

Let's Make Healthy
Change Happen.



Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



3/22/2022

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

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Overview

Belmont House is a fully accredited charitable, Christian, not-for-profit home with 140 long-term care beds and 81 retirement apartments, located in downtown Toronto. Belmont House principally serves the communities of downtown Toronto, Yorkville, Rosedale, and Forest Hill. Belmont House is classified as an “A” Long-Term Care Home by the Ministry of Long-Term Care. In Long term care there are a total of five care units which includes a secure unit of 26 beds for people with Alzheimer’s and severe dementia. Long Term Care residents are offered programs in general geriatric care, including people with Alzheimer’s disease, cognitive impairment and palliative care. Residents also receive care for depression, circulatory diseases, osteoarthritis, stroke, Parkinson’s disease and dementia.

Our 5-year strategic plan (2019-2024) focuses on working together to achieve excellence in seniors’ care and provide services that meet the needs of the seniors we serve. In addition to the strategic plan, we align our QIP with the following provincial priorities and planning processes:

- Belmont House Operating Plan;
- Ontario Health directions;
- Long-Term Care Home Accountability Service Plan (L-SAA);
- Ministry of Health and Ministry of Long-Term Care legislation, regulations and directives;
- Ontario Health priority indicators;
- Accreditation Canada Standards;
- Areas arising from the Quality, Risk and Safety Management Program;
- Areas arising from the annual Resident and Family Experience surveys

Our organizational goals and objectives are derived from the Strategic Plan. Governance key performance indicators are tracked quarterly utilizing a Balanced Scorecard approach and reported to the Quality, Risk and Safety Committee of the Board and key messages are shared with Resident and Family Councils. An interdisciplinary Best Practice committee monitors operational indicators monthly, identifies trends and initiates improvement initiatives.

While Belmont House has always cared for residents with a range of needs, there has been a sharp increase in the proportion of residents arriving at a later age and with complex care needs. Currently, our resident profile shows that over 71% are older than 85 years old, and over 74% of all residents have dementia (CIHI, 2021). This is attributed to the growing number of people living with chronic diseases, delays in the redevelopment/addition of long-term care homes, changes to legislation a focus on reducing costs to keep individuals at home longer and most recently COVID-19. As a result, we are experiencing an increase in crisis admissions and shorter lengths of stay.

Belmont House strives to address these growing needs while committing to continuous improvement of the quality of life for our residents. All aspects of life at Belmont House including care, support and the environment, are designed and managed not only to meet, but surpass the needs and expectations of our residents.

Reflections Since Your last QIP submission

At the time of our last submission (2020-2021), we were at the beginning of our 5-year strategic plan (2019-2024) and were ready to roll out a number of exciting new undertakings linked to our QIP such as: implementation of a new model of care, new partnerships and initiatives to support resident care, and activities for resident and family engagement. However, much like the rest of the province, these planned improvements had to be put on hold as we shifted our attention to the pandemic and prioritize the safety of our residents. We have continuously been pivoting to keep up with the constant changes and evolution of the pandemic. Projects would start and we would gain some momentum only to have to halt them and turn our attention back to the pandemic as we entered different waves. It is demoralizing that the pandemic has continued for this long, however it has also pushed us to be industrious, forging ahead where possible, to stay on track with our goals.

Our 2020-2021 QIP addressed all three themes:

- 1) Timely Efficient Transitions
- 2) Service Excellence
- 3) Safe and Effective Care

1) Timely Efficient Transitions

To address potentially avoidable ED visits for long term care residents, we focused on improving falls management as this was the highest contributing factor to ED visits. Initiatives included a review of our falls program, implementation of a falls audit tool, daily monitoring of falls, review and updates to our falls protocol, and education opportunities for residents and family members. These initiatives were successfully completed, and some aspects will continue for our 2022-2023 QIP such as continued monitoring to maintain our performance, and continued education initiatives for staff, residents and family members.

2) Service Excellence

Under this theme we focused on improving the resident experience by looking at resident-centred care. Our 2020-2021 QIP focused on 3 elements for resident-centred care:

- 1) Resident and Family Engagement
- 2) Review of emotion-based models of care to adopt at Belmont, and
- 3) Implementation of the selected model of care.

