



BelvedereHeights
Community Support Services Residences Long Term Care

Belvedere Heights 2022-2023 Quality Improvement Plan Interim Report

Making a Difference Together!

Belvedere Heights 2022-2023 Quality Improvement Program

What is the purpose Quality Improvement Plan (QIP)?

Belvedere Heights is committed to excellence in care and community services. Our purpose is to enrich lives by offering long term care and supports that our Residents and families trust, our employees are proud of and our communities value.

Under the Leadership of the Quality Improvement Lead (Kami Johnson, Administrator), and guided by our core values; the Belvedere Heights Continuous Quality Improvement Program ensures that a comprehensive, coordinated, facility wide program is in place to monitor, analyze, evaluate and improve the quality of accommodations care, service, programs and goods provided to residents by the facility.

How are areas for improvement chosen?

The selection of the Priority Indicators are not only in alignment with the Quality Dimensions provided by Ontario Health but are also reflective of the keys areas of focus as identified by our Residents, Families and Team members.

The Home has an active Residents' Council and Family Council that meet regularly. The Councils provide recommendations for improvement and are updated and consulted regularly on quality improvements initiatives and in the development of the resident satisfaction survey. As key stakeholders, residents and family members will be extensively engaged in the development of the Home's Quality improvement Plan

How will progress and quality improvement initiatives be communicated to Residents, Families and Residents?

Updates will be regularly shared through the posting of quarterly minutes and QIP outcomes on both the homes website and internally within the home. In addition, progress will be shared monthly at Resident and Family council Meetings and more frequently as requested.

Making a Difference Together!

We believe that every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.

Put People First!

Goal: We will support a home wherein Residents can continue to celebrate life in safety and security!

Quality indicator: Resident Survey Results "I feel comfortable voicing my opinions and I feel that I am listened to by staff" 100% of Residents will express that they feel comfortable voicing their opinions

Target: 100% of Residents will express that they feel comfortable voicing their opinions and that they feel heard by staff!

Change Ideas:

1. Residents will be empowered to lead education for staff on Residents rights and Quality of care!
2. A member of Resident and Family Council will be supported on the Home's QIP committee
3. Eden Alternative Warmth Surveys to be completed by Staff and Residents. Resident Centered Change ideas based on feedback from surveys to be trialed and integrated into Home processes.

Making a Difference Together!

We will continue to improve the safety of care we provide by focusing on three core clinical practices: Medication Safety, Falls prevention and Hand Hygiene Compliance.

Taking Care of What's Important!

Goal: We will reduce the percentage of Residents receiving an antipsychotic without a supporting diagnosis of Psychosis.

Quality indicator: CIHI indicator: % of Residents who have taken antipsychotics without a diagnosis of psychosis (quarterly)

Target: We will reduce the % of Residents taking an antipsychotic without a supporting diagnosis by 50% from 26.6% to 13.3 % by December 31/22.

Change Ideas:

1. Initiate and sustain a interdisciplinary BSO committee – to meet monthly and review Residents receiving antipsychotics.
2. Implement Montessori based programming to provide meaningful engagement and interaction for Residents in the Home based on past roles and preferences.
3. Create a BSO Champion Education series including training on GPA, positive approaches to Dementia care and Montessori methods for Dementia care.
4. Integrate the Alberta Health Antipsychotic de-prescribing tool into the quarterly med review process.

Making a Difference Together!

We will continue to improve the safety of care we provide by focusing on three core clinical practices: Medication Safety, Falls prevention and Hand Hygiene Compliance.

Taking Care of What's Important!

Goal: We will improve resident safety and independence through the reduction of falls in the home.

Quality indicator: CIHI indicator: % of Residents who have fallen (quarterly)

Target: We will reduce the % of Residents experiencing a fall (quarterly) by 50% from 27.3% to 13.65 % by December 31/22.

