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Change Happen.



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



3/26/2018

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.

[ontario.ca/excellentcare](http://ontario.ca/excellentcare)

## Overview

Belmont Long Term Care Facility is an accredited, privately owned, 128 bed long-term care home. Belmont Long Term Care Facility operates under the direction of the Ministry of Health and Long Term Care of Ontario and is regulated under the Long Term Care Homes Act, 2007, its regulations and subsequent revisions. Our management team provides guidance and leadership to staff of our multidisciplinary teams.

**Our Mission:** To make a positive difference in the lives of our residents, employees, families, volunteers, and students by providing optimum quality of life through compassionate care, and meaningful employment for our staff in a home-like environment.

**Our Vision:** To be the recognized long term care leader of resident- and family-centred care in the Belleville area, in an environment which is considered a caring place to call your home.

**Our Values:** Belmont Long Term Care Facility recognizes that each resident must be given the opportunity to realize their individual potential quality of life, and the right to receive the highest standard of care.

Belmont Long Term Care Facility is committed to quality improvement initiatives that support the LHIN and Ministry of Health and Long-Term Care high priority risk areas in a cost effective manner and are based on feedback from our residents, family members, community partners and staff.

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

**Anti-psychotic medication:** Our percentage of residents receiving antipsychotics without a diagnosis of psychosis was reduced by 13.88% and now sits at 19.86% which exceeds our performance target by 20.75% and is below the provincial average of 20.4%. Since the beginning of 2015 we have reduced our percentage of antipsychotic use by 48.46%. This was achieved by reviewing and tracking anti-psychotic medication use and evaluating the effectiveness on individual residents to reduce unnecessary prescribing.

**Resident falls:** Our percentage of residents who fell during the 30 days preceding their resident assessment was reduced by 27.28% and now sits at 10.13% which exceeds our performance target by 25.99% and is below the provincial average of 15.8%. Since the beginning of 2015 we have reduced our percentage of resident falls by 34%. This was achieved by continuing to monitor high risk fallers and complete falls prevention worksheets and update care plans to identify interventions to reduce or eliminate such risk.

**Resident Restraints:** Our percentage of residents who were physically restrained every day was reduced by 4.66% and although we did not meet our target of 6.00% it now sits at 6.54%. Although we have not met the provincial average of 5.1% we have reduced the use of restraints by 47.55% since the beginning of 2015. This was achieved by educating families, residents and staff on the risks and reduction of resident independence by using restraints. We have also reduced the use of bedrails and provided alternative solutions where needed.

## Resident, Patient, Client Engagement

Residents' Council meet regularly in the Home. The Administrator attends the meetings quarterly to provide residents with information and updates on Quality Improvement initiatives, financial status of the Home, Funding allocations,

satisfaction survey results, building upgrades and to answer any questions or concerns.

Opportunity to have a family council is promoted by communicating this in the admission package, at the semi-annual Family Info Hour, and through the annual family satisfaction survey. We will continue to promote this and when we do have one will facilitate and assist with meetings. We will continue to have semi-annual Family Info Hours until such time that we do have a functioning Family Council.

Our QIP is posted on our website and in our binder at our main entrance.

Tri-annually we have a Strategic Planning session and we have staff, family and community partners attend and participate.

Our annual satisfaction survey is reviewed with Residents' Council and recommendations for changes are received. In 2016 we changed the process for our survey and now utilize Survey Monkey along with benchmarking with seven other homes in our local area. We developed the survey with all homes to ensure consistency with our questions.

## **Collaboration and Integration**

Belmont Long Term Care facility team members participate in meetings with area long term care facilities to share information. In 2016 we collaborated with 7 area long-term care homes to develop a resident and family online survey that was used in 2016 and 2017. This collaboration provided a bench marking opportunity.

We host a quarterly Professional Advisory Committee meeting which includes the Home's physicians, administrator, director of care, assistant director of care, RAI coordinator, and dietician, and external representation from our pharmacy, LHIN nurse practitioner, oxygen provider, physiotherapy provider, and our local Health Unit.

Belmont Long Term Care Facility provides opportunities for volunteers and for student placements with all service areas. We do provide placement opportunities for area Colleges, such as Loyalist and Loyola.

Pacemaker checks for the community are provided.

Partnership agreements are in place with our local LHIN regarding Nurse practitioner services with this agreement we are able to access NP's services when a physician is not readily accessible. The NP sits on committees as needed to assist and provide expertise. With this arrangement we are able to prevent unnecessary transfers to hospital as well as expedite return transfers from hospital back to the Home.

We also have an agreement with the Victorian Order of Nurses to provide emergency shelter for their HNPE Overnight/Weekend Program.

## **Engagement of Clinicians, Leadership & Staff**

Best Practice nurse consultant from RNAO has been providing information on opportunities for engagement and consultation towards the Homes existing program evaluations. In May 2017 a gap analysis was conducted on our Wound Care program. In 2018 the RNAO will be conducting a gap analysis on our Pain program and resident- and family-centred care.

Our pharmacy consultant has been and continues to be highly involved in the anti-psychotic medication usage within the Home both analytically and providing recommendations to the reduction of use and alternative options. He presents information at our quarterly PAC meetings both from a statistical perspective with comparative benchmarking as well as an educational component. He incorporates ISMP information and related best practices.

