

HURON LODGE



*QUALITY
IMPROVEMENT PLAN*

2022

Quality Improvement Plan (QIP)

Narrative for Huron Lodge Long Term Care

July 6, 2022

OVERVIEW

Huron Lodge is a municipally owned long term care home located in Windsor, Ontario. Our home consists of 224 permanent residents. Each home area is divided into 7 units of 32 beds and includes a secure home area with enclosed courtyard to meet the needs of our residents that may tend to wander or explore. Our occupancy rate remains steadily over 97% and is home to residents ranging in age from 20 years old to 103 years old.

Our Quality Improvement Plan is aligned with the City of Windsor strategic action plan, our CARF accreditation and with L-SAA quality indicator requirements. Huron Lodge vision is : Make each day better than the one before. Windsor is 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. Huron Lodge is a long term care facility committed to providing compassionate quality care in a home-like setting for those who require 24-hour nursing and personal care.

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

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 a medical director, one attending physician and 1 nurse practitioner that oversee the medical care for our residents. The

remainder of the care team includes over 200 nursing staff in the categories of registered nurse, registered practical nurses and personal support workers.

Additional team members consist of food service workers, cooks, adjuvants, volunteer coordinator, therapeutic recreation aids, social worker, environmental staff, finance staff, administrative supports and managers. Huron Lodge is also assisted by other service providers such as dietitians, hairdresser, physiotherapist, E.T nurse, physiotherapist assistants.

We focus on quality improvement in key indicators as set out by the Ministry of Long Term Care. We are responding to changes in the complexity of resident's health issues, restructuring in service delivery, and emerging best practices by developing creative new program initiatives.

Alina Sirbu, the home's administrator, acts as the designated lead for Quality Improvement and chairs the interdisciplinary committee meetings on a quarterly basis.

Strong feedback and involvement from Resident Council is shared monthly during the council's meetings during which the administrator provides regular updates, seeks input and reports back as requested.

DESCRIBE YOUR ORGANIZATION'S GREATEST QI ACHIEVEMENT FROM THE PAST YEAR

It is critical to note that while nearly every aspect of operations have been impacted by the pandemic, Huron Lodge is legislated to deliver very clearly defined type of services and that mandate has not changed.

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 to respond to this unprecedented situation.

While Huron Lodge has always operated from a "Resident First" perspective, COVID-19 has clearly demonstrated that care must consider the "whole" resident as well as their circle of support. Separation from friends and families, cancelled outings and group programs and disrupted routines have had a significant impact on the psychological and emotional well-being of residents. Although the actions taken protected the physical safety of residents, incredible flexibility on behalf of Huron Lodge and many redeployed

staff was required to address the mental health and psychosocial well being of our 224 residents.

Huron Lodge was able to assist the community throughout the pandemic period through various working groups and committees that have formed out of necessity to address large community health care needs. The Decanting Hospital Working Table, the Non-Hospital Leads Table, the Deceased Patient Care Table as well as Long Term Care/Retirement Homes (LTC/RH) Working Table became weekly support and implementation forums through which the Administrator was able to represent the sector and carry important messaging for implementation. The Leadership team worked diligently to address all internal implementation plans and greatly support these processes as some of them were beyond the provincial mandates and more geared towards local circumstances.

Huron Lodge also continued the Infection Control Practice partnership with Hotel-Dieu Grace Healthcare. The reports received by the Huron Lodge team continued to be very positive to the amount of work and measures in place to ensure everyone's safety inclusive of the outbreak times.

Our focus and goal is to improve the quality of life for our residents. While some components of those improvements may not be included in this plan, they are always monitored internally and through interdisciplinary team approach to look for trends and change ideas to implement. In 2022 Huron Lodge brought in the services from the E.T nurse. Wound care committee continues to play an active role in Wound Care Program in collaboration with the E.T nurse to promote a consistent and cohesive approach to wound care.

In addition our Resident Services division has made many strides in improving the recreation program we have for our 224 residents.

