



Belvedere Heights

2022/2023

*RESIDENT AND FAMILY SATISFACTION
SURVEY*

2021/2022 Family Survey-

Resident Surveys

COMPLETION RATE:

2022: 35

2023: 43

TOTAL RESPONSES:

2022: 34%

2023: 42.5 %

Family surveys

COMPLETION RATE:

2022: 11 submitted to
home

2023: 11 submitted to the
home

TOTAL RESPONSES:

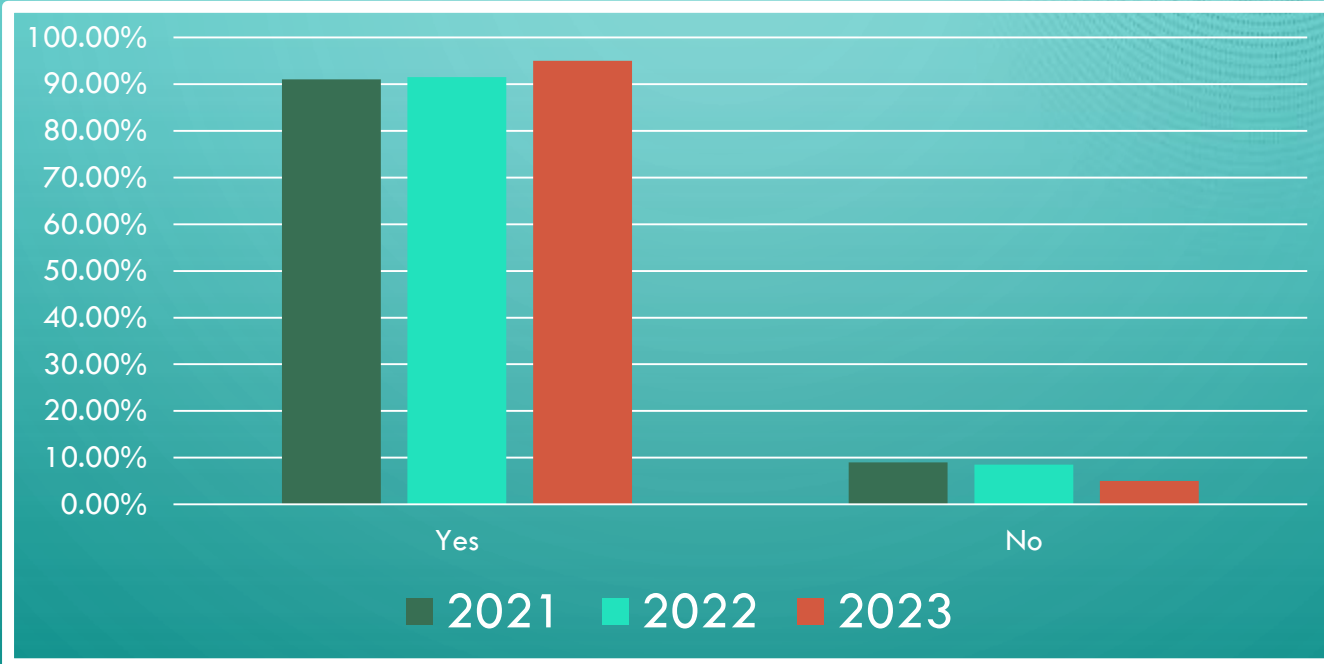
2022: 11%

2023: 11%

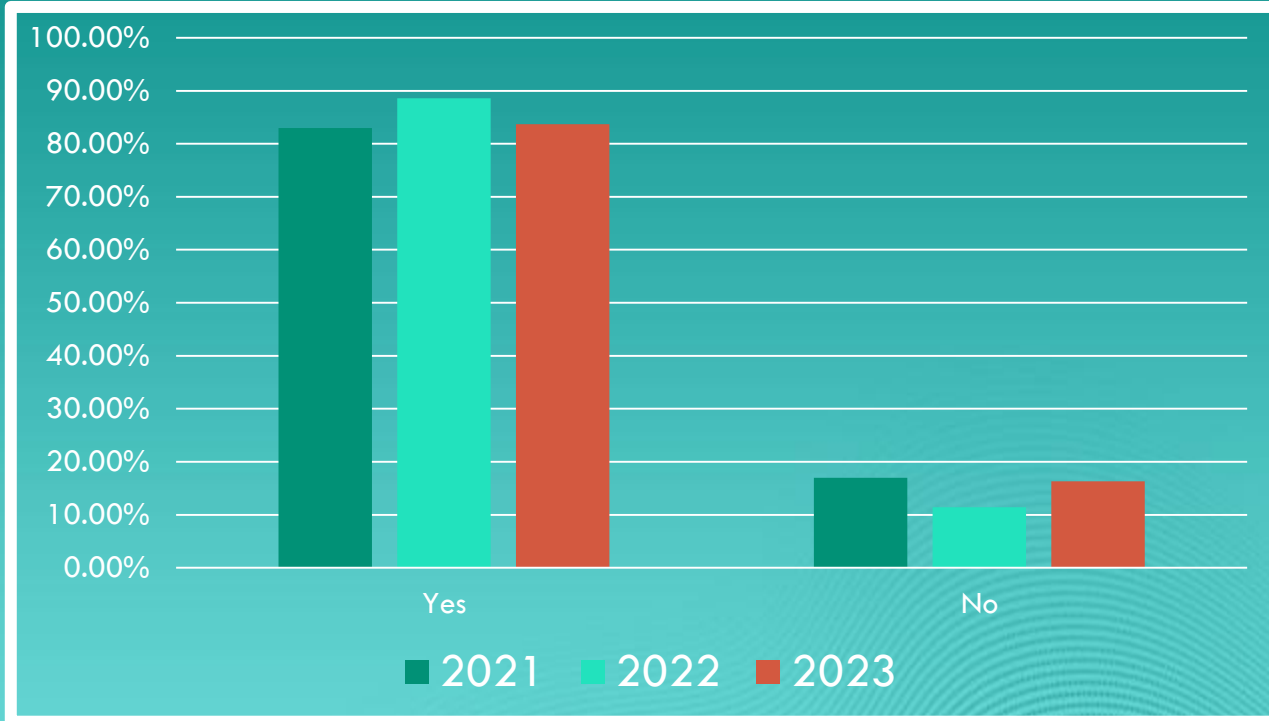


RESIDENT SATISFACTION SURVEYS

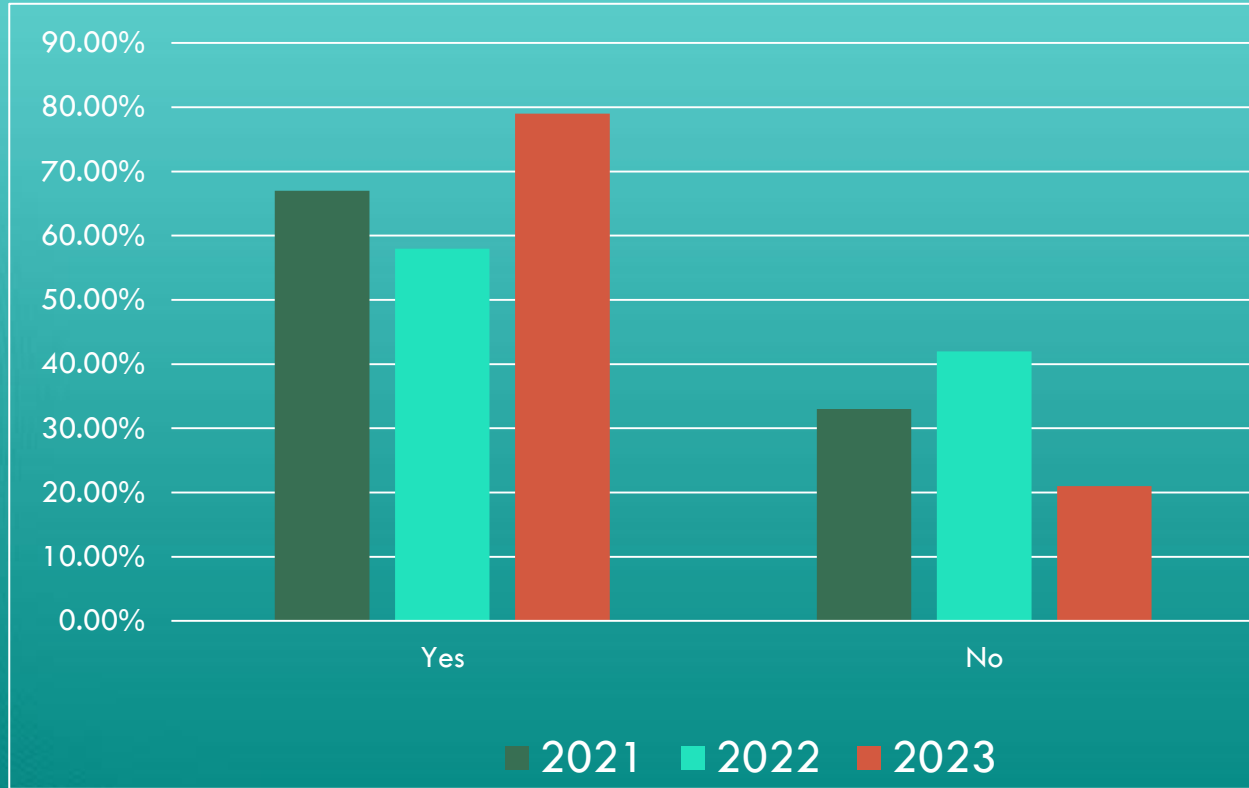
Resident Survey Question #1: Would you recommend this home to others?



Resident Survey Question #2: Can you express your opinion without fear of consequences?



