



Continuous Quality Improvement Report

March 31, 2023

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DESIGNATED LEAD

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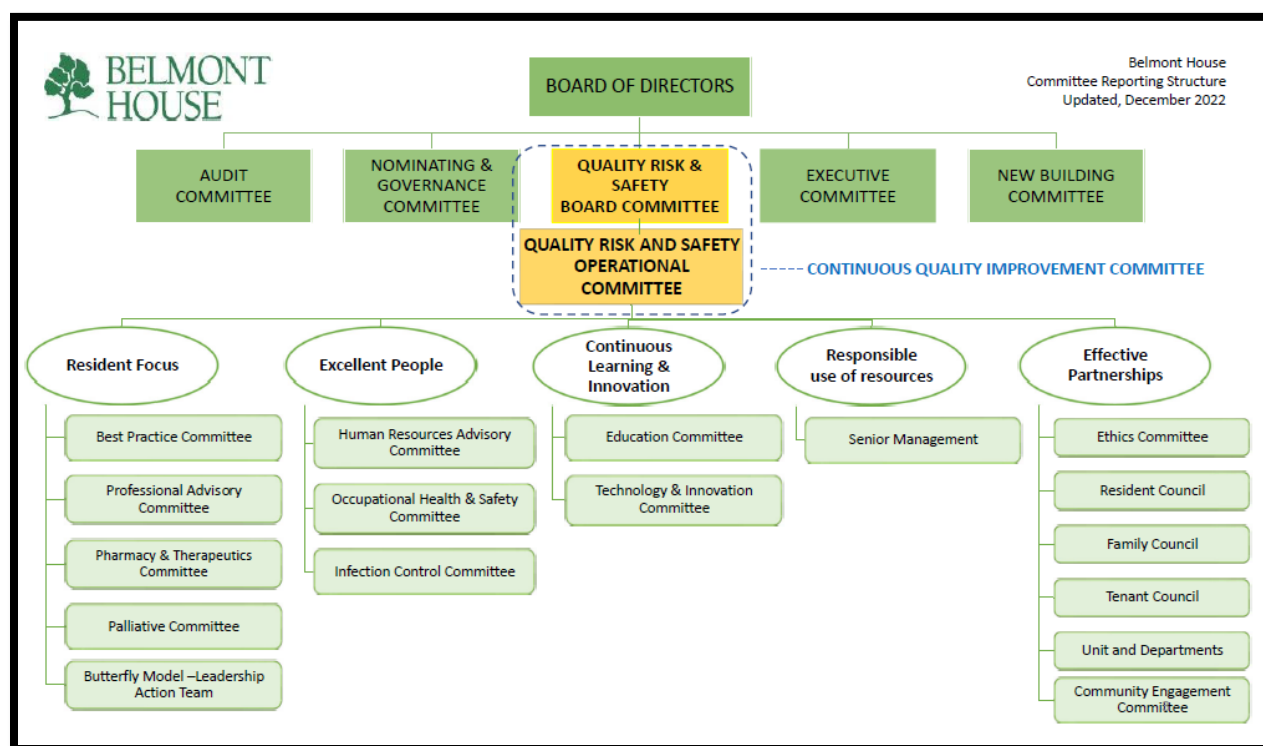
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CQI STRUCTURE AND COMPOSITION

Belmont's Continuous Quality Improvement (CQI) Committee is comprised of 2 parts:

- 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.



The required membership in section 42 of the FLTCA is represented across both committees.

Composition of QRS Operational Committee and QRS Board Committee	QRS OPS COMMITTEE	QRS BOARD COMMITTEE
1) CEO (Chair)*	✓	✓
2) DOC*	✓	✓
3) Medical Director*	✓	✓
<i>Every Designated Lead in the home*</i>		
4) Quality & Education Coordinator (Quality & Education Lead)	✓	✓
5) ADOC/IPAC Lead	✓	X
6) LTC Nursing Supervisors	✓	X
7) Tenant Health Office Nursing Supervisor	✓	X

