



FAIRVIEW LODGE

Continuous Quality Improvement Report

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Designated Leads

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Fairview Lodge is an accredited Long-Term Care home that provides care and services for 198 residents. It is one of four Long-Term Care homes owned and operated by the Regional Municipality of Durham, Long-Term Care and Services for Seniors. Fairview Lodge is committed to the Division's mission of "Strong People, Caring Communities, Our Future" and strives to continuously improve the delivery of care and services for residents while managing risk.

The home is committed to continuous quality improvement and actively refines required programs on a regular basis. This entails developing, implementing, and evaluating new processes to provide high quality care and service to residents in an environment that promotes choice, dignity, and respect. The interprofessional team at Fairview Lodge rely on several resources to identify trends/patterns, learn from incidents, improve processes and systems, implement controls, and develop prevention strategies.

Priority Areas for 2025

Each year as per of Ministry of Long-Term Care and Ontario Health requirements, Long Term Care homes are required to submit a quality improvement plan (QIP). This plan incorporates priority areas which the home has identified.

In addition to the QIP submission, the home has identified many other QI projects. The details of the QIP and additional quality initiatives for 2025/2026 are listed below.

1. Improve the residents' rating of overall satisfaction at Fairview Lodge. This will be achieved by:

- Fairview Lodge will be creating a working group to develop strategies for improving laundry services. The goal will be to reduce the number of lost clothing reports and identify gaps in our processes.

- Enhance the day in the life and life stories program. This initiative will improve the team's ability to know the resident and their life story.
- Reintroduce the NOD program (Name, Occupation and Description of visit) when entering a resident's room.
- Getting to know your Neighbour program will be introduced as a way to connect residents with each other throughout the home to build relationships.

2. Reduce the percentage of residents without psychosis who were given an antipsychotic medication. This will be achieved by:

- Antipsychotic assessment are completed quarterly by physicians
- PRN that are not used in 3 months to be discontinued
- Consultant pharmacy completes quarterly medication reviews and provides recommendations to the MRP.
- Aggressive behaviour scales will be analyzed for residents on an antipsychotic to determine candidates for discontinuation and or reduction.

3. Reduce the number of internally acquired 2-4 pressure injuries. This will be achieved by:

- The Skin and Wound clinical lead will obtain SWAN certification in 2025
- PSW have been trained to apply barrier creams and treatment creams for those residents who are incontinent and or wheelchair bound
- The Skin and Wound clinical lead will complete monthly audits on all residents with pressure injuries to track and recommend appropriate resident-specific interventions and treatment plans.

4. Reduction of potentially avoidable ER transfers. This will be achieved by:

- Introduction of new Community Paramedic (CP) Program
- Onboarding of a new full time Nurse Practitioner
- Palliative Care enhanced program with a focus on comfort measures in the home

Additional Quality Improvement Initiatives

In addition, to the above quality improvement initiatives in the QIP, Fairview Lodge is also working on these additional initiatives in 2025.

- Implementation of the new LTCF Inter Rai Assessment
- Fairview Lodge Cookbook - Ask residents, family members, staff, and volunteers for favourite recipes.
- New Resident Tea /per floor - Invite new residents and their families to a tea/ coffee and chat. Meet and greet share and discuss calendar.
- Relaunch Food Committee - Provide a platform monthly for residents to discuss concerns, provide suggestions & improve engagement regarding the food
- To enhance the day in a life and Life stories programs about residents when they are admitted to the Home - Review current programs (Day in a life and Life Stories)
- Created a distribution process where all staff are aware of resident's life stories

Determination of Priorities

Determining the homes priorities each year is an interprofessional process that involves many stakeholders, including staff, residents, families, volunteers, and community partners. The first step is to identify potential gaps in care and service and define opportunities for improvement.

Every year the home conducts a resident/family satisfaction survey. This survey identifies areas of satisfaction and areas they would like to see improved. The resident voice is identified as the most important feedback that the home can obtain. This combined with Residents' Council and Family Council feedback can help the home to determine the voice of our customers.

In addition to the resident satisfaction survey, the home reviews various other sources to determine opportunities. Some of these other sources include:

- Internal Key Performance Indicators
- Internal audit results
- External assessments/audit results such as Medication Safety Self Assessment and Accreditation Canada Survey and Inspections.
- Review of new legislation

- Performance data from Canadian Institute for Health Information (CIHI); with a focus on areas indicating a performance decline and/or where benchmarking against the provincial average suggests improvement is necessary.
- Emergent issues identified internally (trends in Critical Incidents, Risk Related issues)
- Feedback from stakeholders including Residents' Council, Family Council, Divisional Advisory Council, external stakeholders including MLTC.
- Municipal Benchmarking Network Canada (MBNC)
- New best practices identified in the industry.

