

# 2025/26 QIP Narrative Questions

Quality improvement plan (QIP) narrative questions enable organizations to provide context for their quality improvement work. In each section, organizations are encouraged to share details that they believe people in Ontario would like to know about.

## Overview

In this section, you may wish to include a description of how you are working to improve care within your organization or an achievement your organization is most proud of. This opening paragraph will set the context for what your organization will be working toward through your QIP.

*Recommended length: 250 words*

Belmont House celebrates a rich history of more than 170 years of caring since our journey began in 1852. We are a fully accredited charitable, Christian, not-for-profit home with 140 long-term care beds and 81 retirement apartments, located in downtown Toronto. Belmont House principally serves the communities of downtown Toronto, Yorkville, Rosedale, and Forest Hill. Belmont House is classified as an “A” Long-Term Care Home by the Ministry of Long-Term Care.

In long term care there are a total of five care units which includes a secure unit of 26 beds for people with Alzheimer’s and severe dementia. Long Term Care residents are offered programs in general geriatric care, including people with Alzheimer’s disease, cognitive impairment, and palliative care. Residents also receive care for depression, circulatory diseases, osteoarthritis, stroke, Parkinson’s disease and dementia.

We have reached the end of our 5-year strategic plan (2019-2024) focused on working together to achieve excellence in seniors’ care and provide services that meet the needs of the seniors we serve. Our new strategic plan will continue this work for 2025-2030 and align Quality Improvement Actions with the following:

- Belmont House Operating Plan;
- Long-Term Care Home Accountability Service Plan (L-SAA);
- Ministry of Health and Ministry of Long-Term Care legislation, regulations and directives;
- Ontario Health directions and priority indicators;
- Accreditation Canada Qmentum Long Term Care Standards;
- Areas arising from Belmont’s Quality, Risk and Safety Management Program;
- Areas arising from the annual Resident and Family Experience surveys

Our organizational goals and objectives are derived from the Strategic Plan. Key performance indicators are tracked quarterly utilizing a Balanced Scorecard approach and are reported to Belmont’s CQI Committee comprised of the Quality Risk and Safety -Board Committee and Quality Risk and Safety -Operational Committee.

## Access and Flow

Optimizing system capacity, timely access to care, and patient flow ultimately improve outcomes and the experience of care for patients, clients, and residents. Health service organizations across the system, including interprofessional primary care, long-term care, and hospitals, are working in partnership and across care sectors on initiatives to avoid unnecessary hospitalizations and avoid visits to emergency departments through new models of care and by ensuring timely access to primary care providers. In this section, you are encouraged to share improvements that are supporting patient/client/resident access to care in the right place at the right time.

*Recommended length: 250 words*

Currently, our resident profile shows the following demographics:

- >60% are older than 85 years old
- >79% of all residents have dementia
- >4% have congestive heart failure (CIHI, 2024)

While Belmont House has always cared for residents with a range of needs, there is a continuing increase in the proportion of residents arriving at a later age, with complex care needs, high acuity levels, and crisis admissions from hospitals due to delays in the redevelopment and addition of long term care homes. Additionally, Belmont is experiencing the strain of staffing shortages and agency usage like much of the sector.

To address this, Belmont has embarked on a new build plan and expand on our existing property for an additional 168 long term care beds, 32 assisted living beds and community programming. A \$30 million Fundraising Campaign has been launched and we are pleased to have \$19.2 million in pledges towards this goal. With this undertaking, Belmont will strive to meet the growing needs in the community and improve the quality of life for our residents. All aspects of life at Belmont House including care, support and the environment, are designed and managed not only to meet, but surpass the needs and expectations of our residents.

