

Let's Make Healthy
Change Happen.



Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



3/31/2023

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

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Overview

Fairmount Home is a licensed, 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-centered quality care in a safe, respectful, and compassionate home.

We are committed to the Gentlecare philosophy; 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, staff, volunteers, community and health care system partners.

We are committed to the treatment of our residents, staff and volunteers with dignity; embracing diversity and demonstrating inclusion and equity.

Quarterly our Quality Assurance and Assessment Committee (QAAC) meets to review and discuss our quality improvement plans. This year we will be placing emphasis on reducing the number of potentially avoidable emergency department transfers.

Reflections since your last QIP submission

Over the last three years, our focus has been to keep our residents protected against COVID-19 as the pandemic has drastically affected all Long-Term Care Homes across Ontario. During this time we were given the option to pause reporting on our HQO QIPs as we navigated the virus and the affect it had on our home. As a result, we did choose this option.

Although we did not formally submit a QIP, we maintained our practices of surveying the residents and families annually to allow for open communication, suggestions, and feedback. In 2022, our average resident and family satisfaction response score was 89%, just below our target of 90%; however, we are still pleased with this response considering the effect COVID-19 has had on social interaction, activities, family visits, and staffing levels.

During the course of the pandemic Ministry directives were constantly changing; however, Fairmount Home was successful in implementing and following all Infection Prevention and Control recommendations, and as a result the home did not have extreme cases throughout the duration of the pandemic.

Patient/client/resident engagement and partnering

Our Resident Council, Family Council and resident/family surveys help guide and inform resident quality improvement plans to ensure we are meeting resident care needs.

We value our residents, families, and community partners, and throughout the pandemic we maintained these relationships with the use of technology. Despite families and friends not being able to visit at times, we quickly adapted and implemented new technology devices so that residents were able to speak and visit via FaceTime or Zoom. Care conferences were conducted over the phone which allowed continued, open communication with families.

Becoming more virtually advanced has aided in our ability to be more adaptable and accommodating to everyone's schedule.

Throughout the course of the pandemic we have built strong, supportive relationships with our local hospitals and most importantly, with our local Public Health Unit. These relationships will continue to be maintained.

Provider experience

The challenges and stressors of COVID-19 were amplified by the simultaneous health human resource crisis. In response to the health human resource crisis, in the summer of 2020, we implemented temporary Resident Aides. This position assisted the PSWs as their key responsibilities were removing/replenishing linen, tidying rooms, portering residents for dining, ensuring resident hand hygiene, assist residents with meal times, delivering the nourishment cart for snacks/fluids, answers call bells and providing support to residents during video chats. This position was very beneficial when faced with severe shortages of PSWs during the pandemic.

Our home believes a strong organizational culture engages staff and promotes 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 of our staff are valued. For example, we host annual staff service awards, employee appreciation week (giveaways, prize draws), promote our Gotcha! #inFrontenac recognition program with award draws, recognized national days/weeks (nurses, NP, PSWs, OT, etc.). We also provide gift cards for staff who are required to work mandatory overtime as another way to say thanks for an unfortunate situation.

Staff also have access to our Occupational Health Nurse and employee assistance program through Telus Health, which offers a variety of confidential services which have continued to be available throughout the pandemic.

Over the last three years Fairmount's management team, union executive members, Human Resources and Financial Services have collaborated to implement new staff schedules for the Home's PSWs, RNs and RPNs. The schedule changes are based on staff feedback, resident care and operational requirements.

The goals of the schedule rotation changes were to:

- Elimination 7 consecutive work day stretches
- Allow part time to work every other weekend instead of having only one weekend off in every three-week period
- Increase the ability to provide vacation coverage
- Increase the ability to attract and retain staff
- Reduce the necessity to mandate overtime

Overall, the schedule changes have been very effective in decreasing staff burnout, increasing staff morale and have improved our ability to hire and retain additional care staff.

Workplace Violence Prevention

Fairmount Home is committed to maintaining a safe and healthy work environment, free of inappropriate and disrespectful behavior of any kind.

Management and employees have a shared responsibility for ensuring a safe and healthy work environment by performing jobs in a safe manner and adhering to health and safety policies and procedures.

Our home's safety features include:

- All visitors enter/exit the building through a main security coded entrance, after hours an intercom is used for visitors
- 24-hour on site RN Supervisor

- On hire and annually thereafter, mandatory training related to harassment and violence in the workplace is conducted through an online Surge Learning platform for all staff
- Workplace Violence Assessments are completed annually and reviewed with the Health and Safety Committee
- An active Health and Safety Committee meets quarterly to review monthly home audits and staff incident reports. Staff incident reports are analyzed by the Occupational Health Nurse for identification of trends and action plans are developed when needed
- The Workplace Violence policy is reviewed annually by Human Resources and the Health and Safety Committee

Patient safety

Fairmount Home adapted 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 all have an important role to play in identifying, reporting, and addressing resident safety incidents to promote a culture of continuous safety and quality improvements.

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, annual resident/family satisfaction surveys, Residents' Council, and Family Council meetings.

Health equity

At Fairmount Home we provide a safe and secure environment, where everyone is treated with dignity and respect. We pride ourselves on our home like environment with welcoming colors, décor, and furnishings.

On admission and ongoing, we collect sociodemographic data through the use of our 'Personhood Tool'. This tool gives us a better understanding of the resident's needs, likes/dislikes, and wants. It also helps us understand what is important to the resident, as well as, what they enjoy (or do not enjoy) in their present day lives.

We are an inclusive home that is committed to treating our residents, staff, and volunteers with dignity; embracing diversity and demonstrating inclusion and equity. Providing high quality care and meeting the diverse and unique needs of our residents will ensure we continue to promote health equity.

Services provided at Fairmount include, but are not limited to, physiotherapy, occupational therapy, restorative therapy, social work, hair care, foot care, musical therapy and spiritual care. Fairmount also provides recreational activities, dietary, housekeeping, laundry, maintenance and administrative services.

Contact information/designated lead

Fairmount Home

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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

Board Chair / Licensee or delegate _____ (signature)
Administrator /Executive Director _____ (signature)
Quality Committee Chair or delegate _____ (signature)
Other leadership as appropriate _____ (signature)