

THEME 1: Timely, efficient transitions

DESCRIPTION	High quality health system manages transitions well, providing people with the care they need, when and where they need it		
ON HEALTH PRIORITY INDICATOR FOR LTC	% of potentially avoidable emergency department visits for long term care residents	PAST PERFORMANCE	Rate per 100 LTC residents in 2022: 14.4% ED visits from falls Injuries in 2022: 5.6%
TARGET	Maintain performance to better than the Ontario Average and reduce ED visits attributed to Falls	JUSTIFICATION	Falls management will be a focus to reduce avoidable ED visits from falls.
PROVINCIAL AVERAGE	ED Visit Rate: 21% (Q2, 2023) ED visits from Falls injuries: 8.7% (Q2, 2023)	CURRENT PERFORMANCE	Rate per 100 LTC residents: 16.0% (Q2, 2023) Injuries from falls: 5% (Q2, 2023)

CHANGE IDEAS

PLANNED IMPROVEMENT INITIATIVE	METHODS	PROCESS MEASURES	TARGET	PROGRESS REPORT
<ul style="list-style-type: none"> Maintain Falls Management Performance 	<ul style="list-style-type: none"> Monitor critical incidents from falls Falls are reported to interdisciplinary team and pharmacist for review and recommendations Post fall assessments completed 	<ul style="list-style-type: none"> % Completion of deep dive analysis by DOC/ADOC % of falls reported to pharmacist and interdisciplinary team for review and recommendations % of post fall assessments completed 	<ul style="list-style-type: none"> 100% completion of deep dive analysis of critical incidents resulting from falls 100% of falls will be reported to the pharmacist and interdisciplinary team on a weekly basis 85% completion of post fall assessments 	<ul style="list-style-type: none"> Target Met Target Met Target Met

CHANGE IDEAS				
PLANNED IMPROVEMENT INITIATIVE	METHODS	PROCESS MEASURES	TARGET	PROGRESS REPORT
<ul style="list-style-type: none"> Falls education/awareness for staff, residents, and families 	<ul style="list-style-type: none"> Staff re-training on falls management Falls education and awareness for residents and their families 	<ul style="list-style-type: none"> % of staff who completed training Education displayed during Falls prevention month 	<ul style="list-style-type: none"> 100% of direct care staff re-trained Display and education completed by the end of November 	<ul style="list-style-type: none"> Target Met Target Met

THEME 2: Client/Resident Experience

DESCRIPTION	Better experiences result in better outcomes. Tracking and understanding experience is an important element of quality.			
ON HEALTH PRIORITY INDICATORS FOR LTC	a) Do residents feel they have a voice and are listened to by staff? b) Do residents feel they can speak up without fear of consequence	PAST PERFORMANCE	Resident Satisfaction Survey 2022: a) 86% usually/always; 9% sometimes/never; 6% don't know b) 86% -Usually/Always; 6% - sometimes/never; 9% Don't know	
TARGET	a) Increase positive responses (usually/always) to 80% and above on satisfaction survey b) Implementation of Butterfly model of care	JUSTIFICATION	a) Continued awareness on voicing concerns is needed to improve the resident experience and satisfaction b) Implementation of the Butterfly Model is an emotion-centred model of care that will address the needs of residents with dementia.	
PROVINCIAL AVERAGE	N/A	CURRENT PERFORMANCE	Resident Satisfaction Survey 2023: a) 67% usually/always, 23% sometimes/never, 7% don't know, 3% n/a b) 77% usually/always; 13% sometimes/never; 3% don't know; 7% n/a	

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PLANNED IMPROVEMENT INITIATIVE	METHODS	PROCESS MEASURES	TARGET	PROGRESS REPORT
a) Increase positive responses (usually/always) to 80% and above on satisfaction survey				
<ul style="list-style-type: none"> Staff re-training on complaints process 	<ul style="list-style-type: none"> Update training module to refresh staff on addressing concerns/handling complaints 	<ul style="list-style-type: none"> % completion on Surge Learning 	<ul style="list-style-type: none"> 90% completion 	<ul style="list-style-type: none"> Target Met (97%)
<ul style="list-style-type: none"> Awareness in Residents and Families of how to raise concerns/complaints 	<ul style="list-style-type: none"> Display and communicate information Distribute Resident and Family Satisfaction Survey Feedback and input is sought at resident and family council on identified improvement areas 	<ul style="list-style-type: none"> Satisfaction survey is conducted % of positive responses 	<ul style="list-style-type: none"> Material is displayed and distributed to family members Increase in positive responses in satisfaction survey >80% 	<ul style="list-style-type: none"> Target Met Target Not Met (67% usually/always response to question: "Staff listen to me")

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PLANNED IMPROVEMENT INITIATIVE	METHODS	PROCESS MEASURES	TARGET	PROGRESS REPORT
b) Implementation of Butterfly model of care				
<ul style="list-style-type: none"> Butterfly model of care training for direct care staff 	<ul style="list-style-type: none"> Direct care staff, including new hires will gradually be trained 	<ul style="list-style-type: none"> % of trained staff in the Butterfly Model of Care 	<ul style="list-style-type: none"> 75% of direct care staff will be trained by the end of 2023 	<ul style="list-style-type: none"> Target Met (83%)
<ul style="list-style-type: none"> Undergo Butterfly Accreditation 	<ul style="list-style-type: none"> Prepare staff for Butterfly accreditation Applicable policies are updated or developed and distributed to staff Prepare documentation for Butterfly accreditation 	<ul style="list-style-type: none"> Criteria for Butterfly accreditation are met 	<ul style="list-style-type: none"> Belmont is accredited as a Butterfly Home in 2023 	<ul style="list-style-type: none"> Target Met
<ul style="list-style-type: none"> Monitor Butterfly Indicators 	<ul style="list-style-type: none"> Butterfly indicators are tracked and monitored Audits are conducted quarterly 	<ul style="list-style-type: none"> Butterfly indicators are reported and reviewed quarterly Audits are reported and reviewed quarterly 	<ul style="list-style-type: none"> Improvement in indicators are tracked from baseline Audits inform improvement areas 	<ul style="list-style-type: none"> Target Met

THEME 3: Safe and Effective Care

DESCRIPTION	Appropriate Prescribing: potentially inappropriate antipsychotic use in long term care		
ON HEALTH PRIORITY INDICATORS FOR LTC	% of Residents not living with psychosis who were given antipsychotic medications	CURRENT PERFORMANCE	% of residents without psychosis who were given antipsychotic medication: 14.8% (CIHI, 2021-2022)
TARGET	Maintain performance to better than the Ontario Average: 20.8% (CIHI, 2021-2022)	JUSTIFICATION	Performance has historically been below the provincial average. Indication of use will be the focus for improvement.
PROVINCIAL AVERAGE	21.4% (CIHI, 2022-2023)	CURRENT PERFORMANCE	15.6% (CIHI, 2022-2023)

CHANGE IDEAS

PLANNED IMPROVEMENT INITIATIVE	METHODS	PROCESS MEASURES	PROCESS MEASURE TARGET	COMMENTS
<ul style="list-style-type: none"> Improve indication of use of antipsychotic drugs 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Quarterly reports sent to BSO Nurse for review # of residents on antipsychotic drugs without a diagnosis % of residents with indication of use 	<ul style="list-style-type: none"> Indication of use is documented for each resident 	<ul style="list-style-type: none"> Target met