## NEW: Administrative Burden (Interprofessional Primary Care Only)

To help support the primary care priority of “patients before paperwork,” share how your organization is supporting clinicians and the interprofessional team in being able to spend more time on direct patient care by streamlining clinical and administrative work. Where possible, please provide examples of specific initiatives that:

- Enable timely patient access to specialists (e.g., implementation or use of central intake or eReferral)
- Support streamlining of medical forms (e.g., standardized notes, letters, and referrals)
- Advance use and the effectiveness of digital systems (e.g., electronic medical record workflows, secure messaging, online appointment booking)

For more information, please see the results of a survey of family doctors completed by the Ontario College of Family Physicians that outline the administrative burden being experienced and the Ontario College of Family Physicians’ Plan of Action.

*Recommended length: 250 words*

***Not applicable***

## Equity and Indigenous Health

Ontario Health is committed to driving improved and equitable outcomes to reduce health inequities across the province. Advancing health equity for communities in Ontario requires strategic and sustained efforts. Some health service organizations have established or are developing an Equity, Inclusion, Diversity, and Antiracism workplan and First Nations, Inuit, Metis, Urban Indigenous work plan (that include existing provincial priorities such as French language health services, Disabilities Act, Black Health Plan, etc.) based on Service Accountability Agreement obligations. This is an opportunity to share your organization’s quality improvement initiatives that are driving equity and Indigenous health and Indigenous cultural safety initiatives.

*Recommended length: 250 words*

Belmont House demonstrates commitment to equity, diversity and inclusion. Our accountability framework and code of conduct provide a foundation for equitable practices in our care and services.

This is demonstrated through the following:

- Development of a diversity strategy
- Training for all staff and management on equity, diversity and inclusion
- A transparent admission process
- An open-door policy for residents, families and staff to voice concerns directly with the direct supervisor or senior management
- A just culture environment
- An established HR Advisory committee to advise management on work life matters
- Recruitment of diverse Board members

Belmont is exploring the use of an DEI assessment tool to determine further areas for improvement.

## Patient/Client/Resident Experience

This is an opportunity for you to share how you incorporate experience information (this may include from surveys, patient/client/resident advisory committees, or other feedback you receive about care experiences and quality of life) into improvement activities.

*Recommended length: 250 words*

Belmont’s Community Engagement Strategy “Better Together” ensures that stakeholders are appropriately consulted with, to provide input on the care and services from the time of admission.

