



Continuous Quality Improvement – Interim Report

June 30, 2022

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DESIGNATED LEAD

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QUALITY PRIORITIES FOR 2022/23

Belmont has adopted all 3 Provincial themes for our 2022-2023 quality priorities:

1. Timely and Efficient Transitions
2. Resident Experience
3. Safe and Effective Care

1) Timely Efficient Transitions

The priority indicator looks at % of potentially avoidable emergency department visits for long term care residents. As our rate of transfers to ED has been low, 11.8% our aim is to maintain our performance to below the Ontario average of 22.8%. To do this we conducted an analysis of highest contributing factors to ED transfers and falls were the greatest. As such our improvement initiatives for 2022-2023 will focus on falls management and education. This will be carried out by continued monitoring of critical incidents from falls, monitoring of post fall assessments, completion of reporting and analysis. Under education, we will be monitoring staff re-training, and developing falls education to raise awareness among residents and their families.

2) Resident Experience

The priority indicator looks at residents having a voice, being listened to by staff and feeling they can speak up without fear of consequence. Under this theme we have 2 focus areas: education on the complaints process and implementation of a new emotion-centred model of care, the Butterfly Model. Improvement initiatives will include staff retraining on the complaints process, and 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. This will be monitored via staff training completion, responses to the annual satisfaction survey, and monitoring the progress of implementing the Butterfly Model of care.

3) Safe and Effective Care

The priority indicator looks at % of residents given antipsychotic medications without a diagnosis. As our rate of antipsychotic medications given has been low, 14.8% our aim is to maintain our performance to below the Ontario average of 20.8%. After consultation with medical and care staff, it was determined the improvement area to focus on would be indication of use. As such, improvement initiatives will improve documentation of indication of use for residents taking anti-psychotic medication.

QIP PLANNING CYCLE AND PRIORITY SETTING PROCESS

Belmont has an accountability framework (figure 1) that sets the direction and ensure our goals are strategically aligned and integrated with our mission, vision and values. It guides everyone towards achieving our vision of being “the Seniors Home of Choice”.

We have demonstrated our commitment to continuous quality improvement by integrating the Provincial QIPs as part of our annual planning cycle and submitting a formal workplan, annually to Health Quality Ontario.

The planning cycle begins in the Fall of each year and is rooted from our mission, vision and values and strategic direction. The QI process (figure 2) involves engagement with stakeholders in analysis, evaluation of past performance and setting priorities to determine improvement areas.

Figure 2: Quality Improvement Process

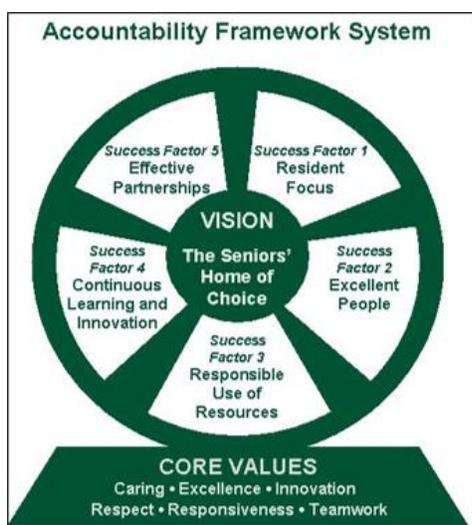
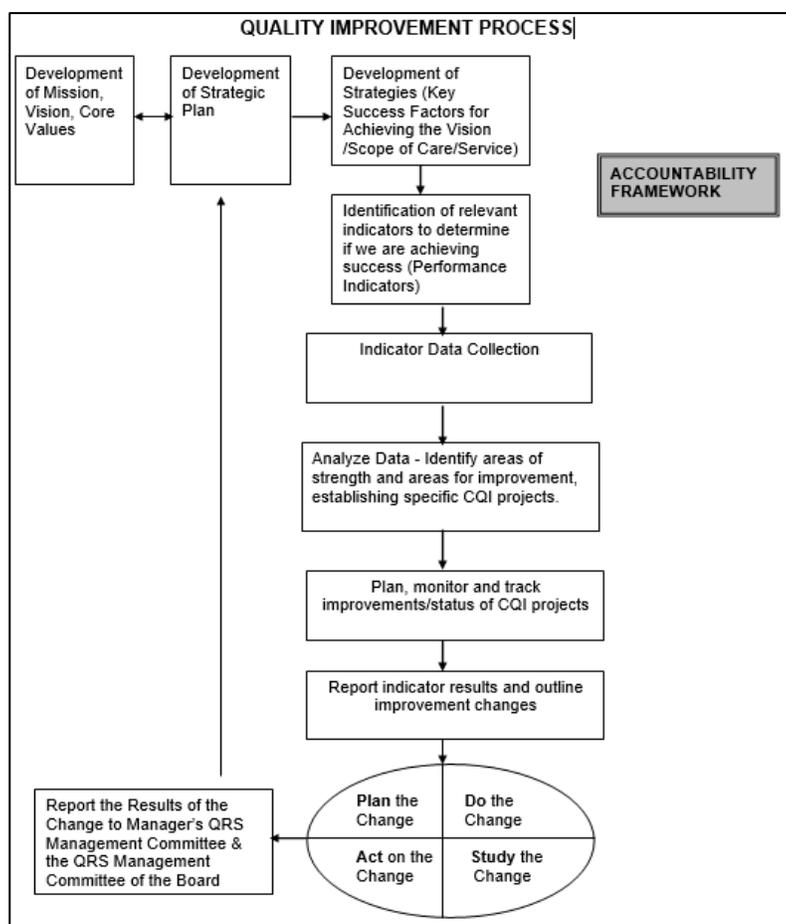


