

Theme I: Timely and Efficient Transitions | Efficient | Priority Indicator

	Last Year		This Year	
Indicator #1	11.80	11.80	14.44	14.44
Number of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Belmont House)	Performance (2022/23)	Target (2022/23)	Performance (2023/24)	Target (2023/24)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Maintain falls management performance

Target for process measure

- 100% completion of deep dive analysis of critical incidents resulting from falls

Lessons Learned

Falls management was a focus for this indicator to reduce avoidable ED visits from Falls.

The following targets were met:

- 100% completion of root cause analysis of critical incidents resulting from falls;
- 100% of falls were reported to pharmacist and interdisciplinary team for review

1 target was not met by 3%:

-87% of our 90% target for completion of post fall assessments were completed. This could be due to staff shortage and increase in agency staff. This target will be adjusted to 85% for the 2023-2024 QIP to make it achievable.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Improve falls education and awareness residents and families

Target for process measure

- Information is circulated and displayed by November

Lessons Learned

Information was displayed and distributed for Falls prevention awareness month

Change Idea #3 ☒ **Implemented** ☐ **Not Implemented**

Maintain falls education and training for staff

Target for process measure

- 100% of direct care staff are re-trained

Lessons Learned

100% of direct-care staff received inservice retraining on Falls prevention and management

Theme II: Service Excellence | Patient-centred | Priority Indicator

	Last Year		This Year	
Indicator #4	64.86	80	80	80
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Belmont House)	Performance (2022/23)	Target (2022/23)	Performance (2023/24)	Target (2023/24)

Change Idea #1 ☒ **Implemented** ☐ **Not Implemented**

Staff re-training on complaints process

Target for process measure

- 100% completion

Lessons Learned

Inservice module was updated for staff re-training on addressing and handling complaints/concerns. Completion was tracked in Surge Learning. Our target was 100% and we fell short of it by 3 percent with 97% of staff completing the training. The target will be adjusted to 90% for 2023/24 QIP to be achievable.

Change Idea #2 ☒ **Implemented** ☐ **Not Implemented**

Continued resident and family engagement to increase awareness on how input can be provided on care, services and the life of the home

Target for process measure

- -Information is provided to residents and family members on providing input

Lessons Learned

Communication materials were developed to provide a refresher to families on different ways to provide input. Materials were displayed and distributed.

Change Idea #3 ☒ **Implemented** ☐ **Not Implemented**

Continued resident and family engagement on how to raise concerns or complaints

Target for process measure

- Increase in positive responses in satisfaction survey

Lessons Learned

Communication materials were developed to provide a refresher to families on different ways to provide input -including complaints/concerns. Materials were displayed and distributed.

Comment

calculation error: previous performance in 2021-2022 is 73%

	Last Year		This Year	
Indicator #3				
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Belmont House)	39.39	80	85.71	85.71
	Performance (2022/23)	Target (2022/23)	Performance (2023/24)	Target (2023/24)

Change Idea #1 ☒ **Implemented** ☐ **Not Implemented**

Performance indicators for the butterfly model of care are identified and monitored during implementation

Target for process measure

- Improvement in performance indicators from baseline

Lessons Learned

Performance indicators were identified and tracked to establish baseline data for our Butterly Program implementation. This target was met.

Change Idea #2 ☒ **Implemented** ☐ **Not Implemented**

Involvement of residents and families on the implementation of the model of care

Target for process measure

- Decisions made are driven by residents and staff

Lessons Learned

This change idea looked at engagement with residents and families in the planning and decision-making throughout the implementation of our Butterfly Program. The discussions and decisions were driven by residents, families and unit staff, measured through engagement activities and planning meetings. This target was successfully met.

Change Idea #3 ☒ Implemented ☐ Not Implemented

Meaningful engagement of residents with home area and people

Target for process measure

- Audits and surveys inform improvement areas for meaningful engagement

Lessons Learned

This change idea is measured by audits to observe meaningful engagement vs. controlling/restrictive care. The results of the audit indicate an improvement in the way staff are utilizing the skills from their training, to meaningfully engage with residents.

Change Idea #4 ☒ Implemented ☐ Not Implemented

Build capacity of staff on model of care

Target for process measure

- Staff associated with secure unit and new hires are trained and well versed on butterfly principles

Lessons Learned

Staff associated with the unit and new hires were trained and able to apply their knowledge and skills from the training. This change idea was measured through # of trainings held and the achievement of accreditation with Meaningful Care Matters to be an official Butterfly Home.

Comment

calculation error: 2021-2022 performance is 67%

Theme III: Safe and Effective Care | Safe | Priority Indicator

	Last Year		This Year	
Indicator #2				
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Belmont House)	14.80	14.80	15.63	15.60
	Performance (2022/23)	Target (2022/23)	Performance (2023/24)	Target (2023/24)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Improve indication of use of antipsychotic drugs

Target for process measure

- Indication of use is documented for each resident

Lessons Learned

Our target was to maintain performance to better than the Ontario Average. Although our rate for this indicator increased by less than 1%, it remained below the provincial rate of 21.5% (CIHI). Belmont has historically had low rates of residents not living with psychosis given antipsychotic medications, therefore our focus for this indicator was improving indication of use. Quarterly reports of residents receiving antipsychotic drugs without a diagnosis, were reviewed by our BSO nurse for indication of use and documented.