



Continuous Quality Improvement Report

March 31, 2024

Contents

DESIGNATED LEAD	2
CQI STRUCTURE AND COMPOSITION	2
QIP PLANNING CYCLE -SATISFACTION SURVEY.....	3
1. Residents and Family Members	3
2. Staff.....	4
QUALITY PRIORITIES FOR 2023/24.....	4
QUALITY FRAMEWORK	5

DESIGNATED LEAD

Hannah Bontogon

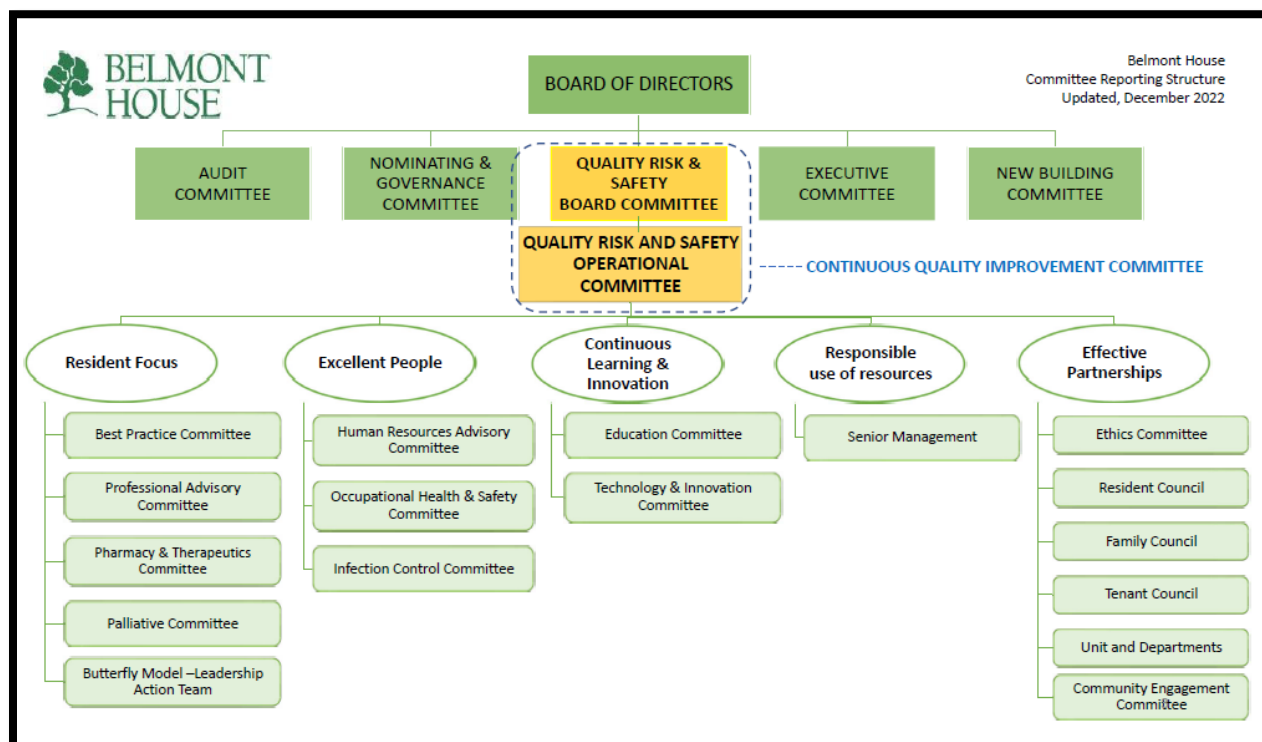
Quality & Education Coordinator

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
8) Director of Retirement	✓	✓

Composition of QRS Operational Committee and QRS Board Committee	QRS OPS COMMITTEE	QRS BOARD COMMITTEE
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)

QIP PLANNING CYCLE -SATISFACTION SURVEY

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 27, 2023 (Families) September 29, 2023 (Residents)
The Satisfaction Survey was distributed on:	October 10, 2023 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 for further input on:	March 20, 2024 (Families) March 22, 2024 (Residents)

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 were reviewed and action plan developed by the CQI Committee (QRS -Operational committee) on:	January 25, 2024
Satisfaction survey results were reviewed and action plan developed by the CQI Committee (QRS -Board committee) on:	February 13, 2024

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 2024/25

Belmont continues to develop an annual Quality Improvement Plan, aligned with Ontario Health priorities. We have monitored indicators for the 2023-24 year and will be submitting our narrative report and progress report by March 31st, 2024.

Ontario Health's priority areas for 2024-25 are:

- 1) Potentially avoidable emergency department visits for long term care residents;
- 2) Staff completion of relevant equity, diversity, inclusion and antiracism education;
- 3) Residents have a voice and are listened to by staff;
- 4) Residents feel they can speak up without fear of consequence;
- 5) Residents given antipsychotic medications without a diagnosis; and
- 6) Falls in Residents.

A 2024-25 workplan has been developed based on these priority areas, submitted to Ontario Health and can also be found on Belmont's website.

QUALITY FRAMEWORK

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 Ontario Health.

Figure 2: Quality Improvement Process

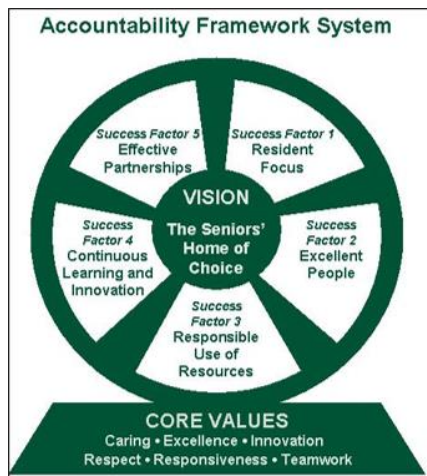


Figure 1: Quality Improvement Process

