Huron Lodge, the team remains persistent in closing the knowledge gap between those working in long-term care and those external to it. From working collaboratively with community partners and stakeholders to seeking out information about the lived experiences of our potential and permanent residents, and their loved ones, ensures that we empower and support our residents' self-identified goals of care throughout their journey through the LTC system.

EQUITY AND INDIGENOUS HEALTH

The City of Windsor is consistently striving to reduce social and health inequities within the community. We are currently beginning to undertake several initiatives which will tie to Indigenous health and cultural safety.

Within the 2024 Budget review process, funding was allocated and subsequently approved by City Council to develop an Indigenous Action Plan. The Indigenous Action Plan will be prepared by qualified experts with the goal of serving as a roadmap for advancing Indigenous rights, promoting social justice, and achieving reconciliation and self-determination. A key component of this plan will involve evaluating Windsor's community partnerships and

exploring avenues to enhance Indigenous health and cultural safety.

Further, the Corporation of the City of Windsor has recently approved a new Equity, Diversity, and Inclusion Division (EDI). The plan is to build and grow this department over the next few years, and hire an Indigenous Liaison Officer who will act as a specialized authority in Indigenous Relations. Their role will be instrumental in building sustainable and mutually beneficial relationships based on trust, reciprocity, and shared goals.

To foster ongoing growth and progress, numerous members of City Administration actively participate in a variety of conferences, workshops, and training sessions aimed at deepening their understanding of Indigenous affairs and strengthening connections with local First Nations communities. In alignment with the Corporation's Action Plan, Huron Lodge has identified Equity as a quality indicator of choice for the 2024/2025 QIP year with endeavouring to provide equity, diversity, inclusion, and anti-racism education to build cultural competency in the home and foster an atmosphere where advancing health equity is the standard.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Huron Lodge had great success engaging residents in our annual satisfaction surveys for the 2023 year. The method of survey distribution, while clearly successful in obtaining a considerable amount of resident feedback, was also effective in providing an opportunity for resident engagement while the survey was being administered by our social workers. The Residents' Council also played a significant part in helping to develop both the survey questions and in deciding how the surveys would be administered. Transparency, accountability, and resident voice form the foundation of the partnership between our Residents' Council and the home leadership. As such, satisfaction survey results as well as quality improvement plan initiatives, were put forward to Residents' Council to facilitate a cooperative space where every decision is driven by residents for residents.

Open and transparent dialogue occurs with families when bringing forward care concerns. Individualized discussions with residents and families in regards to best practice and the Fixing Long-Term Care Act, 2021 (FLTCA, 2021) occur during development of plans of care and during identification of resident needs and preferences. In our past QIP year, we have enhanced our Care Conference process to further enable resident and family voice and choice. Health teaching occurs ongoing and education for residents, families, and staff in areas of quality initiatives are identified and communicated via postings in the home, email mail-outs, council/committee membership, telephone and face-to-face communication.
The pandemic period was the catalyst for bringing the Chrysalis project to life due to the significant impact of isolation and risk of infection and subsequent psychosocial consequences in long-term care. And although the effects of the pandemic have waned, Huron Lodge continues to remain committed to this initiative, meant to redesign and implement a person-centered program in order to create a supportive environmental, clinical, psychosocial and technological framework to support healthy ageing. The goal of the initiative is to reduce isolation by encouraging the social participation of our residents living with a mental health diagnosis or symptoms of dementia. This goal remains at the centre of every newly implemented stage of the Chrysalis project; in 2023, dining room wall murals that identified each Resident Home Area in a

unique, and resident-chosen way were installed with great success. The project continues to evolve into the 2024/2025 QIP year with the 4th stage.

PROVIDER EXPERIENCE

Our team is responsible for ensuring that residents' needs are met through programs and services in nursing, dietary, environmental, recreation programming, and administrative services. To this end, a wide range of services are provided for all residents. This supports and facilitates residents' rights, independence, dignity, personal choice, and self-determination. The interdisciplinary team works together to provide various programs in the home with active involvement with and between staff, family, friends, volunteers, and the community.

