

**AGENDA**  
**COMMITTEE OF MANAGEMENT FOR HURON LODGE**

Meeting held Monday, November 20, 2023  
at 9:00 o'clock a.m.  
via Zoom video conference

**1. Call to Order**

**2. Disclosure of Interest**

**3. Minutes**

Adoption of the minutes of the meeting held September 11, 2023 – ***attached.***

**4. In Camera**

Subject – Personal matter(s) about an identifiable individual – s. 239 (2)(b)

**5. Business Items**

**5.1 Administrator's Report**

The Administrator's Report dated November 20, 2023 – ***attached.***

**6. Date of Next Meeting**

To be determined.

**7. Adjournment**

**Committee of Management for Huron Lodge**  
**Meeting held September 11, 2023**

A meeting of the Committee of Management for Huron Lodge is held this day commencing at 9:00 o'clock a.m. in the Board Room, Huron Lodge, there being present the following members:

Councillor Ed Sleiman, Chair  
Councillor Fred Francis  
Councillor Jo-Anne Gignac

***Also present are the following resource personnel:***

Alina Sirbu, Executive Director, Long Term Care Administrator of Huron Lodge  
Andrew Daher, Commissioner, Human & Health Services (via MS Teams)  
Doran Anzolin, Executive Initiatives Coordinator  
Amanda Caslick, Executive Director, Long Term Care Administrator (A)  
Karen Kadour, Committee Coordinator

**1. Call to Order**

The Chair calls the meeting to order at 8:58 o'clock a.m. and the Committee of Management considers the Agenda being Schedule A attached hereto, matters which are dealt with as follows:

**2. Disclosure of Interest**

None disclosed.

**3. Adoption of the Minutes**

Moved by Councillor Fred Francis, seconded by Councillor Jo-Anne Gignac,  
That the minutes of the meeting of the Committee of Management for Huron Lodge held September 11, 2023 **BE ADOPTED** as presented.  
Carried.

#### 4. In Camera

Moved by Councillor Jo-Anne Gignac, seconded by Councillor Fred Francis, to move In Camera at 8:59 o'clock a.m. for discussion of the following item:

**Reference: s. 239 (2)(e) – Litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board**

Motion Carried.

Discussion on the items of business.

**Verbal Motion is presented by Councillor Fred Francis, seconded by Councillor Jo-Anne Gignac to move back into public session at 9:11 o'clock a.m.**

**Moved by Councillor Jo-Anne Gignac, seconded by Councillor Fred Francis, That the Clerk BE DIRECTED to transmit the recommendation(s) contained in the verbal update discussed at the In Camera Committee of Management for Huron Lodge Long Term Care Home meeting held September 11, 2023 at the next regular meeting.**

Moved by Councillor Jo-Anne Gignac, seconded by Councillor Fred Francis, That the verbal In Camera report relating to litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board **BE RECEIVED** and further, that Administration **BE AUTHORIZED** to proceed in accordance with the verbal direction of the Committee of Management for Huron Lodge Long Term Care Home.

Carried.

#### 5. Business Items

##### 5.1 Administrator's Report

Alina Sirbu provides the highlights of the Administrator's Report as follows:

- On June 23, 2023, the Ministry released a COVID-19 Response Measures update indicating that masking will be based on a point-of-care risk assessment consistent with existing Routine Practices and on the return-to-work protocol following COVID-19 infection.
- Huron Lodge estimates the one-time funding streams for COVID-19, infection prevention and control staff and training, medication, safety technology, and minor capital to be approximately \$565,000 in 2023.
- Huron Lodge attained 3-year accreditation status through the Commission on Accreditation of Rehabilitation Facilities (CARF) International.

- In terms of antipsychotics, Huron Lodge is above the provincial average for usage for residents without a diagnosis of psychosis.
- A quality improvement plan based on scholarly peer reviewed research as well as input from the Pharmacist and Medical Director has been developed, and reduction in this indicator will be a primary objective over the following year. The focus will be on enhanced screening on admission and a review of all currently prescribed antipsychotics.
- Huron Lodge has recently revamped their entire wound program, enhancing every aspect of monitoring, assessing and tracking of wounds to improve resident outcomes. Dedicated staff members have been assigned to monitor the most at risk wounds and help provide coaching to staff on wound care and prevention while working with a certified wound care nurse as well as an interdisciplinary committee.

