

THEME 1: Access and Flow

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	CURRENT PERFORMANCE	Rate per 100 LTC residents: 16% (Q2, 2023)	
TARGET	Maintain performance to better than the Ontario Average Ontario ED Visit rate: 21% (Q2, 2023)	JUSTIFICATION	Belmont has historically performed better than the provincial average therefore actions for this Indicator will focus on education with Residents and their Families.	
CHANGE IDEAS				
PLANNED IMPROVEMENT INITIATIVE	METHODS	PROCESS MEASURES	TARGET	PROGRESS
<ul style="list-style-type: none"> Education initiative for residents and families on ED transfers 	<ul style="list-style-type: none"> Provide education for residents & families on treatment guidance & advance care planning 	<ul style="list-style-type: none"> # of residents & families in attendance Information on treatment guidance & advance care planning is distributed Information session conducted 	<ul style="list-style-type: none"> Education provided in 2024 	

THEME 2: Equity

DESCRIPTION	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.			
ON HEALTH PRIORITY INDICATOR FOR LTC	% of staff who have completed relevant equity, diversity, inclusion and antiracism education	CURRENT PERFORMANCE	n/a	
TARGET	85% of Staff complete training on equity, diversity, inclusion and antiracism in 2024	JUSTIFICATION	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.	
CHANGE IDEAS				
PLANNED IMPROVEMENT INITIATIVE	METHODS	PROCESS MEASURES	TARGET	PROGRESS
<ul style="list-style-type: none"> Staff are educated in equity, diversity, inclusion and antiracism 	<ul style="list-style-type: none"> Staff will complete inservice on equity, diversity, inclusion Planning for diversity initiative in 2024 Posters promoting equity, diversity, inclusion and antiracism will be posted on staff bulletin boards 	<ul style="list-style-type: none"> % staff completion of Inservice Diversity and inclusion initiative held in 2024 Posters are selected and posted on bulletin boards 	<ul style="list-style-type: none"> 85% of staff complete inservice on equity, diversion, inclusion 1 diversity initiative held in 2024 Staff bulletin boards contain posters 	

THEME 3: 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	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
TARGET	a) Increase positive responses (usually/always) to 80% and above on satisfaction survey b) Maintain the Butterfly model of care	JUSTIFICATION	a) Continued awareness on voicing concerns to improve the resident experience and satisfaction b) Implementation of the Butterfly Model of Care began in 2021 on Belmont's secured unit, with accreditation achieved in 2023. Our goal in 2024 will be to maintain the model of care through re-accreditation, continued re-training, and explore expansion to other units.

CHANGE IDEAS

PLANNED IMPROVEMENT INITIATIVE	METHODS	PROCESS MEASURES	TARGET	PROGRESS
a) Increase positive responses (usually/always) to 80% and above on satisfaction survey				
<ul style="list-style-type: none"> Staff are trained on handling complaints and concerns 	<ul style="list-style-type: none"> Staff complete training on handling complaints and concerns 	<ul style="list-style-type: none"> % completion on Surge Learning 	90% training completion	
<ul style="list-style-type: none"> Residents and families are aware of how to raise concerns/complaints 	<ul style="list-style-type: none"> Information on complaints and how to provide input is distributed and displayed for residents and families 	<ul style="list-style-type: none"> Satisfaction survey is conducted Satisfaction survey is conducted % of positive response in satisfaction survey 	80% on positive responses (usually/always)	

CHANGE IDEAS				
PLANNED IMPROVEMENT INITIATIVE	METHODS	PROCESS MEASURES	TARGET	PROGRESS
b) Maintain the Butterfly Model of Care at Belmont				
<ul style="list-style-type: none"> Undergo Butterfly Re-accreditation 	<ul style="list-style-type: none"> Prepare staff for Butterfly re-accreditation Prepare documentation for Butterfly accreditation 	<ul style="list-style-type: none"> Criteria for Butterfly re-accreditation are met 	<ul style="list-style-type: none"> Belmont is re-accredited as a Butterfly Home in 2024 	
<ul style="list-style-type: none"> Continued training on Butterfly model of care for all direct-care staff 	<ul style="list-style-type: none"> Planned training for current and new staff 	<ul style="list-style-type: none"> % of trained staff in the Butterfly Model of care 	<ul style="list-style-type: none"> 85% of direct care staff will be trained by the end of 2024 	
<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 	

THEME 3: Safety

DESCRIPTION	High Quality health system that ensures residents receive safe and effective care		
ON HEALTH PRIORITY INDICATORS FOR LTC	a) % of Residents without psychosis who were given antipsychotic medications b) % of Residents who fell in the last 30 days	CURRENT PERFORMANCE	a) 13.3% of Residents without psychosis who were given antipsychotic medication (CIHI, Q2, 2023 -adjusted) b) 13.4% of Residents who fell in the last 30 days (CIHI, Q2, 2023 -adjusted)
TARGET	Maintain performance to better than the Ontario Average: a) 20.9% Residents without psychosis who were given antipsychotic medications (CIHI, Q2, 2023) b) 16.6% Residents who fell in the last 30 days (CIHI, Q2, 2023)	JUSTIFICATION	a) Belmont will continue to focus on indication of use of antipsychotic drugs b) Belmont will continue to focus on the completion of post falls assessments

CHANGE IDEAS

PLANNED IMPROVEMENT INITIATIVE	METHODS	PROCESS MEASURES	PROCESS MEASURE TARGET	PROGRESS
a) 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"> 100% of residents on antipsychotic drugs are reviewed with BSO nurse and interdisciplinary team Indication of use is documented for each resident 	
b) Improve completion of post fall assessments	<ul style="list-style-type: none"> Post fall assessments completed 	<ul style="list-style-type: none"> % of post fall assessments completed 	<ul style="list-style-type: none"> 90% of post fall assessments completed following a fall 	