Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 10, 2026

Fairmount Home

Ontario Health

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.

This year we will be placing emphasis on reducing the number of

residents that had a fall 30 days leading up to their resident assessment period.

ACCESS AND FLOW

Fairmount Home is committed to supporting residents' 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 and a Medical Director.

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 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 wireless bed alarms. These bed alarms will aid in alerting staff when residents are attempting to self-transfer and prevent avoidable emergency department visits.

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 Cultural Competency and Diversity plan, which describes how the cultural needs of residents are met. It is the home’s policy to 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 while protecting and preserving 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 dissemination of these efforts is evidence of Fairmount’s commitment to the provision of culturally appropriate services and care.

In 2025, the County of Frontenac developed The Employee Equity, Diversity, and Inclusion (EDI) Committee. The EDI Committee is a group of employees dedicated to fostering and maintaining an inclusive, equitable, and diverse work environment. The committee promotes awareness, recommends policy improvements, and supports initiatives to create and maintain a workplace where everyone is valued, respected, and treated accordingly.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Annually, Fairmount Home conducts Resident and Family Satisfaction Surveys in conjunction with 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 2025, we had a total of 67 responses with 40 from caregivers and 27 from residents. Surveying the residents and caregivers annually allows for open communication, suggestions, and feedback. In 2025, our average resident and caregiver satisfaction response score was 98%, significantly 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, we host 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.

Fairmount’s management team, union executive members, Human Resources, and Financial Services continue 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. 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.

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.

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.

Our Health & Safety committee completes monthly workplace inspections, identifying concerns and corrective actions in a timely manner. The committee also meets quarterly to review employee incident reports and analyze trends. Staff are trained to report safety concerns immediately to a supervisor, inspect equipment prior to use, and complete risk assessments prior to entering a resident's room.

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 supported in long-term care until the end of their life.

Fairmount Home is addressing recommendation one (1) by inviting residents and their caregivers in the development of their end-of-life care plan at 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, location of death, funeral home selection etc.).

For recommendation eight (8), Fairmount Home is focusing on the '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 Nine (9) 'The family/caregivers of the patient with a life-limiting illness will be supported throughout the person's illness trajectory, at the end of life, and through death and bereavement.' Assistance is provided by offering community bereavement supports at the six-week post-admission care conferences, annually, and as needed. This facilitates support throughout the person's illness trajectory, at the end of life, and through death and bereavement. Family council also

offers support to family members of residents.

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 into our third year of partnership 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. The partnership has allowed for improved policies, enhanced education and learning opportunities for our staff.

Our behavioural support team (BSO) continues to collaborate 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 remains actively involved with the Registered Nurses Association of Ontario (RNAO) as a Best Practice Spotlight Organization pre-designate. Through this partnership, Fairmount Home has implemented 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. Through this partnership we have connected and shared ideas, policies, documents and education with various other long-term care homes and key stakeholders across Ontario. In alignment with the partnership with the RNAO, Fairmount Home has also been actively introducing Clinical Pathways to implement BPGs, improve workflow, improve risk assessments and lead to improved quality of care for our residents. Our work with Clinical Pathways has so far focused on admissions, delirium screening, falls and pain management.

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.frontenaccounty.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

_____

Safety

Measure - Dimension: Safe

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	27.97	25.17	Provincial Target = 15.01, although still well above provincial target, our goal needs to be realistic and attainable.	

Change Ideas

Change Idea #1 Implement Purposeful Rounding to assess pain, positioning, toileting needs, personal environment

Methods	Process measures	Target for process measure	Comments
Working group will be created to brainstorm different ideas and oversee the implementation process.	Number of residents falling per quarter.	The number of residents falling during the 30 days preceding their resident assessment will decrease by 10% by December 31, 2026.	

Change Idea #2 Ensure risk scores are forwarded to the appropriate designate for further follow-up as appropriate.			
Methods	Process measures	Target for process measure	Comments
RPN - Documentation Assistants will flag all Fracture Risk Scale (FRS) scores >4 AND all Scott Fall Risk Screen (SFRS) scores >7 to the medical team AND RPN - Rehabilitation Assistant.	Number of FRS and SFRS assessment scores flagged to the medical team AND RPN - Rehabilitation Assistant.	100% compliance of notification by the RPN - Documentation Assistances of residents with a FRS >4 and/or SFRS >7 will be flagged to the medical team AND RPN - Rehabilitation Assistant by December 31, 2026.	

Change Idea #3 Implement a post fall huddle (root cause analysis) guideline to assist front line staff to gather/collect all data pertinent to the fall.			
Methods	Process measures	Target for process measure	Comments
Post fall huddle documentation will be reviewed to determine how many post fall huddles were completed. Information to be pulled from RNAO Post Fall Assessment clinical pathway.	Number of falls with documented post fall huddle.	100% compliance by December 31, 2026.	

Change Idea #4 Increase fall prevention awareness with residents and care givers.			
Methods	Process measures	Target for process measure	Comments
Develop an educational article to publish in the home's monthly newsletter 'The Gazette'.	Number of 'Gazette's' delivered with fall prevention information available.	100% of residents will receive 'The Gazette' and extra copies will be available at the reception area for care givers.	

Equity | Equitable | Optional Indicator

Indicator #1

Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Fairmount Home for the Aged)

Last Year		This Year		
50.00	**100**	**100.00**	**100.00 %**	**NA**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

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

Process measure

- Number of management and staff that completed relevant equity, diversity, inclusion, and anti-racism education per quarter.

Target for process measure

- 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.

Lessons Learned

Were we able to accomplish this goal by including EDI training as part of our mandatory annual training.

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

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

Process measure

- Number of newly hired employees that completed relevant equity, diversity, inclusion, and anti-racism education during their orientation period each month.

Target for process measure

- 100% of newly hired employees will receive relevant equity, diversity, inclusion, and anti-racism education during their orientation period.

Lessons Learned

EDI training has been incorporated into our onboarding process and therefore all new hires received EDI training.

Comment

In 2025, the County of Frontenac developed The Employee Equity, Diversity, and Inclusion (EDI) Committee.

The Employee (EDI) Committee is a group of employees dedicated to fostering and maintaining an inclusive, equitable, and diverse work environment. The committee promotes awareness, recommends policy improvements, and supports initiatives to create and maintain a workplace where everyone is valued, respected, and treated accordingly.