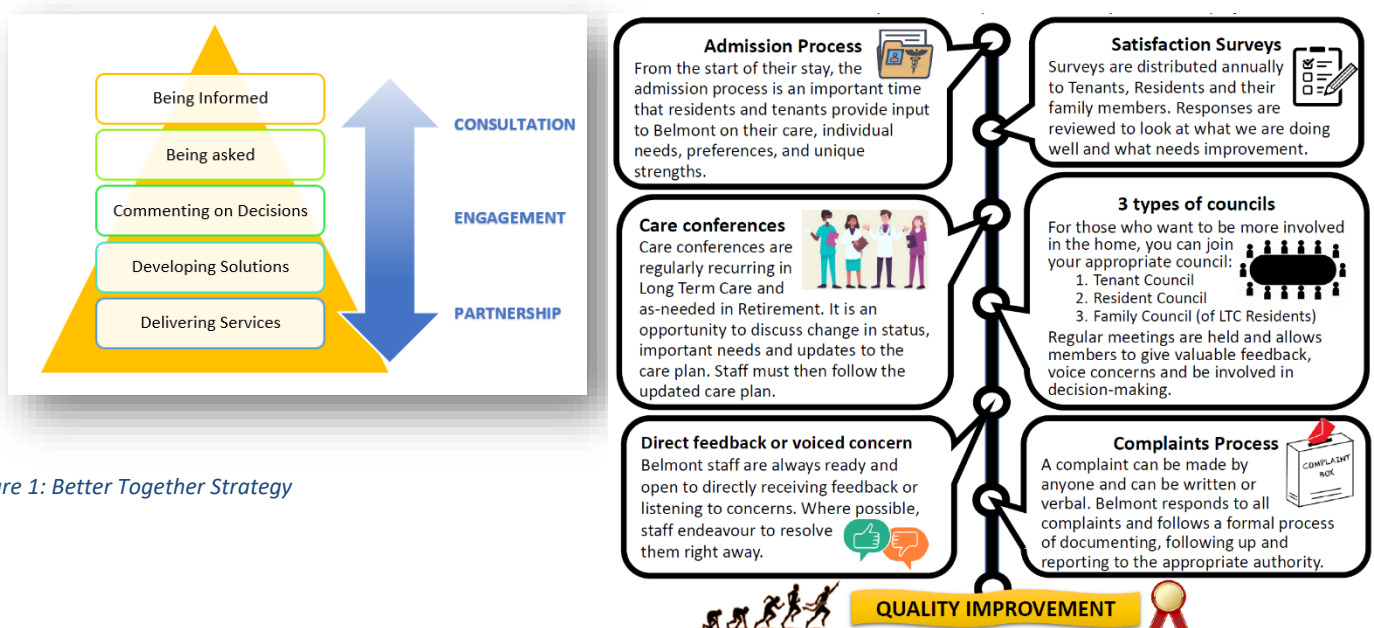
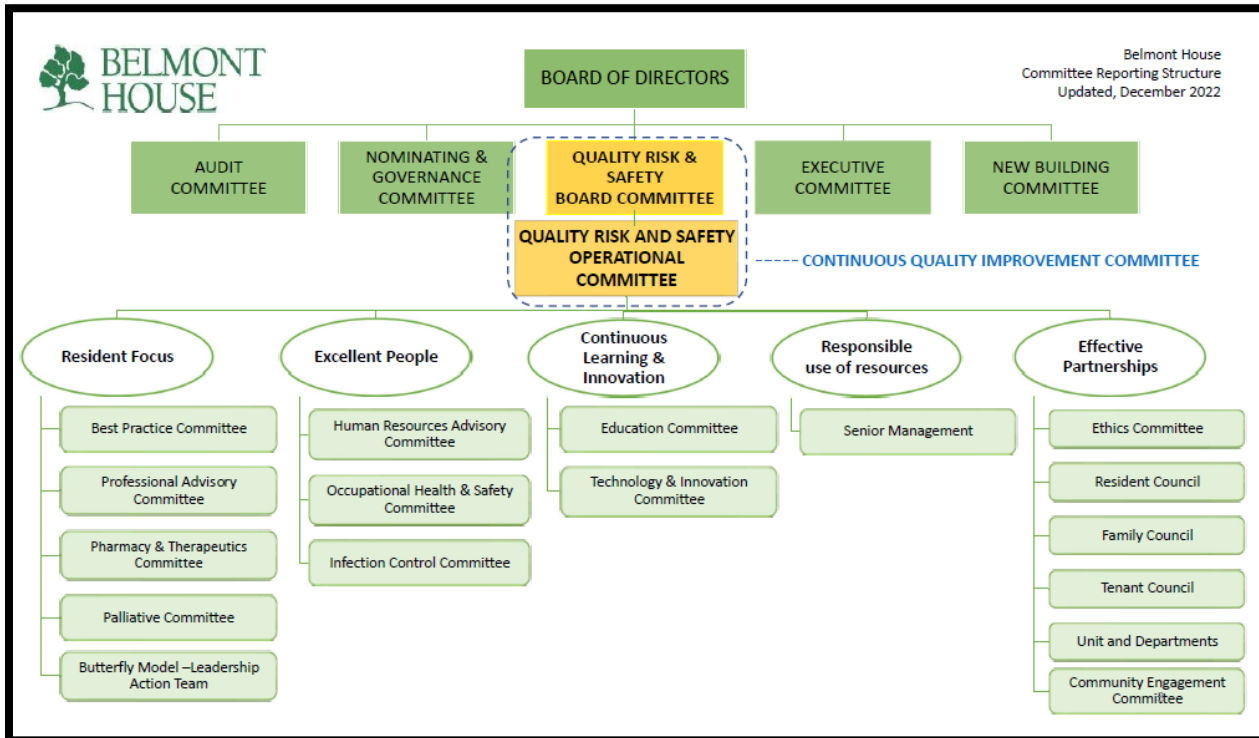