In terms of the rise in the use of antipsychotics, Councillor Jo-Anne Gignac requests that a breakdown based on admissions be provided in the future to the Committee of Management.

Moved by Councillor Jo-Anne Gignac, seconded by Councillor Fred Francis,  
That the report from the Administrator of Huron Lodge providing the Committee of Management with an update on issues related to resident care, the Ministry of Long Term Care, (MLTC), Ontario Health; Home and Community Care Support Services (HCCSS), and other initiatives that impact the Long Term-Care sector **BE RECEIVED** for information and **APPROVED** for the period ending September 11, 2023.  
Carried.

## **6. Date of Next Meeting**

The next meeting will be held on November 20, 2023 at 9:00 a.m. via Zoom video conference.

## **7. Adjournment**

There being no further business, the meeting is adjourned at 9:30 o'clock a.m.

**Subject: Huron Lodge Long Term Care Home – Administrator’s Report to the Committee of Management – City Wide**

**Reference: Committee of Management Report**

Date to Committee: November 15<sup>th</sup> 2023

Author: Alina Sirbu

Report Date:

Clerk’s File #:

**To:** Huron Lodge Committee of Management

**Recommendation:**

THAT the report from the Administrator of Huron Lodge providing the Committee of Management with an update on issues related to resident care; the Ministry of Long-Term Care (MLTC); Ontario Health; Home and Community Care Support Services (HCCSS); and other initiatives that impact the Long Term-Care sector **BE RECEIVED** for information and **APPROVED** for the period ending November 20<sup>th</sup>, 2023.

**Background:**

This Committee of Management report serves as the Administrator of Huron Lodge’s updates and official record for the Committee of Management for the period to end November 20<sup>th</sup>, 2023. Not all items within this report are COVID related.

**In Camera Report**

“Resident matters” – Section 239(2) (b) Municipal Act – Personal matters about an identifiable individual, including municipal or local board employees.

**Discussion:**

**Ministry of Long-Term Care (MLTC)**

On November 2nd, 2023 the Ministry released memorandum on enhanced masking in Long-Term Care which included masking requirement changes to be in effect by November 7th, 2023 as follows;

Requiring staff, students, support workers, and volunteers to wear a mask when in resident areas indoors, and

Strongly recommending visitors and caregivers to wear a mask in resident areas indoors except when with the resident in the resident's room or when eating or drinking with a resident in communal spaces. If a resident in a shared room is uncomfortable with others removing their mask, homes are encouraged to designate a space to enable the roommate to have visitors without masking.

October 19<sup>th</sup>, 2023 the Ministry announced initiatives to improve diagnostic services for Long-Term Care. Huron Lodge has been looking into acquiring a bladder scanner as part of this equipment funding in order to reduce emergency department visits.

## **Ministry of Long Term Care Inspections**

There have been no Ministry inspections since the last Committee of Management meeting for Huron Lodge.

### **Other Business:**

#### **1. Financial**

##### **a. MLTC Funding –**

In addition to per diems, Huron Lodge receives funding for staffing initiatives in order to meet the direct care hours of care targets for the fiscal year 2023-24 established in the Fixing Long-Term Care Act, 2021. The Ministry will confirm funding amounts at the beginning of the next fiscal year and are subject to change.

Huron Lodge estimates the one-time funding streams for covid-19, infection prevention and control staff and training, medication safety technology, and minor capital to be approximately \$880,000 in 2023.

##### **b. CARF**

Huron Lodge attained 3-year accreditation status through Commission on Accreditation of Rehabilitation Facilities (CARF) International after a successful in-person survey June 1<sup>st</sup> & 2<sup>nd</sup>. The improvement plan has been submitted and is attached for review (Appendix A)

#### **2. Quality Improvement**

##### **Palliative Care**

Staff at Huron Lodge will be undergoing fundamental training for palliative care as part of the committee's scope and revamp.

