CONTINUOUS QUALITY IMPROVEMENT (CQI) INITIATIVE REPORT – Appendix A

Resident Activities

Answered: 61 Skipped: 0

	YES	SOMETIMES	NO	N/A	DON'T KNOW	TOTAL
Do you receive assistance from Fairhaven staff to assist you in doing activities you like (e.g. reading, writing letters, using the computer etc.)?	44.26% 27	6.56% 4	40.98% 25	8.20% 5	0.00% 0	61
Are holidays, personal anniversary, and important dates celebrated in a respectful compassionate and cultural manner?	83.05% 49	5.08% 3	6.78% 4	3.39% 2	1.69% 1	59
Do you participate in the activities offered by the home?	36.07% 22	37.70% 23	24.59% 15	1.64% 1	0.00% 0	61
If NO, is this important to you?	12.50% 5	15.00% 6	22.50% 9	50.00% 20	0.00% 0	40
Do Fairhaven's activities and programs meet your needs/interest?	51.67% 31	11.67% 7	21.67% 13	13.33% 8	1.67% 1	60
Do we offer activities at an appropriate time?	67.21% 41	6.56% 4	6.56% 4	13.11% 8	6.56% 4	61
Have you provided input or suggestions for activities?	31.15% 19	6.56% 4	50.82% 31	9.84% 6	1.64% 1	61

Services

CONTINUOUS QUALITY IMPROVEMENT (CQI) INITIATIVE REPORT – Appendix A

Answered: 58 Skipped: 3

	YES	SOMEWHAT	NO	N/A	DON'T KNOW	TOTAL
Are the physiotherapy programs effective to assist you with your independence?	56.90% 33	8.62% 5	25.86% 15	6.90% 4	1.72% 1	58
Are you satisfied with the care provided by your physician?	70.69% 41	20.69% 12	6.90% 4	0.00% 0	1.72% 1	58
Are you satisfied with the services provided by the Pharmacy?	79.31% 46	12.07% 7	6.90% 4	0.00% 0	1.72% 1	58
Are you satisfied with the services provided by the Dental Clinic?	47.37% 27	3.51% 2	12.28% 7	29.82% 17	7.02% 4	57
Do we meet your religious and spiritual needs? (If resident doesn't have spiritual needs, rate as N/A)	62.07% 36	6.90% 4	8.62% 5	20.69% 12	1.72% 1	58
Are you satisfied with the hair dresser services offered?	70.91% 39	5.45% 3	5.45% 3	16.36% 9	1.82% 1	55
Are you satisfied with the foot care provider?	48.15% 26	7.41% 4	12.96% 7	24.07% 13	7.41% 4	54
Are you aware Fairhaven has a Behaviour Support Ontario team?	42.59% 23	3.70% 2	44.44% 24	7.41% 4	1.85% 1	54
Have you ever been involved in the process for Behaviour Support Ontario team?	12.50% 7	1.79% 1	71.43% 40	12.50% 7	1.79% 1	56
Can you access your trust fund when you need to?	69.09% 38	7.27% 4	18.18% 10	1.82% 1	3.64% 2	55

CONTINUOUS QUALITY IMPROVEMENT (CQI) INITIATIVE REPORT – Appendix A

Information and Communication

Answered: 58 Skipped: 3

	YES	SOMETIMES	NO	N/A	DON'T KNOW	TOTAL
Are you involved in decisions about your health condition and treatment plan by the members of your care team (includes physician, nurses, physiotherapist, etc.)?	74.14% 43	8.62% 5	12.07% 7	0.00% 0	5.17% 3	58
Are you involved in decisions about your care and daily routine (food preferences, sleeping, dressing and bathing schedules)?	81.03% 47	6.90% 4	12.07% 7	0.00% 0	0.00% 0	58
Do you receive monthly statements of account of transactions in your trust account and for your accommodations charges?	41.07% 23	8.93% 5	37.50% 21	8.93% 5	3.57% 2	56
Do you look at posted signs; Newsletter, Fairhaven TV, or Activity Calendars for information?	64.15% 34	13.21% 7	16.98% 9	3.77% 2	1.89% 1	53

I can express my opinion without fear of consequences.

Answered: 57 Skipped: 4

CONTINUOUS QUALITY IMPROVEMENT (CQI) INITIATIVE REPORT – Appendix A

ANSWER CHOICES	RESPONSES	
Rarely	7.02%	4
Sometimes	14.04%	8
Most of the time	22.81%	13
Always	52.63%	30
Don't know	3.51%	2
No response	0.00%	0
TOTAL		57

Dignity

Answered: 57 Skipped: 4

CONTINUOUS QUALITY IMPROVEMENT (CQI) INITIATIVE REPORT – Appendix A

	YES	SOMETIMES	NO	N/A	DON'T KNOW	TOTAL
Do you feel staff treat you with respect, politeness and courtesy?	85.96% 49	12.28% 7	0.00% 0	0.00% 0	1.75% 1	57
Do you feel volunteers treat you with respect, politeness and courtesy?	66.07% 37	5.36% 3	5.36% 3	19.64% 11	3.57% 2	56
Does the staff follow up on your requests in a timely manner (e.g. call bells, concerns/complaints)?	69.64% 39	25.00% 14	3.57% 2	1.79% 1	0.00% 0	56
Do you avoid providing feedback for fear of retaliation (e.g. abuse, withholding care etc.)?	17.86% 10	7.14% 4	71.43% 40	0.00% 0	3.57% 2	56
Do staff respect your personal privacy (knocking before entering your room) and physical privacy (privacy curtains drawn during personal care)?	80.36% 45	14.29% 8	5.36% 3	0.00% 0	0.00% 0	56

What number would you use to rate how well the staff listen to you from 0 being the worst possible to 10 best possible

Answered: 55 Skipped: 6

CONTINUOUS QUALITY IMPROVEMENT (CQI) INITIATIVE REPORT – Appendix A

ANSWER CHOICES	RESPONSES	
0	0.00%	0
1	0.00%	0
2	0.00%	0
3	3.64%	2
4	1.82%	1
5	14.55%	8
6	3.64%	2
7	9.09%	5
8	32.73%	18
9	5.45%	3
10	29.09%	16
TOTAL		55

Safety & Security

Answered: 56 Skipped: 5

CONTINUOUS QUALITY IMPROVEMENT (CQI) INITIATIVE REPORT – Appendix A

	YES	SOMETIMES	NO	N/A	DON'T KNOW	TOTAL
Within the last 12 months, have you had any personal items go missing? (clothing, jewellery, money, etc.)?	35.71% 20	0.00% 0	62.50% 35	0.00% 0	1.79% 1	56
Do you feel safe in the home and on the home's external property (garden areas, patios, etc.)?	87.04% 47	5.56% 3	0.00% 0	7.41% 4	0.00% 0	54

Building and Environment

Answered: 56 Skipped: 5

	YES	SOMETIMES	NO	N/A	DON'T KNOW	TOTAL
Is the temperature comfortable for you day and night?	60.71% 34	23.21% 13	16.07% 9	0.00% 0	0.00% 0	56
Is the lighting adequate for you in all areas of the home?	92.73% 51	5.45% 3	0.00% 0	1.82% 1	0.00% 0	55
Is the noise level acceptable day and night?	58.18% 32	21.82% 12	20.00% 11	0.00% 0	0.00% 0	55
Is the home clean and well maintained (for example repairs, decorating, or painting)?	81.13% 43	11.32% 6	5.66% 3	1.89% 1	0.00% 0	53
Is your room clean and tidy?	81.82% 45	9.09% 5	9.09% 5	0.00% 0	0.00% 0	55
Are your clothes cleaned and returned within two (2) days?	58.18% 32	18.18% 10	10.91% 6	7.27% 4	5.45% 3	55

CONTINUOUS QUALITY IMPROVEMENT (CQI) INITIATIVE REPORT – Appendix A

Food

Answered: 55 Skipped: 6

	YES	SOMETIMES	NO	N/A	DON'T KNOW	TOTAL
Are you offered a choice at meal time (main entrée, dessert, and beverage)?	94.55% 52	1.82% 1	3.64% 2	0.00% 0	0.00% 0	55
Does the food taste good and look appetizing at breakfast?	72.73% 40	12.73% 7	9.09% 5	3.64% 2	1.82% 1	55
Does the food taste good and look appetizing at lunch?	45.45% 25	38.18% 21	16.36% 9	0.00% 0	0.00% 0	55
Does the food taste good and look appetizing at supper?	41.82% 23	36.36% 20	21.82% 12	0.00% 0	0.00% 0	55
Is the food served at the proper temperature (e.g. is hot food hot and cold food cold)?	61.82% 34	25.45% 14	12.73% 7	0.00% 0	0.00% 0	55
Are you offered snacks and beverages between meals?	89.09% 49	5.45% 3	3.64% 2	1.82% 1	0.00% 0	55
Do you feel you have enough time to complete your meal without rushing?	89.09% 49	7.27% 4	3.64% 2	0.00% 0	0.00% 0	55
Is the overall dining experience pleasurable?	65.45% 36	27.27% 15	7.27% 4	0.00% 0	0.00% 0	55

Resident Care

CONTINUOUS QUALITY IMPROVEMENT (CQI) INITIATIVE REPORT – Appendix A

Answered: 54 Skipped: 7

	YES	SOMETIMES	NO	N/A	DON'T KNOW	TOTAL
If required, do the staff assist you in cleaning your teeth?	35.85% 19	3.77% 2	35.85% 19	22.64% 12	1.89% 1	53
If required do the staff assist you with your nail care?	77.78% 42	7.41% 4	14.81% 8	0.00% 0	0.00% 0	54
If you are currently using an incontinent product, is it well concealed under your clothes?	82.69% 43	3.85% 2	3.85% 2	9.62% 5	0.00% 0	52
Is the incontinent product comfortable?	69.23% 36	5.77% 3	11.54% 6	13.46% 7	0.00% 0	52
Does the incontinent product meet your bladder and bowel control needs?	75.00% 39	7.69% 4	3.85% 2	13.46% 7	0.00% 0	52
Are your bathing needs met on a consistent basis?	92.31% 48	5.77% 3	1.92% 1	0.00% 0	0.00% 0	52
Is the temperature in the spa room appropriate and comfortable?	73.08% 38	11.54% 6	15.38% 8	0.00% 0	0.00% 0	52
Do you currently have any discomfort, or have you had discomfort such as pain, heaviness, burning or hurting with no relief?	26.92% 14	17.31% 9	53.85% 28	1.92% 1	0.00% 0	52

Overall Quality of Care

Answered: 54 Skipped: 7

CONTINUOUS QUALITY IMPROVEMENT (CQI) INITIATIVE REPORT – Appendix A

	YES	SOMETIMES	NO	N/A	DON'T KNOW	TOTAL
Are you provided care and treatment in the language of your choice?	94.44% 51	5.56% 3	0.00% 0	0.00% 0	0.00% 0	54
Do you feel that the nursing staff know your care routine?	80.77% 42	11.54% 6	3.85% 2	0.00% 0	3.85% 2	52
Are your overall care needs being met?	85.19% 46	9.26% 5	1.85% 1	0.00% 0	3.70% 2	54
Do you feel there is enough staff available to provide the care and assistance needed without having to wait a long time?	44.44% 24	35.19% 19	16.67% 9	0.00% 0	3.70% 2	54

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	TOTAL	WEIGHTED AVERAGE
Overall how would you rate the quality of care and services you receive?	16.67% 9	53.70% 29	22.22% 12	7.41% 4	0.00% 0	54	2.20

Would you recommend our home to a family member or friend?

CONTINUOUS QUALITY IMPROVEMENT (CQI) INITIATIVE REPORT – Appendix A

Answered: 53 Skipped: 8

ANSWER CHOICES	RESPONSES	
Yes	86.79%	46
Maybe	3.77%	2
No	9.43%	5
TOTAL		53

Resident Council And Family Council

Answered: 50 Skipped: 11

	YES	NO	TOTAL	WEIGHTED AVERAGE
Do you know about Resident Council?	66.00% 33	34.00% 17	50	1.34
Do you participate in Resident Council	24.00% 12	76.00% 38	50	1.76
Do you know about Family Council?	36.73% 18	63.27% 31	49	1.63
Do you participate in Family Council?	2.04% 1	97.96% 48	49	1.98

CONTINUOUS QUALITY IMPROVEMENT (CQI) INITIATIVE REPORT – Appendix A

Here is our Mission/Vision/Values: Mission- Dedicated to providing enriched care in a safe and inclusive environment.Vision- Recognized as a leader in quality resident-focused care through integration and innovation within our community.Values- Resident Focused, Safety, Transparency, Integrity, Inclusivity, Respect

ANSWER CHOICES	RESPONSES	
Do you like it?	48.08%	25
Yes	53.85%	28
NO	5.77%	3

CONTINUOUS QUALITY IMPROVEMENT (CQI) INITIATIVE REPORT – Appendix B

Resident Care

Answered: 90 Skipped: 0

	ALL OF THE TIME	MOST OF THE TIME	SOMETIMES	NO	N/A	DON'T KNOW	TOTAL
Do you feel the staff looking after you loved one are compassionate and supportive of him or her?	60.00% 54	32.22% 29	7.78% 7	0.00% 0	0.00% 0	0.00% 0	90
Do you feel the nursing staff know your loved ones care routine?	55.06% 49	34.83% 31	6.74% 6	3.37% 3	0.00% 0	0.00% 0	89
Are your loved ones overall care needs being met?	45.56% 41	42.22% 38	7.78% 7	3.33% 3	0.00% 0	1.11% 1	90
Do you feel there is enough staff available to provide the care and assistance needed without having to wait a long time?	24.44% 22	40.00% 36	12.22% 11	14.44% 13	0.00% 0	8.89% 8	90