Composition of QRS Operational Committee and QRS Board Committee	QRS OPS COMMITTEE	QRS BOARD COMMITTEE
8) Director of Retirement	✓	✓
9) Director Support Services	✓	X
10) Recreation Supervisor	✓	X
11) Housekeeping Supervisor	✓	X
12) Maintenance supervisors	✓	X
13) Director of HR	✓	X
14) Director of Finance	✓	X
15) Registered Dietitian*	✓	X
16) Pharmacy service provider*	✓	X
17) Regular nursing staff*	✓	X
18) Health Care Aide*	✓	X
19) Resident council member*	X	✓
20) Family council member*	X	✓
21) Tenant Council member	X	✓
22) Physiotherapist	✓	X
23) Planning and Community Engagement Coordinator	✓	X
24) Board Members	X	✓

*Required (FLCTA, 2021)

STAKEHOLDER ENGAGEMENT

The QI planning cycle begins in the Fall of each year and involves engagement with Residents, Families and Staff on the Satisfaction survey

1. Residents and Family Members

Residents and Families were consulted on their input for the Satisfaction Survey on:	September 14, 2022 (Families) September 28, 2022 (Residents)
The Satisfaction Survey was distributed on:	October 18, 2022 For 2.5 weeks Families: via email and post mail Residents: paper surveys completed with assistance from volunteers
The Satisfaction Survey results and action plan were presented to residents and families on:	March 15, 2023

Other opportunities for input into Quality Improvement include:

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

2. Staff

Satisfaction survey results and action plan were reviewed by the CQI Committee (operational staff committee) on:	January 25, 2023
Satisfaction survey results and action plan were reviewed by the CQI Committee (Board Committee) on:	February 14, 2023

CQI Initiatives including satisfaction survey results are also reported at:

- Nursing Practice meeting (Health Care Aides & Registered Staff)
- HR Advisory Committee if applicable
- Best Practice Committee
- Professional Advisory Committee

QUALITY PRIORITIES FOR 2023

Satisfaction Survey

- Awareness with families and residents on recreation program and model of service
- Building automation to improve temperature in the home
- Awareness on how to initiate a concern/complaint
- Improve communication on care conferences with residents and their POAs
- Falls Prevention Awareness month in November
- Patient safety awareness to address the use of PASDs and awareness of Belmont's no restraint policy
- Butterfly Model of Care

Ontario Health QIP

Belmont has adopted the priority indicators from Ontario Health for our 2023-2024 Quality Improvement Plan:

- 1) % of potentially avoidable emergency department visits for long term care residents
 - Maintain performance of 14.4% or better than Ontario average of 18.5%
 - As falls were the highest contributing factors to ED transfers, improvement will focus on monitoring of critical incidents from falls, monitoring of post fall assessments, 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: a) Residents have a voice and are listened to by staff, b) Residents feel they can speak up without fear of consequence.
 - Staff re-training on handling complaints and concerns
 - 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.
 - Implementation of a new emotion-centred model of care, the Butterfly Model

3) % of residents given antipsychotic medications without a diagnosis.

- Maintain our performance of 15.6% (CIHI, 2022-2023) to better than the Ontario average of 21.4%.
- Improve documentation on indication of use.

QUALITY FRAMEWORK

Belmont has an accountability framework (figure 1) that sets the direction and ensures 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 work plan annually to Ontario Health.

Figure 2: Quality Improvement Process

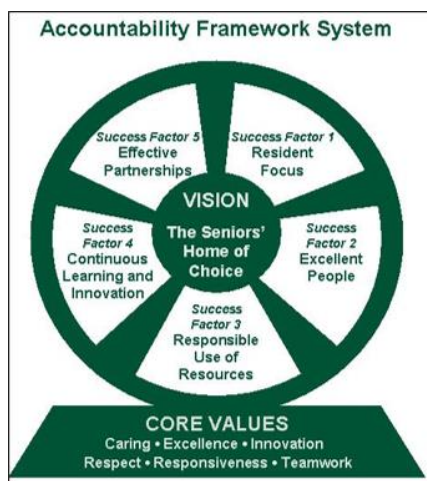


Figure 1: Quality Improvement Process