##### **Quality Improvement Indicators Update**



QI Domain	QI Code	QI	QI Score	Population	Trend Since Last Quarter	4 Qtr Avg	Provincial Avg	National Avg
Falls	FAL02	Has fallen in last 30 days	10.43%	(17/163)	-0.38% ↘	12.45%	15.32%	16.9%
Medications	DRG01	Antipsych w/o psychosis dx	26.45%	(32/121)	-5.02% ↘	28.44%	21.14%	21.3%
Mood	MOD4A	Worse mood w/ symp depression	23.90%	(38/159)	6.60% ↗	16.30%	20.83%	21.0%
Pain	PAI0X	Has pain	7.36%	(12/163)	1.42% ↗	6.29%	4.28%	6.1%
Pressure Ulcers	PRU06	Worse Stage 2-4 PU	3.82%	(6/157)	-1.83% ↘	4.38%	3.46%	2.7%
Pressure Ulcers	PRU09	New Stage 2-4 PU	3.45%	(5/145)	-2.58% ↘	4.41%	3.17%	2.2%
Restraints	RES01	Daily physical restraints	1.90%	(3/158)	-4.11% ↘	5.43%	2.59%	4.2%

### Falls:

Current score: 10.43%

4-quarter average: 12.45%

Provincial average: 15.32%

For the quality indicator of falls that have occurred in the last 30 days, our current score and 4-quarter average are both below the provincial average.

We attribute this success to our comprehensive screening and ongoing assessment of each resident- on admission, quarterly and at the time of any fall. Our dedicated quality improvement nurses conduct an additional assessment based on the findings of our monthly fall report which helps identify residents at highest risk to ensure every intervention is in place to protect them.

### Antipsychotics:

Current score: 26.45%

4-quarter average: 28.44%

Provincial average: 21.14%

While we remain above the provincial average for use of antipsychotics, we have seen a notable decline since the previous committee of management report (previous Current Score: 32.81%; previous 4-quarter average: 28.75%).

This decline is directly related to our antipsychotic reduction quality improvement plan which has so far reviewed 2/7 of our homes units. These reviews have resulted in full discontinuation of 5 residents antipsychotics on one unit, with 4 more residents having been assessed as reduction / discontinuation candidates by our team and pharmacist, currently pending review by the physician.

Further gains were made in this quality indicator through targeted audits of our MDS coding. These audits helped identify common errors made by our nursing staff that resulted in inaccurate coding that falsely contributed to our percentages. Building wide communication as well as one-on-one follow up occurred to improve awareness going forward. Ongoing review of the remaining units and follow up with new residents admitted with antipsychotics will occur to further improve this indicator.

**Mood:**

Current score: 23.90%

4-quarter average: 16.30%

Provincial average: 20.83%

While our 4-quarter average is well below the provincial average, this past quarter has seen an uptick in residents with worsening mood symptoms. This finding will require further investigation to identify which residents are triggering this score and why, as well as a review by our internal behavioural support team.

Our home remains committed to providing resident centered care in all aspects of daily living. Our staff are trained annually on gentle-persuasive approach to provide care to our residents in the most therapeutic manner possible. Every effort is made to preserve our residents independence and choice.

Any resident requiring further assistance with verbal or physical expressions are supported by our internal or external behavioural support team, with further assistance available by Windsor Regional Hospital Geriatric Mental Health Outreach team as needed.

**Wounds:**Worsened stage 2-4 ulcers

Current score: 3.82%

4-quarter average: 4.38%

Provincial average: 3.46%

New stage 2-4 ulcers:

Current score: 3.45%

4-quarter average: 4.41%

Provincial average: 3.17%

Our incidents of new or worsening pressure ulcers are both above the provincial average, though they are not far off (0.92% differential on worsened ulcers; 1.25% differential on new ulcers)

We continue to focus on regular screening and assessment of all of our residents upon admission, quarterly, or upon any return from the hospital or absence from the home of greater than 24 hours. The unit staff also routinely monitor skin during any care provision, or twice weekly during baths.

Our goal moving forward to improve this quality indicator will be to focus on prevention through ongoing education and awareness of modifiable risk factors staff can alleviate. This will be paired with a building wide review of residents identified as being at moderate or higher risk of developing a pressure ulcer based on the Pressure Ulcer Risk Score assessment built into the RAI-MDS coding process to ensure all appropriate interventions are in place regardless of current skin integrity status.



## Restraints:

Current score: 1.90%  
4-quarter average: 5.43%  
Provincial average: 2.59%

Our 4-quarter average for restraints remains above the provincial average, but we expect this number to steadily decline as we have made significant gains in the reduction of restraints throughout our facility.