The post-pandemic landscape continues to present challenges for healthcare, with respect to human resources, and long-term care is not an exception. Although recruitment and retention are significant challenges in and of themselves, both also heavily influence workplace culture. As a result, Huron Lodge has developed a strategic plan for 2024 consisting of four pillars: recruitment, retention, accountability, and communication.

As a successful pilot project participant within our Corporate structure, Huron Lodge works with a dedicated HR business partner to recruit candidates, bridge corporate incentives with desired talent in the workforce, and support system efficiencies. By listening to staff and consulting with experts in the field, the home's retention strategy centers around workplace culture improvement and wellbeing through addressing attendance management, increasing interdepartmental communication and cooperation, and fostering training and professional development opportunities. Marriage of Huron Lodge's Mission Statement ("Huron Lodge is a community that provides a heartfelt circle of care for individuals of all ages through teamwork, compassion and trust.") and legislation support the third pillar of accountability; optimizing staff to the full scope of practice, coaching and mentorship, empowering staff to engage in life-long learning, and showcasing talent and passions within our current complement of staff to continue to provide excellent care. Finally, the success of any organization depends upon the flow of communication both vertically and horizontally - here, Huron Lodge endeavors to re-evaluate the most effective ways to communicate with residents and families, staff, partners, and stakeholders.

SAFETY

The safety and well-being of our residents was, and always will be, our priority. Staff, residents, and families have demonstrated exceptional flexibility and, in most cases, understanding, through an unprecedented time in long-term care. Our residents and families continue to shift and adapt alongside us as we navigate continual legislative changes acclimatizing all to post-pandemic heightened vigilance in keeping our vulnerable population as safe.

Huron lodge further promotes quality improvement through examining the efficacy of incident analysis. Following a patient safety incident, we ask: what are the opportunities to do better, how do we involve staff in the improvement process, and further, how do we communicate our plans not only to staff, but to residents, families, and other stakeholders? Our social workers act as liaisons for families, arranging and leading care conferences; within that space, and without, they are available to residents and families to assist in advocacy, empowerment, education, and resource brokering. Following safety incidents, teams across the home engage in debriefing, involving leadership, registered and unregistered staff, and contracted services, as appropriate.
We remain focused on infection prevention and control (IPAC); IPAC status, measures, areas for improvement are discussed daily at leadership meeting, allowing for directed, but shared, decision-making and consistent messaging to staff and residents/families. With feedback from staff and residents/families, we continue to remain flexible but firm in adherence to patient safety as we navigate the evolution of infection prevention in LTC as pandemic shifts to endemic.

POPULATION HEALTH APPROACH

Our population, consisting of vulnerable persons (older adults, medically complex and compromised, those living with mental health diagnoses and/or cognitive impairment), face a multitude of challenges both outside of and inside of long-term care. To ensure the individualized approach to care required to meet the needs of those we serve, we enshrine the resident at the centre of all care goals. Our staff recognize autonomy as an integral part of improving residents' health; we approach residents to make their own decisions, within their capabilities, encourage them to ask questions about their care ongoing, and capitalize on health advocacy and teaching opportunities.

Huron Lodge values space at the OHT table to represent the needs of those experiencing long-term care after the pandemic. We have utilized Ministry of Long-Term Care funding to purchase a bladder scanner to support decreasing both infections and avoidable emergency department visits and improving continence - all underpinned by the goal of improving resident quality of life. Our community partnerships thrive with enveloping the expertise of a regular Nurse Practitioner in our home and offering much needed support in-home through external initiatives, such as the Residents First Spasticity Management program. Working closely with our contacts at Ontario Health At Home, we can anticipate needs of those residents being admitted to Huron Lodge and collaborate with our community partners to ensure that the transition to long-term care is intuitive, individualized, and compassionate.

CONTACT INFORMATION/DESIGNATED LEAD

Tanya Andrews, MSW, RSW
Manager, Quality Improvement & Special Projects

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

_____

_____
Board Chair / Licensee or delegate

_____
Administrator /Executive Director

_____
Quality Committee Chair or delegate

_____
Other leadership as appropriate

_____

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1st 2022 to September 30th 2023 (Q3 to the end of the following Q2)	18.57	14.60	Improve performance by falling below provincial average, below current performance, and striving to be on target with other similarly-sized municipal home in this area (14.6).	Windsor Regional Hospital - NLOT program

Change Ideas

Change Idea #1 1Utilize NP and wound care nurse to provide services in-home.