New programs have been developed in the home along with the introduction of new technology. While 2021 was still a challenging year for quality improvement in our recreation program due to pandemic restrictions, 2022 will bring even more improvements to make sure we are offering quality of life initiatives to all residents that call Huron Lodge home. Huron Lodge has started the Chrysalis project as a resident centered, psychosocial geared platform for transforming the physical environment and cultural approach to geriatrics, residents living with Dementia and an all around delivery of care within a new, revolutionary concept.

RESIDENT PARTNERING AND RELATIONS

Huron Lodge had great success with engaging residents in our annual satisfaction surveys. The method of survey distribution while clearly successful in obtaining lots of resident feedback was also effective in providing an opportunity for resident engagement while the survey was being administered. The Residents' Council also had a significant part in helping to develop both the survey questions and in deciding how the surveys would be administered.

Open and transparent dialogue occurs with families when bringing forward care concerns. Both the satisfaction survey results and the care concern information is shared with staff as part of our performance initiatives and are discussed in a broader sense at divisional meetings.

We openly share the results of Ministry of Health inspection reports and our accreditation survey results with our residents' council and as well post information about our quality initiatives in our monthly newsletter.

Individualized discussions with residents and families in regards to best practice and the long term care homes act occur during development of plans of care and during identification of resident needs and preferences. Health teaching is ongoing and education to residents, families and staff in areas of quality initiatives are identified and communicated.

Huron Lodge has worked with the Home and Community Care Services to ensure seamless transitions for those residents being admitted or transferred within the long term care system. We have partnered with our local hospitals through the Nurse Practitioner Outreach program to reduce hospital transfers. Our work was greatly supported by the medical director and our physician as their dedication and follow up on all residents' clinical issues turned a reactive approach into a proactive one. We continue to work closely with the Behavioural Supports teams as well as the Geriatric Mental Health Outreach Team to ensure we can provide the best services for our residents.

During these unprecedented times, Huron Lodge also continued the Chrysalis Project 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. This project reduces isolation by encouraging the social participation of our residents that have a mental health diagnosis or symptoms of dementia. The

pandemic period was the catalyst for bringing this project to life due to the significant impact of isolation and risk of infection and subsequent psychosocial consequences in long-term care.

The main purpose of this project is to create an environment that is supportive of self-worth, recognizes individuality, and adapts clinical, environmental and technological methods to support the dementia journey considering reduced family interactions and other challenges in the context of a global pandemic.

Stakeholders such as the Ontario Health and long term care homes administrators also meet regularly as a focus group addressing communications strategies between the OH and long term care. The purpose of the group is to engage key stakeholders in determining opportunities to improve communications to and among patients, families and clinicians about the role of LTC in supporting appropriate placement.

Huron Lodge has become a sector leading agent for partnerships and communication during the pandemic period liaising the sector with local hospitals, public health unit, EMS and other agencies as required.

Qualitative Indicator

Indicator #1: Continued Expansion of the Chrysalis Program

In 2021 Huron Lodge began a quality improvement initiative modelled after the Butterfly Program in our dementia home area. Successful completion of that project occurred in early 2022. Huron Lodge will implement aspects of the Chrysalis Program in stages throughout the entire home. The first stage will be installation of individualized, custom door decals chosen by residents and/or their substitute decision makers. These door decals assist with room identification and provide a reminiscing opportunity for the residents to engage with our social worker on past neighbourhoods and homes, as well as family stories.

Measure:

Percentage of resident home areas that receive stage 1 of Chrysalis project.

Current Performance: 32 resident doorways/224 resident doorways=14.2% of available resident doorways

Target by end 2022 QIP: 224/224=100% of all resident rooms completed

Change Idea #1

Provide education on the Chrysalis program as a whole and phase one of the project to the residents and families.

Method:

Provide information at a Residents' Council meeting on the project and implement any feedback received. Include information in the resident newsletter. Provide an information handout for families, post information in the elevators. Send out a phone communication to all family members with information on the project.