Resident Question #3: *Does the staff listen to you?*

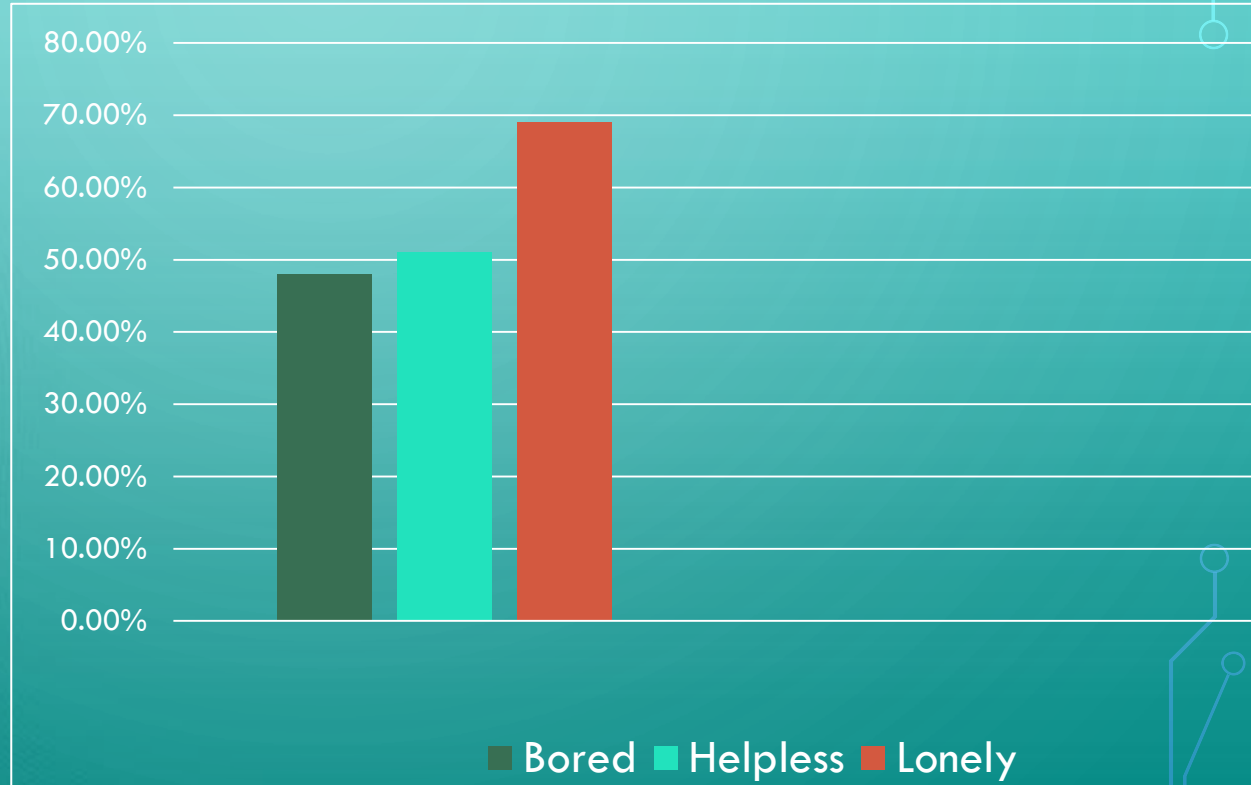


Resident Satisfaction Survey Themes

What does the home need to improve?

Themes: Meal Time	“too rushed” “too hectic in the dining room”	“too noisy” “I want more freedom as to who I get to sit with”
Themes: Respect / Dignity	Do staff listen to you? “Depends who it is” “most of the time” “some staff are not speaking English when around me” “I want people to communicate with me, knock when they open my door, let me know what they are doing”	“some of them – not everyone” “better communication” “Too rushed and impatient – we need more staff” “Everyone is always in a hurry” “I don’t always get a resolution when I report a problem”
Themes: Home Setting	“more staff” “Laundry can get lost, get mixed up” “More training for staff”	“Home can too noisy, too hectic” “Staff too bust at shift change”
Themes: Programs	“more group activities” “More opportunity to go outside”	“shopping, I want to go outside” “More music, more bands and entertainers” “more fresh air”

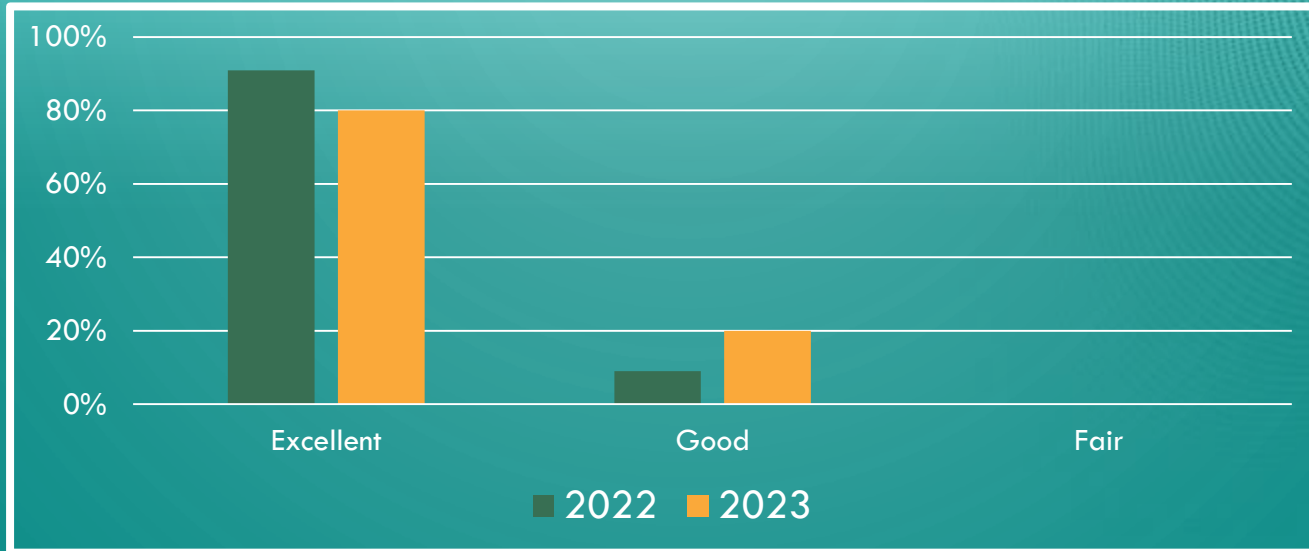
Eden Alternative Warmth Surveys: Combatting Loneliness, Helplessness and Boredom ...