Our Medical Directors attend our quarterly PAC meeting and have worked collaboratively with the pharmacy to reduce the number of anti-psychotic medications prescribed to our residents.

Our senior management team drives many of the quality initiatives to ensure that they align with the strategic goals of the organization and that they are adequately resourced. Once a need for an area of improvement is identified, an Executive Lead is assigned to ensure that the initiatives are implemented, monitored, evaluated, and sustained. The Executive Lead brings together a clinical team to develop the change ideas, performance metrics and a project plan. The Quality Improvement Team regularly reviews the performance of key quality indicators through quarterly meetings and report the Owner, accordingly.

In order to keep staff aware of QI initiatives and changes in policy and/or procedures we have monthly nursing practice and PSW meetings, semi-annual staff meetings, as well as, a quarterly newsletter and other communications relevant to staff are sent out via email and by postings to all staff.

## **Population Health and Equity Considerations**

68% of our residents have responsive behaviours related to a variety of diagnosis primarily related to dementia, depression/anxiety, and pain. We recognize that all behaviours have meaning and our role is to determine what is behind the meaning and how we can best meet the resident's need in a gentle, respectful and dignified manner. To further support our residents, we have an in-house Behavioural Support Team, as well as external resources (Seniors Mental Health, Geriatric Outreach Team) to assist with developing interventions, programs, and therapies to best suit the needs of the individual resident. Our registered staff are trained in P.I.E.C.E.S, our direct care staff are trained in Gentle Persuasive and/or Montessori/Dementiability approaches and we continue to train our PSW staff in U-First in order to best meet the needs of this resident population.

70% of our population has a diagnosis of hypertension. Appropriate therapies and interventions are prescribed. Blood pressures are monitored monthly and as needed.

30% of our population is hearing impaired. A portable microphone is utilized by program staff to assist with residents enjoyment of programs.

30% of our population has diabetes. Appropriate meals and snacks are offered to our diabetic residents. Blood sugars are monitored regularly through routine screening and dependent on the need of the resident.

53% of our population has visual impairment. Appropriate programming is offered to our visually impaired residents.

30% of our population has arthritic-related pain. Belmont has pain and symptom management tools and protocols which are utilized to assess residents' pain level and assist with determining appropriate therapies and/or interventions.

Access to physicians can be an issue for all Ontario residents and particularly the elderly. At Belmont Long Term Care Facility, any resident admitted without a family physician or whose family physician does not attend at the long term care home, will have their care transferred to one of our Medical Directors.

A list is maintained of staff who can speak other languages in the event a resident might have a language barrier.

Assistance was provided to residents (if required) to complete the annual resident survey. We had 55 (43%) of residents participate in our Annual Resident Satisfaction Survey which represented all those with a CPS score of less than 3.

Recognizing that our residents may be limited by their mobility or other limitations in accessing services. Dental services, lab and X-ray, footcare and haircare is available onsite. Mobility assessments and physiotherapy services are also provided onsite, as qualified and needed.

### **Access to the Right Level of Care - Addressing ALC**

ALC clients are transitioned from hospital to LTC homes through a joint effort with the LHIN. All applications are reviewed and requests for clarification are requested in a timely manner. We continue to struggle with potential residents' assessments being current and up to date, but are confident a resolution is on the horizon.

As of 2017 we received funding for an internal Behavioural Support Team in order to have the resources for more acutely ill residents with behaviours. This funding provides us with additional RPN and PSW hours to assist in the management of responsive behaviours in the Home.

Belmont Long Term Care Facility also provides radiology and IV therapy. This has allowed us to keep our residents in the Home for some x-ray assessments and during a time when an acute infection requires IV antibiotic treatment.

We will continue to assess and look for opportunities to expand or enhance our employees' scope of practice and support residents' right to access the right level of care within our Home.

### **Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder**

Ongoing monitoring of opioid use is conducted at Belmont Long Term Care Facility. Currently, opioids are prescribed only in circumstances related to chronic, acute and palliative pain management.

Presently none of our population is prescribed fentanyl or methadone.

We work collaboratively with the Pain and Symptom Consultant through our LHIN.

### **Workplace Violence Prevention**

Belmont Long Term Care Facility is committed to maintaining a safe and healthy work environment, including an workplace which is free of workplace violence and harassment. In 2017 our workplace violence prevention and harassment program was updated to meet new standards set out by the Occupational Health and Safety Act. All staff attended an inservice regarding the updates and a resource manual was placed in areas throughout the Home for easy accessibility.

In 2018 we will be surveying the staff on Workplace Violence. The results of the survey will be analyzed by the Joint Occupational Health and Safety Committee and results will be communicated to all staff.

Belmont will continue to provide annual education on workplace violence and harassment recognition and prevention.

Workplace violence and harassment prevention is a priority of this organization and will be included in our strategic plan.

### 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 \_\_\_\_\_ (signature)  
Administrator /Executive Director \_\_\_\_\_ (signature)  
Quality Committee Chair or delegate \_\_\_\_\_ (signature)  
Other leadership as appropriate \_\_\_\_\_ (signature)