

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 12, 2025



OVERVIEW

Fairmount Home is an accredited, municipal long-term care home with 128 beds.

Our vision is to be the home of choice for our residents, staff, and volunteers. Guided by the Gentlecare® philosophy, we provide exceptional resident-centred quality care in a safe, respectful, and compassionate home.

We are committed to the Gentlecare philosophy in delivering resident-focused care which empowers residents to make individual choices.

We are committed to be a leader in the provision of exceptional quality care through teamwork, innovation, and continuous learning.

We are committed to strong partnerships with our residents, caregivers, staff, volunteers, community, and health care system partners.

We are committed to the treatment of our residents, caregivers, staff, and volunteers with dignity, embracing diversity, and demonstrating inclusion and equity in our day-to-day operations.

Fairmount Home's current Strategic Plan was updated in 2023 to guide the home's operations for 2023 – 2027. During this exercise, it was evident that continued focus on high-quality, resident-centred care was of importance for all stakeholders.

As a testament to our commitment to the treatment of our

residents, caregivers, staff, and volunteers with dignity, embracing diversity, and demonstrating inclusion and equity in our day-to-day operations, our focus for our Quality Improvement Plan (QIP) will be on this important topic.

ACCESS AND FLOW

Fairmount Home is committed to supporting resident access to care in the right place at the right time, which is evident through our model of care that incorporates two (2) full-time Nurse Practitioners.

Nurse Practitioners assess, diagnose, treat, and monitor a wide range of health problems using an evidence-based approach to their practice. They consult and collaborate with the Medical Director and other health care professionals within the Fairmount Home team and community to meet the needs of our residents. Chronic disease management, a palliative approach to care, health promotion and illness prevention, as well as helping residents and their families navigate through the health care system are integral to their approach to resident care.

The home recently received funding for equipment and training from Ontario Health East. This funding is intended to enable long-term care homes to build capacity by purchasing equipment and/or training that supports the assessment, testing, and treatment of conditions that most often lead to avoidable emergency department visits. This funding enabled the purchase of CADD pump kits, specialized wound care supplies, and a vein visualization device. This equipment will aid in the ability to support our residents' needs and prevent avoidable emergency department visits.

Fairmount Home has also participated in Project AMPLIFI to improve the access and flow of residents' medical records. Project AMPLIFI will improve the continuity of care for long-term care residents by streamlining transitions between care institutions, which will lead to safer care for residents and more efficient workflows for registered staff and care providers.

EQUITY AND INDIGENOUS HEALTH

Fairmount Home is an inclusive home that is committed to treating residents, caregivers, staff, and volunteers with dignity, embracing diversity, and demonstrating inclusion and equity. The home's Vision, Mission and Values commit the home to high quality care and meeting the diverse and unique needs of our residents.

Fairmount Home maintains a written Cultural Competency and Diversity plan, which describes how the cultural needs of residents are met. It is the home's policy to effectively provide services to residents of all cultures, age, races, gender, sexual orientation, socio economic status, languages, ethnic backgrounds, spiritual beliefs, and religions in a manner that recognizes, values, affirms, and respects the worth of the individuals and protects and preserves the dignity of each person.

Fairmount Home ensures non-discriminatory and respectful services to residents and families by employing both internal and external cultural competency practices. Ongoing improvement and widespread dissemination of these efforts is evidence of Fairmount's commitment to the provision of culturally appropriate services and care.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Annually, Fairmount Home conducts Resident and Family Satisfaction Surveys in conjunction with seven (7) other long-term care homes in the region. This approach allows Fairmount to benchmark the survey results against other local long-term care homes to identify areas for continuous improvement.

In 2024, we had a total of 62 responses with 22 from caregivers and 40 from residents. Surveying the residents and caregivers annually allows for open communication, suggestions, and feedback. In 2024, our average resident and caregiver satisfaction response score was 95%, marginally above the target of 90%.

Residents and caregivers are able to voice concerns and suggestions in a number of ways including discussions with staff, a suggestion box, complaint and compliment forms, website forms, care conferences, Residents' Council meetings, Food Committee meetings, and Family Council meetings, just to name a few. All feedback is assessed by the appropriate forum and actioned as appropriate.