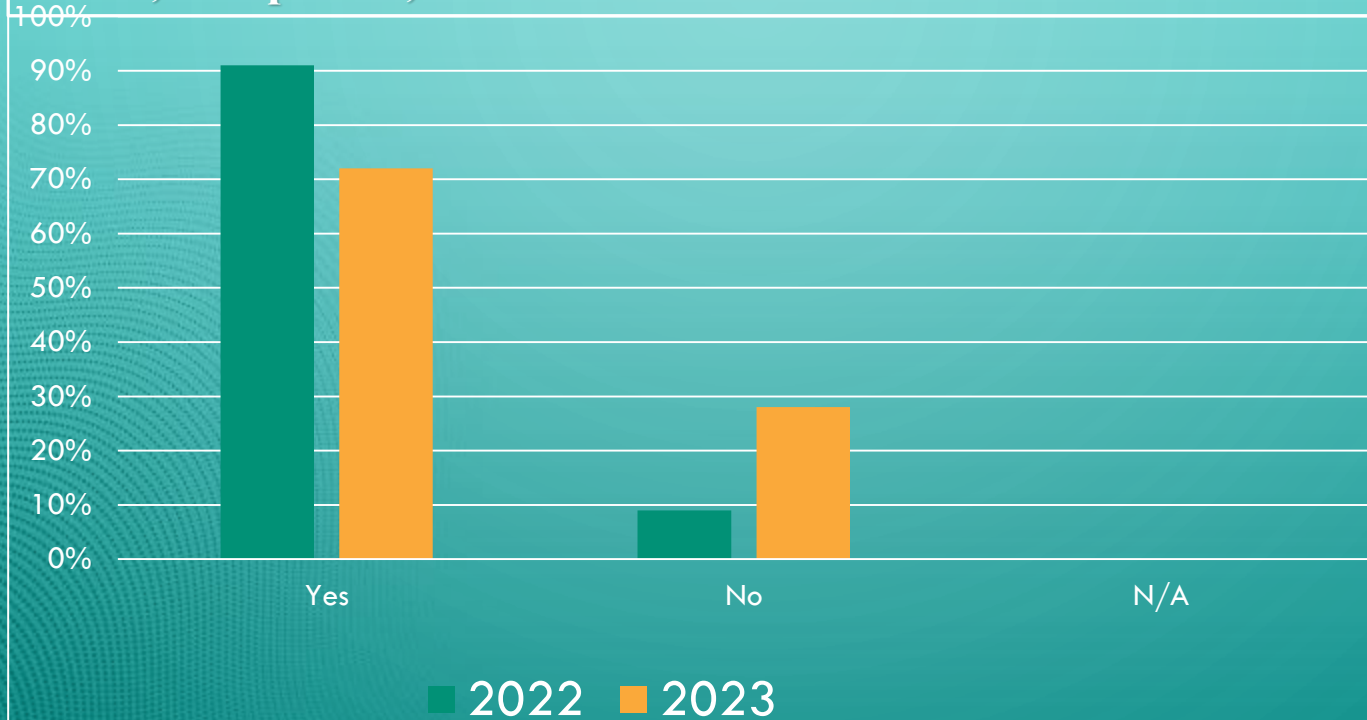


FAMILY SATISFACTION SURVEYS

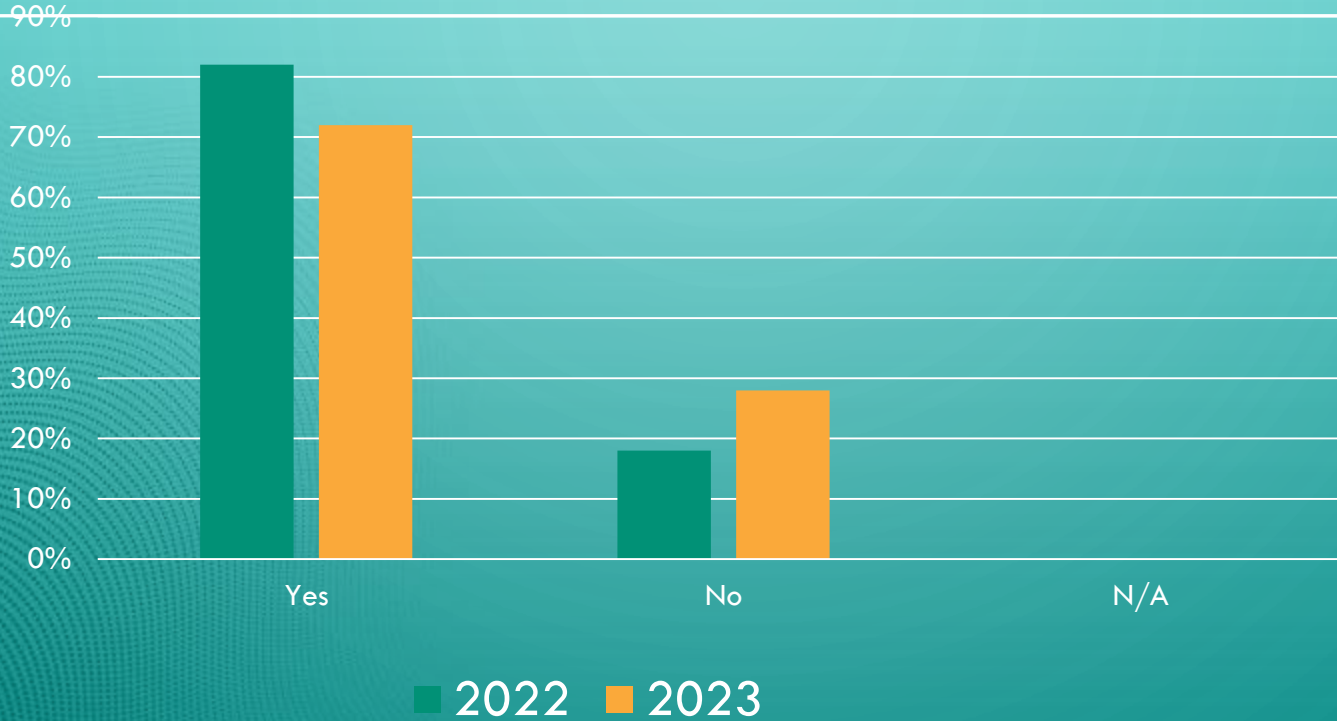
Family Satisfaction Survey: My overall rating of Belvedere Heights as a Place to live is...