Process Measure:

- Presentation by social worker at Residents' Council Meeting
- Newsletter Submission
- Family Handout prepared for families to take
- Posting of Information in elevators
- Phone Communication sent to all resident family contacts

Target:

100% compliance with above before project start date.

- Presentation by social worker at Residents' Council Meeting -June 2022
- Newsletter Submission-June 2022
- Family Handout-May 2022
- Posting of Information in elevators-June 2022
- Phone Communication-June 2022

Change Idea #2

Each resident and/or their substitute decision maker will have an opportunity to choose their own door design and engage in a reminisce session. The goal of this project is to provide residents with a one on one session to reminisce about their homes from the past and to facilitate each resident's personal choice of colour and design.

Method

The social worker will meet with each resident (and/or SDM) individually to provide residents a one on one session where they are able to engage in a reminisce session and select a door decal of their choosing.

Process Measure

Selection of one home area at a time. Social worker will complete 32 selections in person (or by email or telephone if required for SDM). Anticipated building completion October 2022.

Target

All 32 selections completed by following time lines:

- First Unit -June 2022
- Second Unit-July 2022
- Third Unit-August 2022
- Fourth Unit-August 2022
- Fifth Unit-September 2022
- Sixth Unit-October 2022

Quantitative Indicators

Indicator #1: Reduction of Pressure Ulcers

Wound care in long-term care presents challenges that are unique to this sector of health care. Many LTC residents are frail elderly who have multifactorial co-morbidities, which place them at a higher risk of pressure injury. As a clinical quality indicator, choosing pressure ulcers as an improvement area means to develop a wound care program that would educate staff, implement best practices, decrease the prevalence of pressure injury and decrease the cost of care delivery, resulting in better efficacy and improved outcomes.

Target

Provincial 3.3 %

Huron Lodge 3.5 %

Target justification

Huron Lodge strategic direction in improving residents' clinical outcomes aligned with provincial average

Change idea #1

Wound care committee to meet monthly to review stats regarding pressure ulcers, causes and develop strategies plan for addressing prevention of pressure ulcers

Process measure

MDS/Rai data monthly on residents that triggered for pressure ulcers and monthly wound care report by in house wound care nurse

Change idea #2

Consulting services with the ET nurse

Process measure

Monthly assessments and follow up on residents clinical data while promoting and reinforcing best wound care practices when rounding with registered staff

Change idea #3

Education for registered and frontline staff around prevention of wounds, staging wounds and assessment of equipment/supplies needs to decrease incidence of pressure ulcers.

Process measure

Staff completing survey on education needs assessment and feedback from survey post education

Change idea #4

Participating in trial of new wound care products as well as pressure relief devices

Process measure

Data tracking on wounds and interventions through wound care committee meetings

Indicator # 2: Reduction in Number of ED Visits

The ability of a long term care to decrease ED visits while still providing best clinical outcomes relies on strong physician support as well as buy-in from residents and families about the benefits of care delivered in the home environment. Families need to be reminded that staff have developed a relationship with the resident and are confident they can provide effective care without causing the anxiety and stress that can result from an ED transfer.

Target

Provincial	4.8 %
Huron Lodge	4.0 %

Target justification

Data collected for MDS RAI and provincial data for LTC emergency admissions

Change idea #1

Utilization of Nurse practitioner

Process measure

Analysis of data around emergency visits (most common transfers related to) and develop plan in collaboration with the nurse practitioner to help decrease ED visits

Change idea #2

Family education upon admission and at care conferences as well as during physician and nurse practitioner rounds

Process measure

Analysis of data around emergency visits (most common transfers related to) and develop plan in collaboration

Change Idea #3

Initiate education and screening for improvement in early detection of diagnosis which could lead to ED that were potentially avoidable

Process Measure

NP will review all hospital transfers and debrief with registered staff and nursing office for lessons learned