A representative from Residents' Council and Family Council participate in our Quality Assurance and Assessment Committee. Their participation has been helpful in guiding and informing quality improvement plans to ensure we are meeting resident care needs.

PROVIDER EXPERIENCE

Fairmount Home promotes a strong organizational culture that engages staff to promote an excellent quality of care for our residents. Over the past couple of years, we have taken an active role to demonstrate appreciation and gratitude for our staff in many different ways, as all staff are highly valued. For example, there is an annual staff service event, employee appreciation week (giveaways, prize draws, fun activities), promotion of the Gotcha! employee recognition program with award draws, and recognition of national days/weeks (Nurses Week, NP, PSW day, Therapeutic Recreation Month, etc.).

An Employee Referral Bonus Program encourages employees to refer qualified candidates and the employees are eligible for a bonus once the qualified candidate is hired and meets set milestones. Gift cards are provided to staff who are required to work mandatory overtime as another way to say thank you for an unfortunate situation. Staff also have access to supports from the Occupational Health Nurse and the TELUS Health employee assistance program, which offers a variety of confidential services.

Over the last five years Fairmount's management team, union executive members, Human Resources, and Financial Services have continued to collaborate, implement, and adjust staff schedules for the home's PSWs, RPNs, and RNs. Staff schedule changes are based on resident care needs, staff feedback, and operational requirements. Overall, the staff schedule changes have been effective in decreasing staff burnout, increasing staff morale and has improved the ability to retain and hire additional staff.

SAFETY

Fairmount Home adopted the 'Just Culture' framework in early 2017. Senior leadership and Fairmount's management team participated in additional education and as a result we look at resident safety incidents through a different lens and created a culture of safe reporting.

We utilize our clinical software PointClickCare to document incidents of risk (falls, behaviours, choking, safety concerns, etc.), which enables data analysis, identification of trends, and development of action/safety plans as appropriate.

Staff are encouraged to discuss resident safety incidents and concerns. As a result, we work together to look at the circumstances of each situation to identify contributing factors, make system and/or organizational changes, and share lessons learned.

Our best practices, inspection results, and incident analysis are shared through a variety of different avenues such as staff meetings/correspondence, monthly newsletters, resident care conferences, open dialogue with residents/family members, Quality Assurance and Assessment Committee, Residents' Council, and Family Council meetings.

Fairmount Home has also shown support to sustaining a culture of safety by joining Project AMPLIFI. Project AMPLIFI will improve the continuity of care for residents by streamlining transitions between care institutions, leading to safer care for residents and more efficient workflows for registered staff and care providers.

PALLIATIVE CARE

Fairmount Home is committed to delivering high quality palliative care by implementing recommendations of the Ontario Palliative Care Network's (OPCN) - Palliative Care Health Services Delivery Framework. This framework describes a model of care with 13 recommendations, that will enable our residents and their caregivers to remain in long-term care until the end of their life.

Of the 13 recommendations, Fairmount Home is currently focusing on addressing recommendation one (1) 'The patient (resident) who would benefit from palliative care will be identified early in their illness' and recommendation eight (8) 'Planning for end-of-life care will begin as early as possible and when it is acceptable to the patient (resident) and their family/caregivers.'

Fairmount Home is addressing recommendation one (1) by completing a Palliative Performance Scale (PPS) upon admission for each resident. The PPS provides a trajectory of the resident's illness and associated symptoms which are reviewed with the resident and caregiver at the six-week post-admission care conference, or sooner if needed.

Fairmount Home is addressing recommendation eight (8) by inviting resident's and their caregivers in the development of their end-of-life care plan at various times, including the time of admission, during their six-week post-admission care conferences, annually, and as needed. During the development of their end-of-life care plan, the resident and their caregiver can communicate their wishes at the time of their end-of-life (i.e. music, tastes, scents, spiritual, etc.).

