

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 9, 2026

OVERVIEW

Belmont House celebrates a rich history of more than 170 years of caring since our journey began in 1852. We are 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 include 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 dementia and palliative care. Residents also receive care for depression, circulatory diseases, osteoarthritis, stroke, and Parkinson’s disease. 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.

We have completed the first year of our 5 -year strategic plan (2025 -2030) focused on working together to achieve excellence in seniors’ care and provide services that meet the needs of the seniors we serve. The strategic plan is aligned with Quality Improvement Actions along with the following:

- Belmont House Operating Plan;
- Ontario Health and Ministry of Health Teams (Formerly Long-Term Care Home Accountability Service Plan -LSAA);
- Ministry of Health and Ministry of Long-Term Care legislation, regulations and directives;
- Ontario Health directions and priority indicators;
- Accreditation Canada Qmentum Long Term Care Standards;

- Areas arising from Belmont's 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. Key performance indicators are tracked quarterly utilizing a Balanced Scorecard approach and are reported to Belmont's CQI Committee comprised of the Quality Risk and Safety -Board Committee and Quality Risk and Safety -Operational Committee.

ACCESS AND FLOW

Belmont House has always cared for residents with a range of needs. Currently our resident profile shows the following demographics:

- 62% are older than 85 years old;
 - 80% of all residents have dementia;
 - 6% have congestive heart failure;
- (CIHI, 2025)

There is a continuing increase in the proportion of residents being admitted at a later stage in life, often with more complex care needs, higher acuity levels, and greater clinical and behavioural complexity. Many of these admissions occur as crisis placements from acute-care hospitals, driven in part by system pressures, including delays in the redevelopment and expansion of long-term care homes. As a result, residents are entering long-term care with greater functional decline and medical instability than in previous years. Concurrently, like much of the long-term care sector, we have experienced ongoing staffing shortages and increased reliance on

agency staff. These workforce pressures can impact care continuity, staff familiarity with residents, and the consistent implementation of individualized care approaches, further contributing to operational strain across the home.

Belmont has embarked on a new build journey to expand on our existing property for an additional 168 long term care beds, 32 assisted living beds and community programming. Our groundbreaking ceremony on January 12, 2026, attended by Minister Natalia Kusendova-Bashta, was a significant milestone that brought together community, partners, donors, and government leadership to celebrate the start of an important new chapter in senior's care. It was a proud and symbolic moment, reflecting strong collaboration and a shared commitment to enhancing care and services. Since the launch of a \$30 million Fundraising Campaign in 2023, we are pleased to have reached \$23 million in pledges towards this goal.

With this undertaking, Belmont will strive to meet the growing needs in the community and improve the quality of life for our residents.

EQUITY AND INDIGENOUS HEALTH

Belmont House demonstrates commitment to diversity, equity, and inclusion (DEI). Our accountability framework and code of conduct provide a foundation for equitable practices in our care and services. This is demonstrated through the following:

- Development of a diversity strategy;
- Training for all staff and management in DEI;
- A transparent admission process;
- An open-door policy for residents, families and staff to voice concerns directly with the direct supervisor or senior management;
- A just culture environment;
- An established Human Resources Advisory committee to advise management on work life matters; and
- Recruitment of diverse Board members.

In 2025 Belmont accomplished the following:

- Completion of an organizational DEI assessment tool for DEI from CLRI;
- Development of an action plan based on the assessment;
- Involvement in staff to celebrate Canadian Multicultural Day;
- Indigenous cultural safety training for Board members; and
- Launch of a Respect in the Workplace Program.

In 2026 we will continue to address the action plan and continue education initiatives and opportunities for celebration with staff, residents and community.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Belmont ensures that from the very first day a resident begins their journey at Belmont, they with their loved ones, can voice their input to meaningfully shape their care and services to their

individual needs. Furthermore, Belmont's Community Engagement Strategy "Better Together" ensures that stakeholders are appropriately consulted with, to provide input on the care and services.

The annual experience survey is one of the tools used to gather input for continuous improvement. Residents and families are consulted prior to the survey going out, on additional questions they wish to add. The survey results are received by an external, third-party company who summarizes the results, which are then presented to residents and families at their respective council for input on improvement directions.

As part of our 2025-26 QIP, Belmont addressed the priority indicators of residents having a voice, feel they are listened to by staff, and can speak up without fear of consequence. Under this theme we focused on two main goals: education on the complaints process and implementation of a new emotion-centred model of care.

