

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate 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 / October 1, 2024, to September 30, 2025 (Q3 to the end of the following Q2)	11.86	11.86	We will maintain performance to better than the Ontario Average. Belmont will focus on education for families and provide information on common areas that may influence decisions on whether to send their loved one to the ED such as: falls, palliative care, treatment guidance and advance care planning.	

Change Ideas

Change Idea #1 • Resident and Family education initiative

Methods	Process measures	Target for process measure	Comments
<ul style="list-style-type: none"> Provide information on resident safety information to residents and families 	<ul style="list-style-type: none"> Information display Review of resident safety information at resident and family council 	Information displays created for falls management, treatment guidance, palliative care and advance care planning	

Equity

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	96.79	97.00	Belmont has had formal training for staff on equity, diversity and inclusion in staff since 2020. Belmont will continue to promote this inservice and include other in-person initiatives.	

Change Ideas

Change Idea #1 • Staff are educated in equity, diversity, inclusion and antiracism

Methods	Process measures	Target for process measure	Comments
<ul style="list-style-type: none"> • Staff will complete inservice on equity, diversity, inclusion • Diversity initiative planned for 2026 	<ul style="list-style-type: none"> • % staff completion of Inservice • Diversity and inclusion initiative held in 2026 	<ul style="list-style-type: none"> • 90% of staff complete inservice on equity, diversion, inclusion • 1 diversity initiative held in 2026 	

Experience

Measure - Dimension: Patient-centred

Indicator #3	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?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	75.68	80.00	The number of residents who are able to complete a survey has continued to decline. Belmont has reviewed and revised the survey to be shorter in length and simplify the questions. Continued awareness on how to initiate a complaint and voice concerns will be raised with residents and families. Emotion-centred care training for all staff for the Butterfly Model of Care is planned this year. Training will support staff in engaging with residents meaningfully and helping to meet not just their physical needs but also emotional needs. Implementation of the Butterfly Model of Care at Belmont began in 2021 on Belmont's secured unit, with accreditation achieved in 2023 and 2024. We have since spread to 2 more units and our goal is to complete implementation on the 2 remaining units by the end of 2026.	

Change Ideas

Change Idea #1 • Staff training on emotion-centred care

Methods	Process measures	Target for process measure	Comments
<ul style="list-style-type: none"> • Conduct staff training 	<ul style="list-style-type: none"> • # of training sessions planned • # of staff attending training • # of staff who successfully complete the training 	<ul style="list-style-type: none"> • 80% of staff are trained by Q1, 2027 • Management refresher training held 	<ul style="list-style-type: none"> • Total Surveys Initiated: 38

Change Idea #2 • Family education on emotion-centred care

Methods	Process measures	Target for process measure	Comments
<ul style="list-style-type: none"> • Conduct an education session for families on Belmont's Butterfly Program and how emotion-centred care is used to support residents 	<ul style="list-style-type: none"> • Family session is planned • Communication is sent on family session • Family session conducted 	<ul style="list-style-type: none"> • 1 family session conducted • Information is distributed and posted 	

Measure - Dimension: Patient-centred

Indicator #4	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".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	61.54	75.00	The number of residents who are able to complete a survey has continued to decline. Belmont has reviewed and revised the survey to be shorter in length and simplify the questions. Continued awareness on how to initiate a complaint and voice concerns will be raised with residents and families. Emotion-centred care training for all staff for the Butterfly Model of Care is planned this year. Training will support staff in engaging with residents meaningfully and helping to meet not just their physical needs but also emotional needs. Implementation of the Butterfly Model of Care at Belmont began in 2021 on Belmont's secured unit, with accreditation achieved in 2023 and 2024. We have since spread to 2 more units and our goal is to complete implementation on the 2 remaining units by the end of 2026.	