POPULATION HEALTH MANAGEMENT

Fairmount Home has been working collaboratively with multiple external health system providers to improve the quality of life and address the health needs of the residents whom we serve. Our home has continued to partner with the Centres for Learning, Research & Innovation in Long-Term-Care to promote and improve upon our pain and palliative care program in alignment with the Fixing Long-Term Care Act, 2021. Furthermore, Fairmount is receiving support from a Palliative Care Clinical Coach through the Frontenac, Lennox-Addington Ontario Health Team to further support and sustain our pain and palliative care program. Our behavioural support team (BSO) has been collaborating with external partners at Providence Care through quarterly BSO-integration meetings, where knowledge sharing is crucial. Our BSO team also actively collaborates with the psycho-geriatric team at Providence Care to provide education, additional support services, and specialist consultation regarding responsive behaviours within the home.

Fairmount Home is also actively involved with the Registered Nurses Association of Ontario (RNAO) as a Best Practice Spotlight Organization pre-designate. Through this partnership, Fairmount Home is actively working on implementing three (3) best practice guidelines (BPGs): Person-and-Family-Centred Care, Pressure Injury Management: Risk Assessment, Prevention and Treatment, and Transitions in Care and Services. With the assistance of a RNAO coach, Fairmount Home has completed gap analyses to assess areas of improvement and develop implementation plans to work toward evidence-based practice. In alignment with this partnership, Fairmount Home has also committed to implementing Clinical Pathways with a go-live date of March 27, 2025. Fairmount Home

staff have been working with a coach to understand the role of clinical pathways and how it will assist in implementing BPGs, improve workflow, improve risk assessments and lead to quality care for our residents.

Fairmount Home has focused on these external partnerships and collaborations to improve the quality of life and meet the diverse medical and psycho-social needs of our residents.

CONTACT INFORMATION/DESIGNATED LEAD

Contact information is available on our website at:
www.frontenacounty.ca/en/fairmounthome

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

Equity

Measure - Dimension: Equitable

Indicator #1	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	50.00	100.00	Theoretical best: The theoretical best possible performance for this indicator is 100%.	

Change Ideas

Change Idea #1 All current management and staff will complete relevant equity, diversity, inclusion, and anti-racism education in 2025.

Methods	Process measures	Target for process measure	Comments
Our Education Lead will use our online learning platform, Surge Learning, to track progress.	Number of management and staff that completed relevant equity, diversity, inclusion, and anti-racism education per quarter.	65% of management and staff will complete relevant equity, diversity, inclusion, and anti-racism education by June 30, 2025 and 100% by December 31, 2025.	Total LTCH Beds: 128

Change Idea #2 All newly hired employees will receive relevant equity, diversity, inclusion, and anti-racism education during their orientation period.

Methods	Process measures	Target for process measure	Comments
Our Human Resource Generalists will schedule all newly hired employees in for County Orientation which covers education on equity, diversity, inclusion, and anti-racism.	Number of newly hired employees that completed relevant equity, diversity, inclusion, and anti-racism education during their orientation period each month.	100% of newly hired employees will receive relevant equity, diversity, inclusion, and anti-racism education during their orientation period.	

Indicator #1	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Fairmount Home for the Aged)	33.01	30	24.25	26.54%	NA

Change Idea #1 ☒ **Implemented** ☐ **Not Implemented**

Ensure resident diagnosis are recorded appropriately upon admission and quarterly.

Process measure

- Report quarterly on the number of residents on antipsychotics without a diagnosis of psychosis.

Target for process measure

- All new admissions will have their diagnoses recorded appropriately and existing residents will be reviewed/updated quarterly. Percentage will fluctuate with # of admissions in the year.

Lessons Learned

We succeeded our goal of reducing the number of residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment by ensuring medical diagnosis were recorded on admission and on going.

Change Idea #2 ☒ **Implemented** ☐ **Not Implemented**

Enhance the use of non-pharmacological interventions.

Process measure

- Number of residents displaying new responsive behaviours per month.

Target for process measure

- 100% of residents displaying new responsive behaviours will have non-pharmacological interventions identified and included in their care plan.

Lessons Learned

We utilized non-pharmacological interventions and internal resources (BSSO team, MRT, SMH, etc.) to assist in reducing the number of residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment.