

Let's Make Healthy  
Change Happen.



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



1/2/2020

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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## 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 T. Ouellet (signature)  
Administrator /Executive Director Maria Elias (signature)  
Quality Committee Chair or delegate Phyllis Mindlow (signature)  
Other leadership as appropriate \_\_\_\_\_ (signature)

## 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 Health and Long-Term Care (MOHLTC). 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. There are a total of 5 care units which include a secure unit of 26 beds for people with Alzheimer's and severe dementia.

At Belmont House, 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.

2019 was the start of a new 5-year strategic plan (2019-2024). Belmont's strategic plan focuses on working together to achieve excellence in seniors' care and provide services that meet the needs of the seniors we serve.

The 2020-2021 Quality Improvement Plan (QIP) for Belmont House is directly aligned to the strategic directions: Provide an Extraordinary Resident and Tenant Experience, Grow in Leadership and Prepare our People and Community for the Future

In addition to the strategic plan, the QIP aligns with the following provincial priorities and planning processes:

- Belmont House Operating Plan;
- Toronto Central Local Health Integration Networks (TCLHIN) directions;
- Long-Term Care Home Accountability Service Plan (L-SAA);
- Ministry of Health and Ministry of Long-Term Care legislation, regulations and directives;
- Health Quality Ontario initiatives for Patient Engagement;
- 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. A multidisciplinary 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. 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 and a focus on reducing costs to keep individuals at home longer. As a result, we are experiencing an increase in crisis admissions and shorter lengths of stay. In spite of these challenges, Belmont House strives to address these needs while committing to continuous improvement of the quality of life for our residents.

The focus of the 2020-2021 QIP will be to continue with our efforts from the 2019-2020 year and address all three themes:

#### THEME I: TIMELY AND EFFICIENT TRANSITIONS

To address potentially avoidable ED visits for long-term care residents, Belmont House will have quality improvement initiatives targeting falls as this was the highest contributing factor to our ED visits last year.

#### THEME II: SERVICE EXCELLENCE

As part of our strategic plan we will be reviewing different models of care to enhance the delivery of care at Belmont House.

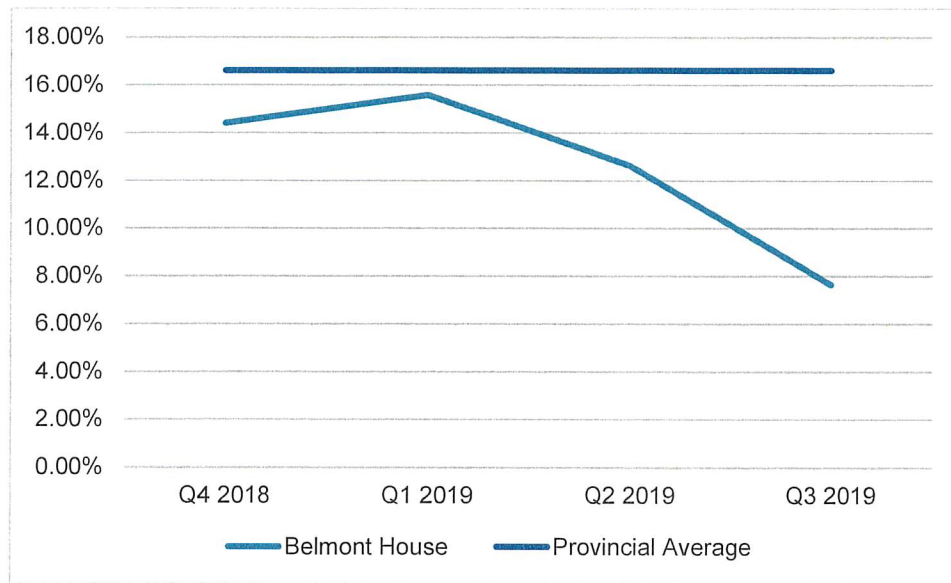
#### THEME III: SAFE AND EFFECTIVE CARE

To improve our Palliative Care program at Belmont our efforts this year will be focused on building capacity in Communication at the End of Life. Two staff will be attending the training on Communication at End of Life Education Fund for Long Term Care. The Train-the-Trainer model will allow for knowledge transfer to direct care staff to foster therapeutic relationships with the residents and their families, and increase their comfort with palliative care.

### **Describe your organization's greatest QI achievement from the past year**

This past year Belmont House is proud to look back on quite a few achievements in Quality Improvement. We carried out a number of multipronged initiatives to address falls prevention and management. The interdisciplinary approach has allowed for consistent monitoring of all falls which occur, and are reviewed and communicated to the physiotherapist and pharmacist for recommendations. Furthermore, looking at falls from a person-centred lens has been central in our efforts for management and prevention. We looked at recurring falls in one resident who was a frequent faller and as a result of consultations with the resident, their family member, their care staff and the interdisciplinary team, behavioural patterns were better understood which were identified to be triggers for a fall. Strategies were then developed for mitigating responsive behaviour and preventing falls, and importantly, reducing the risk of injury from a fall.

A review of our falls management process last year showed a need to improve the consistency of practices. As such, Belmont's policy was updated to reflect a mandatory completion of assessments following a fall: 1) Head to Toe Assessment and 2) Post Fall Huddle and completion was monitored. Further to this, a falls audit tool was created and maintained to ensure all aspects of follow up from a fall are being done. As a result falls rates at Belmont House have seen a decrease in the past year in part due to consistent falls management practices and prevention measures to identify those at risk for recurring falls. The graph below compares the rate of falls with the provincial average of 16.6 which was used as the target for the 2019 year. The past 4 quarters show a distinct decline in falls:



Our Palliative Care Program has also evolved and expanded in the past year. The PAC-LTC (Palliative Approach to Care in Long-Term Care) LEAP (Leadership Excellence through Awareness and Practice) initiative organized by the LHIN (Local Health Integration Network) was attended by the ADOC (Assistant Director of Care), Nursing Supervisor, an RN (Registered Nurse), PSW (Personal Support Worker) and Chaplain and the following improvements were made based on the learnings from the initiative:

- Palliative/Post Death rounds are now a regular practice at Belmont House which involve a thorough review of cases of residents who have been declared palliative or end of life, as well as residents who have passed away. This involves an interdisciplinary team of staff who discuss disease management, physical pain and symptom management, spiritual support and funeral arrangements. For deceased residents, the location of death is monitored (whether in the home, or in hospital) and whether someone was present at the time of death. Support for the family or caregiver is also discussed if there are concerns.
- Pain assessments were implemented for palliative residents in addition to 3 assessments which were already being used at Belmont House
- Direct-care staff received training on our updated policy for Palliative/End of Life in long-term care based on the new best practice from the PAC-LTC LEAP Initiative

A new initiative that was very successful was our efforts to look at support for both families of residents and leading up to, and following a death. For families, palliative care baskets (see photo) have expanded to include more items that offer comfort during end of life for a resident. Families have expressed their appreciation for the items offered.





Photo our palliative care basket

Furthermore, we created steps to support family members of residents following the death. Chaplains initiate a phone call 2-3 months post death to offer bereavement support and/or resources. Families are also asked about their level of satisfaction with the palliative care that the resident received and are given an opportunity to provide feedback. For the families we were successful in reaching, 100% have expressed they were satisfied with our Palliative Care Program and this is reflected in our outcomes in the progress report.

A policy and procedure was created for a Post-Death Staff Support Ritual. This ritual is led by a Chaplain and involves a 2-minute prayer or poem on the day following a death on the unit of the Resident. The first-shift exchange was identified as an optimal time to involve day and evening staff. Staff are also given an opportunity to briefly share memories of the resident that was in their care, or express their emotions. This was met with positive feedback in the first evaluation and the ritual has seen growth in staff attendance in the past year. To date 33 rituals have been conducted attended by 299 staff. Below is a photo of one of our Chaplains, Luba in the attire she uses when she performs the ritual. Also below is an excerpt from the PAC-LTC newsletter which featured our efforts to support staff in the Palliative/End of Life process.