Services

Answered: 88 Skipped: 2

CONTINUOUS QUALITY IMPROVEMENT (CQI) INITIATIVE REPORT – Appendix B

	ALL OF THE TIME	MOST OF THE TIME	SOMETIMES	NO	N/A	DON'T KNOW	TOTAL
Are the physiotherapy programs effective to assist your loved one with their independence?	19.77% 17	13.95% 12	8.14% 7	10.47% 9	24.42% 21	23.26% 20	86
Are you satisfied with the care provided by their physician?	55.68% 49	26.14% 23	9.09% 8	2.27% 2	1.14% 1	5.68% 5	88
Are you satisfied with the services provided by the Pharmacy?	59.09% 52	17.05% 15	3.41% 3	2.27% 2	4.55% 4	13.64% 12	88
Are you satisfied with the services provided by the Dental Clinic?	15.91% 14	3.41% 3	6.82% 6	6.82% 6	40.91% 36	26.14% 23	88
Are you satisfied with the hair dresser services offered?	65.52% 57	5.75% 5	4.60% 4	1.15% 1	14.94% 13	8.05% 7	87
Are you satisfied with the foot care provider?	34.88% 30	9.30% 8	3.49% 3	2.33% 2	19.77% 17	30.23% 26	86
Are you aware Fairhaven has a Behaviour Support Ontario team?	42.35% 36	4.71% 4	3.53% 3	28.24% 24	7.06% 6	14.12% 12	85
Have you ever been involved in the process for Behaviour Support Ontario team?	8.43% 7	6.02% 5	10.84% 9	62.65% 52	7.23% 6	4.82% 4	83

Information and Communication

Answered: 86 Skipped: 4

CONTINUOUS QUALITY IMPROVEMENT (CQI) INITIATIVE REPORT – Appendix B

	ALL OF THE TIME	MOST OF THE TIME	SOMETIMES	NO	N/A	DON'T KNOW	TOTAL
Are you consulted in decisions about your loved ones health condition and treatment plan by the members of your care team (includes physician, nurses, physiotherapist, etc.)?	56.98% 49	25.58% 22	11.63% 10	1.16% 1	3.49% 3	1.16% 1	86
Are you consulted in decisions about your loved ones care and daily routine (food preferences, sleeping, dressing and bathing schedules)?	33.72% 29	24.42% 21	17.44% 15	9.30% 8	11.63% 10	3.49% 3	86
Do you receive monthly statements of account of transactions in their trust account and for their accommodations charges?	72.09% 62	5.81% 5	2.33% 2	4.65% 4	10.47% 9	4.65% 4	86

Dignity

Answered: 87 Skipped: 3

	ALL OF THE TIME	MOST OF THE TIME	SOMETIMES	NO	N/A	DON'T KNOW	TOTAL
Does the staff follow up on your requests in a timely manner (e.g. call bells, concerns/complaints)?	48.28% 42	36.78% 32	6.90% 6	4.60% 4	1.15% 1	2.30% 2	87
Do staff respect your personal privacy when visiting with your loved one? (knocking before entering your room) and physical privacy ?	77.91% 67	16.28% 14	1.16% 1	0.00% 0	4.65% 4	0.00% 0	86

CONTINUOUS QUALITY IMPROVEMENT (CQI) INITIATIVE REPORT – Appendix B

What number would you use to rate how well the staff listen to you from 0 being the worst possible to 10 best possible

Answered: 86 Skipped: 4

ANSWER CHOICES	RESPONSES	
0	1.16%	1
1	0.00%	0
2	1.16%	1
3	0.00%	0
4	0.00%	0
5	5.81%	5
6	1.16%	1
7	8.14%	7
8	16.28%	14
9	23.26%	20
10	43.02%	37
TOTAL		86

CONTINUOUS QUALITY IMPROVEMENT (CQI) INITIATIVE REPORT – Appendix B

Safety & Security

Answered: 86 Skipped: 4

	YES	SOMETIMES	NO	N/A	DON'T KNOW	TOTAL
Within the last 12 months, has your loved one had any personal items go missing? (clothing, jewellery, money, etc.)?	36.05% 31	11.63% 10	37.21% 32	0.00% 0	15.12% 13	86

Building and Environment

Answered: 86 Skipped: 4

	ALL OF THE TIME	MOST OF THE TIME	SOMETIMES	NO	N/A	DON'T KNOW	TOTAL
Is the noise level acceptable day and night?	38.37% 33	34.88% 30	5.81% 5	8.14% 7	3.49% 3	9.30% 8	86
Is the home clean and well maintained (for example repairs, decorating, or painting)?	64.29% 54	25.00% 21	7.14% 6	1.19% 1	1.19% 1	1.19% 1	84
Is your loved ones room clean and tidy?	54.12% 46	32.94% 28	9.41% 8	3.53% 3	0.00% 0	0.00% 0	85
Do you feel the infection prevention and control measures are present in the home	68.24% 58	22.35% 19	5.88% 5	1.18% 1	0.00% 0	2.35% 2	85

Overall Quality of Care

CONTINUOUS QUALITY IMPROVEMENT (CQI) INITIATIVE REPORT – Appendix B

Answered: 87 Skipped: 3

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	TOTAL	WEIGHTED AVERAGE
Overall how would you rate the quality of care and services your loved one receives?	55.17% 48	29.89% 26	9.20% 8	4.60% 4	1.15% 1	87	1.67

Would you recommend our home to a family member or friend?

Answered: 84 Skipped: 6

ANSWER CHOICES	RESPONSES	
Yes	88.10%	74
Maybe	8.33%	7
No	3.57%	3
TOTAL		84

Resident Council And Family Council

Answered: 86 Skipped: 4

CONTINUOUS QUALITY IMPROVEMENT (CQI) INITIATIVE REPORT – Appendix B

	YES	NO	TOTAL	WEIGHTED AVERAGE
Do you know about Resident Council?	90.59% 77	9.41% 8	85	1.09
Do you participate in Resident Council	3.57% 3	96.43% 81	84	1.96
Do you know about Family Council?	88.24% 75	11.76% 10	85	1.12
Do you participate in Family Council?	11.76% 10	88.24% 75	85	1.88

CONTINUOUS QUALITY IMPROVEMENT (CQI) INITIATIVE REPORT – Appendix B

Fairhaven
Caring for Generations

RESIDENT AND FAMILY SATISFACTION SURVEY ACTION PLAN

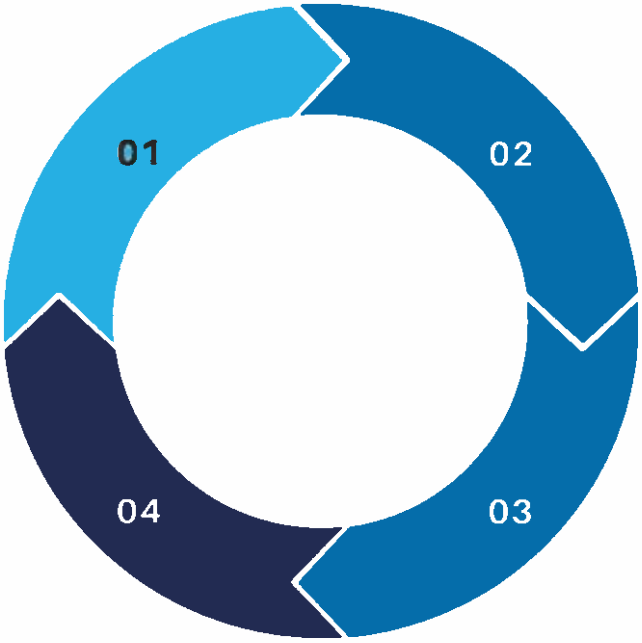
2025/26 cycle

Clinical

Focusing on resident health, medical care, and overall well-being through improved practices and communication.

Resident Experience & Quality of Life

Enhancing daily living by addressing personal needs, comfort, and resident-centered services.



Health & Safety

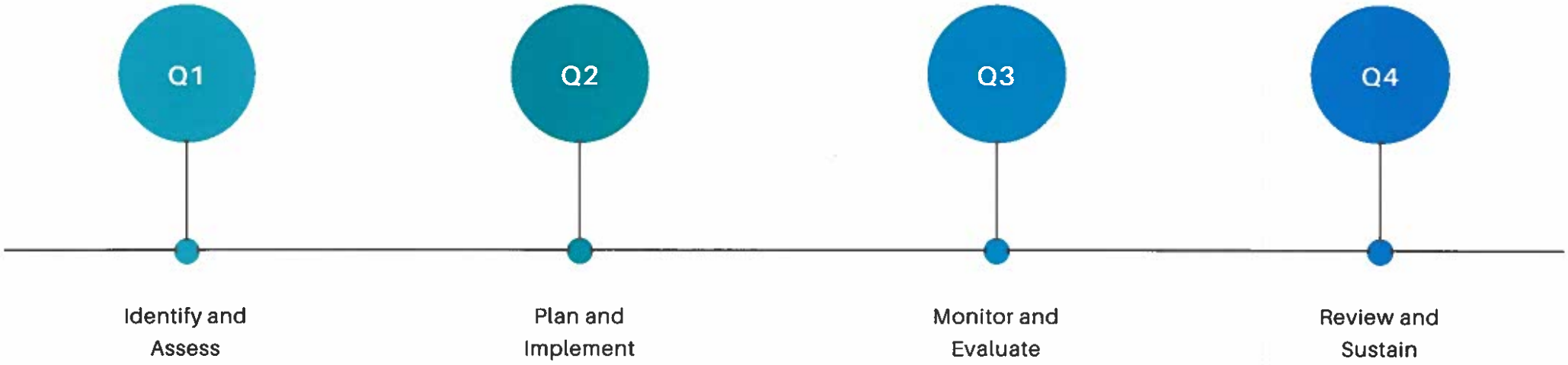
Promoting a secure, clean, and well-maintained environment to support resident and staff well-being.

Continuous Quality Improvement (CQI)

Driving ongoing enhancements in care, operations, and resident satisfaction through evaluation and innovation.

APPENDIX C

ACTION PLAN CYCLE



RESIDENT EXPERIENCE AND QUALITY OF LIFE

RESIDENT LAUNDRY SPACE

- Upgrading Equipment: Exploring new all-in-one laundry machines for ease of access and efficiency.
- Improving Accessibility: Ensuring the laundry space is resident-friendly, with clear instructions and easy-to-use machines.
- Target Dates: Implementation timeline to be determined based on feasibility

REDESIGNING THE LAUNDRY PROCESS

- Standardized collection, handling, washing, and distribution process.
- Clear labeling system for all resident clothing, including new admissions.
- Dedicated personnel responsible for delivering laundry to the correct rooms.

LOST & FOUND

- Monthly lost-and-found sessions for residents to identify missing items.
- A structured process to purge unclaimed items every six months (donations, repurposing).
- Additional Quality Controls:
- Quilts and blankets to be labeled properly and tracked separately.
- Ensuring clean storage areas remain organized and accessible.
- Consistent training for laundry staff to maintain process efficiency.

RESIDENT EXPERIENCE AND QUALITY OF LIFE

Oral Hygiene & Dental Care

Improving Communication & Transparency

- Enhancing Admission Information:
- Residents and families receive clear details about oral care options during admission.
- Admission package now includes dental service information and consent forms.

Golden Dental Partnership:

- Setting up a dedicated liaison for residents and families.
- Introduction of a wellness program that aligns with individual needs and insurance coverage.
- Providing brochures and an updated website for easy access to information.

Accessibility & Scheduling

- Clarifying Appointment Process
- Elevator signage currently the only notification—working on better communication.
- Exploring ways to provide advance notice to residents and families.

Upcoming Information Session(s):

- Golden Dental will host an info session to answer resident and family questions.
- Registered staff meetings will also cover updates on oral hygiene care.

- 3. Assistance with Daily Oral Care

- Supporting Residents Who Need Help:
- Staff will be trained to prompt and assist residents with daily oral hygiene.
- Education sessions planned for February & March to reinforce best practices.
- Clarifying Staff Responsibilities:
- Consistent guidance on when and how to assist residents.
- Ensuring accountability through regular practice reviews.

APPENDIX C

Food & Temperature Concerns

Food Temperature & Compliance

- Resident concerns about hot food not being hot enough.
- Updated policy to ensure proper food temperatures.
- Regular audits and resident feedback monitoring.
- NSS staff working 12 PM - 8 PM for evening meal assistance.

Spa Room & Resident Room Temperatures

- Standard temperature range: 22-26°C.
- Daily random temperature checks by maintenance.
- Spa room thermostats and towel warmers are functional.
- Monitoring shower room temperatures for consistency.

Communication & Follow-Up

- Issues added to the 24-hour report for tracking.
- One-week temperature monitoring for trends.
- Adjustments based on results to improve resident comfort.

CARE COMMUNICATION

Enhancing Caregiver Communication

- Ensuring effective communication between caregivers, staff, and families.
- Establishing clear channels for sharing care updates and concerns.
- Regular review of care practices during staff meetings to improve communication.
- Introduction of clinical pathways for person-centred plan of care

ESSENTIAL CARE PARTNER PROGRAM

- Launching a program to empower essential care partners in decision-making.
- Facilitating ongoing education for caregivers to better support residents.
- Encouraging family involvement in care planning and communication.

FEEDBACK AND FAMILY COMMUNICATION

- Gathering feedback through surveys, town halls, and family meetings.
- Streamlining feedback collection to avoid information overload.
- Using multiple channels (email, website, newsletters) to communicate updates with families.

Appendix D

Fairhaven

Caring for Generations

2024 Annual Report

Appendix D

Appendix D

TABLE OF CONTENTS

Land Acknowledgement

I would like to start by honouring the land that we are on, which has been the site of human activity since time immemorial. It is the traditional territories of the Wendat, the Haudenosaunee Confederacy, the Anishinaabe, the Chippewa, the Mississaugas of the Credit River First Nations, the Mississaugas of Scugog Island First Nation, and the Anishinaabe Mississauga adjacent to the Haudenosaunee Territory. Ontario is covered by 46 treaties and other agreements and is home to many Indigenous Nations from across Turtle Island, including the Inuit and the Metis. These treaties and other agreements, including the One Dish with One Spoon Wampum Belt Covenant, are agreements to peaceably share and care for the land and its resources. Other Indigenous Nations, Europeans, and newcomers, were invited into the covenant in the spirit of respect, peace and friendship. We are all treaty people. Many of us have come here as settlers, immigrants, newcomers in this generation or generations past. We are mindful of broken covenants, and we strive to make this right, with the land and with each other. I would also like to acknowledge those of us who came here involuntarily, particularly as a result of the Trans-Atlantic Slave trade. And so I honour and pay tribute to the ancestors of African Origin and Descent.

