

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 28, 2024

OVERVIEW

Fairview Mennonite Homes is a 84-bed long-term care home located in Cambridge. The Long-Term Care is part of larger continuum of care, including Retirement, Independent Living, Senior Active Living Centre and Home & Community Care Services.

Fairview is a not-for-profit, faith-based organization. The vision "To build a community for all" and values of Faith, Kindness, Truth, Excellence and Accountability are embedded through the operating principles, commitments, policies and internal and external relationships.

2023 was a milestone year for Fairview. The campus celebrated its 80th anniversary with residents, families, volunteers, community partners and team members throughout the year including a special 80 km Walk the Kindness Way trek and gala. In March 2023, the organization was recognized as one 'Canada's Most Admired Corporate Cultures' by Waterstone Human Capital Management. This national program recognizes best-in-class Canadian organizations for having cultures that help them enhance performance and sustain a competitive advantage. In the fall, Fairview completed the full accreditation with Accreditation Canada achieving Exemplary Status.

The campus has continued to grow. Services expanded as peritoneal dialysis was introduced as an in-house service for long-term care residents. In September 2023, construction began on the long-term care expansion of an additional 102 beds, for a total of 192 residents. When complete, the campus will provide 475 housing opportunities supported by 300 team members.

Fairview continues to honour our Welcome Statement “As a community founded in God’s love for all and ground in faith, each person is valued and respected. We honour the spiritual dimensions of the human experience and believe that with love the extraordinary is possible.”

Operating Principles:

Faith: Nurture the mind, body and spirit

Kindness: Love thy neighbour as thyself

Truth: Be honest and transparent

Excellence: Embrace a new way of doing things

Accountability: Be responsible to those entrusted in our care



ACCESS AND FLOW

Fairview continues to optimize system capacity and provide timely access to care in the right place at the right time.

Lowering the number of unnecessary emergency visits continues to be a priority. The Home has recognized success when residents, families and team members are engaged in care plan conversations in the first days after an admission. These discussions have proven to support informed decisions, including transfer to hospital if there is a decline. In 2024, enhanced semi-annual education for families will assist in broadening understanding.

Fairview continues to develop specialized resident in-house services. In 2023, the peritoneal dialysis for long-term care residents was introduced in partnership with Grand River Hospital. This program has had a significant impact, as residents can receive treatment in the Home, instead of going to hospital. The Local Priority Funding allowed for the purchase of a bladder scanner. These services help limit emergency department visits for our residents.

EQUITY AND INDIGENOUS HEALTH

Fairview continues to promote equity, inclusion, diversity and antiracism through the organizational ‘Culture of Kindness’ initiative.

To support social interaction and communication team members complete a language survey upon hire indicating other languages understood and/or spoken and their willingness to assist residents if needed. Additionally, the translation application “app to speak” has been implemented in the Home. This platform offers symbols

help residents communicate their needs with team members. Team members have been trained on the app allowing immediate and continued use. Fairview continues to embrace Active Offer, with the goal of providing a welcoming environment for community members who identify French as the language of choice.

The Director of Spiritual Care & Culture brings education opportunities to residents, families, volunteers and team members. The Home also looks to external resources such as the Palliative Care Education Group by Hospice Waterloo, which further provided information related to Indigenous traditions during end-of-life care.

Fairview continues to create connections with our local Indigenous Community, hosting information sessions for residents, families and team members on-site. The Home was privileged to include an Indigenous Land Blessing and Smudging Ceremony at Long-Term Care Home Expansion Ground Breaking in September 2023.

To support an inclusive environment for all residents, families, volunteers, visitors and team members, all staff complete diversity, equity and inclusion education annually as a part of mandatory education. The Kindness Committee has received enhanced education and provides monthly opportunities for team members. The 2024/25 Operational Plan will have a special focus on inclusion, friendship and trust using the 'Culture of Kindness' as the foundation.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Fairview has a large and active Residents' Council and a newly engaged Family Council. Our Residents' Council and Family Council provide the Home with feedback in formal settings such as the Quality of Life Survey and regular monthly meetings. The survey touches upon the main areas of the resident everyday life including privacy; food and meals: safety and security; comfort; daily decision making; respect; responsiveness of staff; activities; and personal relationships. Starting 2024, the Resident Quality of Life survey will be completed three months after admission, as well as annually. This will allow the Home to gauge the successful transition into long-term care and identify potential areas of improvement.

Fairview also receives feedback from residents and families through informal settings such as events and daily Director Gemba's. Gemba's are a fundamental part of the Fairview philosophy and is linked to the Japanese word "genchi genbutsu", which means go and see. The objective of a Gemba is to identify day-to-day problems and understand, observe and build upon processes to create continuous quality improvement.