Change ideas for improvement included:

- Expansion of emotion-centred care through the Butterfly Program, in partnership with Meaningful Care Matters;
- Monitoring the responses to the annual satisfaction surveys;
- Staff re-training on the complaints process;
- Monitoring complaints received; and
- Engagement with residents and families to increase their awareness on how input can be provided on care, services and the life of the home, and how to raise concerns/complaints;

In partnership with Meaningful Care Matters, the Butterfly Model of

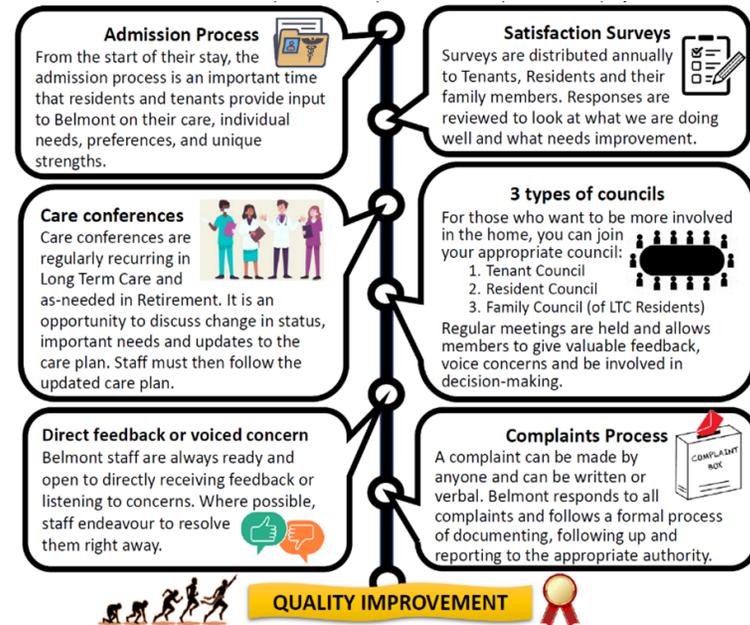
Care has been an improvement initiative over multiple years to enhance the resident experience for those with dementia. Implementation of this model included environmental changes to the home environment and staff training on butterfly approaches to care and meaningful engagement. As a result, Belmont achieved accreditation in 2023 as a Butterfly Home, the first in Toronto, and subsequently, re-accreditation in 2024. We are now looking to re-accredit the pilot home area and accredit the expanded areas in 2026.

In 2024 Belmont received a \$700,000 grant from the Slaight Foundation to roll out the Butterfly Program over the next 2 years to the remaining LTC units. This expansion has since been underway.

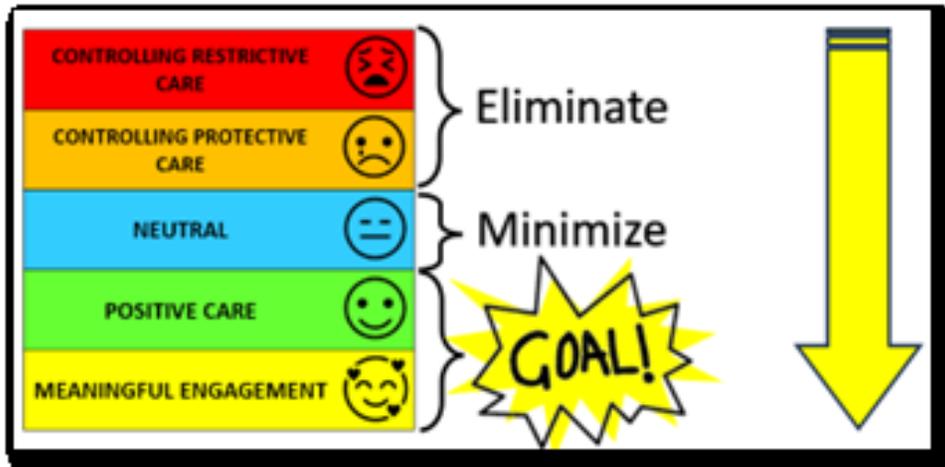
Our overarching goals will remain the same for 2026 with change ideas now focused on the following:

- Continue to train more staff on Butterfly program principles including emotion-centred care and 5 types of care (see Table);
- Identify staff champions to help establish Home Area Action Team (HAT);
- Increase in meaningful engagement and positive care interactions while minimizing neutral care and eliminate controlling protective and restrictive care (Figure 2);
- Monitoring level of engagement residents receive through Quality of Interactions (QUIS) audits; and
- Undergoing Butterfly re-accreditation for pilot home area and accreditation for other home areas where Butterfly has been expanded.

See Table: 5 Types of care for Emotion Centred Care







PROVIDER EXPERIENCE

Belmont continues to experience similar challenges across the province such as managing continued outbreaks, burnout in staff, staffing shortages and retention, and reliance on agency to fill staffing gaps. Our decisions are guided by the Ministry and public health, around many operational and safety procedures.

