

Continuous Quality Improvement Report

Fairview Manor 2024-2025

Quality Improvement Plan

Fairview Manor is part of the Quality Improvement Plan for the Mississippi River Health Alliance and can be found on the website <https://www.mrha.ca/qualityimprovementplan>

In 2024-2025 the FVM team focused on improving the reporting of workplace violence, enhancing the experience of residents who reported pain on a daily basis, reducing falls and completing diversity, equity, inclusion and belonging education with staff.

As part of workplace violence reporting. FVM set a target of over 80 incidents reported and this target exceeded with 91 reported incidents. Each incident is investigated, and preventive measures are put in place. The Behaviour Supports Ontario team is highly involved with residents who have tendencies of agitation and aggression so that a comprehensive care plan can be put in place. More incidents that are reported allow the team to ensure proper procedures and education can be put in place.

In the previous year FVM saw an increase in reporting of worsening pain on the MDS-RAI assessments. The team developed some strategies to reduce this metric from 14.77% to under 9%. Successful training in tracking pain and treating pain assisted in decreasing the worsening pain metric to under 8%.

Despite the best efforts, the team was not successful in decreasing total number of residents falls. The target had been set to maintain status for the previous year at 16.8 falls per 30 resident days as found in MDS-RAI data. Two of four quarters saw this target exceeded however two other quarters saw it surpassed. This work will continue in 2025-2026.

Education for all part-time and full-time staff was provided on behalf of the Diversity Equity Inclusion and Belonging Committee and a target for completion of 75% was established. The entire MRHA staff exceeded the target and achieved an 88% completion rate.

Resident/family satisfaction survey

In December of 2024 the annual resident/family satisfaction survey was conducted. 100% of the families who responded indicated they would recommend FVM to others. An area identified to improve related to communication about resident conditions; although the team felt that information shared with residents may not be shared with their families, by choice.

96% of the residents surveyed indicated they would recommend FVM to others. Communication about condition changes, outbreaks and lost items were areas identified by the residents for improvement.

Annual program reviews

Patient/Resident Safety Plan

A Patient/Resident Safety Plan is created annually and reported to the PtCare/QIRM (Patient Care/Quality Improvement and Risk Management) Committee as well as to the Board Quality Committee. This report tracks patient safety activities, corporate goals, strategic initiatives, risk management and quality improvement reporting.

Quality Committee of the Board

The Quality Committee of the Board has overall responsibility for oversight for the MRHA. The committee has an established workplan that is followed. The Quality Committee met all established activities of the annual workplan.

Risk Management Program

The MRHA has an established Risk Management Program that includes annual review of risk according to the Hospital Reciprocal Insurance Providers of Canada (HIROC). Related to FVM, falls risks and risk of injury from pressure injury were in the top 10 risks identified. Each risk has a synopsis of risk assessment and activities to reduce the risk. The top 10 risks are reviewed bi-annually by each committee responsible as well as the Board of Directors.

Infection Prevention and Control

FVM has an extensive Infection Prevention and Control (IPAC) Program that includes Hand Hygiene, infection surveillance and outbreak management. Embedded in each modality is education, auditing and reporting. The IPAC committee met its established workplan activities for the year.

Resident Safety reporting

An incident management reporting program allows reporting and tracking of all resident incidents. The leadership team reviews each incident as part of the investigation process. Quarterly reports are provided to PtCare/QIRM and Board Quality Committees. Also, each

month Quality Improvement Huddles are conducted in each neighbourhood to share results with staff and problem solve themes and trends.

Minimum Data Set- Resident Assessment Instrument (MDS-RAI) Data

Admission and then quarterly assessments are conducted on each resident as part of the MDS-RAI program. These assessments are submitted to the Canadian Institute for Health Information (CIHI) and this allows for peer comparisons in all areas assessed. Any outliers can be further monitored and specific action plans put in place. There were no outlying areas identified in 2024-2025.

Accreditation

The organization participates in the Qmentum program under Accreditation Canada, a voluntary process by which organizations are assessed against national best practice standards. In May of 2023 Accreditation Canada completed the assessment of the MRHA and the MRHA was awarded Accreditation with Commendation. Accreditation work is ongoing, and the next assessment is scheduled for May 2027.

PREVENT research study

FVM has volunteered to be part of a research study in collaboration with the Geras Centre for Aging Research and McMaster University. The study is looking at integrating best practices for fall and fracture prevention in LTC Homes. FVM has been assigned to the control group but upon completion of the study will have access to tools for fracture prevention care planning as well as education materials around fall and fracture prevention. The study is due to wrap up in the spring of 2026.