Appendix D

EXECUTIVE DIRECTOR SUMMARY

As we reflect on the past year, we would like to extend our heartfelt thanks to our residents, families, staff, and volunteers for their unwavering support and dedication. It has been a year filled with both challenges and triumphs, but together, we have persevered and achieved great things. Our team's resilience, commitment, and teamwork have made this year a success, and I am truly grateful.

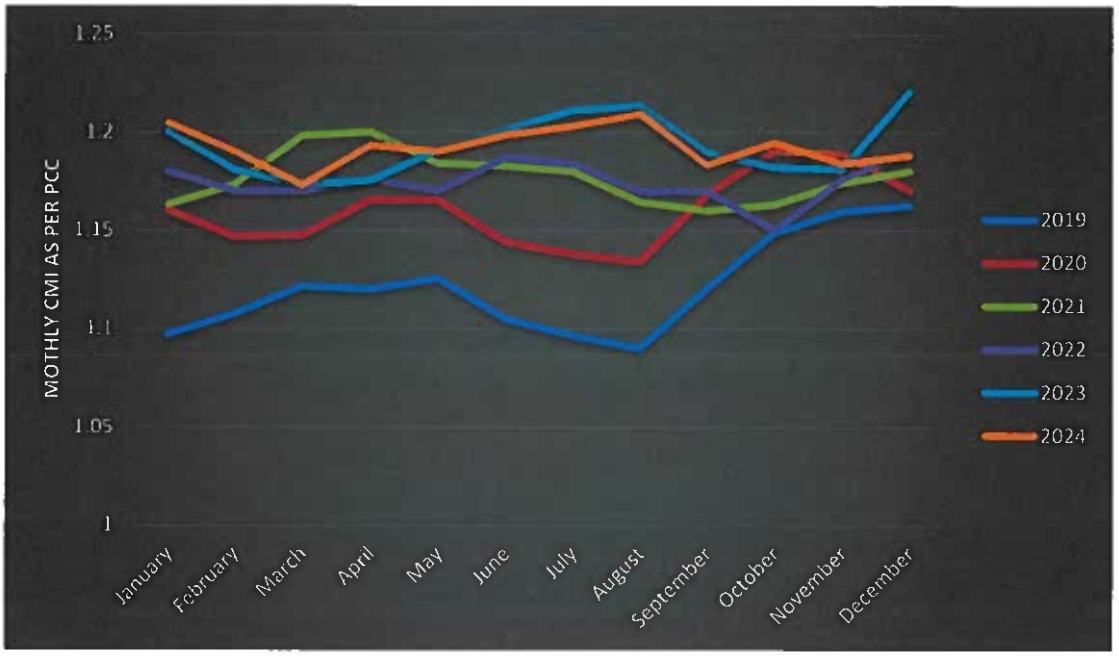
Accomplishments for 2024

- Expansion Plans for 2025: Our expansion efforts took a significant step forward in early 2024 with a successful Visioning Session with BPA and Unity Design. We compiled a report summarizing the wonderful ideas and suggestions for our expansion, followed by multiple meetings to finalize plans. We submitted our application to increase resident spaces by 128, and we are hopeful to receive updates on moving forward in early 2025.
- Staff Appreciation and Wellness Committee continued its excellent work throughout 2024, celebrating staff birthdays, department recognition weeks, a memorable Blue Jays Game, and a fun-filled Carnival. These events and more helped show our appreciation for the hard work and dedication of our team.
- We successfully ratified the CUPE contract mid-year, and our team continues to collaborate closely with ONA to finalize a new contract.
- In an effort to keep our community informed and engaged, we are in the process of revitalizing our Facebook page. Thanks to our team's contributions, we've been able to share photos showcasing the positive activities happening at Fairhaven, fostering a deeper connection with residents, families, and staff.
- Committee Representation: I continue to serve on two provincial advisory tables which are the Ontario Health East LTC Advisory Table and the Assessment Transition Implementation Committee. As co-chair of the Ontario Health East LTC Advisory Table, I have been asked to participate on the East Region Access and Flow Working Group which meets monthly and has various healthcare representatives attend.
- Phase 2 of the roof project was completed in the fall, marking a significant achievement in maintaining and enhancing our facilities.
- Design and Decorating Successes: Our efforts were a great success in 2024. Key areas such as the Great Room, main entrance, café, and the lower-level hallway leading to Riverside Special Care were revitalized. Murals were added to several RHA shower area hallways, transforming these spaces with interactive sensory elements for everyone to enjoy. Additionally, members of our BSO team have been working on spa room makeovers, set to be completed in 2025. A heartfelt thank you to our staff and committee members for their continued dedication and support in making these improvements possible.

Appendix D

- Kindness Campaign: We wrapped up our Kindness Campaign on April 30. This campaign was designed to remind everyone that kindness should be practiced every day. Even during stressful times, it's essential to approach each resident and staff interaction with kindness and understanding, reinforcing our commitment to excellent customer service.
- Peterborough County Township Council Information Day: In accordance the County's *New Strategic Plan* enhanced communication between County, Townships and partners to facilitate greater collaboration, Our Chair of our Board Karl Moher and I participated in their first ever Peterborough County Day – Township Council Information Day. It was a great opportunity to provide Fairhaven information to Township Council members and Township senior staff.
- Compliance: This year, we did face some challenges with compliance at times. However, we remain committed to continuously improving and ensuring that we meet all necessary standards. We are working collaboratively with the Ministry of Long-Term Care to ensure we are fully aligned with the requirements of the Fixing Long-Term Care Act and its associated regulations. Our priority remains providing safe and appropriate care to our residents, and we are dedicated to making any necessary adjustments to uphold the highest quality of care.
- Staff Transitions and New Additions: We said goodbye to several staff members and managers who left Fairhaven, and we wish them all the best in their retirement or future endeavors. At the same time, we are excited to welcome several new staff members across all departments. We are particularly pleased to introduce our new Director of Operations, Stephanie Tan, and our new Human Resources Manager, Marco Aguila. We are confident that their leadership and expertise will contribute greatly to the continued success of Fairhaven.

- CMI: This is a graph showing our current case mix index. This is a monthly report shows the acuity of our residents. As you can see it does fluctuate from month to month depending on resident illness etc. but our numbers do reflect our high levels of care ongoing.



- Short Stay Beds: We have approval for the continuation of one (1) SSR bed in 2025 at Fairhaven.
- Funding: Throughout the year, we were successful in securing funding from the Ministry of Long-Term Care for various initiatives. We are grateful for this support, which plays a vital role in helping us enhance the care we provide to our residents. This funding has been instrumental in improving the quality of care and ensuring that we continue to meet the evolving needs of our community.

Looking ahead, I am excited about the opportunities and challenges the coming year will bring, and I am confident that together, we will achieve even greater milestones.

Thank you to everyone for your unwavering support and dedication. We wish you and your families a happy and healthy 2025.

Yours very truly,

Nancy

Nancy Rooney
Executive Director

Appendix D

Annual Report from Chair, Board of Directors

I am pleased to present the Board of Directors Report for 2024.

The Board of Directors presented to the City and County of Peterborough our vision to expand Fairhaven and obtain approval to apply for additional 128 beds licenses to the Ministry of Long-Term Care. This application is a request to the Ministry to expand the home bed capacity of Fairhaven from 256 beds to 384 beds. This project with the assistance of Bessant Pelech Associates Inc. and Unity Design Studio Inc. Fairhaven was successful in submitting an application in July of 2024. We are anxiously waiting for the approval from the Ministry.

In October the Board participated in AdvantAge Ontario webinar on LTC in Ontario, Understanding the Current Environment from a Municipal Perspective.

The Board continues to advocate for our Residents to the provincial government and work with our local levels at the Municipalities and provincial government to make Fairhaven the preferred long-term care home in this region. Fairhaven is appreciative of the City and County of Peterborough capital and operating budget support.

To our dedicated staff, your hard work and commitment to tour residents continue to make a meaningful impact every day, and the Board is truly grateful for your unwavering support.

The Board continues to provide support to Fairhaven to fulfill its mission "Dedicated to provide enriches care in a safe and inclusive environment".

Best regards,

Kane Mohe

Chair, Fairhaven Board of Directors

Appendix D

Annual Report from Medical Director

I am pleased to present the Medical Director's report for 2024.

I want to start by acknowledging Dr. Spink for his more than 30 years of high-quality service as an attending physician and as medical director here at Fairhaven. He and I shared the medical director role during 2024 to allow for a smooth transition as he retired from his duties here as of the end of 2024. I am sure Fairhaven as an institution is well aware of the huge contribution Dr Spink has made over the years and also I would note that I am personally grateful for his mentorship and the opportunity he and Fairhaven have provided me.

Fairhaven continues to enjoy excellent physician and nurse practitioner coverage with Dr. Millar, Dr. Shahbaz, Dr. Shannon and myself working as attending physicians as well as ongoing support of full-time NP Terri-Lynn Brown. We are also a part of a larger physician group providing 24 hour, 7 days per week on call coverage. In 2024 I attended continuing medical education courses in palliative care and geriatrics in the LTC setting as well as leadership training in LTC. I plan to continue to do this as I make LTC work a central focus of my medical practice.

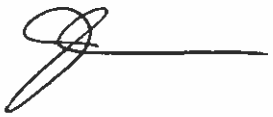
As we are happily transitioned out of the COVID years we are back to the good work of focusing on quality of care improvement initiatives. We are constantly working to improve critical areas such as falls reduction, infection prevention and control, improving collaboration with PRHC and other LTC facilities, pharmaceutical stewardship and the ongoing provision of high-quality palliative care. In-facility imaging with x-ray and ultrasound is again available and we also have newly acquired point of care ultrasound machines as well as equipment to provide intravenous treatments where appropriate to LTC setting.

These efforts combined with careful attention to the advanced care planning will reduce unnecessary and unwanted transfers to the ER.

Fairhaven provides high quality, multidisciplinary team-based care and this is on display to our residents and their families during our admission and annual care conferences. Families often report to me a deep feeling a relief and gratitude after they have received detailed reports of how their loved ones are doing from a room full of health professionals including social worker, physiotherapist, registered dietician, programs coordinator, physician and/or NP and RN/RPN as they can tell that all these people are working together to provide compassionate care for their medically vulnerable family members.

In general Fairhaven enjoys an excellent reputation in our community as an institution and this is for good reason. I am delighted to be the newest addition to the Fairhaven leadership team and the future looks bright.

Respectfully Submitted,



Jordan Crane, MD,
CCFP

Appendix D

I. INTRODUCTION

GOVERNANCE - BOARD OF DIRECTORS - 2024

Chair	Karl Moher	Community Representative
Vice-Chair	Tia Nguyen	Community Representative
Member	Dave Haacke	City Councillor
Member	Keith Riel	City Councillor
Member	Carol Armstrong	County Councillor
Member	Pat Wilford	County Councillor
Member	John Poch	Community Representative
Ex-Officio	Nancy Rooney	Executive Director
Assistant	Jen Baro	Executive Assistant
Invited Guests		
	Nancy Ross	Director of Care
	Carolyn Jones	Finance Manager

Fairhaven Board of Directors

FAIRHAVEN FOUNDATION BOARD- 2024

Chair	Phil Aldrich	
Vice-Chair	Chris White	
Member	Karl Moher	Liaison - COM
Member	Pat Powers	
Member	Pat Gibbs	
Ex-Officio	Nancy Rooney	Executive Director
Assistant	Jen Baro	Executive Assistant/Secretary
Invited Guest	Carolyn Jones	Finance Manager

Appendix D

SENIOR MANAGEMENT TEAM:

Nancy Rooney, Executive Director
Nancy Ross, Director of Care
Stephanie Tan, Director of Operations
Jen Baro, Executive Assistant

MANAGEMENT TEAM:

Julie Burridge, Resident Care Manager
Michelle Abrioux, Resident Care Manager
Terri-Lynn Brown, Manager of Clinical Services
Lori Rowsell, Resident Care Supervisor
Jaime Gee, Resident Care Supervisor
Josee Delisle, Resident Care Supervisor
Melissa Lasenby, Resident Care Supervisor
Melissa Sainsbury, Resident Care Supervisor
Rhonda Lustic, Programs & Support Services Manager
Carolyn Jones, Finance Manager
Sheridan Cardwell, Nutrition Services Manager
Manali Bhonsale, Nutrition Services Supervisor - Noelle Richard Interim NSS
Marco Aguila, Human Resources Manager
Mitch Ogilvie, Human Resources Specialist
Chris Bolton, Environmental Services Supervisor

LEADERSHIP TEAM:

Includes the above management team plus registered staff, Dietitian, Human Resources Generalist, Accountant, Finance Coordinator. Volunteer Resources Coordinator, Admission Coordinator, and Social Services Worker.

DEPARTMENTAL COMMITTEES:

- Board of Directors
- Falls Prevention
- Foundation Board of Directors
- Wellness Committee
- Ethics
- Continence Care
- Restraint and Bed Safety Committee
- Palliative Care
- Best Practice Teams
- Quality
- Communication
- Family Council
- Resident Council
- Nutrition Services Food
- Emergency Planning
- Accreditation Team
- Infection Prevention and Control
- Pain
- Restraint
- Resident Quality and Safety
- Professional Advisory Committee
- Joint Occupational Health & Safety

Appendix D

RESIDENT PROFILE

The profile of Fairhaven's residents changed drastically in 2024. The hospital admissions created a much more diverse population with our youngest resident at 33 and the oldest at 103. The year we saw an increase in residents admitted requiring dialysis, and more complex dressings at one time than ever before. We had residents come with nothing but the clothes on their back or no shoes on their feet. Some had large families while others came with little or no outside support. The wonderful people of Fairhaven quickly became their families and sources of support.