Results from our workforce survey conducted through Accreditation Canada showed positive sentiments from staff regarding:

- Their role, supervisor and leadership,
- Resident safety and care, and
- Their own well-being and engagement with their work team.

Additionally, results showed the following:

- 88% of staff said they are satisfied with their work
- 80% gave their team a positive rating on safety
- 85% gave Belmont an overall positive grade on safety

MEANINGFUL ENGAGEMENT	POSITIVE CARE	NEUTRAL	CONTROLLING PROTECTIVE CARE	CONTROLLING RESTRICTIVE CARE
Meaningful conversation beyond the task being done.	Good attention to physical & personal care but interaction doesn't reach level of meaningful engagement.	No interactions, tasked focused care, lack of environmental stimuli.	The intention is to keep residents safe but done in a matter without explanation or reassurance, leaving the person feeling rushed, misunderstood, frustrated or poorly informed	Highly concerning practice where a person's freedom is denied without good reason. >15 min lack of responsiveness to and neglect of people's needs or >30 min of inactivity

During our onsite Accreditation Canada survey in November 2025, surveyors shared observations highlighting themes of compassionate care, a welcoming and responsive environment, and strong communication across the organization. They acknowledged our efforts related to the Butterfly program, the thoughtful use of technology to support care delivery, the introduction of meaningful rituals to honour life and loss, and planning for our upcoming redevelopment. Based on these observations, we were awarded Accreditation with Exemplary Standing, the highest level of accreditation. This outcome reflects our ongoing commitment to fostering a just culture that supports staff, residents, and families, and our continued focus on learning, reflection, and quality improvement.

Since the introduction of PREP-LTC funding through the Centre for Learning, Research and Innovation (CLRI), we have been able to meaningfully enhance our student placement program. These funds supported the implementation of structured staff preceptor training, the development of new partnerships with both public and private post-secondary institutions, and the allocation of dedicated resources for student coordination. As a result, student placements have grown significantly, and we have hosted nursing placements along with hundreds of PSW students annually. This expanded program has become a key contributor to our recruitment strategy, enabling us to hire placement students who have demonstrated a strong aptitude for long-term care and alignment with our emotion-centred model of care. We are hopeful that these enriched learning experiences not only strengthen our workforce today, but also help prepare and inspire the next generation of healthcare professionals to enter and remain in the long-term care sector.

SAFETY

Belmont's commitment to safety is demonstrated in numerous ways:

- Accountability framework and Balanced Scorecard reporting;
- Accountability and oversight via our continuous quality improvement structure with representation from frontline staff, residents, families and management and board members;
- Standing agenda items on all committees addressing resident safety and concerns;
- Continuous monitoring and reporting of data and performance indicators in real-time by the interdisciplinary team;
- Action plans are initiated when data is outside desired range;
- Staff support and a just culture environment;

- Accreditation process with Accreditation Canada ;
- Private Caregiver Program -registration of all private caregivers and requirements for liability insurance and vulnerability sector screening;
- Audits and annual program evaluation;
- The Joint Occupational Health and Safety committee monitors all safety related incidents;
- Senior Management reviews all incidents quarterly and based on the root cause of the incidents, develops system wide recommendations for implementation to prevent recurrence;
- Workplace violence is a strategic priority;
- The Behavioural Support Nurse provides consultation and recommendation to the care team for residents exhibiting responsive behaviours;
- Board members are required to complete the health and safety training;
- Training and education, 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 safety related matters are discussed; and
- Belmont House is part of a Safety Group to support compliance with Ministry of Labour standards.

PALLIATIVE CARE

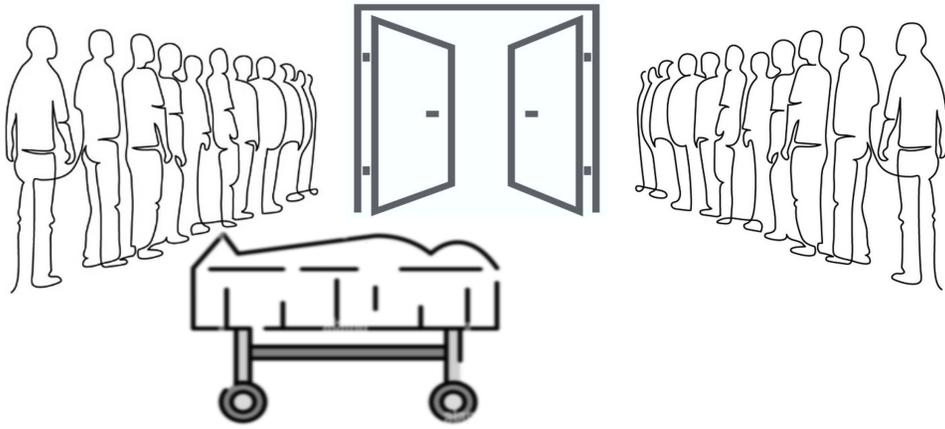
Belmont has a comprehensive palliative care program focused on quality care, comfort and pain management for residents, and education and support for staff and family members. The program is led by a Nurse Supervisor and supported by a Palliative Care Committee made up of interdisciplinary healthcare team members and a family representative. Belmont takes a resident-centred