Figure 1: Better Together Strategy

Residents are represented in Belmont’s CQI committee structure to ensure their voices are included to inform quality improvement. Our CQI committee is comprised of:

- 1) Quality Risk and Safety -Board Committee, and
- 2) Quality Risk and Safety -Operational Committee

Together they work to fulfill the requirements for Continuous Quality Improvement, per the FLTCA, 2021.



As part of our 2024-25 QIP, Belmont addressed the priority indicators of residents having a voice, feel they are listened to by staff, and can speak up without fear of consequence. Under this theme we focused on 2 change ideas: education on the complaints process and implementation of a new emotion-centred model of care.

Improvement initiatives included:

- Staff re-training on the complaints process
- Engagement with residents and families to increase their awareness on how input can be provided on care, services and the life of the home, and how to raise concerns/complaints
- Monitoring the responses to the annual satisfaction surveys
- Implementation of the Butterfly Model of care on the secure unit
- Undergoing accreditation as a Butterfly Home
- Establishing and monitoring performance indicators for the Butterfly Model of care

As a result of these actions, re-training on handling complaints and concerns was achieved in all staff, the information was brought to resident and family councils and distributed to family contacts, and an information display was put up in the home.

In partnership with Meaningful Care Matters, the Butterfly Model of care has been an improvement initiative over multiple years to enhance the resident experience for those with dementia. Implementation of this model included environmental changes to the home environment and staff training on butterfly approaches to care and meaningful engagement. As a result, Belmont achieved accreditation in 2023 as a Butterfly Home, the first in Toronto, and subsequently, re-accreditation in 2024.

This past year Belmont received a \$700,000 grant from the Slight Foundation to roll out the Butterfly Program over the next 2 years to the remaining LTC units. This expansion is underway on the next unit in conjunction with ongoing staff training and refresher training for management to support the sustainability of the model. The adoption of assessment tools to measure quality of interactions and quality of life will provide valuable metrics to support program evaluation of this model of care.



Belmont's valued partnerships also serve to enhance and contribute to the resident experience such as:

- Belmont is a participant in the UHN network and the Toronto Region COVID-19 Long Term Care Round Table.
- During periods of outbreak, we are well established with Life Labs and Toronto Public Health for quick turnaround of testing and determining actions.
- Belmont works closely with an ET Nurse at Novak Health Consulting to address skin and wound health in residents.
- External services from the community is coordinated to provide ongoing dental, audiology and eye care clinics in the home, to residents.
- The Nurse Led Outreach Team (NLOT) from LHIN Toronto East Hub has been an important resource for Belmont to provide ongoing support to our nursing staff via Emergency Mobile Nursing Services such as emergency resident assessments that aide in avoiding hospitalization and other clinical support.
- Belmont is connected with the Geriatric Mental Health Outreach Team and Behavioural Neurology to provide consultations for individual residents when needed
- Belmont has a Behavioural Support Nurse on staff who provides consultation and recommendation to the care team on individual residents exhibiting behavioural concerns
- To address staffing shortages, we have utilized multiple agencies to fill in the gaps and made improvements to the orientation and onboarding of agency staff.
- Belmont has been implementing the Butterfly Model of Care in partnership with Meaningful Care Matters. Ongoing engagement with residents, their family members and unit staff has taken place throughout the implementation process. Training of care and support staff occurred throughout 2022 on the model of care and meaningful engagement. Belmont has also been able to connect with other Butterfly homes in the GTA for information sharing.
- A partnership with researcher Dr. Iaboni at KITE UHN has allowed Belmont to support technological innovations such as the testing of a Dementia Isolation Toolkit (DIT), a prototype technology system that includes a two-way video communication, leisure activities and programming to support isolation during the pandemic. Additionally, Belmont is participating in a study on gait and falls prevention with the same research team.
- Belmont has been involved in a proposal for a pilot project on continuum of care to enable tenants in Retirement Living to have prioritized access to Long Term Care.
- Belmont is participating in "Long Term Care +" a virtual care program to reduce emergency room visits.
- With the introduction of the CLRI funding, Belmont was fortunate to use funds towards staff preceptor training, enhance the student placement program and fostering new partnerships with private career colleges. PSW student placements at Belmont have significantly grown and we continue to host nursing placements with existing partner academic institutions. This contributes to our recruitment efforts and our hope is the student experience will prepare future healthcare workers for the sector.
- Partnership with local secondary schools invites students to support recreation programs and add to the life of the home.
- Volunteer provide invaluable supports such as feeding and running our Tuck Shop.