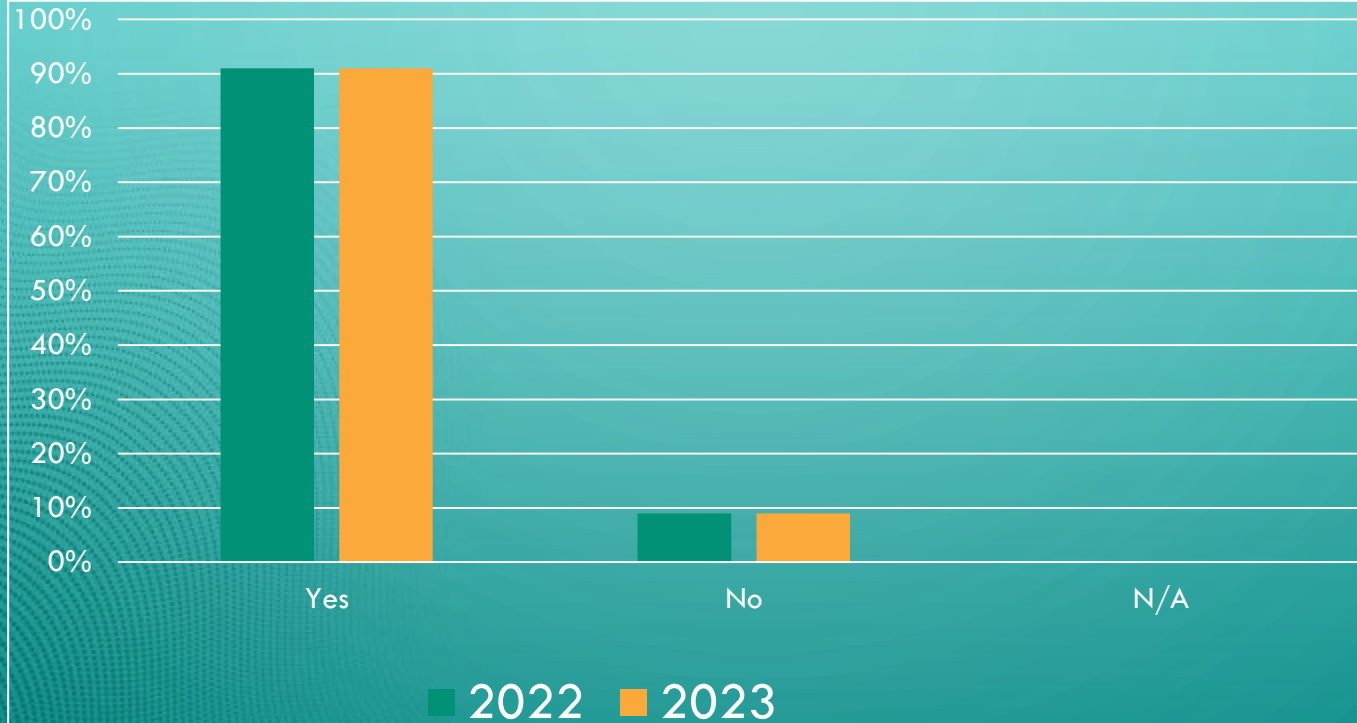
Family Satisfaction survey: Home is clean, Linen is in good repair, sheets, bedspreads, face cloths and towels....



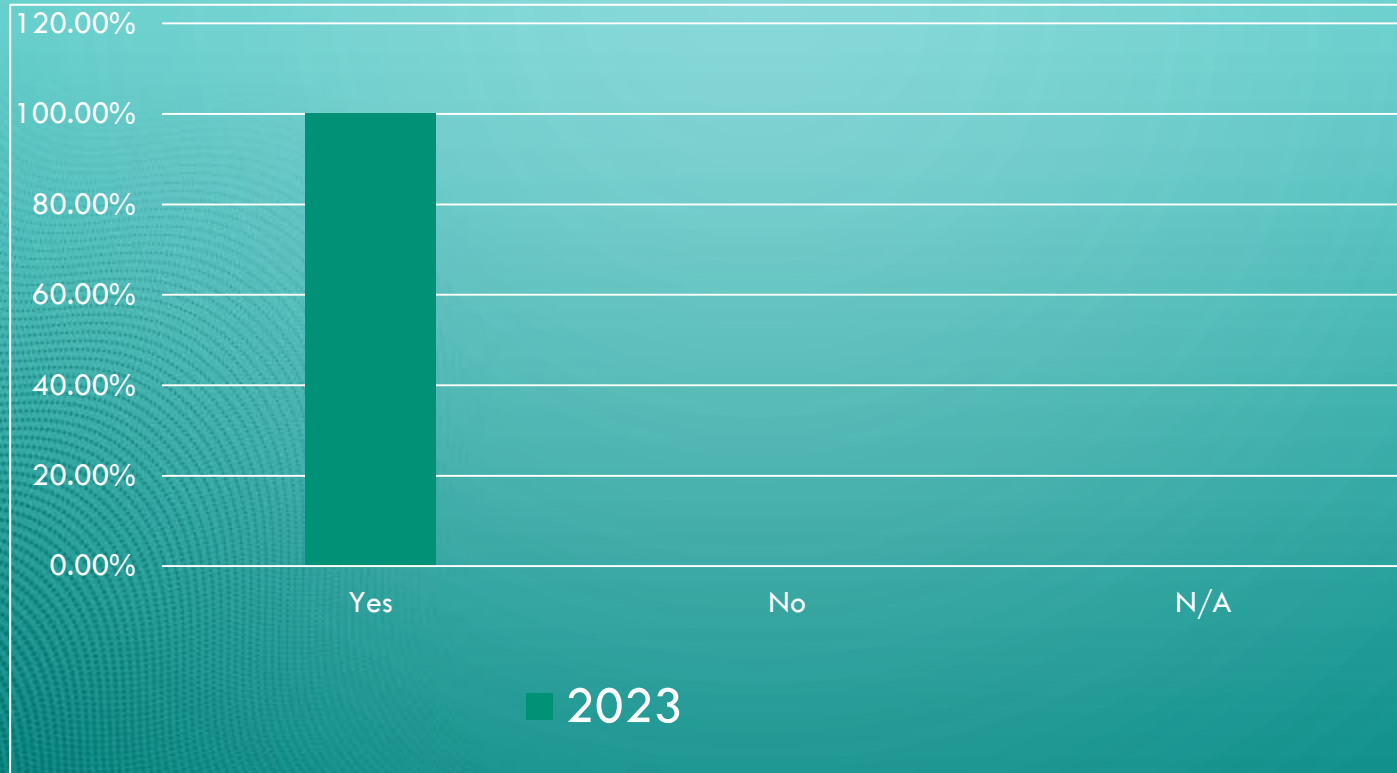
Family Satisfaction survey: I generally hear positive comments about the meals and meal service