The information below provides the age demographic of our Residents as of December 31, 2024 (12 vacancies):

Age Groups	Number of Residents
0- 50	3
51 – 60	4
61 – 70	17
71 – 80	66
81 – 90	84
91 – 100	65
100+	5

Our primary diagnoses are:

- unspecified dementias and Alzheimer's
- cardiovascular disease
- diabetes
- anxiety
- depression
- arthritis
- stroke
- hypertension

Language Spoken

Our Residents are primarily English speaking with the following additional languages:

- Italian
- Dutch
- Hungarian
- German
- Spanish
- Korean
- Russian

OCCUPANCY RATES

Fairhaven started 2024 with 246 residents, and 10 vacancies. Our occupancy rate fluctuated throughout the year due to outbreaks and not admitting to outbreak resident home areas. Our respite bed occupancy rate for 2024 was 55%.

Admissions and Discharges

In 2024 Fairhaven had 77 permanent admissions, 77 deaths, and 13 respite admissions. 2024 admissions were impacted by various outbreaks within the home and in the community. Home and Community Care Support Services (HCCSS) continues to prioritize residents on their crisis list and move residents out of hospitals. Of the 77 admissions, 43 residents came from the hospital.

Melissa Hedges has taken over the role of Admissions Coordinator and joins Leanne Anderson as a Registered Social Services Worker in the home. Melissas focus is to support resident's and families with the transition into Long-Term Care, prior to, during, and post admission.

FINANCIAL MANAGEMENT

Provincial and Municipal Funding

The Long-Term Care (LTC) sector is highly regulated and mandates the provision of high levels of care and service from a number of different Departments. Fairhaven is appreciative of the County and City's acknowledgement of the need for operating and capital budget support. Operating funding from our municipal partners totaled $2,394,750 in 2024 (County - $ 798,250, City - $ 1,596,500) and capital budget support was $645,000 (County - $215,000 City - $430,000).

What is CMI?

CMI (Case Mix Index) is a numerical measure of the level of needs/interventions (or "acuity") of Homes' Residents. For every day a Resident is at our Home, we submit a numerical value for their care needs according to a system called "Resident Assessment Index/Minimum Data Set" or RAI/MDS. The data that is submitted to the Canadian Institute for Health Information (CIHI) is entered into a complex formula to arrive at our "raw" CMI. Our Nursing and Personal Care per diem funding is then multiplied by our CMI factor to determine final "adjusted funding" for Nursing. CMI is adjusted downward through a "Re-indexing Factor" so that the province does not pay out more money in total to Homes' year over year ("revenue neutrality"). Our final CMI is also decreased if the percentage of our Resident days classified as "Special Rehab" is greater than 5%. In In 2024 we saw an increase in our CMI of 0.0048 per diem.

What are "Per Diems?"

Per Diems (PD) are amounts that Fairhaven receives per bed, per day in four separate funding envelopes, including Nursing and Personal Care, Programs and Support Services, Nutritional Allowance, and Other Accommodations. Recently Global Funding was added for example, using the data from the chart below, as of October 2024, we received $103,723.52 to provide food for Residents ($13.07 times 256 Residents times 31 days in October).

Appendix D

Envelope	Level of Care Per Diem	Supplementary Per Diem (as per April 1, 2024)	Total
Nursing and Personal Care (NPC)	108.16	5.19	116.33
Programs and Support Services (PSS)	12.48	.42	12.90
Nutritional Support (NS)	12.07	1.00	13.07
Other Accommodations (OA)	57.28	6.79	64.07
Global Per Diem	7.53	.26	7.79
Total	200.50	13.66	214.16

Ministry and Industry Association Reporting

Mandatory and non-mandatory financial and statistical reporting submission requirements continue to grow in the long-term care sector. Accountability to Residents, families and the public is vitally important to demonstrate efficiency and effectiveness, but this obligation is accompanied by ever-growing submission responsibilities, including the following:

- Staffing Reports (quarterly)
- Stats Canada Reports
- Annual Reconciliation Report
- Management Information System (semi-annual submissions which include financial and statistical information)
- Revenue Occupancy Reports
- PSW Wage Enhancement
- AdvantAge Ontario Benchmarking Surveys
- Several reports required special one-time funding and initiatives, including Education Funding, Local Priorities Funding, Infection Prevention & Control (IPAC) Funding to name a few.

II. RESIDENT CARE

Nursing Department

Fairhaven's Nursing Department is comprised of Personal Support Workers (PSW), Registered Practical Nurses (RPN), Registered Nurses (RN) and a Nurse Practitioner (NP).

Over this past year we welcomed Dr. Crane as co-Medical Director with Dr. Spink. Dr. Spink decided to retire at the end of 2024 and Dr. Crane is now our sole Medical Director.

The Nursing Leadership team have been working on our Ministry of Long-Term Care Compliance Orders this past year with the assistance of the front-line staff. We have enhanced our Safe Resident Handling Program (how we lift and transfer our residents). We have also enhanced our Infection Control Practices.

Fairhaven has been fortunate to benefit from funding money from Ontario Health for equipment purchases. The items we have been able to purchase are point of care ultrasound, oximeters, blood pressure cuffs, VAC therapy unit and supplies (assists with wound healing). With the Medical Safety Technology funding money, we were able to enhance how we access medications that may be required when the pharmacy is not open, and purchase pill crushers.

Education has been a priority this past year for all departments. Our educator revamped our annual education program. Opportunities for further education for our front-line nursing staff has been rewarding. Some of the courses have included Gentle Persuasive Approach, U-First (Dementia Care for front line staff), Palliative Care, IV education for RPN/RN, and skin care.

The Nursing Department continues to work towards improving our processes in all areas to enhance the Quality of Care we provide to our residents.

Quality and Accreditation

Continuous Quality Improvement (CQI) plays a vital role in our commitment to enhancing resident care, staff development, and operational excellence. The CQI Committee is responsible for developing, implementing and continuously evaluating the effectiveness of quality improvement, risk management, resources and utilization review systems.

Achieving Exemplary Standing in 2023 reflects the organization's strong commitment to excellence. In partnership with Accreditation Canada, the home is currently in the reviewing and benchmarking phase of its operations against the Global Qmentum Standards in preparation for the next accreditation survey in 2027. The general themes within the manual are as follows:

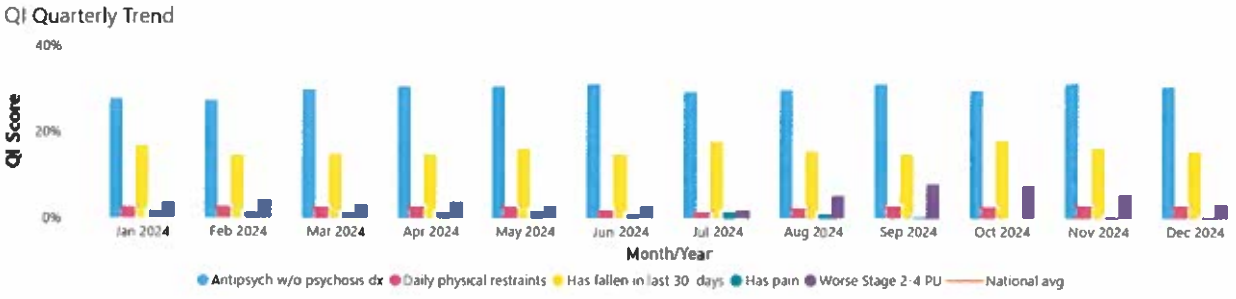
- **Governance and Leadership**: Establishing effective oversight and strategic direction to ensure accountability and sustainable results.
- **Resident-Centred Care**: Promoting practices that respect and respond to the preferences, needs, and values of residents.
- **Infection Prevention and Control**: Implementing measures to prevent and manage infections within the facility.

- **Medication Management**: Ensuring safe and effective handling, administration, and monitoring of medications.
- **Workforce Planning and Development**: Fostering a competent and engaged workforce through appropriate staffing, training, and support.
- **Quality Improvement and Risk Management**: Establishing systems to monitor performance, manage risks, and drive continuous improvement.
- **Physical Environment and Safety**: Maintaining a safe, clean, and comfortable environment for residents and staff.

Several programs within the home are following closely by the CQI committee and the KPI's (Key Performance Indicators) are tracked and reported monthly to the Canadian Institiue of Health Information (CIHI). Based on CIHI reporting system, Fairhaven has had successes in several indicators, and while reflecting on trends, will continue to strive to meet provincial benchmarks.

The home also uses INSIGHTS, which filters data collected by the RAI MDS team, to help with program evaluations, resident specific triggers (e.g. which residents are being flagged for worsened pressure ulcers) in real time. This helps the interdisciplinary team with prevention, risk management and educational needs. It captures all of our reporting requirements for the LSAA.

QI Domain	QI Code	QI	QI Score	Population	Trend Since Last Quarter	4 Qtr Avg	Provincial Avg	National Avg
Falls	FAL02	Has fallen in last 30 days	15.45%	(36/233)	0.64%	15.00%	15.40%	
Medications	DRG01	Antipsych w/o psychosis dx	30.59%	(52/170)	-0.59%	30.70%	20.40%	
Pain	PAI0X	Has pain	0.43%	(1/233)	-0.03%	0.78%	4.20%	
Pressure Ulcers	PRU06	Worse Stage 2-4 PU	3.23%	(7/217)	-4.77%	4.21%	3.40%	
Restraints	RES01	Daily physical restraints	3.02%	(7/232)	0.23%	2.57%	2.20%	



Wound and Skin Program

Our wound care nurse with advanced knowledge conducts weekly wound assessments when a Resident has any skin breakdown. New Treatment carts have been provided to each home area. Trent students worked to ensure all supplies needed are labeled and in place. Currently looking into additional wound care courses to increase staff knowledge base. Mediline has provided in-services to front line staff.

Wound Care Committee is working on preventative identification of skin issues. Discussion with multidisplinary team around risk factors and ways to reduce all wounds.

Falls Prevention Program

The Falls Prevention Program focuses on staff education, interventions, and strategies to reduce falls and related injuries. When a resident falls, the family/Power of Attorney (POA) and physician are notified, the registered completes a post-fall assessment, and the physiotherapist conducts an evaluation. Care plans are updated as needed based on recommendations.

The Falls Committee, which consists of the Nurse Practitioner, Resident Care Supervisors and Managers, BSO team, Pharmacist, Dietitian, and Physiotherapist, meet monthly to review high-risk residents, assess interventions, and discuss fracture prevention.

Purposeful Hourly Rounding has been fully implemented home-wide to help reduce falls, improve resident satisfaction, decrease pressure injuries, and minimize call bell use. Common risk factors include increased acuity, acute illness episodes, decreased strength and balance, and cognitive impairment affecting awareness of transfer and mobility needs. Despite these challenges, effective interventions continue to prevent injuries. Fairhaven's 30-day average fall rate is 15.5%, below the national average of 16.5% for 2024. Additionally, the home saw an almost 50% reduction in fractures related to falls for the year.

Restraint Minimization

A restraint can be physical, chemical, or environmental in nature. The purpose of a restraint is to limit or restrict a resident's activity or behaviour. All alternatives to restraints must be investigated, evaluated, and documented.

The Falls, Restraints and PASD committee is committed to reducing restraint use and keeping residents safe by using a least restraint approach. This is done by completing an assessment, which must include a weighted benefit analysis to support that the need for the restraint outweighs the risk(s) associated with restraint use.

In the past year, the committee has worked very hard to continue to reduce the number of restraints in our home. In collaboration with a multidisciplinary team which consists of Environmental Services, Physiotherapy, Nursing, and the BSO Team, restraint use decreased slightly to an average of 2.57% from 2.95% in 2023.

Medication Utilization/Incidents

All medications are administered by registered staff licensed by the College of Nurses of Ontario (CNO). Medication incidents are addressed through education, best practice policy reviews, and coaching during registered staff meetings. Updates based on RNAO Best Practices and CNO Guidelines further reduce occurrences. Quality indicators for medication incidents are reviewed after each incident with the staff members, at monthly practice meetings and quarterly by the Professional Advisory Committee and Board of Directors, with recommendations forwarded as needed. The home has seen an increase in incidents since 2023, largely due to a strengthened culture of safety reporting. Zero medication incidents that occurred resulted in any hospitalization of a resident.

PRN (as-needed) medication use is closely monitored, with unused medications discontinued after three months by the attending physician. Primary physicians conduct quarterly medication reviews with recommendations for improvements.

Pharmacy Partnership

Fairhaven partners with CareRx pharmacists for ongoing education and training on:

- Insulin administration
- New medications and evolving guidelines for chronic illness treatment
- Medication management workshops and external training opportunities
- CareRx conducts audits to ensure compliance with best practices in:
- Medication storage and security
- Glucometer testing and storage
- Treatment cart management
- Medication passes
- Handling of narcotics and controlled substances
- Documentation and charting

Additional Services Provided:

- Technical and dispensing support
- Online resources
- eMar (electronic medication management) support
- Stericycle medication and sharps disposal
- Disaster and pandemic planning guidance
- Participation in the Fairhaven Medication Management Accreditation Team

Infection Control

Twelve outbreaks were declared at Fairhaven during 2024 which is consistent with the previous years' outbreaks. Outbreak days were slightly improved with 226 days total for the year. Most outbreaks were RHA-specific, with only a couple being declared home wide. Causative organisms for the outbreaks were more mixed agents for 2024, with both respiratory and gastrointestinal viruses as the cause.

89% of Residents and 57% of staff were vaccinated against seasonal Influenza during the 2024 influenza season. There were two influenza A outbreaks in the home in 2024.

Infection control quality indicators are reviewed by the following committees: Quality, Infection Prevention and Control, and the Professional Advisory Committee. Relevant indicators are brought to the Health & Safety committee. Each committee has an opportunity to provide recommendations for enhanced quality improvement.