A committee was established and led the process of exploring different types of emotion-based models of care. Experts were invited to present on different models of care and how it might be adopted to enhance the delivery of care at Belmont was carefully considered. With consultation and support from the Belmont community, an emotion-centred model of care was chosen, called the Butterfly Model.

We began preparations for the implementation of the Butterfly Model on our secured unit in 2021 with hopes of expanding it to other units in the future. Despite disruptions from the pandemic, we have gained ground. Ongoing consultations with residents and families have brought their visions for transforming the unit, into motion. This year staff who work on the unit began training on the principles of the Butterfly Model. We look forward to more transformations by the end of 2022, not only to the physical space, but to each individual as their knowledge in dementia care and support expands. Our continued progress on the Butterfly Model will be captured in our 2022-2023 QIP.

3) Safe and Effective Care

In our 2020-2021 QIP our aim was to continue monitoring the completion of assessments for Palliative residents. They are part of Belmont's routine practices and include palliative post/death rounds for case review by the interdisciplinary team and pain assessments for palliative residents. Additionally, direct-care staff received training in communication at the end of life to provide further build capacity in staff caring for palliative residents.

The pandemic has reenforced our commitment to resident-centred care and we are committed to ongoing training and education in palliative approaches to support residents, their families and staff.

Patient/client/resident partnering and relations

Since our last QIP submission, Belmont has maintained relationships and partnerships while forging new ones:

- At the start of the pandemic, we were partnered with UHN who provided initial support with PCR testing for COVID-19. UHN also supported with the initial doses of the COVID-19 vaccine. Thereafter, Belmont was able to use internal resources for both testing and vaccines
- Belmont is a participant in the UHN network and the Toronto Region COVID-19 Long Term Care Round Table
- During periods of outbreak, we were well established with Toronto Public Health in determining necessary actions
- To address staffing shortages, we have utilized multiple agencies to fill in the gaps and made improvements to the orientation and onboarding of agency staff
- In 2021, Belmont was pleased to partner with Bruyere for an Immunity Study involving LTC residents, essential caregivers and staff. The study looked at long-term immunity and health outcomes who have had COVID-19 and/or received a COVID-19 vaccine. There was no shortage of participants as many were eager to contribute to this knowledge base.
- A partnership with researcher Dr. Iaboni at KITE UHN has allowed Belmont to support technological innovations such as the testing of a Dementia Isolation Toolkit (DIT), a prototype technology system that includes a two-way video communication, leisure activities and programming to support isolation during the pandemic
- Belmont has been involved in a proposal for a pilot project on continuum of care to enable tenants in Retirement Living to have prioritized access to Long Term Care.
- Belmont is participating in "Long Term Care +" a virtual care program to reduce emergency room visits
- Towards the end of 2021, we completed an onsite survey with Accreditation Canada and were awarded exemplary standing. In the year leading up to our survey, preparation was often disrupted by the pandemic. As such we were pleased with our award and feel it demonstrates our commitment to ongoing quality improvement and risk management. We continue our work with Accreditation Canada and maintain compliance with national standards.
- Belmont was fortunate to be accepted in the End-of-Life Education Fund for LTC (CEoL Fund), provided by the Ontario Centre for Learning which provided training for direct care staff on communication at the end of life for palliative residents in 2021. Furthermore, our partnership with Temmy Latner has continued to be a support to residents and their families.

- With the introduction of the Challenge Fund by the province for paid PSW student placements, enrollment in PSW programs increased and we became overwhelmed with requests for placements. This resulted in new partnership with career colleges and prompted improvement initiatives to the orientation and onboarding process. Since the pandemic, PSW student placements at Belmont have significantly grown. We also maintained our relationships with academic institutions and continued to host RN and RPN placements. This year we were fortunate to receive PREP funding to support the costs for hosting students, from CLRI.
- Family council meetings moved online which allowed for more family members who lived far away, and sometimes out of country, to participate and voice concerns on behalf of their loved one. Family council meetings have since grown in attendance.
- Resident council remained active and meetings continued when there were no outbreaks
- The implementation of the Butterfly Model of Care is in partnership with Meaningful Care Matters. Belmont has also been able to connect with other Butterfly homes in the GTA to share information.