Change Ideas:

1. Initiate and sustain a interdisciplinary Falls Prevention committee – to meet monthly and review Residents at high risk for falls and falls prevention best practices.
2. Implement Montessori based programming to provide meaningful engagement and interaction for Residents in the Home based on past roles and preferences.
3. Implement Daily Process Measures Tracking Tools to ensure that best practice strategies are initiated for residents within 24 hours of a fall.

Making a Difference Together!

We will continue to improve the safety of care we provide by focusing on three core clinical practices: Medication Safety, Falls prevention and Hand Hygiene Compliance.

Taking Care of What's Important!

Goal: We will continue to support powerful IPAC practices to reduce the risk of infection transmission in our Home.

Quality indicator: % of Staff, Residents and Visitors who are compliant with Hand Hygiene practices

Target: greater than 90% of staff, residents and Visitors will demonstrate compliance with hand hygiene practices (monthly) by Dec 31/22.

Change Ideas:

1. Adoption of IT solutions such as SURGE QRM and PCC IPAC module to improve tracking and communication of hand hygiene practices in the home.
2. Improve transparency of results by sharing hand hygiene compliance rates with Resident and Family councils and posting within each department.
3. Celebrate success through Hand Hygiene awards and prizes for highest performing departments.
4. Improve access to hand hygiene supplies and resources at meal service.

Making a Difference Together!

We will support Resident and their families/caregivers to address physical, psychological, social, spiritual and practical issues and their associated expectations, needs, hopes and fears.

Create Comfort!

Goal: We will ensure that Palliative Care planning is initiated at admission and re-assessed in the early stages of illness to prevent and alleviate suffering for Residents. This will include early identification of symptoms and the provision of comfort care as well as emotional and social support to the Residents and their families.

Quality indicator: % of Residents with an end of life/palliative plan of care created within 6 weeks of admission.

Target: 100% of Resident will have a palliative/end of life plan of care that outlines their preferences and goals within 6 weeks of admission by December 31/22.

Change Ideas:

1. Admission and 6 week care conference processes will be updated to support interdisciplinary, fulsome conversations with families and Residents regarding end-of-life preferences and goals.
2. Enhanced education related to end of life care will be provided to frontline care providers.
3. Updated information related to end-of-life services and resources will be provided to families and Residents at admission and as needed.

Making a Difference Together!

We will support Resident dignity through the dining process: moving from traditional methods to person directed methods of the dining experience for Residents Families and Team members!

Promote choice and Freedom

Goal: Residents, families and staff will be empowered to promote and facilitate positive changes to the Home's pleasurable dining program!

Resident Survey Results: Residents and their Families will rate a higher degree of satisfaction with food quality and the dining experience.

Target: greater than 90% of Residents and Families will rate improved satisfaction with food quality and the dining experience.

Change Ideas:

1. Baseline surveys will be conducted with Residents, Families and Team members regarding current state of Pleasurable dining Program and strategies to improve. Surveys will be repeated at end of year.
2. The home will explore, in collaboration with key stakeholders, change ideas based on best practice to improve resident choice and freedom at meal service (ex: 'continual dining', expanded meal service times, seating, ambience and food quality)
3. "All Hands on Deck" approach to meal service will be supported by all team members across all departments.

Making a Difference Together!

We will continue to ensure that Residents and their families receive care in the right place at the right time through the prevention of potentially avoidable transfers to the Emergency Department.

Goal: We will flag and identify early changes in Residents health and wellness to prevent potentially avoidable transfer to the Emergency department.

Quality indicator: % of Residents who experienced a potentially avoidable ED visit quarterly (OH data)

Target: We will decrease the number of potentially avoidable ED visits by 50% from 15.5% to 7.75 % by Q2 of 2023

Exceed Expectations!

Change Ideas:

1. All nurses will complete SBAR training by December 21/22
2. We will implement clinical pathway supports to help guide decision making at the bedside.
3. We will implement enhanced end of life screening to ensure palliative and end of life care goals and preferences are clearly communicated with Residents and families
4. We will implement Decision support tools such as Practitioner engagement, eConnect and secure conversations to improve communication and sharing of information between the interdisciplinary team.

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

March 17, 2023



OVERVIEW

Belvedere Heights is committed to excellence in care and community services. Our purpose is to enrich lives by offering long term care and supports that our Residents and families trust, our employees are proud of and our communities value!

Under the Leadership of the Quality Improvement Lead and guided by our core values; the Belvedere Heights Continuous Quality Improvement Program ensures that a comprehensive, coordinated, facility wide program is in place to monitor, analyze, evaluate and improve the quality of accommodations care, service, programs and goods provided to residents by the facility.

The selection of the Priority Indicators are not only in alignment with the Quality Dimensions provided by Ontario Health but are also reflective of the keys areas of focus as identified by our Residents, Families and Team members.

Our area of priority focus in 2023 support our vision, mission and values with a strong focus of transformative, culture change practices that promote “dwellings of possibilities”!

In 2023, we will:

Put People First: We believe that every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident’s individuality and respects the resident’s dignity.

Take Care of What’s important: We will continue to improve the safety of care we provide by focusing on three core clinical practices: Medication Safety including a reduction in the use of antipsychotics, Falls prevention and Hand Hygiene Compliance.

Create Comfort: We will support Resident and their families/caregivers to address the physical, psychological, social, spiritual and practical issues related to end of life and their associated expectations, needs, hopes and fears.

Promote Choice and Freedom: We will support Resident dignity through the dining experience: moving from traditional methods to a person directed dining experience for Residents, Families and Team members!

Exceed Expectations: We will continue to ensure that Residents and their families receive care in the right place at the right time through the prevention of potentially avoidable transfers to the Emergency Department.

REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

Not Applicable

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

At Belvedere Heights we believe that it is the Residents and families voices that guide our care and strategic priorities. That it is THEIR stories that drive positive changes in our organizations and our community!

As our homes closed to visitors early in the pandemic, we worked closely in collaboration with our partners to develop robust communication plans, and because of this we were able to quickly pivot and support ongoing meaningful connection with families and our community through window visits, skype visits, outdoor visits

and weekly, or sometimes daily, family town halls.

This has been hugely successful and we continue to engage with our residents and families every week at our family zoom town hall.

We wanted to continue to build on this success in 2022. Our improvement strategies included a focus on how we gather information from our stakeholders and is this information truly reflective of their wishes and preferences? Does it tell their stories?

Though the use of Eden alternative Warmth Surveys in 2022 for both Residents and families, we were able to elicit powerful feedback from those we serve helping us to evaluate how prepared our home is to be begin the journey to eliminate helplessness, boredom and loneliness in our home while strengthening relationships between team members, residents and families.

For example, one area of focus was our ongoing commitment to create a home wherein residents can continue to celebrate life in safety and security.

QI plans working to improve safety have focused on our ability to enhance lives and alleviate distress through meaningful, accessible programming and engagement with others. The importance of this aim was validated by the feedback we were receiving from our Residents via their Eden warmth surveys. Many Residents commented on their desire to feel more engaged, to feel less "lonely" and have more joy. Of the residents who completed the survey 69% reported feeling lonely and a further 51 % reported

feeling helpless and 48% reported feeling bored.

This is not acceptable. And so we got to work!

As part of this process, we are working to expand our ability to provide Residents with engaging activities that can be independently accessed and are easily available to Residents, their loved ones and team members no matter what the time of day. This premise is based on the Montessori Approach for Dementia Care: that focuses on re-discovering and supporting the person behind the dementia.

Families were engaged in this process and requests were sent out to our community to help support this program. Within the first day, games, puzzles, crafts, toolboxes all started arriving to our home along with offers to volunteer and participate in this exciting project! This program is only in its infancy but we can already see the positive effects! From being able bring peace to a resident who was struggling with responsive behaviors to helping to reduce falls for someone who was just looking for something to do!

In addition to these surveys, we continue to meet weekly with family members at our Family Zoom town hall, share residents stories at every governance meeting, supporting our monthly resident and family councils, and we were recently thrilled to welcome both Resident and Family council members as standing members of our Quality Improvement Committee.