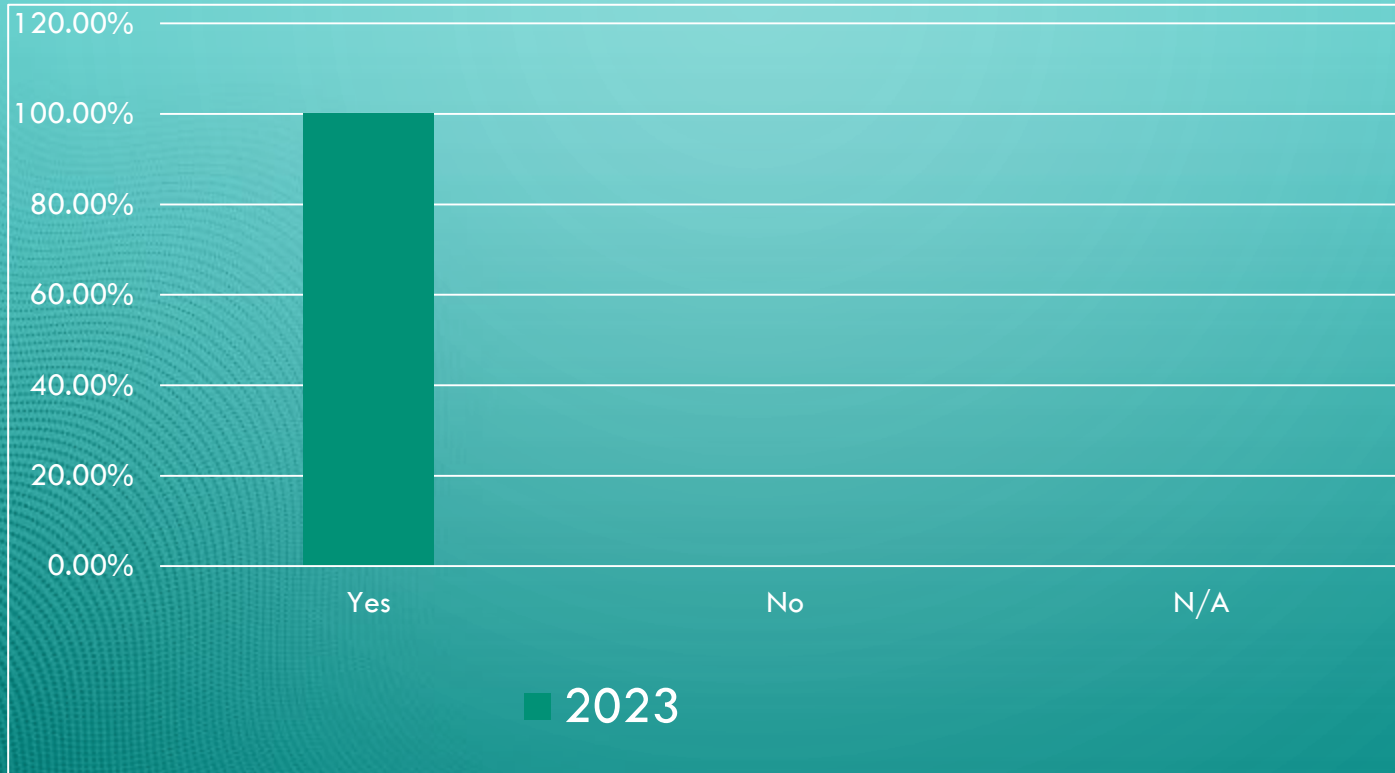
Family Satisfaction survey: My Family Member is well groomed i.e. nails trimmed, hair clean, shaved