- Family council meetings have continued online, which allowed for more family members who lived far away, and sometimes out of country, to participate and voice concerns on behalf of their loved one.
- Resident council remains active, and meetings continue when there were no outbreaks.
- Belmont continues to work with Accreditation Canada and achieved Accreditation with Exemplary standing, the highest award. Under their new Qmentum program for long term care, our next onsite survey is expected this November, 2025.

## Provider Experience

It continues to be a challenging time for health care organizations with unprecedented human resources challenges. Many organizations are currently implementing innovative practices to improve workplace culture, providing recruitment incentives, and optimizing staff to the full scope of practice. In this section, you are encouraged to share how you are improving staff experience and the practices your organization is undertaking to manage current health workforce challenges.

Belmont continues to experience similar challenges across the province such as managing continued outbreaks, burnout in staff, staffing shortages and retention, and reliance on agency to fill staffing gaps. Our decisions are guided by the Ministry and public health, around many operational and safety procedures. We continue with engagement efforts to ensure residents, families and staff can voice their concerns. On our annual satisfaction survey, we asked residents, families and staff members how they feel they were communicated with and how safe they have felt throughout the ongoing pandemic. The feedback we received has been overwhelmingly positive that those who live and work at Belmont feel safe and are informed.

## Safety

Organizations are encouraged to use this section to share your approach or standardized process used to learn from patient safety events. It may be valuable to provide examples of any new innovations that you have used to share learnings about patient safety with patients/residents/families to prevent future occurrences? *Recommended length: 250 words*

Belmont's commitment to safety is demonstrated in numerous ways:

- Accountability framework and Balanced Scorecard reporting
- Accountability and oversight via our continuous quality improvement structure with representation from frontline staff, residents, families and management and board members
- Standing agenda items on all committees addressing resident safety and concerns
- Continuous monitoring and reporting of data and performance indicators in real-time by the interdisciplinary team
- Action plans are initiated when data is outside desired range
- Staff support and a just culture environment
- Accreditation process with Accreditation Canada
- Private Caregiver Program -registration of all private caregivers and requirements for liability insurance and vulnerability sector screening
- Audits and annual program evaluation
- The Joint Occupational Health and Safety committee monitors all safety related incidents
- Senior Management reviews all incidents quarterly and based on the root cause of the incidents, develops system wide recommendations for implementation to prevent reoccurrence

- Workplace violence is a strategic priority
- The Behavioural Support Nurse provides consultation and recommendation to the care team for residents exhibiting responsive behaviours
- Board members are required to complete the health and safety training
- Training and education, annually for all staff including supervisors/department heads who are responsible for preserving a safe environment
- Employer meets with union at labour/management meetings quarterly and safety related matters are discussed
- Belmont House is part of a Safety Group to support compliance with Ministry of Labour standards.