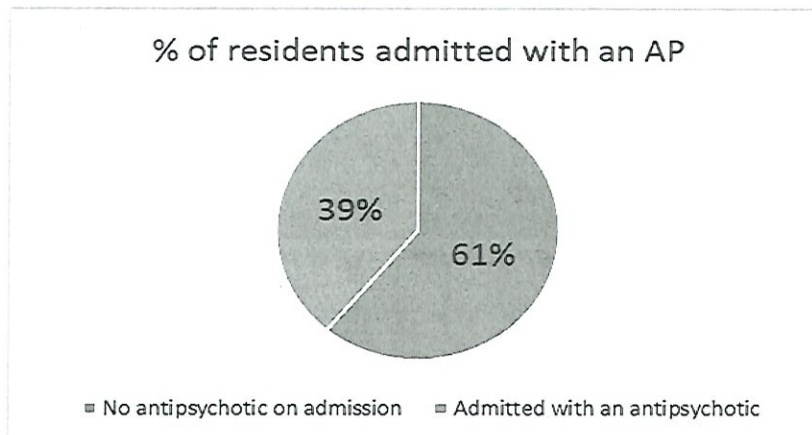
A significant portion of our score was attributed to inaccurate coding, which has since been addressed. Ongoing audits and one-on-one coaching are occurring to ensure staff remain diligent with regards to accurate coding.

Each resident with a restraint is reviewed monthly and quarterly to ensure their device remains appropriate and that we are always using the least-restrictive restraint required.

It should be noted that our use of restraints is limited to what is necessary for resident safety. The introduction of a table top restraint has led to significant reduction in falls amongst 3 of our residents (resident A had 5 falls between July-August 2023, with 0 falls occurring since the implementation of a table top in September; resident B had 5 falls from January-April 2023, with 0 falls after tabletop implementation in April; lastly resident C had a fall that resulted in a hip fracture in September 2023, they have since had 0 falls since implementation of a tabletop).

## New residents admitted with antipsychotics (August 22<sup>nd</sup> to Nov. 15<sup>th</sup>, 2023)

Total Admissions: 18  
Admitted with antipsychotics: 7  
Admitted with no antipsychotics: 11



### **3. Third Party Agency Inspections**

There have been no 3<sup>rd</sup> party inspections since the last Committee of Management meeting for Huron Lodge.

Respectfully submitting this report for your information.



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**Alina Sirbu**  
**Executive Director of Long Term**  
**Care /Administrator of Huron**  
**Lodge**

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**Andrew Daher**  
**Commissioner, Human & Health Services**

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## GUIDELINES FOR SUBMITTING A QUALITY IMPROVEMENT PLAN

Attached is a form for your use in submitting a Quality Improvement Plan (QIP). Quality improvement efforts are regarded by CARF as integral and critical facets of the accreditation process. Guidelines for completing the form are as follows:

1. Respond to all standards identified.
2. Include a brief response that indicates the steps that have been taken or are being taken to address the recommendation. Indicate estimated dates for completion of "in process" items, where appropriate. Do not repeat the wording of the recommendation from the survey report in your QIP.
3. Do **not** include any copies of your organization's forms, policies, procedures, memos, pamphlets, documents, or other attachments with the QIP. CARF will only review your written response to each recommendation.

Upon receipt of the QIP, CARF will review your progress toward addressing the recommendations and acknowledge the plan in a letter to your operational leadership. The QIP will be included in the packet of materials sent to the next survey team. During the next survey visit, the team will review this further to make the determination whether the actions you have taken have brought your organization into conformance to the standards. Additional information concerning the interpretation of specific standards is available by calling CARF.

Please note that the submission of a QIP within 90 days following your initial notice of accreditation is a CARF Accreditation Condition and is required to maintain accredited status. For more information refer to the Accreditation Conditions in the current standards manual.

We encourage you to approach the completion of the QIP as an additional opportunity to enhance the quality, value, and outcomes of your services. If you would like further assistance, please do not hesitate to contact us toll free at (888) 281-6531 [dial 001 (520) 325-1044 from outside the US and Canada].

Please upload the completed QIP via Customer Connect. Click on the Quality Improvement Plan Due action item on the home page.

If you are unable to submit the QIP electronically, you may send the completed plan via regular mail to the Tucson, Arizona, office.