Our Residents and families have spoken and we are committed to ensuring that it is their voice and their stories that guide us in everything we do!

PROVIDER EXPERIENCE

Care giver burnout, health human resource challenges, reliance on temporary workers and decreased staffing levels have all placed significant pressures on the home. We continue to focus on transformative culture change strategies that promote well-being and team empowerment. These include:

The development of leadership roles for direct care providers (BSO Leads, Education / Coaching leads, Clinical leads, IPC departmental leads)

- Opportunities for tuition support and continued education
- Flexible scheduling solutions
- Increased number of full time positions in the home
- Daily team huddles and leadership rounds
- Integration of person centered practices and enhanced opportunities for resident engagement to reduce moral distress associated with inability to spend meaningful time with Residents
- Cross training to foster a team approach to meeting the needs of the home
- Celebration of successes and staff recognition awards
- Ongoing collaboration with education institutions to offer opportunities for learning and career advancement in the home (ex PSW Living classroom in collaboration with Near North District School Board).
- Employee assistance and wellness programs including access to counselling and mental health supports.
- Eden Alternative Initiative such as the introduction of pet therapy including home pets

WORKPLACE VIOLENCE PREVENTION

Belvedere Heights does not tolerate violence or unacceptable behavior in the workplace perpetrated by or against employees, customers, clients, or other third parties.

Each and every incident of violence in the workplace is reported immediately and thoroughly investigated. The Home has a program to identify risks that may contribute to potential workplace violence, completes annual audits on the violence prevention program, environmental risk factors and develops strategies to help promote a safe and just culture.

Staff are provided with education to ensure thorough understanding of the program and their roles and responsibilities. Education is also provided on proactive methods to reduce risk for violence including conflict resolution, crisis intervention, de-escalation techniques and best practices in meeting the needs of residents with responsive behaviors and complex expressions. The home has an active JOH&S Committee, Behavior Support Ontario team and Emergency Response Planning Committee and collaborates regularly with external supports.

PATIENT SAFETY

Belvedere Heights is committed to providing quality care and respecting Resident rights, in a safe, homelike environment.

To help support resident safety in our home, Belvedere heights has implemented the following:

- Engaging residents and families in safety awareness
- Supporting a Just culture with a focus on collaborative, solution oriented learning from resident safety incidents
- Enhanced peer-to-peer communication strategies such as daily team huddles and leadership rounds
- Comprehensive education for team members
- Tools and Resources to support safe resident transitions
- Use of rapid cycle improvements (PDSAs) to test and trial change ideas to improve resident safety

HEALTH EQUITY

Diversity is embraced and encouraged at Belvedere Heights. We believe in the value of diversity in the in the Home and in the workforce and are committed to providing an environment of fairness and equitable treatment of everyone, regardless of age, gender, race, colour, religion, creed, socioeconomic status, language spoken or sexual orientation.

Staff and Volunteers associated with Belvedere Heights take into consideration the cultural diversity of residents, family members and relevant stakeholders when providing care and services, and endeavor to provide care and services in a manner that is meaningful, beneficial and acceptable to residents/families.

We have a number of staff who speak languages other than English and are able to act as interpreters when required. We also supply alternative communication supports that help residents communicate their needs in the case of a language barrier. We have also provided IT resources to help with language translation that are utilized by both staff and residents. Religious backgrounds are respected and we provide non-denominational as well as varied religious programming. We also provide diverse diets to meet the cultural needs and individual preferences of our residents. Our residents have input into menu planning and meal service.

Belvedere Heights has developed a comprehensive accessibility plan which takes into consideration excellence in serving and providing goods, services and facilities to all Residents including people with disabilities. Our accessible customer services policies are consistent with the principles of independence, dignity, integration, and equality of opportunity for people with disabilities.