Relevant Indicators:

- Average monthly Urinary Tract Infections (UTI) increased to 1.5% average compared with 1.37% the previous year.
- The number of Residents with MRSA in 2024 topped out at 6 which is a decrease from 8 in the previous year.
- Residents being admitted to the home with VRE is consistent with last year's values.
- There were no diagnoses of C-Difficile in 2024. This is consistent with the previous year's values.

Behavioral Support Services Team (BSO)

The BSO Team continues to work diligently with staff and caregivers to develop methods and interventions for responsive behaviours. Our mandate is to train our staff with the following methods: Montessori interventions, Gentle Persuasive Approaches (GPA), U-First, and PIECES (Physical, Intellectual, Emotional, Capabilities, Environment and Social-Cultural) programs. The BSO team was able to facilitate 2 Education sessions along with our PRC (Psychogeriatric Resource Consultant) that were provided to the staff on the RHA on Personality disorder and sexual expression with dementia.

The BSO Team is always working on something new to improve the quality of life of our residents. In 2024, the team had the STOP smoking program with CAMH fully implemented, which has helped 3 residents in our home reduce their smoking at no cost.
The Team has remodeled 2 of the small lounges along with Resident Program and turned them into a Boutique and a Workshop with help from our staff donation.

The team started remodeling the spa room in the rest of the home with input from staff, residents, and staff. This initiative is to help residents to be more receptive in having a bath by making the spa room look more welcoming and warmer. This initiative will continue for the rest of the spa room in 2025.

The Fairhaven BSO team continues to be part of the quarterly implementation meetings facilitated by Ontario Health. Fairhaven BSO team implemented monthly BSO Buddy home Virtual meetings which includes St-Joseph of Fleming, Centennial Place, Burnbrae Garden and Warkworth Place. During these meetings, tools and strategies are shared to help the rest of the homes. Fairhaven is responsible for coordinating BSO education funding sessions throughout our region, which includes eight Long Term Care facilities. This year, the education money was used in training staff in U-First, PIECES, Dementiability, Communication Tool and Tips, The BSO Fundamental, and GPA. The BSO team provided 9 GPA training sessions to the Fairhaven staff, in groups of ten.

The Fairhaven BSO team was able to successfully transition from Psychiatric Assessment Services for the Elderly (PASE) to Baycrest VBM (virtual Behavoural Medicine) to assist our Residents with behaviors. Assessments are completed and recommendations are provided to the physician, staff, and family members to enhance the individual's quality of life.

Education and Training

Fairhaven is a learning facility and work closely with Colleges and University. In 2024 we welcomed close to 150 PSW and RPN students in our home from Fleming College. Gates College, Oxford College, Mississauga Career College and Trent University. Having students help with recruitment for permanent positions and summer students.

We had our first Preceptor Appreciation Day in March 2024, which was a success in recruiting more preceptors. Each Preceptors have attended the preceptor course which helps improve students experience in our home.

Nutrition Services

The Nutrition Services Department manages and maintains eight dining and servery areas, as well as the main kitchen. Our main food suppliers are Sysco, Natrel Dairy, Fresh Start (fresh produce and eggs) and Canada Bread. In November we switched from the Silver Group purchasing GPO to Complete Purchasing GPO. This was a significant move because our menu software uses a separate set of menus with each GPO.

Nutrition Services produces 256 meals, three times per day, for 280,320 annually. Our daily food nutritional allowance is $13.07 per resident per day. Sixteen percent of these meals are mechanically modified to a minced texture and 11% are mechanically modified to a pureed texture. This is done for our Residents with various levels of dysphagia (chewing and swallowing impairments) may eat safely. Eleven percent of our Residents require their fluids thickened to safely swallow their beverages.

Nutrition Services offers all Residents an in-between meal snack three times per day. Nutrition Services provides approximately 94 special therapeutic snacks on top of the regular snack offerings. This includes supplements and high protein snacks to help with skin health and wound healing. Outside of meal service and snack service, if Residents are hungry into the evening and night, the Nursing staff may access the servery to get a snack for a Resident from our 24hr emergency food bin.

We continue to maintain an inventory of our adaptive aids. This includes divided and scoop plates, Kennedy cups, nosey cups, and bendable and foam cutlery. These adaptive aids help residents maintain and improve their independence during meal service.

Industry standards for our thickened fluids comes under the International Dysphagia Diet Standardisation Initiative (IDDSI). We have always referred to them as nectar thick (like tomato juice), honey thick (like honey), and pudding thick (like pudding). Now that the system in international we use a number system starting with #1 for regular thickened to #2 for nectar thick then #3 for honey thick and so on and so on. This number system is also used for minced and pureed food. Our Registered Dietitian has an IDDSI information bulletin board on the fourth floor near the staff lounge.

We switched our product that we use for thickening our hot and cold beverages. We used a powder product that was difficult to break down in the beverage. We switched to a liquid product that residents, nursing staff and nutrition service staff have been most happy with.

We were remarkably busy this year implementing our Synergy Tech Suite menu software. The Nutrition Services Leadership team completed 17 hours of on-line training. We still have two hours left for the implementation of systems set out for 2025. This does not include the hours spent working to establish and personalize the menu software for Fairhaven. We started using the Synergy Tech Suite Tablets for Point of Service information (POS) at the snack service first. They have all the residents' diet information plus a photo to ensure accuracy of delivery of our snacks to the residents. Nursing staff took on the role of documenting all residents' intake at snack service. We started carrying items on gel packs to keep everything cold. We increased our snack selection to include more hot and cold beverages at all snack services. We added fresh fruit and fruit cups to increase residents' choice of snacks.
When we switched to our Summer Fall menu in July we incorporated using the menu software in the main kitchen. Staff accessed the monitors for recipes and forecasted production. We

maintained our paper systems during meal service in the dining rooms. In September we started recording our food temperatures on the Meal Suite monitors in each servery. We also started using the Monitors for POS information during meal service. We continue with printing a paper copy of this information at the present time while staff are learning to use menu software and monitors/tablets for as part of their day. We installed digital menu boards in each resident home area (RHA) on the wall near the Care Centre. This allows residents and family members to view each diet and texture. It shows the daily menu and the week at a glance menu (WAG).

Our Ministry Visit in June showed that we needed to seriously look at our processes for serving cold beverages and temperatures of cold food. A return visit in November was not as successful as we wished, and we are still making changes to our systems. Nursing staff have always served hot beverages at mealtimes, and they took on the addition of serving the cold beverages. We compiled the pertinent dining room information on our dining room service notes sheet. Cold beverages are always set up on the cart using a large white pan and gel packs, and the dining room service notes sheet for resident information. Cold food holding methods need to change. We keep our desserts cold until it is dessert time during lunch and supper meal service. All cold food items are placed on gel packs during transportation to the RHA and during meal service.

The kitchen and dining room service areas pass report when our Peterborough Public Health Unit Inspectors visit. In 2024, Peterborough Public Health inspected the Nutrition Services Department four times. Our December inspection report outlines that we need to commence taking and recording the rinse temperatures on our main kitchen dish machine.

Programs and Support Services

The Programs and Support Services Team includes Resident Programs, Volunteer Resources, Social Services, Family Council, Resident Council and Spiritual Care. Each of these areas uses a resident focused approach, taking each resident's interest, abilities, needs and preferences into account when designing and implementing programs and services.

Resident Programs

The Resident Program Department organizes a variety of recreation and leisure programs to meet the five categories of the residents' assessed interests and needs:

- physical
- intellectual
- social
- spiritual
- emotional

With a variety of programs to look forward to each day, the residents' sense of well-being and purpose are maintained, and their quality of life is enhanced. Programs include small and large groups, 1:1 and individual/independent programs.

In 2024, the Resident Programs department delivered 4059 group programs to residents. There were 169 different activities, offered. The team provides programs seven days a week in all areas of the home. Special Event programs include theme events, dress-up days, holiday celebrations, community outings and musical entertainments.

Highlights:

- Traditional holidays and observances such as Valentine's Day, Easter and Halloween were recognized throughout the year. Other special themed events included Friends and Family Bingo Night, Friends and Family Trivia, Solar Eclipse Day, Strawberry Social, Ice Cream Truck and Antique Car Show.
- Residents were offered 16 community outings including trips to the Canoe Museum, The Farmers Market, the Riverview Park and Zoo and the Silver Bean Cafe.
- In 2024 we had the Fairhaven Olympics with Opening and Closing ceremonies and medal presentations. From July 26 to August 11, the Residents competed in daily events including volleyball, weightlifting, baseball, golf, bowling, horse racing, shot put and boat racing.
- The Resident Programs department was gifted a CriCut Machine and have been enjoying making all kinds of designs and decorations.

Spiritual Care

Spiritual and religious care and activities are available within Fairhaven, which respect each resident's traditions and preferences. Spiritual and Religious Care is an essential component of holistic care. Our Spiritual Care program is reliant on volunteers, and we continue to actively recruit new volunteers to fulfill the needs of our residents.

Highlights:

- A Service of Remembrance was held in February 2024 and November 2024 to honour and remember Fairhaven residents who passed away. The names of all residents who passed away were added to the In Memory Books located in the Worship Centre.
- In 2024, a new Anglican Minister was recruited. She is providing communion to our residents on the last Tuesday of every month in the Worship Centre on the 3rd floor.
- A bible study volunteer was recruited in 2024 and comes two Wednesdays a month to run a bible study group on WV2.
- We continue to provide Sunday worship services, hymn sings, and 1:1 spiritual care visits to residents.

End of Life and Palliative Care Volunteers:

- Vigil Volunteers- Vigil volunteers sit with residents who are at end of life when loved ones aren't able too. In 2024 we recruited 1 new vigil volunteer making a total of 5 volunteers who are on an "on call" basis when needed.

- "My Wishes" Volunteers- "My Wishes" is a section in a resident's plan of care where we obtain information regarding the wishes a resident has when they reach end of life. In 2024, 5 volunteers from the healthcare stream at Trent University were recruited and orientated to complete "My Wishes" for Fairhaven residents who are willing and able.

Music and Memories

Under the leadership of Emily Collins, Volunteer Resources Coordinator, Music and Memories continues to be a very successful program with 60 Residents in 2024 utilizing iPods. iPods are available to staff in all departments to utilize with residents when they see fit. We continue to recruit donations of old iPods to support the continued growth of this program.

Intergenerational Program

Fairhaven's intergenerational partnership with Immaculate Conception Catholic School continued for the first half of 2024 (January- June) with 30 students sending letters and crafts to residents and coming in for an end of the school year get together in the Great Room in June to meet their pen pals, make matching friendship bracelets, and students brought their pen pal their favorite flower! The second half of 2024 (September- December), we partnered up again with Edmison Heights Public School with 50 students writing letters and visiting twice a month in person with residents. In person visits have included crafting, bingo, and playing board games together.

Appendix D

Christmas Festivities:

Over the Christmas season, numerous donations and Christmas cheer arrived at Fairhaven for our Fairhaven residents. This included:

- Adam Scott Highschool student- Donated Christmas cards.
- Chemong Public School- Donated Christmas cards and Christmas crafts.
- St Pauls Catholic School- Donated homemade Christmas tree decorations
- St Peters Highschool- Donated well wishes and positive affirmation cards to remind our residents that they are loved and not forgotten.
- Santa for Seniors- Donated gifts to residents who need items.
- St Teresas School Choir- Came to sing Christmas Carols in our Great Room.
- Trent University- Donated over 100 homemade Christmas cards.
- A previous Fairhaven Volunteer- Donated Homemade Christmas cards.
- Fairhaven staff, families, and our community- donated items for our Resident Christmas stocking program where we stuff a stocking for each and every Fairhaven resident each year.
- Trent Childcare- Zoomed in to sing Christmas carols to our residents and delivered a pair of socks from each daycare child for our residents.
- Peterborough Lions Club donated Christmas gifts for residents.

Volunteer Services

Fairhaven continues to have an active and involved volunteer program including direct service volunteers, Family Council members, board members, and student placements in both high school and post-secondary education programs.
Volunteers assist with recreation programs, special events, community outings, meals, worship services, animal visits, physiotherapy, hair salon portering, Café, friendly visits, and spiritual care. Fairhaven is fortunate to attract volunteers from local high schools, Sir Sandford Fleming College, Trent University, local churches, and many individuals from the community.

Highlights:

- In 2024, we onboarded 4 co-op students from Adam Scott high school, 2 full-time placement students (4-month placements) from Fleming College, and 2 students from Trent University where they completed their hours in the Recreation department.
- The Buckhorn quilters donated homemade quilts for our residents as gifts.
- The Ennismore Knitters, who we partner with to donate lap blankets for Fairhaven residents donated crocheted blankets and crocheted soldier dolls to our veterans on Remembrance Day this year as well as fidget muffs. The" Quilts of Valour" also nominated homemade quilts to our veterans and they were presented to each veteran by one of our volunteers.
- We currently have 8 therapy dogs, with 2 starting in 2024. We still currently partner with the Peterborough Humane Society and the Peterborough East Central Therapy dog unit.
- We had another successful Teen Volunteer program this year where 8 students volunteered in the summer months to complete their mandatory high school 40 hours of community involvement.
- 3 volunteers still continue to come in throughout each week to sell resident council 50/50 tickets.

Appendix D

- Our café continues to be open during the week from 2:00-3:30 p.m., but we have added volunteers every Sunday and every other Saturday to give visitors more of an opportunity on the weekend to visit their loved ones at the cafe. We have also added a Fairhaven gift shop in the café window which includes gifts, trinkets, and toiletries.
- Each year, Fairhaven volunteers are nominated for their years of service. This year, 5 volunteers were nominated, and we were able to attend an in-person ceremony to honor volunteers from many other organizations for the first time since Covid.
- We were able to hold our first in person National Volunteer Appreciation event since Covid in our Great Room. The Theme this year was "Every Moment Matters".

- Fairhaven participated in 2 volunteer expo's and our Volunteer Resources Coordinator attends monthly AMVS meetings to connect with community members and for recruitment purposes.

We had a total of 5303 volunteer hours from January 2024 to December 2024. At the end of 2024 we had 71 registered volunteers, and we were also able to provide volunteer assistance at large special event programs.

