

**THEME 1: Access and Flow**

<b>DESCRIPTION</b>	High quality health system manages transitions well, providing people with the care they need, when and where they need it			
<b>ON HEALTH PRIORITY INDICATOR FOR LTC</b>	% of potentially avoidable emergency department visits for long term care residents	<b>CURRENT PERFORMANCE</b>	Rate per 100 LTC residents: 9.8% (Q2, 2024)	
<b>TARGET</b>	Maintain performance to better than the Ontario Average Ontario ED Visit rate: 20.3% (CIHI 2024)	<b>JUSTIFICATION</b>	Education on advance care planning will guide families in	
<b>CHANGE IDEAS</b>				
<b>PLANNED IMPROVEMENT INITIATIVE</b>	<b>METHODS</b>	<b>PROCESS MEASURES</b>	<b>TARGET</b>	<b>PROGRESS</b>
<ul style="list-style-type: none"> <li>Resident and Family education initiative</li> </ul>	Provide information on resident safety information to residents and families	<ul style="list-style-type: none"> <li>Information display completed</li> <li>Review of resident safety information at resident and family council</li> </ul>	Information displays created for falls management, treatment guidance, palliative care and advance care planning	

**THEME 2: Equity**

<b>DESCRIPTION</b>	Advancing equity, inclusion and diversity and addressing racism to reduce disparities in outcomes for patients, families and providers is the foundation of a high-quality health system.			
<b>ON HEALTH PRIORITY INDICATOR FOR LTC</b>	% of staff who have completed relevant equity, diversity, inclusion and antiracism education	<b>CURRENT PERFORMANCE</b>	97% staff completed Belmont's EDI training	
<b>TARGET</b>	85% of Staff complete training on equity, diversity, inclusion and antiracism in 2024	<b>JUSTIFICATION</b>	Belmont has had formal training for staff on equity, diversity and inclusion in staff since 2020. Belmont will continue to promote this inservice and include other in-person initiatives.	
<b>CHANGE IDEAS</b>				
<b>PLANNED IMPROVEMENT INITIATIVE</b>	<b>METHODS</b>	<b>PROCESS MEASURES</b>	<b>TARGET</b>	<b>PROGRESS</b>
<ul style="list-style-type: none"> <li>Staff are educated in equity, diversity, inclusion and antiracism</li> </ul>	<ul style="list-style-type: none"> <li>Staff will complete inservice on equity, diversity, inclusion</li> <li>Planning for diversity initiative in 2024</li> <li>Posters promoting equity, diversity, inclusion and antiracism will be posted on staff bulletin boards</li> </ul>	<ul style="list-style-type: none"> <li>% staff completion of Inservice</li> <li>Diversity and inclusion initiative held in 2025</li> <li>Posters are selected and posted on bulletin boards</li> </ul>	<ul style="list-style-type: none"> <li>99% of staff complete inservice on equity, diversion, inclusion</li> <li>1 diversity initiative held in 2025</li> <li>Staff bulletin boards contain posters</li> </ul>	

**THEME 3: Client/Resident Experience**

<b>DESCRIPTION</b>	Better experiences result in better outcomes. Tracking and understanding experience is an important element of quality.		
<b>ON HEALTH PRIORITY INDICATORS FOR LTC</b>	<ul style="list-style-type: none"> <li>a) Do residents feel they have a voice and are listened to by staff?</li> <li>b) Do residents feel they can speak up without fear of consequence</li> </ul>	<b>CURRENT PERFORMANCE</b>	Resident Satisfaction Survey 2024: a) 60% usually/always, 37% sometimes, 3% never b) 76% usually/always; 13% sometimes, 8% never;
<b>TARGET</b>	<ul style="list-style-type: none"> <li>a) Increase positive responses (usually/always) to 80% and above on satisfaction survey</li> <li>b) Expansion of the Butterfly model of care</li> </ul>	<b>JUSTIFICATION</b>	<ul style="list-style-type: none"> <li>a) Continued awareness on voicing concerns to improve the resident experience and satisfaction</li> <li>b) Implementation of the Butterfly Model of Care began in 2021 on Belmont’s secured unit, with accreditation achieved in 2023 and 2024. Our goal in 2025 will be to expand the model to all units</li> </ul>

**CHANGE IDEAS**

<b>PLANNED IMPROVEMENT INITIATIVE</b>	<b>METHODS</b>	<b>PROCESS MEASURES</b>	<b>TARGET</b>	<b>PROGRESS</b>
<b>a) Increase positive responses (usually/always) to 80% and above on satisfaction survey</b>				
<ul style="list-style-type: none"> <li>• Staff are trained on handling complaints and concerns</li> </ul>	<ul style="list-style-type: none"> <li>• Staff complete training on handling complaints and concerns</li> </ul>	<ul style="list-style-type: none"> <li>• % completion on Surge Learning</li> </ul>	90% training completion	
<ul style="list-style-type: none"> <li>• Awareness in Residents and Families of how to raise concerns/complaints</li> </ul>	<ul style="list-style-type: none"> <li>• Display and communicate information</li> <li>• Distribute Resident and Family Satisfaction Survey</li> <li>• Feedback and input is sought at resident and family council on</li> </ul>	<ul style="list-style-type: none"> <li>• Satisfaction survey is conducted</li> <li>• % of positive responses</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Material is displayed and distributed to family members</li> <li>• Increase in positive responses in satisfaction survey &gt;80%</li> </ul>	