*"Supporting staff is a priority in our palliative care program goals. All staff express appreciation; some grieved and cried openly." - Chaplain Luba*

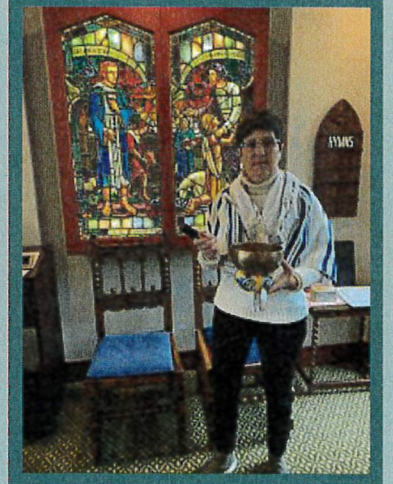
## For our Staff

**Post-Death Staff Support Rituals:** Staff acknowledge the death of a resident by reading poems and sharing memories of the resident. It is important for staff to say goodbye to the residents they have built relationships with.

**Education:** Many of our staff members have taken additional education and training on best practices in palliative care.

**Comfort and Knowledge:** Staff are more confident in providing palliative care to residents and having important conversations with families about end-of-life care.

**Support:** Staff are encouraged and supported by the leadership team.



## Collaboration and Integration

Belmont House participated with the Toronto Local Health Integration Network (LHIN) on the provincial wide Long-Term Care palliative care initiative. The program provided training to improve palliative care services, and in addition, Belmont received funding from the Toronto LHIN to hire a full-time behavior support nurse, who is working with staff to better manage responsive behaviours in residents.

Belmont House recognizes its employees as its most valuable resource and enhanced our Human Resources Strategy to promote ourselves as an employer of choice. Belmont staff participated in job fairs to recruit caring and highly skilled individuals. We provided more staff training on diversity, palliative care, and responsive behaviours. In addition, we expanded our interpreter and volunteer services to support the diversity of our residents, tenants, and employees.

This year Belmont House is fortunate to be accepted in the End-of-Life Education Fund for LTC (CEoL Fund), provided by the Ontario Centre for Learning, Research and Innovation in Long-Term Care at Bruyère. Two staff will attend the training and then train direct care staff.

This year we began to explore a partnership with Women's College Virtual Care to reduce emergency department (ED) visits. This is still in the early stages and our Director of Care (DOC) is meeting regularly to discuss the challenges regarding avoidable ED visits, define the partnership, and shape what implementation will look like in the next year.

As part of our strategic plan Belmont will be meeting with organizations to consult on models of care and will be exploring opportunities to collaborate. Although this initiative is also in the early phases, we are looking forward to the involvement of residents/families and staff through each stage. This will involve consultations and engagement events in the exploration of viable models, decision-making, as well as the implementation planning and data collection processes. Ultimately the aim is to boost the person-centred culture at Belmont, and adopt a model of care best suited to enhance the delivery of care and services to residents.

## Patient/Client/Resident partnering and relations

### Resident/Tenant council

Belmont House values our Resident/Tenant Council as well as Family Council in creating opportunities for meaningful engagement within the Belmont community and to achieve high quality health care. The mandate of these Councils is to represent the respective population and improve the well-being and quality of life of the residents, tenants and families at Belmont House by collaborating with staff to promote positive change within our home. We have used Ontario's Patient Engagement Framework's guiding principles: partnership, learning, empowerment, transparency, responsiveness and respect in our Councils.

This past year we have enhanced the content of these forums to share information and encourage learning regarding our many core programs such as skin and wound management and falls management and to receive input from members on their respective experiences. Residents, tenants and families have been represented on our various committees to encourage partnership, empowerment and transparency. For example there is representation on the Palliative Care Committee; on the Quality, Risk and Safety Committee of the Board; and the Infection Prevention and Control Committee. In the year ahead we will be undergoing accreditation and resident and family involvement will be fundamental in the process. There is also representation on our accreditation teams to review standards of excellence and give input on what we are doing well and areas we can strengthen. This highlights our responsiveness when an issue is identified and we respect all opinions and voices brought forward from our residents and their families.