Appendix D

Resident Council

Residents' Council is a two-way communication link between residents and the Fairhaven administration. The council receives information, provides input and makes recommendations towards activities, programs, products and services. This contributes towards providing the best quality of life for our residents. The Residents' Council is dedicated to advocating for residents and their rights. Fairhaven Residents' Council continues to be an active Member in the Ontario Association of Resident Councils' (OARC). Resident Council meets on the first Wednesday of each month from September – June.

Highlights:

- Celebrating Residents' Council week from September 16 - 22. The Council organized and participated in several events promoting and recognizing the work of Council.
- Our monthly meetings hosted a variety of guest speakers to share knowledge and information. Topics included: Quality Improvements, Palliative Care, Advanced Care Planning, Behaviour Supports Ontario, Nutrition services updates and new menus introductions to new managers, discussions around the cameras and a monthly update from the Executive Director.

Residents Council continued to hold monthly 50/50 draws Seven (7) draws were held in 2024 earning Resident Council $660. Residents' Council partnered with Family Council to hold our annual Christmas raffle. This year we raffled off 3 Hand-made Christmas decorations loaded with a variety of gift cards The raffle earned each council approximately $500. The funds raised through these raffles allows council to support events such as, the Fairhaven Family Carnival, staff appreciation events and other charitable donations

Appendix D

Fairhaven Family Council

Family Council works together to provide support to caregivers, creates a communication pathway between Fairhaven caregivers and Administration and provides advocacy creating a positive impact on the resident and caregiver experience at Fairhaven. They meet in a hybrid format, with in-person and virtual meetings, at 2:00 pm on the fourth Wednesday of the month.

Highlights:

Family Council membership increased in 2024 due to outreach efforts.

- Family Council welcomed new residents and their caregivers by holding three Welcome Teas.
- They explored solutions and offered input in the following areas: Environmental Services, Dietary, Quality Improvement. and discharge policies.

Family Council Co-chair Coralee Vass attended the Family Councils Ontario Virtual Conference in fall 2024.

Social Services

Our Registered Social Services Workers (RSSWs) provide individualized, emotional-based care, psychosocial support and service to our residents and their caregivers. They provide psychosocial assessment and supportive counselling, liaise with government and social service programs, and work collaboratively with a multidisciplinary team to improve the quality of life of our residents.

Highlights:

- Meet the social services needs of residents by utilizing a new referral process and assessment tool.
- Many resident and caregiver educational opportunities provided: Advance Care Planning, Palliative & End of Life Care, Ontario Caregiver Organization, Alzheimer's Dementia Series.
- Hearing assessment and support offered on-site through Canadian Hearing Services.
- Included "Above & Beyond" article monthly in Home Happenings to celebrate the Fairhaven community.
- Continued active participation in the Social Work Community of Practice in Long Term Care.

Support Services

Our hair salon is located on the 5th floor and operates Monday through Friday, when able to, given COVID restrictions. Residents have the opportunity to enjoy all beauty salon and barber services on site. Prior arrangements for regular appointments can be arranged. Volunteers assist with bringing Residents to and from their rooms.

III.HUMAN RESOURCES MANAGEMENT

The Human Resources (HR) team continues to focus on providing support, advice and coaching opportunities to the employees of Fairhaven. The HR team was re-aligned to prepare for the implementation of a new Human Resources Information System (HRIS), Payroll and Scheduling Systems called ADP. The new ADP system will remove barriers to effective staff scheduling, improve access to HR, and payroll information and have the ability to extract reports. The current focus of Project ADP has been to ensure the training, data testing and validation of the new system is on time and accurate for implementation.

Recruitment and Retention

In terms of Recruitment and Retention, our HR Team will continue building the orientation and onboarding programs to ensure we are providing full support for a new employee joining Fairhaven. The Attendance Support Program is going through a refinement to better understand the trends of leave of absences and the type of support managers can provide the employee.

Staff Training and Education

Fairhaven utilizes Surge Learning System for the delivery of education throughout the home. As a new initiative, health and safety education will be completed on Systems 24-7, which is a health and safety focused education delivery website. Health and safety topics are included in annual education, orientation, as well as Monthly Safety Talks which are distributed to all staff. Training includes, but is not limited to, The Residents' Bill of Rights, The Long Term Care Home's policy to promote zero tolerance of abuse and neglect of Residents, The Duty Under Section 24 to make mandatory reports (reporting certain matters to the Director of MOHLTC), The Protections afforded by Section 26 (Whistle-Blowing), fire prevention and safety, emergency and evacuation procedures, infection prevention and control (includes hand hygiene, modes of infection transmission, cleaning and disinfection practices, use of personal protective equipment), all Acts, Regulations, and policies of the MOHLTC and similar documents, including policies of Fairhaven that are relevant to the individual's responsibilities; and handling complaints, role of staff in dealing with complaints, safe and correct use of equipment (i.e. lifts, assistive aids, cleaning and sanitizing equipment).

Beyond these areas, we also train all staff regarding Accessibility for Ontarians with Disabilities (AODA), preventing Workplace Violence, Harassment, and Sexual Harassment, WHMIS and Ministry of Labour 4 Steps to Worker Health and Safety Awareness (front-line and supervisors).

New hires partake in an orientation that has both online learning and in-class components. New hires are introduced to members of the management team, and union executive, to ensure a successful transition into Fairhaven. With a focus on our Mission, Vision, and our culture, all new hires, regardless of the role, understand that we are here for our Residents. This extensive orientation covers all mandatory training components and information to ensure success for the new hire and compliance with legislation.

Training includes accommodation that takes into account employee requirements associated with disability and that complies with the Accessibility for Ontarians with Disabilities Act and the Human Rights Code. The Manager of Human Resources is available as a resource to assist with such accommodation.

Health and Wellness

As part of its employee benefits program, Fairhaven offers an Employee and Family Assistance Program (EFAP). EFAP provides employees and their families with access to confidential services to help individuals resolve personal, family, or work-related concerns. The program offers a variety of support tools (on-line, in person, video etc), techniques, flexibility and resources. Fairhaven also offers a comprehensive and competitive compensation package to all employees. Fairhaven provides Extended Health and Dental Benefits including Dental, Vision care. We also offer the opportunity to participate in the OMERS defined benefit pension plan (this is a significant part of our strategy to attract talent).

The WSIB claims for occupational injury and illness has also been on the rise with over 160 claims in 2024. The focus for the following year is to ensure the employee returns to work and if required modified duties are implemented to bring them to their optimal working capabilities.

Labour Relations

The Labour/Management Committee meets with the respective Union Groups monthly to work on organizational concerns and labour matters. The with Canadian Union of Public Employees (CUPE) local 131 Collective Agreement (CA) was negotiated and ratified in 2024 and continues to provide guidance on union processes and interpretation of the CA for its members. The Ontario Nurses' Association (ONA) CA continues to be in the negotiation process and the current CA is still in effect.

IV. INFORMATION TECHNOLOGY MANAGEMENT

Over the past year, our IT department has demonstrated exceptional performance in maintaining and enhancing our technological infrastructure. Their dedication and expertise have ensured the seamless operation of our network, end-user devices, cloud services, servers, and cabling systems.

Our IT department has consistently ensured the reliability and security of our network. They have implemented regular updates and security patches, minimized downtime and protecting our systems from potential threats. Their proactive monitoring and swift response to any issues have kept our network running smoothly, supporting the productivity of all departments. The IT department has excelled in managing end-user devices, such as iPad's desktop and laptop computers, phones, cordless phones, tablets, providing timely support and maintenance.

One of the most notable achievements of our IT department this year has been the installation of a new server. This upgrade has enhanced our data processing capabilities, and reliability. The department meticulously planned and executed the installation, ensuring minimal disruption to our operations. Their expertise in server management has been instrumental in maintaining the stability and efficiency of our IT infrastructure.

Another significant milestone for our IT department has been the initiation of our transition to SharePoint. This move is aimed at enhancing collaboration and document management across

the organization. The IT department has been diligently working on the migration process, ensuring that data is transferred securely and efficiently.

Furthermore, the IT department deployed a new Nursecall system in Riverside 1 (Special Care) and our wander guard system. This new Nursecall system aids in system reliability, and with the addition of 17 new call points throughout the home, it ensures a swift response to calls in more areas in the home.

The IT Department's continuing support for our information systems is evident with our continued replacement of 15 more computers. IT continues to support all natures of technical issues, with a multitude of devices around the home.

V.ENVIRONMENTAL SERVICES (ES)

The ES Department is responsible for capital projects, preventive maintenance, minor repairs, grounds keeping, snow removal, interior/exterior painting, cleaning of Residents' personal laundry, cleaning of linens, and general cleaning and sanitizing of all areas of the Home. In addition to the above, the ES Division is responsible for Emergency Preparedness.

Emergency Preparedness

Peterborough Fire Service held the mandatory fire drill and inspection on November 5, 2024. Fairhaven passed all testing and is in compliance with the Fire Code for vulnerable occupancies. Our Fire Plan was reviewed by Peterborough Fire Service and Fairhaven received approval for 2024. New Co detectors were installed through the home.

Housekeeping & Laundry Services

Staff huddles Were increased to 6 time per week to expand communication with maintenance, laundry and housekeeping staff, as well there is a communication board for any ES Department information. Staff are encouraged to call or email ES Management with questions or concerns.

Visual cleaning audits were completed and exceeded benchmarks in the following areas:

- Public washrooms
- Resident Rooms
- Spa Rooms
- Dining Rooms

Maintenance

- A total of over 3978 work orders were received and completed in 2024
- Installed accessible washroom doors one on each level on the home
- Installed 2 bariatric lifts in the home
- Installed new doors on the walk-in fridge in main kitchen
- Extensive elevator upgrades completed. They installed a new extended hold button
- A preventative maintenance program has been put in place for all hvac and plumbing systems in the building to reduce the number of emergency calls.
- Phase 2 of the roof was completed in 2024.

Appendix D

V GOVERNANCE AND MANAGEMENT LEADERSHIP

Ministry of Health Long Term Care Reviews

Fairhaven follows the Fixing Long Term Care Act (LTCA), 2021 and other governing legislation. Our Board of Directors is kept informed of all achievements and challenges and continues to provide governance according to its by-laws and legislation. Proactive Compliance Inspections, Critical Incident reviews and complaint investigations are performed by the Ministry of Long Term Care (MOLTC). We are currently accredited by Accreditation Canada (AC) with "Exemplary Standing" level which, in the works of AC means *"Fairhaven has gone beyond the requirements of the Qmentum accreditation program and is commended for its commitment to quality improvement."*

Our main objectives include the provision and delivery of an excellent quality of care for Residents; a safe working environment for staff and volunteers; and the development and building of relationships with our community stakeholders. Our focus remains on: following the Residents" Bill of Rights; enhancing education and development of staff; Residents; family members; and volunteers. By strengthening our communication, encouraging innovation, and implementing best practices, Fairhaven will continue to demonstrate a commitment to our Residents and staff. Emphasis on continuous quality improvement, and performance indicators, will continue into 2025.

Fairhaven Foundation

The Foundation is a registered charitable organization located in the Fairhaven Home and is dedicated to enhancing and supporting the lives of our Residents.

Fairhaven, in partnership with the Foundation, continues to bring awareness to the community about events that will assist in supporting our Home and our Residents. Through these opportunities our partners help us to advocate for Fairhaven.

Highlights from 2024 include:

- The Annual Teddy Bear Campaign was not as successful as in previous years. With the Canada Post mail strike, the letters were not in the hands of the donors in time. This year the campaign raised $5,806
- The Foundation purchased two Broda Synthesis positioning wheelchair, and a DermaFloat alternating & low air loss mattress
- Fairhaven's Annual Carnival raised over $3,900 in cash donations and over $605 in in-kind donations
- Nevada tickets licence renewed in July with $3,371 in proceeds from July to December 2024
- On-line donations through Canada Helps and My Tributes have seen a steady increase. In 2024 our on-line donations totaled $4,622; and
- In 2024 we had, on average, 327 employees take part in the Pay Day Draw with a total of $9807.50. coming back to the Foundation.

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 / Oct 1, 2023, to Sep 30, 2024 (Q3 to the end of the following Q2)	24.75	21.70	This target is set to meet the provincial average	

Change Ideas

Change Idea #1	Increase access to on-site diagnostic tools, tests, and treatments (e.g., x-rays, ultrasounds, bladder scanner, lab tests, intravenous therapy) to manage conditions within the home		
Methods	Process measures	Target for process measure	Comments
To increase access to on-site diagnostic tools, tests, and treatments (e.g., x-rays, ultrasounds, bladder scanners, lab tests, intravenous therapy) at Fairhaven, the method begins with assessing current resources to identify any gaps in equipment, resources, or staff training. A collaborative planning process involves engaging clinical staff, management, and healthcare providers to prioritize the most critical tools needed for effective care. Once identified, necessary resources are acquired through vendors or local healthcare partnerships. Staff are trained on the proper use of new diagnostic tools, and scheduled on-site diagnostic and treatment services are implemented. Ongoing monitoring ensures these services meet resident needs and regulatory standards, ultimately enhancing the ability to manage conditions within the home.	The staff training completion rate; decrease in ED visits; resident satisfaction for on-site diagnostics (CB)	100% of relevant registered staff receive training on new equipment/annual education; set to meet provincial average; resident satisfaction for on-site diagnostics (CB)	This initiative's success will rely on strong partnerships with local healthcare providers, ensuring timely access to necessary diagnostic tools and treatments. Collaborating with multidisciplinary teams, including physicians, technicians, and allied health professionals, is essential for effective implementation. Additionally, integrating these services with existing care programs, such as chronic disease management and prevention programs, will enhance overall resident care.