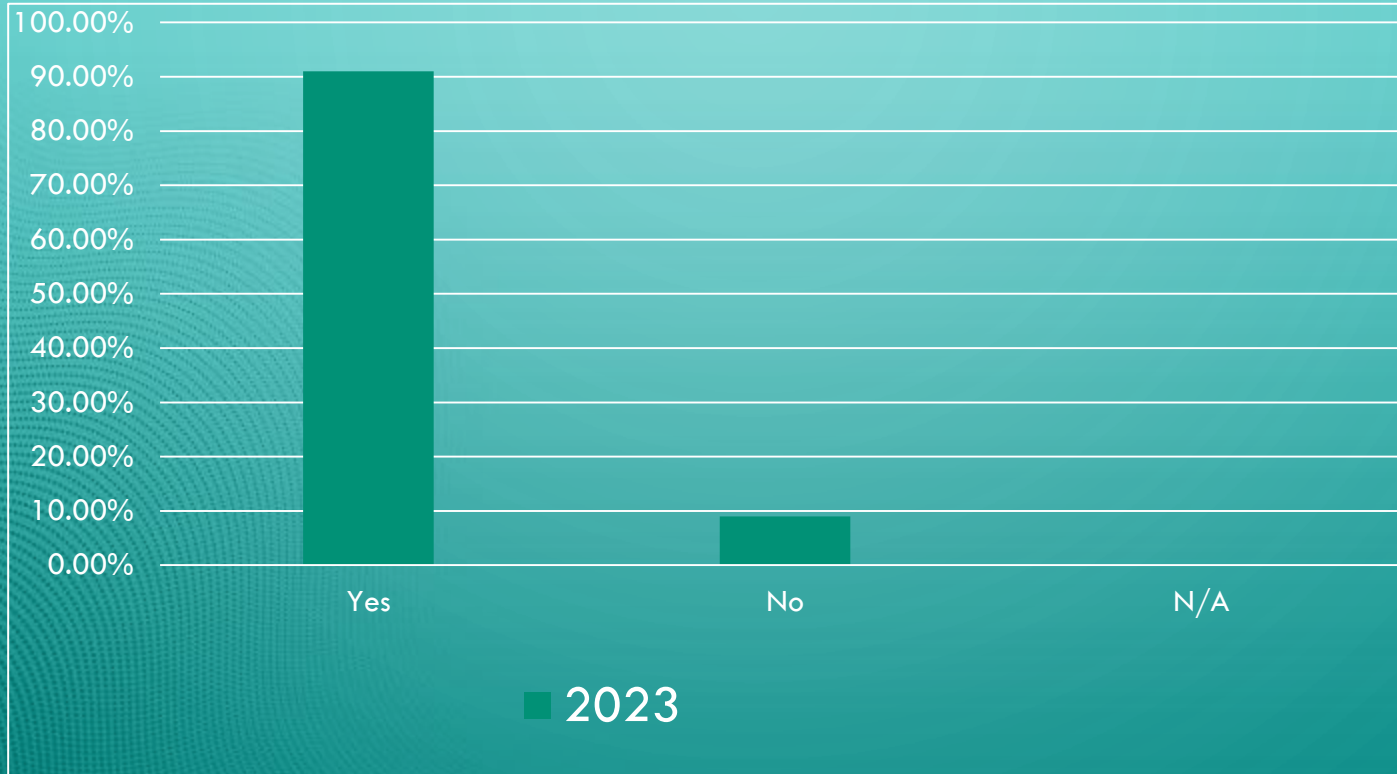
Eden Alternative Survey: Staff Care About the Residents...



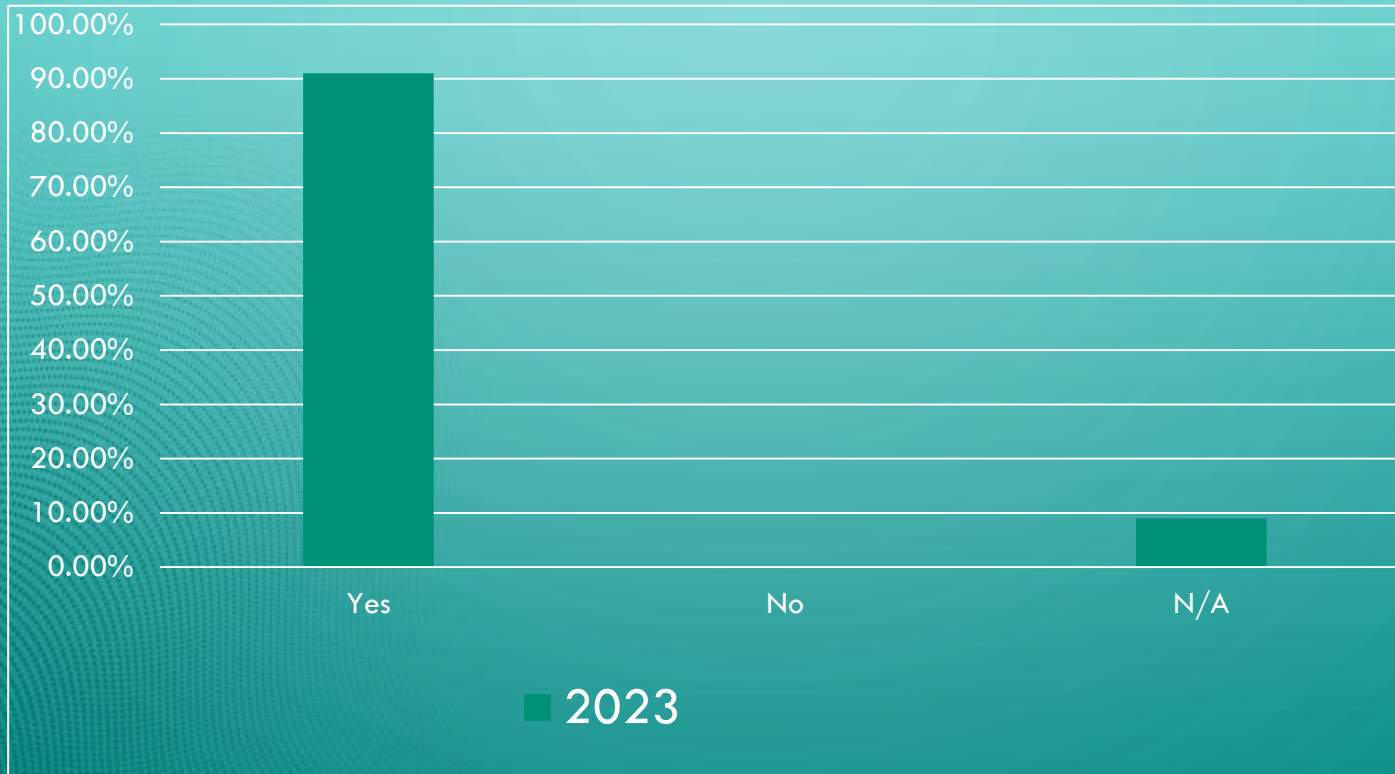
Eden Alternative Survey: Staff are friendly...