<b>CHANGE IDEAS</b>				
<b>PLANNED IMPROVEMENT INITIATIVE</b>	<b>METHODS</b>	<b>PROCESS MEASURES</b>	<b>TARGET</b>	<b>PROGRESS</b>
	identified improvement areas			
<b>b) Maintain the Butterfly Model of Care at Belmont</b>				
<ul style="list-style-type: none"> <li>• Butterfly expansion</li> </ul>	<ul style="list-style-type: none"> <li>• Prepare staff for Butterfly accreditation/re-accreditation</li> <li>• Prepare documentation for Butterfly accreditation</li> <li>• Consult with residents on transformation</li> </ul>	<ul style="list-style-type: none"> <li>• Criteria for Butterfly accreditation/re-accreditation are met</li> </ul>	<ul style="list-style-type: none"> <li>• Butterfly is expanded</li> </ul>	
<ul style="list-style-type: none"> <li>• Continued training on Butterfly model of care</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct staff training</li> <li>• Conduct refresher training for all management</li> <li>• Conduct training for families</li> </ul>	<ul style="list-style-type: none"> <li>• # of staff attending training</li> <li>• # of management attending refresher training</li> </ul>	<ul style="list-style-type: none"> <li>• All departments are trained</li> <li>• Management refresher training held</li> </ul>	
<ul style="list-style-type: none"> <li>• Monitor Butterfly Indicators</li> </ul>	<ul style="list-style-type: none"> <li>• Butterfly indicators are monitored and reported quarterly</li> <li>• Implementation of quality of life assessment tool</li> <li>• Audits are conducted monthly by members of the LAT team</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly reports completed and reviewed</li> <li>• # of QUIS audits completed</li> <li>• # of Quality of Life assessment tools completed</li> </ul>	<ul style="list-style-type: none"> <li>• Improvement in indicators are tracked from baseline</li> <li>• Audits inform improvement areas</li> </ul>	

**THEME 4: Safety**

<b>DESCRIPTION</b>	High Quality health system that ensures residents receive safe and effective care			
<b>ON HEALTH PRIORITY INDICATORS FOR LTC</b>	% of Residents without psychosis who were given antipsychotic medications	<b>CURRENT PERFORMANCE</b>	a) 17% (CIHI, 2024)	
<b>TARGET</b>	Maintain performance to better than the Ontario Average: a) 20.3% (CIHI, 2024)	<b>JUSTIFICATION</b>	Improvements will focus on indication of use and collecting baseline data	
<b>CHANGE IDEAS</b>				
<b>PLANNED IMPROVEMENT INITIATIVE</b>	<b>METHODS</b>	<b>PROCESS MEASURES</b>	<b>PROCESS MEASURE TARGET</b>	<b>PROGRESS</b>
a) Improve indication of use of antipsychotic drugs	<ul style="list-style-type: none"> <li>Residents on antipsychotic drugs without a diagnosis is reviewed quarterly by Behavioural Support (BSO) Nurse for indication of use, in consultation with nursing staff and physicians</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly reports sent to BSO Nurse for review</li> <li># of residents on antipsychotic drugs without a diagnosis</li> <li>% of residents with indication of use</li> </ul>	<ul style="list-style-type: none"> <li>100% of residents on antipsychotic drugs are reviewed with BSO nurse and interdisciplinary team</li> <li>Indication of use is documented for each resident</li> </ul>	
b) Collect baseline data for new admissions with existing medications	<ul style="list-style-type: none"> <li>New admissions with existing medications are tracked and reported</li> </ul>	<ul style="list-style-type: none"> <li>% of new admissions with existing medications reported</li> </ul>	<ul style="list-style-type: none"> <li>90% of new admissions with existing medications are reported</li> </ul>	

**THEME 4: Safety (continued)**

<b>DESCRIPTION</b>	Falls in LTC Residents			
<b>ON HEALTH PRIORITY INDICATORS FOR LTC</b>	% of LTC Residents who fell in the last 30 days	<b>CURRENT PERFORMANCE</b>	b) 15.3% (CIHI, 2024)	
<b>TARGET</b>	Maintain performance to better than the Ontario Average (16.5%)	<b>JUSTIFICATION</b>	Improvements will focus on post falls assessments and education for staff, families and residents	
<b>CHANGE IDEAS</b>				
<b>PLANNED IMPROVEMENT INITIATIVE</b>	<b>METHODS</b>	<b>PROCESS MEASURES</b>	<b>PROCESS MEASURE TARGET</b>	<b>PROGRESS</b>
c) Reduce falls and falls resulting in a fracture	<ul style="list-style-type: none"> <li>Track completion of post fall assessment</li> <li>Complete root cause analysis for falls with injuries</li> <li>Staff training on falls prevention and management</li> <li>Falls education and awareness for residents and families</li> </ul>	<ul style="list-style-type: none"> <li>% of post fall assessments completed</li> <li>% of root cause analysis completed for falls with injury</li> <li>% of staff who completed training</li> <li>Education display set up during Falls prevention month</li> </ul>	<ul style="list-style-type: none"> <li>85% post fall assessments completed</li> <li>100% of root cause analysis completed for falls that resulted in a fracture</li> <li>100% of staff complete training</li> <li>Education display was set up during falls prevention month</li> </ul>	