Methods	Process measures	Target for process measure	Comments
Review and analyze LHIN tracked data to determine trends.	Number of potentially avoidable ED visits per quarter.	To reduce avoidable ED visits by 3%, from 18.57 to 18.0 by March 31, 2025.	

Change Idea #2 Aim for a 100% registered staff (RN) education rate by end of Q3.

Methods	Process measures	Target for process measure	Comments
Track staff education provided for quick ADT.	Number of registered staff (RNs) provided with education.	Aim for a 100% registered staff (RN) education rate by end of Q3.	

Change Idea #3 Perform audits of quick ADT to ensure accuracy.

Methods	Process measures	Target for process measure	Comments
Auditing quick ADT assigned to a lead.	Number of 'not recorded' answers in 2 categories ('transfers by outcome'; 'transfers by reason')	To reduce 'not recorded' responses in chosen hospital tracking categories by 62% and 22%, from 40 and 14 to 0, respectively by end of Q3.	

Change Idea #4 Review hospital tracking and trending data, to determine our in home areas for improvement.

Methods	Process measures	Target for process measure	Comments
Review and analyze Hospital tracking data in PCC.	Number/rates of re-admission to hospital and hospitalization rates, and other hospital tracking and trending data.	To increase accuracy of data; no numeric target can be set as baseline data needs to be collected once above measures in place.	

Equity

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	0.00	100.00	The theoretical best possible performance for this indicator is 100%.	

Change Ideas

Change Idea #1 Gather data re: gaps in service area knowledge for our population for our leadership team.

Methods	Process measures	Target for process measure	Comments
QI/education program lead to review gaps in service area knowledge for chosen group through review of current education via online platform at the home and corporate level.	Number of leadership staff trained.	To increase the number of leadership staff trained in diversity et al. by 100%, from 0 to 14, by end of Q4.	Total LTCH Beds: 224

Change Idea #2 QI/education program lead to explore education options, including those with community partners, that address gaps in knowledge and provide feedback to team on education selected.

Methods	Process measures	Target for process measure	Comments
QI/education program lead to explore education options, including those with community partners, that address gaps in knowledge and provide feedback to team on education selected.	Number of leadership staff trained.	To increase the number of leadership staff trained in diversity et al. by 100%, from 0 to 14, by end of Q4.	

Change Idea #3	Make learning accessible for leadership team to complete at own pace and support self-reflection and incorporation into professional and personal practice.		
Methods	Process measures	Target for process measure	Comments
QI/education program lead to facilitate education delivery to chosen group.	Number of leadership staff trained.	To increase the number of leadership staff trained in diversity et al. by 100%, from 0 to 14, by end of Q4.	

Change Idea #4	Review completed courses chosen for leadership for for all staff orientation and annual training.		
Methods	Process measures	Target for process measure	Comments
Value and appropriateness of courses completed by leadership to be considered by team/CQI for applicability to all staff categories.	Number of courses deemed appropriate for all staff categories.	No numerical target applicable.	

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident experience: Overall satisfaction	C	% / LTC home residents	In-house survey / January 2023-December 2023	100.00	100.00	The theoretical best possible performance for this indicator is 100%.	

Change Ideas

Change Idea #1 Review results of new measure from 2023 survey, "Huron Lodge is a(n) _____ place to live" (Excellent, Good, Satisfactory, Unsatisfactory).

Methods	Process measures	Target for process measure	Comments
SW/QI lead to review and analyze results from new measure.	Number of responses in 'excellent'.	To increase 'excellent' responses by 6%, from 89% to 95% for 2024 survey.	# of LTCH beds = 224

Change Idea #2 To decrease 'neutral' responses by 14%, from 5 to 0 by conclusion of 2024 survey.

Methods	Process measures	Target for process measure	Comments
SW/QI lead to modify question to better reflect family view versus assumed resident view; resident view better addressed on resident survey.	Number of positive responses (less neutral or negative responses) to question asked.	To decrease 'neutral' responses by 14%, from 5 to 0 by conclusion of 2024 survey.	

