



## FAIRVIEW LODGE

### Continuous Quality Improvement Report

Date: April 1, 2026

Fairview Lodge is an accredited Long-Term Care home that provides care and services for 198 residents. It is one of four Long-Term Care homes owned and operated by the Regional Municipality of Durham, Long-Term Care and Services for Seniors. Fairview Lodge is committed to the Division's mission of "Strong People, Caring Communities, Our Future" and strives to continuously improve the delivery of care and services for residents while managing risk.

The home is committed to continuous quality improvement and actively refines required programs on a regular basis. This entails developing, implementing, and evaluating new processes to provide high quality care and service to residents in an environment that promotes choice, dignity, and respect. The interprofessional team at Fairview Lodge rely on several resources to identify trends/patterns, learn from incidents, improve processes and systems, implement controls, and develop prevention strategies.

#### Determination of Priorities

Determining the homes priorities each year is an interprofessional process that involves many stakeholders, including staff, residents, families, volunteers, and community partners. The first step is to identify potential gaps in care and service and define opportunities for improvement.

Every year the home conducts a resident/family satisfaction survey. This survey identifies areas of satisfaction and areas they would like to see improved. The resident voice is identified as the most important feedback that the home can obtain. This combined with Residents' Council and Family Council feedback can help the home to determine the voice of our customers.

In addition to the resident/family satisfaction survey, the home reviews various other sources to determine opportunities. These other sources include:

- Internal Key Performance Indicators
- Internal audit results
- External assessments/audit results such as Medication Safety Self Assessment and Accreditation Canada Survey and Inspections.
- Review of new legislation

- Performance data from Canadian Institute for Health Information (CIHI); with a focus on areas indicating a performance decline and/or where benchmarking against the provincial average suggests improvement is necessary.
- Emergent issues identified internally (trends in Critical Incidents, Risk Related issues)
- Feedback from stakeholders including Residents' Council, Family Council, Divisional Advisory Council, external stakeholders including the Ministry of Long-term care (MLTC)
- Municipal Benchmarking Network Canada (MBNC)
- New best practices identified in the industry.

The Hillsdale Estates home leadership team also works together with the other three Region of Durham Long-Term Care Homes, and the divisional office to develop a divisional strategic plan. The plan determines the strategic direction for the division over the next few years and incorporates initiatives and projects that are in alignment with the Regional Municipality of Durham Strategic Plan. The Long-Term Care Division also seeks input and suggestions from a Divisional Advisory Council which consists of staff, residents, and family members from each home.

Hillsdale Estates then develops a home level action plan which supports the divisional strategic plan. The home has an Interprofessional Quality and Resident Safety Committee (IQRS). The IQRS committee serves as a forum to monitor progress of Quality Improvement (QI) activities, review performance data, analyze program goals and performance measures and to coordinate communication for education for building awareness for staff, volunteers, residents, clients, and families. This team together with the home's leadership team determines the key priority areas for improvement based on their identified gaps, opportunities, and strategic direction for the year.

### *Monitoring, Evaluation, and Adjustment*

A key component to quality improvement is the setting of clear goals. Goals are set that are Specific, Measurable, Attainable, Relevant and Time-Bound (SMART). Once the goals are established, key performance measures are developed and monitored to ensure the outcomes of the initiatives are trending in the positive direction. If not achieving desired outcomes, the team may consider alternative change ideas, provide coaching to staff to enhance compliance, engage with staff to better understand gaps in compliance, etc. The homes IQRS (Interprofessional Quality and Resident Safety Committee) along with the home leadership team not only sets the direction of the quality improvement work but also monitors data to determine if the home is seeing results to their quality improvement work.

Communicating our progress and outcomes on these initiatives is an important step. We communicate to our residents, family members and staff using a variety of communication strategies. These include, but are not limited to:

- Presentations at staff meetings, townhalls, Residents' Council, Family Council, Divisional Advisory Council
- Posting on unit quality boards, in common areas and in staff lounges
- Publishing stories and results on the website, on social media or via the newsletter
- Direct email to staff and families and other stakeholders
- Huddles at shift change
- Use of clinical leads/champions to communicate directly with peers.

### *Interprofessional Quality and Resident Safety Committee*

The IQRS committee of the home has at least a representative from all departments, along with a physician, resident(s), and family member(s). There are several committee meetings all throughout the year, and for every meeting the representatives present quality improvement initiatives or provide update on them. This venue is also used to seek feedback from members.

### *Resident Satisfaction Results*

Resident satisfaction surveys were conducted in the month of September 2026 at Fairview Lodge. In total 44 residents completed the annual survey with a response rate of 89.8%. The overall satisfaction by residents was 92.5%. These results were communicated to Residents Council & Family Council on Jan. 20, 2026. The main areas of satisfaction were Privacy, Comfort and Safety and Security, and the opportunities for improvement were Staff and Resident Bonding and Activities. The home shared these results with both resident council, family council president and staff and then developed an action plan for improvement. These initiatives are included in the home's quality improvement plan and annual operational plan.