Change Idea #2 Strengthen fall prevention programs to reduce injury-related ED visits by using environmental modifications, regular assessments, and mobility aids			
Methods	Process measures	Target for process measure	Comments
To strengthen fall prevention and reduce injury-related ED visits, Fairhaven will focus on environmental modifications, regular fall risk assessments, and mobility aids. Regular assessments using validated tools will ensure personalized care plans, and mobility aids will be provided as needed. Staff will receive ongoing training on fall prevention and risk management to support these efforts.	Number of staff training completion for falls prevention; number of RHA's (Resident Home Area's) mobility aid and environmental modification audits completed.	100% of all staff on falls prevention strategies; 4 out of 8 RHA's completed for mobility aid and environmental audits	It is essential to involve residents and their families in the process, ensuring they are educated on fall prevention strategies and encouraged to communicate any concerns. A collaborative approach with healthcare providers can also help tailor interventions more precisely to each resident's needs. Regular feedback from staff and residents can help identify additional areas for improvement. Additionally, ensuring that the program aligns with broader safety and quality improvement initiatives will maximize its impact and sustainability.

Change Idea #3	To reduce avoidable ED visits, the CQI committee will implement a system-wide review and improvement of current protocols for early identification and management of conditions that typically lead to ED visits, such as respiratory issues, dehydration, or infections.		
Methods	Process measures	Target for process measure	Comments
Initially, analyzing data on the most common causes for ED visits across the home, focusing on patterns related to specific conditions, care processes, and times of year will occur during the CQI committee. A review of current protocols for managing these conditions would be conducted to identify any areas for improvement, such as more frequent monitoring, better early detection tools, or clearer communication between teams. Staff training on recognizing early warning signs and effective interventions would be implemented, using simulation exercises and case studies. Additionally, enhancing care coordination by improving communication systems would ensure timely alerts for potential issues, allowing staff to intervene proactively. Continuous monitoring and adjustment of strategies would be performed through regular audits of ED visit data to assess the effectiveness of these changes.	A decrease in ED visits; a decrease in specific cause rates; percentage of relevant staff trained on early warning signs and effective interventions (topic specific).	Provincial average; 10% decrease in specific causes (i.e. behaviours/infections/falls); 100% staff trained on	By focusing on early detection, staff education, and proactive care coordination, we aim to significantly reduce avoidable ED visits and enhance resident care. Regular feedback from staff will be essential for identifying challenges and refining the process. Additionally, maintaining an open dialogue with residents and families about the importance of preventive care will help ensure that everyone is aligned with the goals of this initiative. Tracking progress and adjusting strategies based on outcomes will be crucial to sustaining long-term success.

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	100.00	100.00	The home had 100% compliance with EDIAR training for 2024, and will strive to maintain the same target for 2025.	

Change Ideas

Change Idea #1 Indigenous Cultural Safety and Awareness Training Opportunities - Ensure that all staff are given opportunity to complete Indigenous Cultural Safety and Awareness training to promote an understanding of Indigenous peoples' histories, traditions, and healthcare needs.

Methods	Process measures	Target for process measure	Comments
Develop and implement Indigenous Cultural Safety and Awareness training for all staff members. The training will focus on fostering cultural sensitivity, understanding the impacts of colonization, and recognizing the importance of culturally safe care for Indigenous residents.	Percentage of staff who have completed the Indigenous Cultural Safety and Awareness training.	20% of staff complete training	Total LTCH Beds: 256 This target of 20% aims to make gradual progress in promoting cultural safety within the home. As the training becomes integrated into staff development, the goal is to expand participation over time, fostering an inclusive and respectful environment for Indigenous residents.

Change Idea #2	Implement Trauma-Informed Care (TIC) practices across all levels of care to improve residents' well-being and ensure a safe, supportive environment for individuals with a history of trauma.		
Methods	Process measures	Target for process measure	Comments
Provide training for all staff on the principles of Trauma-Informed Care, including understanding the impact of trauma on health, recognizing trauma-related behaviors, and applying trauma-sensitive approaches in daily care practices. Integrate trauma-informed practices into care planning and interactions with residents.	Percentage of staff who have completed Trauma-Informed Care training.	100% of staff have completed the training.	Implementing Trauma-Informed Care will create a safer and more supportive environment for residents, acknowledging and addressing the potential effects of trauma. This approach promotes trust, safety, and empowerment, allowing residents to feel more comfortable and supported in their care. Over time, as more staff complete the training, the home will continue to improve its ability to meet the emotional and psychological needs of residents.

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	34.55	67.00	Given that 19/55 respondents rated 9/10 or 10/10, and the majority rated 8/10 or higher, setting a target of 67% is a realistic and data-driven choice. This target includes respondents who rated 8/10 or higher, reflecting the overall satisfaction level and ensuring the goal aligns with the QIP's focus on high-quality care. While the confidence interval does not fully meet the desired threshold for statistical significance, aiming for 67% provides a feasible target for improvement, building on the strong base of positive feedback already present.	

Change Ideas

Change Idea #1	Incorporating residents' knowledge, values, beliefs, and cultural background into care planning and delivery through the implementation of clinical pathways.		
Methods	Process measures	Target for process measure	Comments
Implement clinical pathways that integrate cultural competence and person-centered care, ensuring staff have the necessary tools and guidance to include residents' values, beliefs, and cultural preferences in care planning and delivery. Regular assessments and updates to care plans will ensure these elements are consistently addressed.	Percentage of resident care plans that reflect cultural preferences, values, and beliefs as documented in clinical pathways; percentage of staff educated on Resident and Family Centred Care (RFCC).	100% of resident care plans incorporate cultural preferences, values, and beliefs; 100% registered staff trained on clinical pathway (RFCC).	Total Surveys Initiated: 61 Total LTCH Beds: 256 The implementation of clinical pathways will provide structured guidance for staff to integrate residents' personal and cultural factors into care. This approach promotes individualized care, improves resident satisfaction, and strengthens the relationship between residents and staff, contributing to a more inclusive and respectful care environment.

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 statement: "I can express my opinion without fear of consequences".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	75.44	100.00	The home upholds a strict zero tolerance policy towards abuse and neglect, ensuring that every resident feels safe and valued. We are committed to fostering an environment where all residents can freely express their opinions without fear of retaliation.	

Change Ideas

Change Idea #1	Provide ongoing education on policies related to whistleblowing and resident rights, ensuring that this information is reviewed during resident council meetings, upon admission, and at care conferences.		
Methods	Process measures	Target for process measure	Comments
Educational materials will be provided to residents and families, ensuring they understand their rights and the processes in place for raising concerns or reporting issues. Regular audits will be conducted to ensure that these discussions are occurring as scheduled, and feedback will be collected from residents to assess the effectiveness of these educational sessions. Additionally, staff will receive ongoing training to stay updated on policy changes and best practices.	Track the percentage resident council meetings where whistleblowing and resident rights policies are reviewed.	100% of meetings will have a discussion on resident rights.	Total Surveys Initiated: 57 Total LTCH Beds: 256 This initiative is essential for promoting a culture of transparency, respect, and accountability within the home. Regularly reviewing whistleblowing and resident rights policies ensures that residents are fully informed about their rights and how to safely report concerns. By incorporating this education into resident council meetings, we foster an environment where residents feel empowered and supported. Additionally, it reinforces the home's commitment to providing a safe and dignified living experience.

Change Idea #2	Help staff become more knowledgeable about providing resident-centered care. Offer regular training and resources to help staff focus on individualized care, communication, and meeting each resident's unique needs.		
Methods	Process measures	Target for process measure	Comments
Staff will attend training sessions on resident-centered care, covering topics like communication, personalized care planning, and understanding resident preferences. Educational materials will be provided, and staff will share experiences and strategies in regular team meetings to ensure effective implementation.	Percentage of staff completing the training	85% of direct care staff education completion	This initiative will help ensure residents feel respected and cared for according to their personal needs. By improving staff skills in resident-centered care, we aim to enhance the overall quality of life for residents. Regular training and team discussions will support staff in applying these principles every day.

Safety

Measure - Dimension: Safe

Indicator #5	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 Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	15.56	9.00	The home continues to perform below provincial averages, and strives to meet HQO's benchmark of 9%.	

Change Ideas

Change Idea #1	Implementing a clinical pathway for fall prevention in partnership with RNAO and PCC will standardize the approach to assessing and managing fall risks for all residents. This pathway will ensure consistent identification of those at risk and timely interventions, including environmental modifications, mobility aids, and regular monitoring. By providing clear guidelines and a structured process, the pathway aims to reduce the frequency of falls and enhance overall resident safety.

Methods	Process measures	Target for process measure	Comments
The method involves introducing the clinical pathway across all care teams, starting with a detailed review of current fall prevention practices and identifying areas for improvement. Training will be provided to all staff on the new clinical pathway, including how to conduct fall risk assessments and implement the recommended interventions. Regular audits will ensure the pathway is being followed consistently, and feedback loops will be established to refine the process based on staff and resident outcomes.	% of residents assessed for fall risk upon admission and regularly thereafter; Successful launch of clinical pathways for falls; overall falls reduction due to earlier interventions.	100% of residents are assessed through the clinical pathways after the launch date; 100% successful launch July 31st for GO LIVE date; 9% benchmark for HQO falls met.	Implementing the clinical pathway for falls is a key step in providing more consistent, evidence-based care to residents. Success will depend on the engagement of all staff members and their commitment to following the pathway. Ongoing training and feedback will be essential to ensure that the pathway is effectively integrated into daily practice. Additionally, continuous monitoring and evaluation of fall rates will help refine the pathway, ensuring that it remains responsive to the needs of residents and addresses any barriers that may arise.

Change Idea #2	Enhancing the current 4 P's strategy—Prevention, Positioning, Personalized Care, and Pain Management—by providing targeted re-education to staff. This will reinforce the existing protocols to ensure all staff are fully aligned with the best practices for fall prevention. The goal is to emphasize the importance of consistent, individualized care and environmental strategies to reduce fall risks across all residents.		
Methods	Process measures	Target for process measure	Comments
Re-education will involve refresher training sessions for all staff, focusing on the key components of the 4 P's. These training sessions will include practical examples, role-playing scenarios, and case studies to reinforce the importance of fall risk prevention. Staff will be educated on conducting thorough risk assessments, the role of positioning and mobility aids, the critical aspects of pain management, and providing personalized care for each resident. In addition, a home wide audit and organization of mobility devices will be planned for 2025 to ensure that each resident has the appropriate equipment.	% of relevant staff educated on 4 P's	100% direct care staff trained/re-trained on 4 P's; decrease in overall falls for 2025 to meet HQO benchmark.	Enhancing the 4 P's strategy through re-education will help ensure that staff have a deep understanding of the importance of each component in fall prevention. The initiative aims to strengthen consistency and adherence to best practices across all care teams, leading to safer environments for resident and will be reinforced by the clinical pathways.

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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	30.99	26.62	The home is aiming for a 14.10% reduction in year one of a three year plan to reach the provincial average of 19.65%, while in the beginning phases of Healthcare Canada Excellences "Sparking Change" QI initiative, as well as implementing the Clinical Pathways with the RNAO.	Healthcare Canada Excellence, RNAO, Point Click Care

Change Ideas

Change Idea #1	The home will focus on reducing the use of antipsychotics by participating in the Sparking Change AUA project. This initiative aims to implement best practices for the appropriate use of antipsychotic medications, emphasizing non-pharmacological interventions, and reducing unnecessary prescriptions. By participating in this project, the home will align with evidence-based strategies to improve care, ensuring residents receive the most appropriate treatments for their needs while minimizing the use of antipsychotic medications.

Methods	Process measures	Target for process measure	Comments
The method includes collaborating with the Sparking Change AUA project team to review current practices, identify residents who may be receiving unnecessary antipsychotic medications, and implement alternative, evidence-based approaches. Staff will receive training on non-pharmacological interventions and the importance of minimizing the use of antipsychotics when possible. Regular monitoring and review of residents' medication regimens will be conducted to ensure appropriate use and to track the progress of reducing antipsychotic use. Data will be collected on the outcomes of these interventions, and adjustments will be made as necessary to improve care.	Through the PDSA cycle, the home is focusing on one RHA (Resident Home Area) for this project as a base for change. % of residents on antipsychotic medications pre and post QI project.	The home is aiming for a 10% decrease on the RHA; and 10% homewide	

Change Idea #2	Strengthen engagement with families and substitute decision-makers (SDMs) in medication management by integrating structured discussions into care planning to ensure informed decisions regarding antipsychotic use.		
Methods	Process measures	Target for process measure	Comments
Conduct scheduled care conferences with families and SDMs to review each resident's medication regimen, discussing the risks, benefits, and potential non-pharmacological alternatives before making changes to antipsychotic prescriptions. Provide educational materials and decision-making support to promote understanding and shared decision-making. Document discussions in the care plan and ensure ongoing communication as part of medication reviews.	Percentage of residents on antipsychotics with documented family/SDM discussions in plan of care.	70% of all residents will have a documented conversation with the MRP	Enhancing family and substitute decision-maker (SDM) engagement in medication decisions ensures a collaborative approach to reducing unnecessary antipsychotic use. By involving families in discussions about risks, benefits, and alternative interventions, the initiative promotes informed decision-making and person-centered care. Regular care conferences will help build trust, improve transparency, and ensure that medication changes align with residents' best interests and overall care goals. Tracking documented discussions will support accountability and measure the effectiveness of engagement efforts.

Change Idea #3	Implement Gentle Persuasive Approaches (GPA) training to strengthen staff competency in managing responsive behaviors using non-pharmacological, person-centered strategies, ultimately reducing reliance on antipsychotic medications.		
Methods	Process measures	Target for process measure	Comments
Audit current certificates and refreshers required for direct care staff. Deliver structured, quarterly GPA training sessions focused on dementia care, de-escalation techniques, and individualized behavioral support strategies. Training will include interactive components such as case studies, role-playing, and hands-on practice to reinforce learning. Staff will be equipped with practical techniques to assess and respond to responsive behaviors in a way that prioritizes resident dignity, safety, and well-being. Ongoing coaching and refresher sessions will ensure sustained knowledge retention and application in daily care practices.	Percentage of frontline staff who have successfully completed GPA training	Achieve 40% completion of GPA training among frontline staff within the next year.	Due to the pandemic and continued staffing shortages, the home has elected to chose a realistic goal for certification status of staff. The successful implementation of Gentle Persuasive Approaches (GPA) training relies on strong leadership support, dedicated time for staff participation, and ongoing reinforcement through coaching and refresher sessions. Partnerships with specialized dementia care organizations, behavior support teams, and external GPA-certified trainers will enhance the quality and effectiveness of the training. Additionally, this initiative aligns with regulatory requirements outlined in under the Fixing Long-Term Care Act, 2021, which emphasizes the importance of training staff in resident-centered care, de-escalation techniques, and alternative approaches to medication use. By integrating GPA training into the home's broader quality improvement strategy, this initiative supports compliance, enhances resident outcomes, and contributes to a culture of non-pharmacological, person-centered care.