approach to palliative care and conducts monthly rounds to address all needs of individual residents who are palliative/end of life status. The palliative program undergoes an annual program evaluation and from this, improvements implemented include:

- Post death staff support ritual,
- Palliative education material for families,
- Palliative and end of life communication protocols,
- Communication at the end-of-life education for direct care staff,
- Implementation of palliative care assessments,
- Post death follow up call for families,
- Bereavement cards sent to families, and
- Palliative care carts for families (see photos).

The Palliative Committee helped shape a new practice, the Honour Walk, that was recently implemented at Belmont. The Honour Walk takes place when a resident passes away and is being transported to the funeral home. A quilt is placed over them, and staff are alerted “Angel in Flight”. Staff are encouraged to stop what they are doing and if available, head to the announced door to form 2 parallel lines to create a corridor of honour. The Honour Walk serves as a reminder of the human connection that is at the heart of healthcare and the importance of empathy, compassion and respect.





POPULATION HEALTH MANAGEMENT

Preparations are underway for construction to begin this month on our current site, which will include the addition of 168 long-term care beds, 32 assisted living beds, and community programming. This redevelopment represents a thoughtful response to the growing and changing needs of an aging population and the increasing pressures facing the long-term care sector. With a current long-term care waitlist of nearly 1,200 individuals, this expansion is an important step toward improving access to care in our community. Bringing this project to fruition has required the collective efforts of many partners, reflecting the strength of collaboration and shared commitment across our community including:

- Ministry of Long Term Care,
- City of Toronto,

- Graham Construction,
- RBC for financing,
- Montgomery Sisam, architects,
- BTY (consulting and project management), and
- Belmont Neighbourhood Liaison Committee -created to maintain relations with surrounding neighbours on Belmont street

Furthermore, Belmont's ongoing partnerships serve to support and contribute our current residents' care needs such as:

- Belmont is a participant in the University Health Network.
- During periods of outbreak, we are well established with Life Labs and Toronto Public Health for quick turnaround of testing and determining actions.
- Belmont works closely with an Enterostomal Therapy Nurse at Novak Health Consulting to address skin and wound health in residents.
- External services from the community are coordinated to provide ongoing chiropody, dental, audiology and eye care clinics in the home, to residents.
- The Nurse Led Outreach Team from Ontario Health Toronto East Hub has been an important resource for Belmont to provide ongoing support to our nursing staff via Emergency Mobile Nursing Services such as emergency resident assessments that aid in avoiding hospitalization and other clinical support.
- Belmont is connected with the Geriatric Mental Health Outreach Team and Behavioural Neurology to provide consultations for individual residents when needed
- Belmont has a Behavioural Support Nurse on staff who provide consultation and recommendation to the care team on individual residents exhibiting behavioural concerns
- 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.

- Belmont has been implementing the Butterfly Model of Care in partnership with Meaningful Care Matters. Ongoing engagement with residents and their family members and training for all staff on the model of care and meaningful engagement. Belmont has also been able to connect with other Butterfly homes in the GTA for information sharing.
- A partnership with researcher Dr. Iaboni at KITE UHN allowed Belmont to participate in a study on gait and falls prevention which concluded at the end of 2025.
- Belmont was involved in a cultural homes pilot to facilitate access and prioritize admissions to Long Term Care.
- Belmont is participating in “Long Term Care +” a virtual care program to reduce emergency room visits.
- Belmont is exploring the addition of a nurse practitioner to the team which may be a support to reducing emergency room visits.
- With the introduction of the CLRI funding, Belmont was fortunate to use funds towards staff preceptor training, enhance the student placement program and foster new partnerships with private career colleges. PSW student placements at Belmont have significantly grown and we continue to host nursing placements with existing partner academic institutions. This contributes to our recruitment efforts and our hope is the student experience will prepare future healthcare workers for the sector.
- Partnership with local secondary schools invites students to support recreation programs and add to the life of the home.
- Volunteers provide invaluable supports such as feeding and running our Tuck Shop.
- Family council meetings are held online, which has allowed for more family members who live far away, and sometimes out of

country, to participate and voice concerns on behalf of their loved one.