Provider experience

“All hands on deck” summarizes the provider experience. Belmont was not immune to the pandemic and we experienced our first outbreak in April of 2020. During the 2-week quarantine period, recreation staff continued to provide activities by visiting isolated residents, individually, with an activity cart, the dietary team prepared all meals individually on trays, and administrative staff assisted with delivering meals, doing daily COVID-19 screening and help run staff testing clinics, registered staff were redeployed from their units to help with PCR testing, and management were up on the units to help with feeding. All staff were expected to help where needed and it required a great deal of flexibility and resilience.

Belmont has been fortunate that the majority of outbreak events have been exposure risks detected from mostly staff and essential caregivers and were managed successfully with no infections transmitted to residents. We are also fortunate that we have had no resident deaths due to COVID-19. Our success in this matter can be attributed to early actions ahead of government directives to adopt universal masking and active screening, timely review of our staffing plan, update of our pandemic plan, ensuring an adequate supply of PPE and an effective communication system. Furthermore, we have had high rates of COVID-19 vaccination among staff for all 3 doses and have continued to require them. For the past 2 years we have included questions in the annual satisfaction survey on how well residents and families feel they were communicated with, and how well they felt Belmont has handled the ongoing pandemic. For both years we have received positive feedback that our care and measures have not gone unnoticed.

As weeks turned to months, and months turned into 2 years and counting, it has become evident that we still have a long road ahead of us in this pandemic. We have been determined to maintain quality care and support, but it has been an ongoing balancing act to support the wellbeing not only of residents, but that of our staff. We continue to experience similar challenges in the sector with staffing shortages and burnout. To address burnout, our Physiotherapist and Planning and Engagement Coordinator developed a staff wellness program to support with mental health and physical wellbeing. Scheduled sessions on the units from our Physiotherapist and Admin staff provided staff with mental and physical health tools, demonstrations, resources, a nutritious snack and words of encouragement. Additionally, a number of staff appreciation events were scheduled throughout the year.

Resident experience

COVID-19 has greatly impacted the resident experience as much of Belmont's decisions were guided by government directives around many operational and safety procedures. Keeping residents safe at the expense of their quality of life and mental wellbeing has hung in balance throughout the pandemic. There was much fear and apprehension, especially among residents with dementia, during the beginning when universal masking and use of face shields was adopted. There were notable increases in responsive behaviours during this period when residents went for prolonged periods without seeing their loved ones or unable to leave the unit. We opted to use harm reduction where possible and continue with regular activities such as programs and dining, with modifications applied. Residents and staff were cohorted to their units so that communal dining can continue with physical distancing. Similarly, recreation programs also carried on with physical distancing. When isolation was required during outbreaks, program staff sought alternative ways to deliver programs and an activity cart was developed to bring activities to each individual and provide 1:1 engagement. Visits with loved ones looked and felt different as we moved to outdoors visits and online video calls and even more time would pass before some residents were able to see/hear/touch young grandchildren and pets, in-person, both of which provide a different kind of joy and pleasure.

As we embark on a journey to implement the Butterfly Model at Belmont, we continue to address the resident experience through an emotion-centred care lens. In these early stages of implementation, staff, residents and family members have already expressed how illuminating it has been during training, to gain awareness of the resident's perspective, their losses associated with experiencing dementia and the transition into long term care. It will be a shift in culture which will harness teamwork, effective communication, but most of all, emotional intelligence among staff. We anticipate it will also shift the resident experience resulting in more empowerment, meaningful engagement, better outcomes and quality of life.

Contact Information

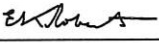


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Other

Sign-off

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan

Board Chair / Licensee or delegate		(signature)
Administrator /Executive Director		(signature)
Quality Committee Chair or delegate		(signature)
Other leadership as appropriate		(signature)