Residents are involved in the Quarterly Quality meetings and are encouraged to make recommendations. Currently, the most significant project is the long-term care expansion. Potential impacts and the creation of action plans to reduce these impacts are discussed at Residents' Council and Family Council meetings.

PROVIDER EXPERIENCE

Fairview embraces engagement with schools, local community, regional and provincial partners. Strong relationships allow for continued expansion of positions to support the Home.

Fairview has partnered with the Canadian Mental Health Association to bring the 'Your Health Space' mental health training program to the leadership and front-line team. This support has proven invaluable as the organization moved into the management phase of the pandemic.

The Talent Specialist position (made possible through a grant opportunity) is working towards to customer service education "Kindness Speaks" based on the organizational values and the 'Culture of Kindness'. This program will be rolled out to all team members in 2024 and new team members moving forward.

Fairview supports team members who wish to enhance job performance and improve opportunities for advancement through the 'Education Assistance Program' and ability to self-identify for 'Succession'. The organization continues to accommodate requests for compassionate leaves and flexibility in scheduling to assist team members with their personal goals and family commitments. Should a team member decide to leave, the Leadership Team will connect with them for an exit interview. This information is valuable in developing employee programs.

The Home continues to take advantage of opportunities such as the PREP LTC and IEN placements to recruit and retain team members.

SAFETY

Fairview uses standardized policies, procedures and assessments. Standardized processes allow for consistent tracking. Active committees are in place to monitor and analyze occurrences and identify trends. These inform decisions related to providing quality resident care and services.

Additionally, a dedicated Falls Lead has been implemented. This position has been instrumental in educating residents, families and team members on falls prevention and safety. In co-ordination with our sister homes, Parkwood Mennonite Home Inc. and Craigwiel Gardens, a new falls assessment was developed and implemented. This quality initiative has resulted in a significant decrease in the number of falls on each home area. A specialized educational day involved setting up an empty resident suite with a number of potential fall risks. Team members were given 2 minutes to identify as many risks as possible. This interactive training experience allowed for increased insight and encouraged team members to stay alert of the many different risks.

Fairview completes monthly emergency code training and role plays a monthly code scenario. All codes are debriefed and modifications are made if areas of improvement are identified by participating staff members. Learnings are shared with the entire team through our organizational communication system.

Fairview has partnered with KW4-CND HUB to provide in house education for our IPAC front line champions. In 2024, Fairview will welcome KW4-CND HUB on site to provide on the spot home area education to all team members.

The Home completed the full accreditation with Accreditation

Canada in October 2023 and achieved Accreditation with Exemplary Standing. This is highest rating possible.

POPULATION HEALTH APPROACH

Fairview works with community and system partners, such as the Specialized Geriatric Resource Nurse, the Canadian Mental Health Association, Home & Community Care Support Services and Public Health.

The team has worked with community partners to enhance program specific education, such as Behavioural Supports, falls prevention and infection prevention and control. These education programs contribute to quality improvement initiatives for clinical programs.

An education email series was completed in the fall of 2023 to improve family awareness and understanding (supporting decisions around health care).

Fairview continues to implement changes to the Fixing Long-Term Care Act as per the Ministry directive.

CONTACT INFORMATION/DESIGNATED LEAD

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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):

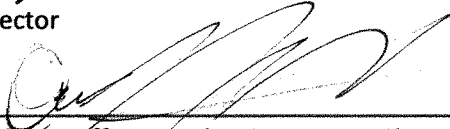
I have reviewed and approved our organization's Quality Improvement Plan on **March 28, 2024**



Robert Shantz, Board Chair / Licensee or delegate



Heather Congdon, Executive Director, Administrator /Executive Director



Corlise Moffett, Quality Committee Chair or delegate



Elaine Shantz, CEO, Other leadership as appropriate

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1st 2022 to September 30th 2023 (Q3 to the end of the following Q2)	23.40	16.00	We believe through our change ideas we can reduce the number of residents and family members wanting or needing to go to hospital.	

Change Ideas

Change Idea #1 Educate LTC staff, residents and families about the benefits of and approaches to preventing emergency department visits

Methods	Process measures	Target for process measure	Comments
Family and Resident Council conversations, Spring and Fall education series for families, registered staff meetings and education days. Educate family and residents about home resources of stat lab, mobile x-ray (often the same day), on call physicians 24/7, access to medication emergency box supplies in the home. Continue to review the resident/SDM handbook annually for additional information to add related to goals of care.	Engage residents and families about goals of care on admission Target for process measures: 90% of new residents and families have documented goals of care conversation during admission care conference	90% of new residents and families have documented goals of care conversation during admission care conference.	