For the 2020-2021 QIP, Belmont House will continue to engage with residents and families through the Resident and Family Councils, staff through staff meetings, the management team and the Board. Satisfaction Surveys with Residents, Tenants, Families and staff were completed in the fall of 2019. The results of the satisfaction surveys are taken to the Joint Managers, Best Practice and Quality, Risk and Safety Committee to develop change ideas to address these areas of improvement. These change ideas are then brought to the resident, family and tenant councils to provide an opportunity to receive input before the action plan is implemented. This exhibits our iterative process when we receive input to ensure that we continue to maintain partnerships and transparency with these key voices when we make decisions that affect the residents' care.

### Workplace violence prevention

Is workplace violence a strategic priority for your organization? Yes

Belmont House has an active Occupational Health and Safety committee that monitors the following violence in the workplace incidents:

- Staff to staff
- Resident to staff; and
- Resident to resident

Environmental services monitors general incidents that may involve visitors and environmental incidents. Each incident is managed as it occurs and preventative actions are put in place. For example, if the same staff member is the recipient of resident responsive behaviours consistently, we would offer responsive behavior avoidance training for that staff member.



Quarterly, the Joint Managers, Best Practice and Quality, Risk and Safety Committee meets and reviews all Workplace Violence incidents. Incidents are categorized to determine what contributed to the incident(s). Categories include:

- 1) Human Factors such as communication and training
- 2) Environmental Factors such as equipment and procedures
- 3) System/Policy such as policy failure, documentation, external factors

Based on this multidisciplinary analysis, SMART (Specific, Measurable, Attainable, Realistic and Timely) recommendations are established with specific action plans. The team determines to accept, reject or delay recommendations. For example, a recommendation may be delayed due to a budgetary constraint. Each accepted recommendation is assigned to a staff member as well as an implementation date and status to date is reviewed at the next quarterly meeting.

Belmont House has implemented a number of initiatives to prevent violence in the workplace and ensure staff safety. The Workplace Anti-Violence, Harassment & Sexual Harassment Policy is reviewed by the Health and Safety Committee (H&S) on an annual basis. An environmental audit is conducted under the program on a yearly basis by an employee member of the committee. Recommendations are forwarded to H&S Committee and then Senior Management for review and approval on actionable items.

In addition:

- Board members are required to complete the health and safety training
- Training occurs annually for all staff including supervisors/department heads who are responsible for preserving a safe environment;
- Employer meets with union at labour/management meetings quarterly and violence in the Workplace has been discussed at these meetings;
- Employee, volunteer and visitor violence in the workplace incidents as well as resident action incidents are reviewed by the Health and Safety committee monthly. Senior Management reviews all incidents quarterly and based on the root cause of the incidents, develops system wide recommendations for implementation to prevent reoccurrence.
- Belmont House is part of Dunk & Associates Safety Group which has helped us comply with Ministry of Labour standards.

## Alternate level of care

As indicated in the QIP guideline, traditionally this section referred to hospitals. With the guideline being extended to include a broader cross-sector approach, Belmont House is pleased to identify our role in minimizing the impact on ALC in the hospital sector.

Belmont House, as compared to other homes in the Toronto Central LHIN, has a high percentage of crisis admissions. In addition, we have a low rate of rejection of applicants applying to our long term care home. This enables individuals quicker access to a long-term care bed and minimizing the possibility of going to hospital and becoming an ALC patient.

As Belmont House looks to the future, we will be exploring how we can support initiatives by the Toronto Central LHIN and the provincial government in minimizing ALC patients, and providing greater support to seniors who are difficult to place because of their care needs.



## Virtual care

As stated under Collaboration and Integration, we are in the early stages of exploring a partnership with Women's College Virtual Care to reduce emergency department (ED) visits. The Director of Care is meeting to discuss the challenges regarding avoidable ED visits, define the partnership, and shape what implementation will look like in the next year.

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