**CARF Canada**  
501-10154 104 Street NW  
Edmonton, AB T5J 1A7, Canada

A member of the CARF International group of  
companies

**CARF International Headquarters**  
6951 E. Southpoint Road  
Tucson, AZ 85756-9407, USA

[www.carf.org](http://www.carf.org)



## QUALITY IMPROVEMENT PLAN

### Return to CARF by October 12, 2023

Company ID: 244350

**Huron Lodge, City of Windsor**

1881 Cabana Road West  
Windsor ON N9G 1C7  
CANADA

Survey Number: 170117

Accreditation Decision: Three-Year Accreditation

Accreditation Expiration Date: June 30, 2026

Survey Date(s): June 1–2, 2023

Standards Manual(s): 2022 Aging Services

Completed by (Name): Tanya Andrews, MSW, RSW

Date Completed: October 2, 2023.

Job Title: Manager, Quality Improvement & Special Projects

Standard Number for Recommendation	Step(s) to Address the Recommendation	Completion Date (Actual or Estimated)
1.1.11.a.	a. Reviewed population demographics and projected increased acuity of admissions, increases in staffing over past several funding cycles, decreased hiring pool participants as well as retention challenges.	July 2023
1.1.11.b.	b. Risk assessments for each position at Huron Lodge were completed and included in Succession Plan narrative. Also see spreadsheet (“Huron Lodge Succession Planning”)	September 2023
1.1.11.c.	c. All competencies reviewed regularly via job postings. Continue to be updated on ongoing basis to attract talent. See spreadsheet (“Huron Lodge Succession Planning”).	July 2023
1.1.11.d.	d. Current workforce reviewed via completed risk assessments. Quantity of staff reviewed, areas for improvement identified. See spreadsheet (“Huron Lodge Succession Planning”).	September 2023
1.1.11.e.	e. Training and education program review completed Summer 2023. Gaps identified and plan in place for remainder of 2023 and for 2024 scheduled to commence January 2024.	August 2023
1.1.11.f.	f. Gap analysis completed via risk assessments and ongoing performance appraisals. Continue to hire for key positions; recruitment ongoing. Recruitment strategies under review both corporately and at the home level.	July 2023
1.1.11.g.	g. Strategic development to be incorporated with strategic planning meetings with home leadership quarterly in addition to CQI/PAC meetings and leadership training for developing leadership team to address recruiting and retaining talent at the home level and continuing to improve as an employer of choice in the LTC sector in this area. *Responses to above recommendations can be found in the document: “Huron Lodge Succession Plan 2023-2026”	Fall 2023
		Ongoing



1.J.1.b.(1)	Space for resident feedback on technology use in the home will be included as an agenda item annually for Residents' Council (RC). Huron Lodge has a robust RC, with representation from multiple resident home areas, individuals of a wide range of ages with various impairments (vision, hearing, cognition) and medical diagnoses. The RC staff representative will provide space at the RC meeting for residents to provide feedback on efficacy of current technology in meeting resident needs, how resident needs could be better met through technology, processes residents would prefer to preserve or limit technology use, and any other feedback residents feel pertinent to the topic.	October 2023 Annually thereafter
1.M.2.a.(2) 1.M.2.a.(3)	(2) Input on the areas of performance measurement and management plan will be elicited from staff during the annual needs assessment survey completed annually by all staff. Brief, concise, focused questions will be posed to staff through our Surge learning platform allowing leadership to recognize areas staff identify as areas for improvement, areas that have performed well, and how to better measure outputs for the following year. (3) Input from other stakeholders, here identified as Family Council, will be elicited from a scheduled Family Council meeting (scheduled for October 20, 2023). The Manager of Resident Services and the Manager of Quality Improvement & Special Projects have been invited to the this scheduled Family Council meeting, with agenda items relating to performance measurement and management included (i.e., education, compliance, resident-centred concerns)	December 2023  October 2023
2.C.7.b.(4)	Explore competency-based training options for personnel re: suicide risk assessment and prevention strategies with community partners. Exchanges with Surge Learning contact and local Behavioural Support Ontario lead team resulted in both partners going back to their respective tables to discuss how to meet this educational need for their LTC sector partners. Acquire appropriate educational materials to meet recommendation; further explore electronic resource and/or in-person education. Provide to staff for completion for 2024 education year.	August 2023  January 2024