Change Idea #2 Provide supplemental education on pain and symptom management and skills training to support Goals of Care discussions to help build capacity within the home

Methods	Process measures	Target for process measure	Comments
Pain and Palliative leads to provide education opportunities to registered staff, Spring and Fall education series for families	1. Percentage of registered staff who have completed an education opportunity on pain and symptom management 2. Educate registered staff on effective use of SBAR physician referral notes. 3. ED transfers will be discussed monthly at nursing leadership meetings and then quarterly at Quality/PAC meetings, that are interdisciplinary health team and includes residents and families. This will include any trends identified and analysis done.	1. 75% of registered staff registering for education opportunity over the year 2. 100% of registered staff will receive SBAR training with surge learning annually	

Equity

Measure - Dimension: Equitable

Indicator #2	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	CB	100.00	Mandatory training implemented in 2024 for all staff, and enhanced diversity, equity and inclusion education for all leadership staff in 2024	

Change Ideas

Change Idea #1 All staff from all departments will receive diversity, inclusion, equity, and anti-racism education

Methods	Process measures	Target for process measure	Comments
Education on equity , diversity, inclusion and anti-racism education will be assigned annually through surge learning.	Education is assigned annually with deadline and for orientation education on hire.	the education assigned is mandatory and 100% of all staff to complete by deadline	

Change Idea #2 Leadership will have enhanced education on diversity, equity, and inclusion

Methods	Process measures	Target for process measure	Comments
a policy has been developed about Diversity, equity and inclusion that is on policy manager available for all staff to reference	During leadership meeting, enhanced education will be given to help support leadership in diversity, equity and inclusion. The new policy will be referenced as well as education resources for staff to access.	All leadership will receive the education, 100%	

Measure - Dimension: Equitable

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Ensure all religions are included and celebrated.	C	Number / Population	In-house survey / January to December	2.00	6.00	As we continue to focus on our diversity and inclusion strategy, we can highlight different traditions and practices more frequently	

Change Ideas

Change Idea #1 Educate staff, residents and families on different religious celebrations throughout the year. We look to honor each persons spiritual and or faith, that it is valued and respected.

Methods	Process measures	Target for process measure	Comments
1. Include all religious holidays on the monthly calendars 2. Look to develop Spiritual assessment that will be done by Director of Spiritual Care and Culture and or recreation on admission and then after as needed. This will be linked to the Care plan library so that Cultural/Spiritual personal preferences can be added to the care plan.	Number of monthly calendars with religious holidays included	All 12 monthly calendars to have a religious holiday included # of spiritual assessments completed annually once Spiritual assessment is implemented	

Change Idea #2 Educate staff, residents and families on different religious celebrations throughout the year.

Methods	Process measures	Target for process measure	Comments
Quarterly review of the upcoming religious holidays and invitation to join a mini-planning session.	Number of religious educational displays in the year	4 religions have an educational display and posting on the HUB.	

Experience

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the Question, I would recommend this home to others	C	% / LTC home residents	In house data, interRAI survey / January to December	84.00	84.00	Target set to maintain current performance, due to the large expansion project taking place during this fiscal year.	

Change Ideas

Change Idea #1 Early feedback and conversation with each new resident and family to find areas of improvement.

Methods	Process measures	Target for process measure	Comments
Conduct 3-month post admission survey with all new residents and family members.	Percentage of new admissions who have a survey completed after 3 months. To increase the number of surveys to be completed for residents in total , as plan is to have one done 3 months after admission, then again within the calendar year to measure for change.	90% of all new admissions have a completed survey after 3 months	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the Question, "This place feels like home to me"	C	% / LTC home residents	In house data, interRAI survey / January to December	49.00	55.00	Target set for small increase due to the large expansion project taking place during this fiscal year.	

Change Ideas

Change Idea #1 Seek out feedback and conversation with residents on what makes a place feel like home.

Methods	Process measures	Target for process measure	Comments
Add this topic to Resident's Council meetings to discuss personal reflection on the word home.	Number of new suggestions received from Resident's Council.		New suggestions from resident council will be discussed at home management meetings to discuss feasibility of suggestions, and action plans will be created for implementation. Trial 60% of the new suggestions received from Resident's Council

Safety

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	20.91	19.00	We believe that with our change ideas we can achieve the provincial average	

Change Ideas

Change Idea #1 BSO lead, BSO PSW and champions consult with the attending physician to trial alternatives to anti-psychotic medications.

Methods	Process measures	Target for process measure	Comments
Quarterly meetings to review behaviours, medication usage and PRN usage.	Documented care plan changes and modifications	100 % of residents prescribed with antipsychotics without a diagnosis will be reviewed annually with the BSO team and physician. Antipsychotic assessments will be done quarterly by BSO lead and recommendations of use will be done by physician referral to attending physician	