### Resources

The [Patient Safety and Incident Management Toolkit](#) from Healthcare Excellence Canada provides a set of resources that focuses on actions to take following patient safety incidents.

Join the [patient safety community of practice](#), a space for members to come together with peers across all health sectors to discuss improvement opportunities and share learnings from patient safety-related incidents.

For continued support in relation to the patient safety narrative question, please email [QualityandPatientSafety@ontariohealth.ca](mailto:QualityandPatientSafety@ontariohealth.ca).

## New -Palliative Care (All Sectors)

Describe how your organization has delivered (or plans to deliver) high-quality palliative care. Please provide up to 3 specific examples of activities within your organization that demonstrate a commitment to meeting this objective.

Consider themes such as organizational readiness; health human resource competency; patient, resident, and care partner engagement; patient, resident education; and the organization's focus on processes to support care when identifying key activities that your organization may be engaged in. Describe how the activities achieve the standard of care exemplified by quality statements in the Quality Standard for Palliative Care or Ontario Palliative Care Network model of care recommendations.

*Recommended length: 250 words*

Belmont has a comprehensive palliative care program focused on quality care, comfort and pain management for residents, and education and support for staff and family members. The program is led by a Nurse Supervisor and supported by a Palliative Care Committee made up of interdisciplinary healthcare team members. Belmont takes a resident-centred approach to palliative care and conducts monthly rounds to address all needs of individual residents who are palliative/end of life status. The palliative program undergoes an annual program evaluation and from this improvements implemented include:

- Post death staff support ritual
- Palliative education material for families
- Palliative and end of life communication protocols
- Communication at the end of life education for direct care staff
- Implementation of palliative care assessments
- Post death follow up call for families
- Palliative care carts for families (see photos)





## Population Health Management

Population health–based approaches involve a broadening focus to include being proactive in meeting the needs of an entire population. This includes providing proactive services to promote health, prevent disease, and help people live well with their conditions in every interaction with the health system. In this section, you are encouraged to share how your organization is working in partnership with other health system providers or for those who are part of an [Ontario Health Team](#), on population health–based approaches to care for the unique needs of their community. *Recommended length: 250 words*

Belmont is currently in the planning stages for a new construction project on its current site, aiming to add 168 long-term care beds, 32 assisted living beds, and community programming. A \$30 million Fundraising Campaign has been initiated, with \$19.2 million in pledges secured. This initiative reflects Belmont's commitment to proactively addressing the evolving demands of the aging population and needs in the long-term care sector. Currently Belmont has a waitlist of nearly 1,200 for LTC.

## Executive Compensation (Hospitals Only)

Please describe how you have connected executive compensation to the indicators and targets set in the workplan of your QIP.

***Not applicable***

For information on performance-based compensation, please see the [Excellent Care For All Act](#).

## Contact Information/Designated Lead

We encourage organizations to support a culture of transparency and shared learning. If you are open to having a member of the public or another organization, contact you to learn more about the activities described in your QIP, please include your name and contact information. Please note that this is optional and that anything included in this field will be publicly posted along with your QIP.

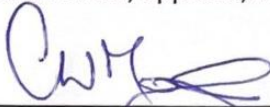
Hannah Bontogon  
Director of Quality, Safety and Innovation  
Belmont House  
[hbontogon@belmonthouse.com](mailto:hbontogon@belmonthouse.com)  
416-964-9231 Ext. 246

## Other

Is there anything else you would like to share with people in Ontario about your organization's quality improvement approach or activities that has not been mentioned above?

## Sign-off

It is recommended that the following individuals review, approve, and sign-off on your organization's Quality Improvement Plan (where applicable):

Board Chair \_\_\_\_\_  (signature)

Board Quality Committee Chair \_\_\_\_\_  (signature)

Chief Executive Officer \_\_\_\_\_  (signature)

Other leadership (as appropriate) \_\_\_\_\_ (signature)

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