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	CURRENT PERFORMANCE		11.8% (Rate per 100 LTC residents)
TARGET	Maintain performance below Ontario Average (22.8%) and reduce ED visits attributed to Falls	JUSTIFICIATION		Falls management will be a focus for this indicator as most ED visits are caused by injuries from falls
CHANGE IDEAS				
PLANNED IMPROVEMENT INITIATIVE	METHODS	PROCESS MEASURES	TARGET	COMMENTS
• Maintain Falls Management Performance	• Monitor critical incidents from falls • Falls are reported to interdisciplinary team and pharmacist for review and recommendations • Post fall assessments completed	• % 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	• 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 • 90% completion of post fall assessments	
• Falls education/awareness for staff, residents, and families	• Staff re-training on falls management • Falls education and awareness for residents and their families	• % of staff who completed training • Education displayed during Falls prevention month	• 100% of direct care staff re-trained • Display and education completed by the end of November	

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	**CURRENT PERFORMANCE**	From Resident Satisfaction Survey: a) 67% usually/always; 21% sometimes/never; 12% don't know b) 73% -Usually/Always; 21% - sometimes/never; 6% Don't know
TARGET	a) Increase positive responses (usually/always) to 80% and above on satisfaction survey b) Implementation of Butterfly model of care	**JUSTIFICIATION**	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.

CHANGE IDEAS

PLANNED IMPROVEMENT INITIATIVE	METHODS	PROCESS MEASURES	TARGET	COMMENTS
a) Increase positive responses (usually/always) to 80% and above on satisfaction survey				
• Staff re-training on complaints process	• Update training module to refresh staff on addressing concerns/handling complaints	• % completion on Surge Learning	• 100% completion	
• Continued resident and family engagement to increase awareness on how input can be provided on care, services and the life of the home, and how to	• Develop refresher material to display and distribute annually • Provide information on complaints/ concerns at Resident and Family Council	• # of Resident and Family Council meetings • Materials are displayed and distributed annually, in the Fall	• Material is displayed • Where possible, material is distributed to current residents and family members	• Belmont has a community engagement framework that builds on person-centred care and collaboration with stakeholders

CHANGE IDEAS				
PLANNED IMPROVEMENT INITIATIVE	METHODS	PROCESS MEASURES	TARGET	COMMENTS
a) Increase positive responses (usually/always) to 80% and above on satisfaction survey				
raise concerns/complaints	• Distribute Resident and Family Satisfaction Survey • Feedback and input is sought at resident and family council on identified improvement areas	• % of positive response in satisfaction survey	• Increase in positive responses in satisfaction survey	• Material will include success stories of recent quality improvement initiatives
b) Implementation of Butterfly model of care				
• Performance indicators for the Butterfly model of care are identified and monitored during implementation	• Performance indicators are monitored during the implementation period	• Performance indicators are tracked and reported quarterly	• Improvement in performance indicators from baseline	
• Involvement with residents and families on the implementation of the model	• Engagement with residents and families in planning and decision-making	• # of engagement events with residents and families	• Decisions made are driven by residents, family and staff	
• Meaningful engagement of residents with home area and people	• Audits and surveys completed	• Audits and surveys completed monthly and quarterly	• Audits and surveys inform improvement areas for meaningful engagement	
• Build capacity of staff on model of care	• Staff training • New employee orientation	• # of trainings held • Butterfly principles integrated with new employee orientation	• Staff associated with unit and new hires trained and well versed on butterfly principles	

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**	14.8% (% of residents without psychosis who were given antipsychotic medication)
TARGET	Maintain performance below Ontario Average (20.8%, CIHI, 2021)	**JUSTIFICIATION**	Performance has historically been below the provincial average. Indication of use will be the focus for improvement.

CHANGE IDEAS				
PLANNED IMPROVEMENT INITIATIVE	**METHODS**	**PROCESS MEASURES**	**PROCESS MEASURE TARGET**	**COMMENTS**
• Improve indication of use of antipsychotic drugs	• 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	• Quarterly reports sent to BSO Nurse for review • # of residents on antipsychotic drugs without a diagnosis • % of residents with indication of use	• Indication of use is documented for each resident	