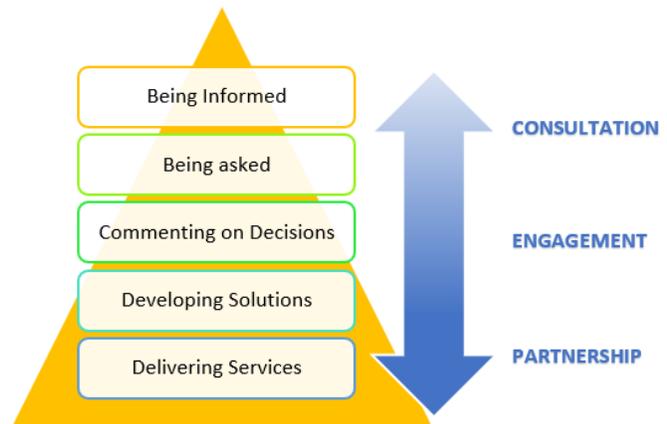
Figure 1: Quality Improvement Process



Community Engagement

Our community engagement framework (figure 3) ensures we have meaningful engagement with stakeholders to discuss continuous improvement, and get input and feedback on planning, monitoring, and outcomes for quality improvement plans.

Figure 3: Community Engagement Framework



Stakeholders can provide input in a number of different ways:

1. Residents and Family Members

From the time of admission, residents and families are informed of all the different ways they can provide input into the care and needs of the resident and life of the home. Residents and family members are also represented in our Quality Risk and Safety Committee of the Board where they can provide more focused input into continuous quality improvement.

- Admission Process
- Resident and Family Council
- Care conferences (annually, upon request and when there is significant change in status)
- Complaints or direct feedback
- Satisfaction Surveys (annually)
- Representation on operational committees e.g. Palliative Care, Infection Control
- Representation on Quality Risk and Safety Committee of the Board

2. Staff

Upon hiring and onboarding, staff are informed of Belmont's quality improvement processes and their role in it. Planning, consultations and evaluation for quality improvement initiatives take place through the following:

- Daily shift exchange huddles
- Quality rounds (see under Interdisciplinary Team)
- Nursing Practice meeting (Health Care Aides & Registered Staff)
- Departmental meetings
- Operational Committees
- Direct feedback to management
- HR Advisory Committee
- Staff engagement survey

3. Interdisciplinary Team

The interdisciplinary team consists of direct care staff, medical staff, allied health professionals, recreation and chaplaincy staff, supervisors, managers and the Quality Lead. They work on improvement initiatives in the following settings:

- Daily debrief -*discussing acute issues, change in status from the past 24 hours*
- Quality rounds, *monthly -focusing on improvements for individual residents on:*
 - a) Skin and wound; and
 - b) Palliative and End of life care
- Best Practice Committee, *monthly*
- Managers Quality Risk and Safety Committee, *quarterly*
- Pharmacy and Therapeutics Committee, *quarterly*
- Professional Advisory Committee, *quarterly*

4. Board of Directors

The QRS Committee is a standing committee of the Board and provides direction and oversight for quality improvement. Quality Improvement is a focus at both levels:

- Quality Risk and Safety Committee of the Board
- Full Board

5. External Stakeholders and Community Partners

There are a number of external and community partnerships where improvement initiatives are a joint effort. This can include but is not limited to:

- Academic affiliations
- Emergency response
- Corporate partners
- Researchers
- Advocacy groups

QIP Tools

Information and data we look at that informs our QIP includes but is not limited to:

Tool	Source(s)/Methods
<ul style="list-style-type: none">• Program evaluations	<ul style="list-style-type: none">• Interdisciplinary Team• Staff -all departments
<ul style="list-style-type: none">• Performance Indicators	<ul style="list-style-type: none">• Internally collected data• Performance insights from Point Click Care• CIHI• Balanced Scorecard
<ul style="list-style-type: none">• Analyses	<ul style="list-style-type: none">• Root cause analysis• Driver diagram• FMEA (failure modes and effects analysis)
<ul style="list-style-type: none">• Satisfaction Surveys	<ul style="list-style-type: none">• Residents, Families, Staff
<ul style="list-style-type: none">• Direct Feedback/Complaints	<ul style="list-style-type: none">• Complaints Records• Documentation

Tool	Source(s)/Methods
<ul style="list-style-type: none"> • Planning and implementation 	<ul style="list-style-type: none"> • PDSA cycle
<ul style="list-style-type: none"> • Qmentum LTC 	<ul style="list-style-type: none"> • Accreditation Canada -Onsite survey

Notable Past Achievements

- Low usage of Antipsychotic medication
- Falls management program
- Palliative assessments implemented
- Post death support for staff
- Skin and wound program
- Re-design of recreation program during COVID when residents are in isolation
- Implementation of our Better Together Strategy for Community Engagement
- Research Study on Immunity to COVID-19
- Testing of Dementia Isolation Toolkit
- Gait study for falls prevention
- Ongoing training for Palliative End of Life program
- Growth of student placements

Current Focus Areas

- Implementation of the Butterfly program -an emotion-centred model of care
- Long Term Care + virtual care program
- Proposal for a pilot project on continuum of care
- New build project