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4	C	% / LTC home residents	CIHI CCRS / CIHI CCRS/Jul1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	2.10	1.00	While the home is performing below provincial averages, HQO's benchmark is set for 1%.	

Change Ideas

Change Idea #1	Improve Wound Assessment and Documentation. Increase staff competency in managing complex wounds and reducing wound complications through education and training.		
Methods	Process measures	Target for process measure	Comments
Offer wound care workshops and competency assessments for frontline staff. Focus on best practices for chronic wounds, infection control, and wound dressing choices.	Percentage of frontline staff who complete wound care education.	100% frontline staff complete mandatory wound care education	This initiative aims to enhance staff knowledge and skills in wound care management, which is crucial for reducing complications and improving patient outcomes. Regular education and competency assessments will ensure that staff are equipped with the latest best practices for managing chronic wounds, infection control, and appropriate dressing selection. By establishing regular workshops, we are providing ongoing learning opportunities for frontline staff, ensuring that they stay up-to-date on evidence-based techniques.

Change Idea #2 Enhance Wound Prevention and Management Practices Based on Accreditation Canada Standards.			
Methods	Process measures	Target for process measure	Comments
Develop and implement standardized wound assessment protocols, including the use of evidence-based tools for assessing pressure ulcer risk with the admission clinical pathway. Train staff on proper wound care techniques, dressing choices, and infection prevention. Monitor wound healing progress through regular assessments and documentation.	Percentage of residents at risk for pressure ulcers who receive regular assessments and preventive measures according to the standardized protocols.	90% of residents at risk will receive regular wound assessments and preventive interventions by Q3 2025.	As part of our commitment to improving wound care, the home is currently in phase one of the clinical pathway implementation with the RNAO and is planning to complete the Continence and Pressure Injury Clinical Pathway in year three, starting in 2027. This pathway will standardize care practices and enhance the prevention and management of pressure injuries by utilizing evidence-based protocols. In the meantime, staff will continue to receive education and training on wound care and pressure injury prevention in preparation for the full implementation of this pathway. This initiative aligns with Accreditation Canada standards, ensuring we are continuously working towards providing the best care for our residents.

Measure - Dimension: Safe

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents who experienced moderate pain daily or any severe pain during the 7 days prior to their most recent resident assessment	C	% / LTC home residents	CIHI CCRS / CIHI CCRS/ Jul 1 to Sep 30, 2024 (Q2) as target rolling 4-quarter average	1.10	1.10	The home maintains below provincial average performances, and is aiming to remain stable at 1.1%	

Change Ideas

Change Idea #1 Implementing the RNAO Clinical Pathway for Pain Management.

Methods	Process measures	Target for process measure	Comments
The home will adopt the RNAO Clinical Pathway for Pain Management, focusing on standardized assessments, individualized pain management plans, and ongoing monitoring for residents experiencing pain. Staff will receive training on evidence-based practices for pain management, including the use of appropriate pain assessment tools such as the PAINAD. Regular audits will be conducted to ensure adherence to the clinical pathway.	Percentage of residents with a documented pain management plan based on the RNAO clinical pathway.	90% of residents experiencing pain will have a documented individualized pain management plan by Q4 2025.	This change initiative aligns with best practices set by RNAO and aims to improve pain management across the home. By implementing the clinical pathway, the home is committed to providing evidence-based care that ensures all residents' pain is assessed and managed effectively. Training and ongoing monitoring will support staff competency in providing high-quality, person-centered care.

Measure - Dimension: Safe

Indicator #9	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents in daily physical restraints over the last 7 days	C	% / LTC home residents	CIHI CCRS / CIHI CCRS Jul1 to Sep 30, 2024 (Q2) as target rolling 4-quarter average	2.60	1.60	The home has surpassed HQO's benchmark for restraints (3%), and is aiming to stay below the benchmark, and reach the provincial average of 1.6%.	

Change Ideas

Change Idea #1 Ensure appropriate use of restraints by enhancing documentation, evaluation, and decision-making processes.

Methods	Process measures	Target for process measure	Comments
Review current process in place and complete a GAP analysis. Implement a standardized restraint assessment and documentation tool. Introduce a mandatory review process requiring interdisciplinary team evaluation of all residents with restraints within FLTCA legislation to assess ongoing necessity and explore alternatives.	Percentage of restraint assessments completed per policy and percentage of residents with documented interdisciplinary restraint reviews.	100% of residents are reviewed monthly that have restraints;	

Change Idea #2 Reduce the use of restraints by promoting alternative interventions and ensuring staff competency in least-restraint practices.

Methods	Process measures	Target for process measure	Comments
Develop and implement a least-restraint policy with clear guidelines for staff. Provide training sessions on alternative strategies such as environmental modifications, de-escalation techniques, and individualized resident care plans. Require documentation of all alternative measures attempted before applying a restraint.	Percentage of staff trained on least-restraint practices and percentage of restraint use cases with documented alternative interventions.	100% of registered staff trained on least restraint methodology	The home remains committed to a least-restraint approach, ensuring that restraints are only used as a last resort when all other alternatives have been exhausted. By implementing a standardized process for documentation and evaluation, we aim to enhance accountability and promote resident safety. Ongoing staff education and policy reinforcement will support a shift in practice towards individualized, least-restrictive interventions. Additionally, regular audits and interdisciplinary reviews will ensure compliance and help identify opportunities for further reducing restraint use.

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 11, 2025

Fairhaven
Caring for Generations

Ontario Health

OVERVIEW

Fairhaven Long-Term Care is a 256 bed, community-oriented home dedicated to providing high-quality care for its residents. Located in Peterborough, Ontario, Fairhaven offers a safe, comfortable, and supportive setting for individuals requiring long-term care. At Fairhaven, we are committed to continuously improving the care and services we provide to our residents. Through our Quality Improvement Plan (QIP), we are focusing on enhancing personalized, trauma-informed, and culturally safe care that respects the diverse needs of our residents. We have started to make significant strides in implementing clinical pathways to improve care planning, promoting staff training in cultural competency, and supporting residents through education on their rights. Additionally, our focus on reducing the use of antipsychotic medications, worsening pressure ulcers, pain, restraints, and addressing falls through evidence-based practices reflects our dedication to improving overall resident outcomes. By working collaboratively across teams and incorporating resident feedback, we are creating an environment where every resident is treated with dignity, respect, and compassion. Our goal is to foster a culture of continuous improvement, ensuring that each resident's care is not only safe and effective but also reflective of their personal values and preferences. The specific indicators we are working on are as follows:

- Rate of ED visits for modified list of ambulatory care–sensitive conditions
- Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education
- Percentage of residents responding positively to: "What number

would you use to rate how well the staff listen to you?"
• Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".
• Percentage of LTC home residents who fell in the 30 days leading up to their assessment
• Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment
• Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4
• Percentage of long-term care home residents who experienced moderate pain daily or any severe pain during the 7 days prior to their most recent resident assessment
• Percentage of long-term care home residents in daily physical restraints over the last 7 days

ACCESS AND FLOW

Our organization is committed to ensuring that residents receive the right care at the right time in the right place. To achieve this, we are focusing on optimizing system capacity through collaboration across various sectors, including long-term care, primary care, hospitals, and home and community care. By integrating care and promoting interprofessional team collaboration, we aim to improve the overall experience and outcomes for our residents.

We are working to reduce unnecessary hospitalizations and emergency department visits by proactively managing resident care and ensuring timely access to evidence-based care. This includes implementing leading practices, such as regular assessments and care coordination, to address residents' healthcare needs before they escalate to more intensive interventions. For example, our initiative to strengthen fall prevention programs, implement clinical pathways for managing conditions, and reduce the use of antipsychotic medications is aimed at preventing unnecessary hospital visits.

We are also focused on enhancing timely access to primary care providers, ensuring that residents have continuous and coordinated care. Through collaboration with local healthcare partners, we aim to facilitate smoother transitions between care settings and improve the overall care experience. By developing and co-developing quality improvement plans with organizations in other sectors, we are fostering a holistic approach to healthcare that prioritizes patient-centered care and promotes the well-being of our residents in all stages of their care journey.

EQUITY AND INDIGENOUS HEALTH

Our organization is committed to advancing health equity and Indigenous health by focusing on cultural safety and inclusion in all aspects of care. We are in the process of developing an Equity, Diversity, and Inclusion (EDI) workplan, which will help address health inequities and promote the wellness of Indigenous residents, including First Nations, Inuit, Métis, and Urban Indigenous communities.

To support these efforts, we are offering Indigenous Cultural Safety and Awareness training to all staff. The training will focus on understanding Indigenous peoples' histories, cultures, and healthcare needs to ensure culturally sensitive and respectful care. Additionally, we are incorporating Trauma-Informed Care practices to address the impacts of historical trauma and systemic inequities on Indigenous individuals.

Collaboration with local Indigenous communities is also a key element of our workplan. By engaging with Indigenous leaders and organizations, we aim to ensure that their voices are included in care planning and that our approach to care is aligned with their values and traditions. This workplan reflects the provincial priorities of addressing barriers to care and health services, particularly for populations that experience significant health disparities. We will continue to monitor and refine our approach to ensure that Indigenous health and cultural safety remain central to our quality improvement initiatives.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Our organization values feedback from residents, families, and staff, as it is essential for improving care. We regularly collect and analyze feedback from experience surveys, resident and family councils, and staff input to identify areas for improvement and successes to build on.

This feedback is reviewed and actioned through care team meetings, with action plans developed in partnership with resident and family council members. These plans focus on addressing key areas, such as communication and responsiveness to resident needs, with necessary adjustments made to practices or training.

By incorporating feedback into our improvement activities, we aim to enhance the care experience, improve resident outcomes, and ensure our approach is responsive and resident-centered. Our goal is to make sure care reflects the voices and needs of those we serve.

PROVIDER EXPERIENCE

Our organization is focused on improving recruitment, retention, workplace culture, and staff experience by implementing several innovative practices. We are committed to fostering a positive, inclusive, and collaborative culture that values the contributions of all staff members.

To improve recruitment and retention, we are offering professional development opportunities, including mentorship programs and access to relevant training, to help staff grow in their careers. Flexible scheduling options are also being introduced to support work-life balance and reduce burnout, while mental health support programs are available to ensure staff well-being.

Additionally, we are prioritizing workplace culture by fostering open communication, providing regular feedback, and offering team-building activities to strengthen relationships among staff. We encourage staff participation in decision-making processes and feedback forums, ensuring that their voices are heard and they feel valued within the organization.

By implementing these initiatives, we aim to attract and retain high-quality staff, create an environment where staff feel supported and respected, and improve overall workplace culture. These efforts are designed to enhance staff engagement, job satisfaction, and ultimately improve the care experience for residents.

SAFETY

Our organization is committed to creating and sustaining a culture of safety to prevent or reduce patient safety incidents. We focus on proactive risk identification and evidence-based strategies to improve resident outcomes in key areas, including but not limited to falls, antipsychotic use, restraints, and worsening pressure sores.

In alignment with Healthcare Excellence Canada's Rethinking Patient Safety approach, we integrate patient safety into all aspects of care through huddles, root cause analyses, and the development of action plans to address identified risks. By examining incidents through a systems lens, we not only identify individual concerns but also broader system factors that contribute to safety risks.

Our commitment extends to continuous staff education and quality improvement initiatives that ensure best practices are followed. By fostering an environment where staff feel empowered to report concerns and collaborate on solutions, we enhance resident safety and overall quality of care.

PALLIATIVE CARE

Our organization is enhancing palliative care by implementing RNAO clinical pathways and aligning with best practices. A GAP analysis is planned for the fall to assess our program against RNAO best practice guidelines, with an education plan to address gaps and optimize care.

In year one, we are introducing foundational pathways, including admission, delirium, and resident-focused comfort care (RFCC), and integrating tools like the Palliative Performance Scale (PPS) and Edmonton Symptom Assessment Scale (ESAS) to improve symptom management. The RESPECT tool has been adopted to facilitate early identification of residents who may benefit from a palliative approach and guide goals-of-care discussions.

A Palliative Care Handbook is being shared with families, volunteers, and staff, and a dedicated Palliative Care Committee is overseeing improvements. A newly developed end-of-life assessment will enhance symptom management. A visiting PPSM nurse hospice supports staff education, and all staff receive ongoing palliative care training, with registered staff encouraged to attend CAPCE. These initiatives ensure compassionate, high-quality, resident-centered palliative care.

POPULATION HEALTH MANAGEMENT

Our organization is committed to collaborative, person-centered care by partnering with health service organizations to address the unique needs of our community. Through population health management, we focus on identifying health trends, risk factors, and service gaps to implement proactive, integrated solutions.

We are working with local health teams, community partners, and non-traditional healthcare providers to enhance access to care, reduce hospitalizations, and support residents in aging at home. Key initiatives include our falls prevention strategy in collaboration with RNAO and PCC, which standardizes best practices for reducing falls. Additionally, we are participating in the Sparking Change AUA project, aimed at improving antipsychotic use through medication reviews and family engagement.

By incorporating feedback from resident and family councils, we ensure that services are co-designed with lived experiences in mind. Our focus remains on integrating care, reducing inequities, and improving health outcomes, aligning with Ontario Health's priorities for population health management.

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 11, 2025

Board Chair / Licensee or delegate

Administrator /Executive Director

Quality Committee Chair or delegate

Other leadership as appropriate