Theme I: Timely and Efficient Transitions

Measure   **Dimension:** Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 2021 - Sep 2022	14.44	14.44	Our performance for this indicator is 14.4% compared to the Ontario average of 18.5%. We will will focus on falls management to reduce avoidable ED visits from falls. Our current performance is 5.6% of ED visits from falls injuries compared to Ontario 8.3%. Our aim is to perform better than the provincial average.	

Change Ideas

Change Idea #1   Maintain falls management performance to better than the provincial average and reduce avoidable ED visits from falls

Methods	Process measures	Target for process measure	Comments
• Monitor critical incidents from falls • Falls are reported to interdisciplinary team and pharmacist for review and recommendations • Post fall assessments completed	• % Completion of root cause 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 • 85% completion of post fall assessments	

Change Idea #2   Promote falls management education for Staff, residents and families

Methods	Process measures	Target for process measure	Comments
• Staff re-training on falls management • Falls education and awareness is promoted to residents and their families	• % of staff who completed training • Education is displayed and distributed during Falls prevention month	• 100% of direct care staff re-trained • Display and education completed by the end of November	

Report Access Date: April 13, 2023

Theme II: Service Excellence

Measure **Dimension:** Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	P	% / LTC home residents	In house data, NHCAHPS survey / Apr 2022 - Mar 2023	85.71	85.71	Maintain our performance of 85% and above	

Change Ideas

Change Idea #1   80% of positive responses to satisfaction survey question

Methods	Process measures	Target for process measure	Comments
Staff training on handling complaints and concerns	• % completion on Surge Learning	• 90% completion	Total Surveys Initiated: 39 Total LTCH Beds: 140

Measure   **Dimension:** Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	P	% / LTC home residents	In house data, interRAI survey / Apr 2022 - Mar 2023	80.00	80.00	Maintain our performance of 80% and above	

Change Ideas

Change Idea #1   • Residents and families are aware of how to raise concerns/ complaints

Methods	Process measures	Target for process measure	Comments
• Communication material is distributed and displayed • Input on complaints/ concerns is sought at resident and family council	• Satisfaction survey is conducted • % of positive response in satisfaction survey	• 80% on positive responses (usually/always)	Total Surveys Initiated: 40 Total LTCH Beds: 140

Measure   **Dimension:** Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
• Butterfly model of Care is expanded at Belmont House	C	Count / LTC home residents	In house data collection / JAN - DEC, 2023	CB	70.00	Belmont has been implementing the Butterfly Model of care in our secure unit. This will be expanded to other units in the home.	

Change Ideas

Change Idea #1 • Butterfly model of care training is expanded to all staff across Belmont

Methods	Process measures	Target for process measure	Comments
• Direct care staff will gradually be trained alongside new hires	• % of trained staff in the Butterfly Model of care	• 75% of direct care staff will be trained by the end of 2023	

Change Idea #2 • Undergo Butterfly Accreditation

Methods	Process measures	Target for process measure	Comments
• Prepare staff for Butterfly accreditation • Applicable policies are updated or developed and distributed to staff • Prepare documentation for Butterfly accreditation	• Criteria for Butterfly accreditation are met	• Belmont is accredited as a Butterfly Home	

Change Idea #3 • Monitor Butterfly Indicators

Methods	Process measures	Target for process measure	Comments
• Butterfly indicators are tracked and monitored • Audits are conducted quarterly	• Butterfly indicators are reported and reviewed quarterly • Audits are reported and reviewed quarterly	• Improvement in indicators are tracked from baseline • Audits inform improvement areas	

Theme III: Safe and Effective Care

Measure   **Dimension:** Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	P	% / LTC home residents	CIHI CCRS / Jul - Sept 2022	15.63	15.60	Performance has historically been better than the provincial average. Indication of use will be the focus for improvement.	

Change Ideas

Change Idea #1   • Improve indication of use of antipsychotic drugs

Methods	Process measures	Target for process measure	Comments
• 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	• 100% of residents on antipsychotic drugs are reviewed with BSO nurse and interdisciplinary team • Indication of use is documented for each resident	