The Fairview Lodge home leadership teams also work together with the other three Region of Durham Long-Term Care Homes, and together with the divisional office develops a divisional strategic plan. This determines the strategic direction for the division over the next few years. The plan incorporates initiatives and projects that are in alignment with the Regional Municipality of Durham Strategic Plan. The Long-Term Care Division also seeks input and suggestions from a Divisional Advisory Council which consists of staff, residents, and family members from each home.

Fairview Lodge then develops home level actions which address areas in the divisional strategic plan. The home has a dedicated Interprofessional Quality and Resident Safety Committee (IQRS).. This team determines the key priority areas for improvement based on their identified gaps, opportunities, and strategic direction for the year. The IQRS committee also serves as a forum to monitor progress of Quality Improvement (QI) activities, review performance data, analyze program goals and performance measures.

Monitoring, Evaluation, Adjustment and Communication

A key component to quality improvement is the setting of clear goals. Goals are set that are Specific, Measurable, Attainable, Relevant and Time-Bound (SMART). Once the goals are established, key performance measures are developed and monitored to ensure the outcomes of the initiatives are trending in the positive direction. If not achieving desired outcomes, the team may consider alternative change ideas, provide coaching to staff to enhance compliance, engage with staff to better understand gaps in compliance, etc. The homes IQRS (Interprofessional Quality and Resident Safety Committee) along with the home leadership team not only sets the direction of the quality improvement work but also monitors data to determine if the home is seeing results to their quality improvement work.

Communicating our progress and outcomes on these initiatives is an important step. We communicate to our residents, family members and staff using a variety of communication strategies. These include, but are not limited to:

- Presentations at staff meetings, townhalls, Residents' Council, Family Council, Divisional Advisory Council
- Posting on unit quality boards, in common areas and in staff lounges

- Publishing stories and results on the website, on social media or via the newsletter
- Direct email to staff and families and other stakeholders
- Huddles at shift change
- Use of clinical leads/champions to communicate directly with peers.

Resident Satisfaction Results

Resident satisfaction surveys were conducted on September 26th 2024 at Fairview Lodge. In total 52 residents completed the annual survey. The overall satisfaction by residents was 75.6%. These results were communicated to Residents Council on Jan 21, 2025, Family Council on Feb 11, 2025 and staff on Jan 29, 2025. The main areas of satisfaction were Respect, Privacy and Safety and Security, and the opportunities for improvement were Staff and Resident Bonding and Activities. The home shared these results with both resident council, family council president and staff and then developed an action plan for improvement. These initiatives are included in the home's quality improvement plan and annual operational plan.

Quality Improvement Work in 2024

At the end of 2023, the resident satisfaction survey indicated a need to improve laundry services, weekend recreation programming and resident and staff bonding. Based on this feedback, the home created a laundry committee to address concerns, a 2 hour course called Dignity in the Details was provided to all staff in the home and additional weekend and evening programs were developed. The home then resurveyed the residents using the same survey tool to determine if the initiatives improved the overall resident satisfaction in these areas. Despite implementing the change ideas, the overall resident satisfaction did not increase. These results were shared with residents' council, family council president and the IQRS committee. Some of these initiatives have been continued over to the 2025 QIP plan to continue to work on improvement outcomes.

Some of the other successes Fairview Lodge saw in 2024 include:

- Successful implementation and training of 177 interdisciplinary team members on new Simply Thick thickener
- Successful training of 188 interdisciplinary team members on Safe Feeding Techniques
- Established community partnerships with DARS & CFOC (1635) for daily pick up of food donations
- Standardization of the resident kitchenettes on each of the RHA's to allow for food and beverages to be available for resident's 24/7.

- Started support high-school co-op students each semester for the first time again since before covid
- DEI Initiatives - Robbie Burns , Black History Month , Sta Patrick's Day , International Christmas Tree, Cinco De Mayo, Harmony Day in recognition of different countries around the world – with displays , food samples from the country , traditional clothing .
- Environmental Department - Pathways to Employment program implementation for 2025.
- Implementation of the laundry committee with successful in decrease in lost item reports.
- Successfully crossed trained all Office staff in their positions
- Significant decrease in A/R accounts
- Significant decrease in A/P outstanding accounts
- Implementation of Secured Conversations and Practitioner Engagement modules in PCC
- Medication Room standardization using the 5S methodology
- 938 Hand Hygiene Audit observations observed with a compliance rate of 85.7%.
- 582 PPE Audit observations observed with a compliance rate of 81.3%.