- Resident council continues to take an active role in providing input to the life of the home.
- Belmont continues to work with Accreditation Canada and achieved Accreditation with Exemplary standing, the highest award this past November 2025.

CONTACT INFORMATION/DESIGNATED LEAD

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OTHER

CQI STRUCTURE AND COMPOSITION

Belmont’s Continuous Quality Improvement (CQI) Committee is comprised of 2 parts:

- 1) Quality Risk and Safety -Board Committee, and
- 2) Quality Risk and Safety -Operational Committee

Together they work to fulfill the requirements for Continuous Quality Improvement, per the FLTCA, 2021.

The required membership in section 42 of the FLTCA is represented across both committees

Composition of QRS Operational Committee and QRS Board Committee (see Table 1)

EXPERIENCE SURVEYS

The survey period begins with consultations with resident and

family councils for input on the survey questions. The survey is then distributed to residents who are able to complete it with the aid of volunteers. Families are sent the survey electronically and if requested by mail. Survey results are compiled by an external third-party company who sends a comprehensive report which is then presented to both councils for input into actions for improvement. Management then develops an action plan and implements improvement initiatives.

1. Resident Experience Survey

Consultation with Resident Council July 11, 2025

Survey period July 18-August 8, 2025

Number of surveys distributed 38

Survey results presented October 9, 2025

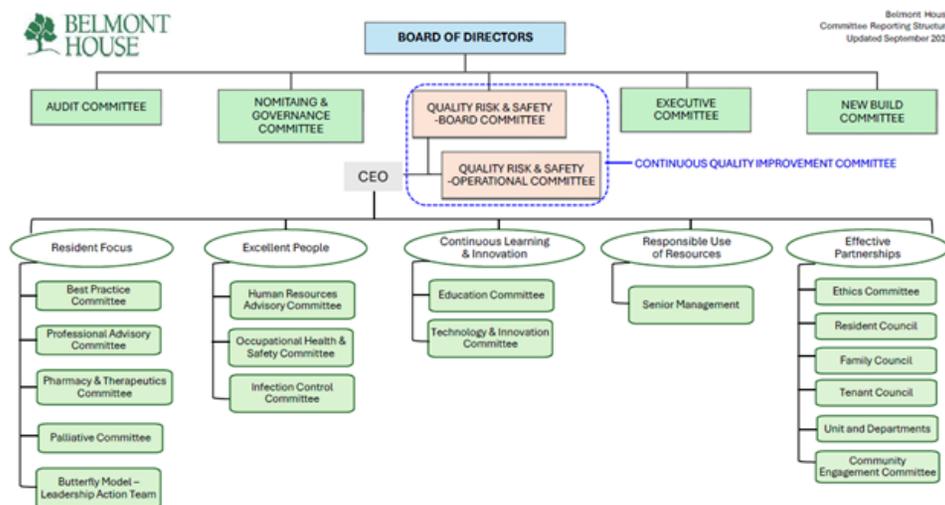
2. Family Experience Survey

Consultation with Family Council July 9, 2025

Survey period July 16-August 11, 2025

Number of surveys distributed 137

Survey results presented October 2, 2025



Composition of QRS Operational Committee and QRS Board Committee	QRS OPS COMMITTEE	QRS BOARD COMMITTEE
1) CEO (Chair)*	✓	✓
2) COO*	✓	✓
3) DOC*	✓	✓
4) Medical Director*	✓	✓
<i>Every Designated Lead in the home*</i>		
5) Director of Quality, Safety and Innovation	✓	✓
6) ADOC/IPAC Lead	✓	X
7) ADOC/BSO Lead	✓	X
8) LTC Nursing Supervisors	✓	X
9) Tenant Health Office Nursing Supervisor	✓	X
10) Director of Retirement	✓	✓
11) Director Support Services	✓	X
12) Recreation Supervisor	✓	X
13) Housekeeping Supervisor	✓	X
14) Maintenance supervisors	✓	X
15) Director of HR	✓	X
16) Director of Finance	✓	X
17) Registered Dietitian*	✓	X
18) Pharmacy service provider*	✓	X
19) Regular nursing staff*	✓	X
20) Health Care Aide*	✓	X
21) Resident council member*	X	✓
22) Family council member*	X	✓
23) Tenant Council member	X	✓
24) Physiotherapist	✓	X
25) Social Service Worker	✓	X
26) Board Members	X	✓

*Required (FLCTA, 2021)