CONTACT INFORMATION/DESIGNATED LEAD


Kami Johnson
 Administrator
 1 705 774 7327

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 on


 Board Chair / Licensee or delegate March 28/23


 Administrator / Executive Director March 22/23

 Quality Committee Chair or delegate March 22/23

 Other leadership as appropriate

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	12.50	6.00	ED visits to be reduced by greater than 50%	

Change Ideas

Change Idea #1 All registered staff will complete SBAR training for improved communication with physicians and early identification of changes in Resident status

Methods

Process measures

Comments

NP to provide education, support and coaching to Registered staff in regards to completion of SBAR tool

% of registered staff will complete SBAR training

100% of registered staff will complete SBAR training

Change Idea #2 We will implement clinical pathway supports to help guide decision making at the bedside.

Methods

Process measures

Comments

Integration of Clinical Support tools for management of hypoglycemia (Think Research)

% of residents experiencing a hypoglycemic event for whom a hypoglycemia management assessment has been completed.

100% of residents experiencing a hypoglycemic event for whom a hypoglycemia management assessment has been completed.

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	79.07	100.00	We believe that every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.	

Change Ideas

Change Idea #1. Person Centered Care Self Reflective Practice Exercises will be completed by all staff. Managers will collaborate with their team to implement Resident Centered Change ideas based on feedback from self reflective practice.

Methods	Process measures	Target for process measure	Comments
A PCC self reflective practice exercise guide will be developed by the PCC steering committee based on best practices in resident empowerment and resident centered care.	% of staff completing a PCC self reflective practice by December 31/23	100% of staff will complete a PCC self reflective practice by December 31/23	Total Surveys Initiated: 43 Total LTCH Beds: 101

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	83.72	100.00	We believe that every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.	

Change Ideas

Change Idea #1 Residents will be empowered to lead education for staff on Residents rights and Quality of care (OARC Through Our Eyes)

Methods	Process measures	Target for process measure	Comments
Implementation of OARC Through our Eyes education package in collaboration with Resident and Family Councils	% of Residents responding positively to participation in resident-led education program	100% of Residents will respond positively to participation in resident-led education program	Total Surveys Initiated: 43 Total LTCH Beds: 101

Change Idea #2 Establish a Person Centered Care Steering Committee with representatives from every department ,Residents and Families.

Methods	Process measures	Target for process measure	Comments
Utilize culture change tools: Pioneer Network's Artifacts of Culture Change and Planetree Long-Term Care Improvement Guide Assessment Tool to drive powerful resident centered empowerment efforts with a focus on concrete strategies for actualizing a resident directed, relationship centered philosophy.	A Person Centered Care Steering Committee will be in place with regular meetings scheduled effective April 30 2023.	A Person Centered Care Steering Committee will be in place with regular meetings scheduled effective April 30 2023.	

Theme III: Safe and Effective Care

Measure **Dimension:** Safe

Indicator #4	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	31.79	15.80	50% reduction in percentage of residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	

Change Ideas

Change Idea #1 Ongoing Implementation of Montessori based programming to provide meaningful engagement and interaction for Residents in the Home based on past roles and preferences.

Methods	Process measures	Target for process measure	Comments
Ongoing Implementation of Montessori based programming to provide meaningful engagement and interaction for Residents in the Home based on past roles and preferences.	% of staff completing Dementiability training	50% of staff will complete and participate in Dementiability training and program implementation in the home.	

Change Idea #2 Ongoing BSO Champion Education series including training on GPA, Positive Approaches to Dementia care and Montessori methods for Dementia care.

Methods	Process measures	Target for process measure	Comments
Staff will be supported to attend education on GPA, Positive Approaches to Dementia care and Montessori methods for Dementia care.	% of staff will complete BSO Champion Education Series	50% of staff will complete BSO Champion Education Series	

Change Idea #3 Develop and implement a process by which requests for new or adjusted psychotropic orders are referred to internal BSO team for review with Physician prior to implementation.

Methods	Process measures	Target for process measure	Comments
To be developed in collaboration with internal and external BSO support and Physician Advisory Committee.	% of residents with a completed BSO referral prior to implementation of an antipsychotic.	100% of residents will have a completed BSO referral prior to implementation of an antipsychotic.	