### *Homes Operational Plan 2026*

Each year as per of Ministry of Long-Term Care and Ontario Health requirements, Long Term Care homes are required to submit a quality improvement plan (QIP). This plan incorporates priority areas which the home has identified. In addition to the QIP submission, the home has identified many other QI projects. The details of the QIP and additional quality initiatives for 2026 are listed below.

#### **Introduce Caring Connections – An Emotional Model of Care to Fairview Lodge**

- Educate leaders and staff on Caring Connections
- Implement change ideas
- Focus on Resident and Staff Bonding

- To enhance the Chef/FSA resident engagement during meal rounds, and create new audits
- Continue to review and enhance laundry processes
- Continue to review and enhance resident recreational programming
- 
- Work collaboratively with Regional CCD Divisional Committee and Lead

#### **Continue the ongoing work of deprescribing antipsychotic medication where appropriate**

- Implement TaperMD to Assist Physicians with Deprescribing
- Offer Gentle Persuasive Approach (GPA) training for LTC staff
- Conduct Comprehensive Reviews of Existing Residents Prescribed Antipsychotics

#### **Falls Reduction**

- Screen all new residents for falls risk
- Implement standard Universal Falls Precautions
- Establish set criteria for falls related equipment
- Have Falls Clinical Leads sign up for the Loop Community of Practice

#### **Reduction of potentially avoidable ER transfers**

- Introduce the use of CADD pumps for end-of-life care
- Early conversations on end-of-life options within the home
- Strengthen Early Identification of symptoms & Communication to MRP
- Continue Community Paramedicine Support Program with Point of Care Diagnostic Testing

#### **Accreditation Readiness**

- Preparing for Accreditation Canada onsite survey in 2027

#### **Advancing Technology and Operational Efficiency**

- Implement Lab integration into the resident's electronic medical record
- Build standardized audits in software system
- Investigate various family and resident communication platforms

#### **Strengthening Workforce Capability, Safety, and Culture**

- Continued work on the workplace violence prevention program
- Diversity, Equity and Inclusion initiatives will advance through Anti-Black Racism training
- Home will strengthen MLTC inspection preparedness

## Quality Improvement Work Completed in 2025

- **Recreation, Engagement & Community Connections**  
Delivered year-round recreation events (Pen Pal programs, intergenerational partnerships, cultural celebrations, seasonal festivals, volunteer appreciation), expanded staffing, redesigned memorial programming, and grew volunteer involvement—with 91 volunteers contributing 5,244 hours.
- **Clinical Practice Improvements & Quality Initiatives**  
Implemented LTCF and AEDs, new Bowel Protocol, Tylenol Protocol, Negative Pressure Therapy, wound care upgrades, continence committee, ChartPic for wound assessment, barrier cream initiative, and expanded palliative education and structured palliative care processes.
- **Medication Systems & Safety Enhancements**  
Awarded new pharmacy contract (Medisystem), implemented MCMR, launched Medisystem Client Portal access, standardized medication/treatment carts, added new med room fridges and pill crushers, and advanced deprescribing/safety initiatives.
- **Staff Training, Education & Workforce Development**  
Delivered NOD, First Aid/CPR/BLS, CLRI training, Falls Prevention Week, Preceptor Week, Nursing Week, hydration and height-measurement training, IDDSI food consistency training, supported over 95 students across nursing/PSW programs, and mentored multiple interns.
- **Food Services & Dining Enhancements**  
Rolled out sample meal photos and MealSuite training, transitioned to freshly cracked eggs, expanded high-quality food safety training, standardized IDDSI soups, completed EFDPs, conducted audits, implemented hydration and dining-experience improvements, and supported major holiday and staff events
- **Administration, Finance, Social Work & Organizational Development**  
Achieved 100% completion of file audits and admissions file reviews, improved AR/AP processes, maintained budgets, created new virtual tour video, supported OMERS documentation, transitioned to new nursing leadership structure, completed all social work referrals, and led problem-solving care conferences.
- **Building Operations, Housekeeping & Laundry Improvements**  
Ensured timely WorxHub responses (within 2 days), preventive maintenance, launched flex-table project, strengthened laundry and housekeeping performance (90%+ audits), completed IPAC audits, improved lost-item rates, and maintained strong compliance across environmental services.

- New Staffing Model for PSWs, new staffing model went live on January 12, 2025, improving continuity of care and enhancing team stability.
- Implemented “Dignity in the Details” training for staff, reinforcing person-centred practices in daily interactions and elevating resident experiences.
- Pharmacist led reconciliation program was introduced and improved safety and reduced workload across all homes.
- Homes transitioned successfully to InterRAI LTCF, and PCC Lab Integration was moved to early 2026.
- Workplace violence prevention work continued with survey analysis, data collection, and exploration of external supports.
- A redesigned, FLTCA-aligned orientation launched in 2025, improving consistency and reducing delays, with all new hires receiving schedules within seven days.

Overall, it continued to be a successful year for Fairview Lodge. It continues to demonstrate the homes commitment to Continuous Quality Improvement.

### *Designated Leads*

Jessica Laurie, Assistant Administrator and Maricar Dulay, Manager of Nursing Practice