Fairview Manor Quality Improvement Report (2025–2026)

Clinical Quality Improvement Initiatives

During 2025–2026, the Fairview Manor (FVM) team focused on enhancing the quality of the bed safety program, reducing falls, improving skin and wound care, strengthening pain management, and advancing continence care.

Bed Safety Program

As part of the new bed safety program, 72-hour sleep studies were completed for all residents to assess the potential entrapment risks associated with bed rails.

Initially, all 112 beds were equipped with bed rails. Through comprehensive resident assessments, the number of beds with bed rails has been reduced by 52%. Currently, 58 beds have two upper rails, one bed has a single upper rail, and two beds are equipped with new assist rails. Residents who continue to use bed rails undergo quarterly reviews to ensure their ongoing appropriateness. The long-term goal is to eliminate the use of bed rails and transition to assist rails whenever clinically appropriate.

Falls Prevention

As part of its ongoing falls prevention strategy, FVM has an interdisciplinary Falls Review Team that meets monthly to review all resident falls and identify opportunities for improvement.

The number of residents who experienced a fall within the previous 30 days decreased from 16.3 to 10.1. In addition, the average number of falls per 100 resident days declined from approximately 16 to 12.78, demonstrating continued progress in reducing falls across the home.

Skin and Wound Care

Enhancements to the skin and wound care program included the introduction of new products funded through the Ministry of Health's High Intensity Needs Funding (HINF) program, which have produced excellent clinical outcomes.

Despite the admission of a resident with a Stage 3 pressure ulcer, the rate of residents with worsened Stage 2–4 pressure ulcers remained stable at 1.2 throughout all four quarters of 2025–2026.

Pain Management

FVM continues to focus on reducing worsened pain among residents. Historically, the percentage of residents experiencing worsened pain remained around 8%. Through enhanced pain assessments completed on admission, quarterly, and whenever there is a significant change in condition, this measure has improved to around 6%.

Continence Care

The continence care program has demonstrated positive outcomes, with urinary tract infection (UTI) rates decreasing from 5.1 to 2.9.

Program enhancements include:

- Staff education on continence care best practices.
- Implementation of a new incontinence cleansing cream designed to reduce skin breakdown.
- Increased use of individualized toileting programs.

Resident and Family Satisfaction Survey

In December 2025, the annual Resident and Family Satisfaction Survey was conducted. Surveys were distributed electronically to family members and hand-delivered to residents who were able to complete them independently.

Survey results are posted on the Resident and Family Council information board at FVM. These results were discussed with Family Council on February 10, 2026, and with Resident Council March 9, 2026.

Key areas identified for improvement included:

- Receiving information regarding outbreak management guidelines.
- Being provided with alternative methods of communication with family members.
- Being informed about changes in the resident's condition.

- Awareness of the ability to request and participate in care conferences.
- Understanding how to communicate concerns regarding care, services, or the home.

All key areas for improvement listed above have been addressed through a new Welcome Letter that was added to the admission package. On June 12, 2026, the letter was hand-delivered to all capable residents and emailed to all family members who had provided an email address.

Annual Program Reviews

Patient/Resident Safety Plan

A Patient/Resident Safety Plan is developed annually and presented to the Patient Care/Quality Improvement and Risk Management (PtCare/QIRM) Committee, as well as the Board Quality Committee.

The plan monitors patient safety activities, corporate objectives, strategic initiatives, risk management activities, and quality improvement initiatives throughout the organization.

Quality Committee of the Board

The Quality Committee of the Board is responsible for overseeing quality and patient safety activities across the Mississippi River Health Alliance (MRHA). The committee follows an established annual work plan and successfully completed all scheduled activities during 2025–2026.

Fairview Manor Continuous Quality Improvement Committee

In 2025, FVM established a Continuous Quality Improvement (CQI) Committee, led by Lianne Learmonth, Chief Nursing Executive and Vice President of MRHA.

The committee was created to monitor progress and ensure the ongoing quality of all Ministry-required programs. Membership includes representatives from leadership, nursing, personal support workers, physiotherapy, occupational therapy, recreation, as well as resident and family representatives.

The committee initially met monthly and has since transitioned to quarterly meetings as improvement initiatives have become well established.

Risk Management Program

MRHA maintains a comprehensive Risk Management Program, including an annual organizational risk assessment based on the Hospital Insurance Reciprocal of Canada's (HIROC) framework.

For FVM, falls and pressure injuries were identified among the organization's top risks. Each identified risk includes a documented assessment and mitigation strategy. The top ten risks are reviewed twice annually by the responsible committees and by the Board of Directors.

Infection Prevention and Control

FVM has a comprehensive Infection Prevention and Control (IPAC) Program that includes hand hygiene, infection surveillance, and outbreak management.

A new mandatory education program was developed for all staff. As of 2025–2026, mandatory IPAC training compliance has reached 89%, with plans to further improve compliance during June and July 2026.

To support ongoing improvements in hand hygiene practices, the Champlain IPAC Hub conducts routine audits and provides feedback to staff.

Resident Safety Reporting

An incident management reporting system supports the reporting, investigation, and tracking of all resident safety incidents.

The leadership team reviews every incident as part of the investigation process. Quarterly reports are presented to both the PtCare/QIRM Committee and the Board Quality Committee.

In addition, monthly Quality Improvement Huddles are held within each home area to review results with staff, identify trends, and develop solutions to recurring issues.

interRAI Long-Term Care Facilities (LTCF)

In January 2025, FVM became an early adopter of the new interRAI Long-Term Care Facilities (LTCF) assessment system, replacing the previous RAI-MDS assessment tool.

Key improvements include:

- Admission assessments completed within four days rather than 14 days.
- Three-day observation periods instead of seven days, providing a more current picture of resident status.
- More comprehensive pain assessments.
- New clinical outcome scales to better support resident care planning.

The interRAI LTCF system was implemented across all remaining RAI-MDS users in April 2026.

Accreditation

MRHA participates in Accreditation Canada's Qmentum accreditation program, a voluntary process that evaluates organizations against national standards and leading practices.

In May 2023, Accreditation Canada completed its assessment of MRHA and awarded the organization Accreditation with Commendation.

Accreditation activities continue under the leadership of a new Accreditation Coordinator, with the next accreditation survey scheduled for Spring 2028