Change Idea #3	Implement Stage 4 of the Chrysalis Project replacing paper documentation with resident-chosen murals in resident dining room areas to further promote home-like, resident-centred atmosphere.		
Methods	Process measures	Target for process measure	Comments
SW to work with RC on resident-driven choices for Stage 4.	Number of positive responses when surveyed about Stage 4.	To increase positive response about Stage 4 by 8%, from 92% to 100% for 2024 survey.	

Change Idea #4	Modify recipient population for each survey to increase response rate for each survey.		
Methods	Process measures	Target for process measure	Comments
Resident Services/QI to determine candidates for resident survey (CPS 0, 1, 2, some 3), then determine resultant recipient population to receive family survey (CPS some 3, 4, 5, 6).	Number of surveys received from each population.	To increase response rates: a) Family: factoring in modified participant pool for 2024 as per Change Idea #4 to reach 30% response rate b) Residents: reach 90% response rate	

Safety

Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	29.55	26.00	We are targeting for percentage improvement; to improve a percentage each year, working toward the target of provincial average.	

Change Ideas

Change Idea #1 Completion of targeted antipsychotic medication review of final Resident Home Area.

Methods	Process measures	Target for process measure	Comments
BSO team to complete review of outstanding RHA, provides info to pharmacy and physician for recommendations and orders, as appropriate.	Number of reviews completed (remaining/target = 7).	To increase review percentage of the home by 14%; from 6 to 7 units completed to total 100% of the home reviewed by end of Q1.	

Change Idea #2 Continue auditing program for RAI-MDS for reg. staff regarding documenting + coding qualifiers for psychotropic exclusions accurately/appropriately to except those appropriately prescribed APs from our QI indicator (J1i=1, J1e=1, palliative).

Methods	Process measures	Target for process measure	Comments
Nursing/BSO team to continue auditing and providing education prn to registered staff.	Number of coding errors corrected.	To decrease coding errors by 3.6%, from 13.6%(Q1) to 10%, by end of Q2.	

Change Idea #3 Transition to a New Admission Follow Up model (once all RHAs completed).			
Methods	Process measures	Target for process measure	Comments
Nursing/BSO team to implement new admission reviews utilizing new admission review framework inclusive of #2 above.	Number of new admissions reviewed.	To increase number of new admissions reviewed to 100% by end of Q2.	

Change Idea #4 Introduction of POC for PSWs to document hallucinations and/or delusions during observation week to provide accurate data to reg. staff to code per Change Idea #2 starting with training of champions to assist PSWs throughout the building.			
Methods	Process measures	Target for process measure	Comments
Educational material developed and delivered between nursing and QI for POC documentation to support coding.	Number of staff who have received the education.	Educate champion group of BSO staff on POC AP exceptions documentation by end of Q3, to 100% from 0 to 6.	

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents with a UTI on their target assessment.	C	% / LTC home residents	CIHI CCRS / July 2023-September 2023	7.40	3.00	Percent improvement; goal is to improve in percentage increment to meet provincial average.	

Change Ideas

Change Idea #1	Conduct research in-home through data gathering and analysis to determine historical patterns, current trends, utilizing PCC data and IPAC Practitioner.		
Methods	Process measures	Target for process measure	Comments
IPAC Leads to review of Insights stats and IPAC module stats on PCC over next quarters for infection and continence-related indicators.	Number of quarters reviewed for data.	No numerical goal applicable at this time.	

Change Idea #2	Complete gap analysis to determine opportunity for improvement and formulation of initiatives to positively affect this indicator, working with internal and external stakeholders (i.e., NP).		
Methods	Process measures	Target for process measure	Comments
IPAC and Continence Leads to complete gap analysis through program review, feedback from staff, reviewing admissions, and feedback from medical professionals in the home.	Number of gap analysis completed.	No numerical goal applicable at this time.	

Change Idea #3	Utilizing above to inform the further development of a program to reduce UTIs in the home.		
Methods	Process measures	Target for process measure	Comments
IPAC and Continence leads further develop a program to address UTIs in the home based on policy and procedure and identified areas for improvement with respect to quality indicators.	Comprehensive program developed including tools, interventions, tracking.	No numerical goal applicable at this time.	