Change Ideas

Change Idea #1 • Staff training on handling complaints and concerns

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

Change Idea #2 • Awareness in Residents and Families of how to raise concerns/complaints

Methods	Process measures	Target for process measure	Comments
• Display and communicate information	• Complaints and concerns information is distributed	• Resident and family council receives information	

Change Idea #3 • Conduct annual family and resident experience survey

Methods	Process measures	Target for process measure	Comments
• Input on survey is sought at resident and family council • Survey is distributed to current POAs and all eligible residents • Survey results are shared at resident and family council • Improvement areas are identified with input from resident and families • Action plan is developed and communicated	• Satisfaction survey is conducted • % of positive responses • Action plan is developed	• Increase in positive responses >80% to questions: a) Do staff listen to residents b) Residents have a voice and can speak without consequence	

Safety

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	12.40	12.00	Improvements will focus on post falls assessments and education for staff, families and residents	

Change Ideas

Change Idea #1 Reduce falls resulting in a fracture

Methods	Process measures	Target for process measure	Comments
<ul style="list-style-type: none"> Track completion of post fall assessment Complete root cause analysis for falls with injuries Staff training on falls prevention and management Falls education and awareness for residents and families 	<ul style="list-style-type: none"> % of post fall assessments completed % of root cause analysis completed for falls with injury % of staff who completed training Education display during Falls prevention month 	<ul style="list-style-type: none"> 85% post fall assessments completed 100% of root cause analysis completed for falls that resulted in a fracture 100% of staff complete training Education display during falls prevention month 	

Measure - Dimension: Safe

Indicator #6	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	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	26.25	22.73	A number residents are admitted already taking antipsychotic medications, a review will be conducted for every new admission. This indicator will focus on tracking and review of all residents triggered.	

Change Ideas**Change Idea #1** Improve indication of use of antipsychotic drugs

Methods	Process measures	Target for process measure	Comments
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Quarterly reports sent to BSO Nurse for review # of residents on antipsychotic drugs without a diagnosis % of residents with indication of use 	<ul style="list-style-type: none"> 100% of residents on antipsychotic drugs are reviewed with BSO nurse and interdisciplinary team Indication of use is documented for each resident 	

Change Idea #2 Track new admissions with existing medications

Methods	Process measures	Target for process measure	Comments
<ul style="list-style-type: none"> New admissions with existing medications are tracked and reported 	<ul style="list-style-type: none"> % of new admissions with existing medications reported 	<ul style="list-style-type: none"> 100% of new admissions with existing medications are reported 	

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care residents whose stage 2 to 4 pressure ulcer worsened	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as reporting quarter for the rolling 4-quarter average	4.65	2.50	Pressure injuries in residents have been as a result of decline, immobility, and decreased intake. Planned improvements will focus on tracking assessments as a way to prevent worsening.	

Change Ideas**Change Idea #1 Identify residents with increased risk**

Methods	Process measures	Target for process measure	Comments
<ul style="list-style-type: none"> Track residents with PURS score 4 or higher Residents with PURS 4 and higher are put back to bed after lunch to offload pressure Identify other high risk residents based on other high risk factors 	<ul style="list-style-type: none"> # of residents with PURS score higher # of residents put back to bed 	<ul style="list-style-type: none"> 100% of residents with PURS 4 or higher are put back to bed after lunch to off load pressure 	

Change Idea #2 Determine contributing factors for residents with worsened stage 2-4 pressure injuries

Methods	Process measures	Target for process measure	Comments
<ul style="list-style-type: none"> Conduct analysis quarterly 	<ul style="list-style-type: none"> # of residents with worsening stage 2-4 pressure injuries with completed analysis quarterly 	<ul style="list-style-type: none"> 100% of residents triggering worsening stage 2-4 pressure injuries receive complete analysis 	

Measure - Dimension: Safe

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care residents in daily physical restraints	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	0.00	0.00	Belmont has historically remained at 0. This indicator will focus on continued education for to ensure understanding of the risks of restraints.	

Change Ideas

Change Idea #1 a) Staff training on restraints and PASDs

Methods	Process measures	Target for process measure	Comments
<ul style="list-style-type: none"> Review inservice Assign in Surge Learning 	<ul style="list-style-type: none"> % of staff completion 	<ul style="list-style-type: none"> 100% staff completion 	