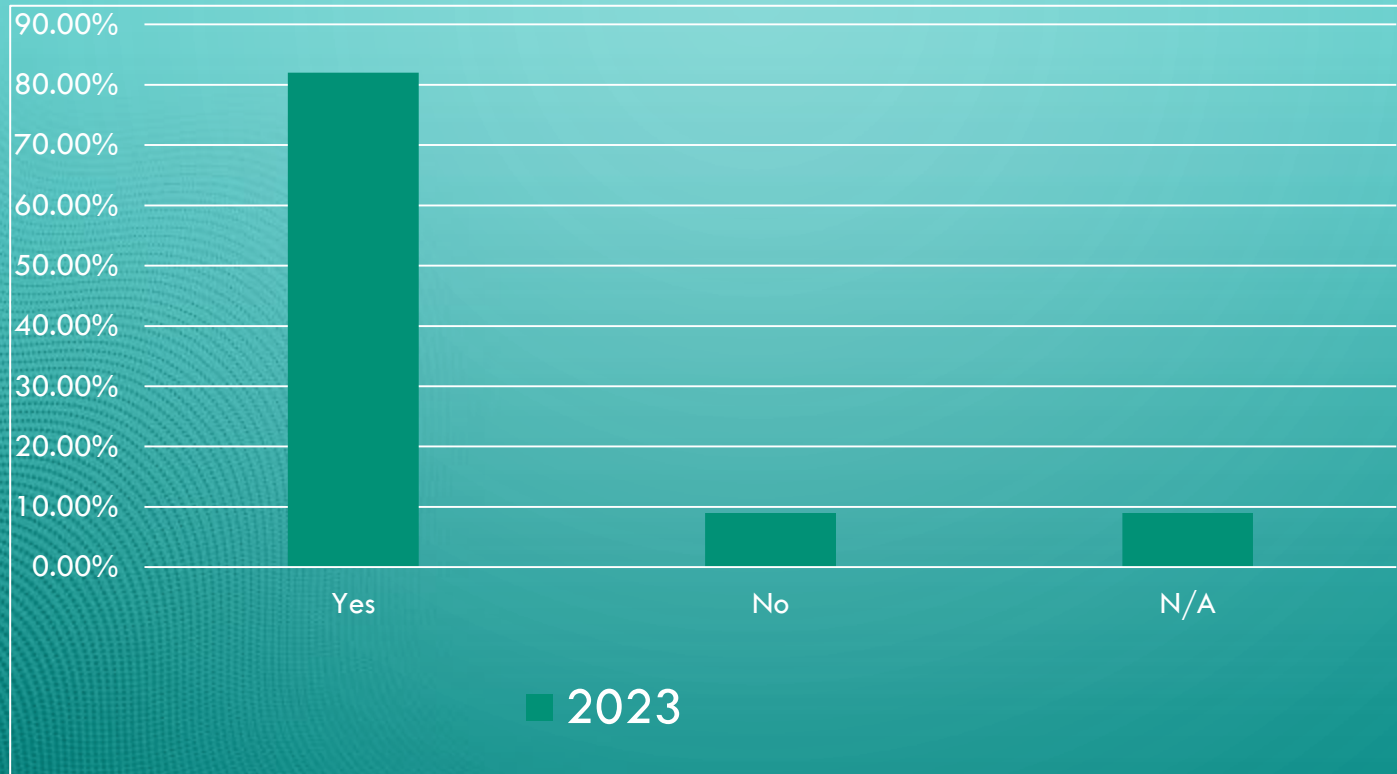
Eden Alternative Survey: I am able to advocate for my loved one without feeling resented...



Eden Alternative Survey: The home has a cheery atmosphere...



Eden Alternative Survey: I feel like this is a second home...



Family Satisfaction Survey Themes

What does the home need to improve?

Theme: Home Setting

“John and the Housekeeping staff were so kind and helpful when my father died”

“Programs team and Betty-Jo have been so helpful, generous with their time, professional and understanding”

“Thank you for the Zoom updates”

“Office Team go above and beyond to help my Mum”

Theme: Meal Service

“more choice would be appreciated”

**Theme: Relationships
and Connection**

“Staffing changing too much”

“improved communication needed”

Next Steps: Putting 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.

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 (OARC Through Our Eyes)
2. 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.
3. Home will complete the Pioneer Network's Artifacts of Culture Change and trial change ideas based on assessment findings
4. Home will complete the Planetree Long-Term Care Improvement Guide assessment tool and trial change ideas based on assessment findings.

Next Steps: Taking 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, Falls prevention and IPAC Best Practices Compliance.

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 31/23.

Change Ideas:

1. Ongoing Implement Montessori based programming to provide meaningful engagement and interaction for Residents in the Home based on past roles and preferences.
2. Ongoing BSO Champion Education series including training on GPA, Positive Approaches to Dementia care and Montessori methods for Dementia care.
3. Develop process by which requests for new or adjusted psychotropic orders are referred to internal BSO team for review with Physician prior to implementation

Taking Care of What's Important!

Next Steps: Taking 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, Falls prevention and IPAC Best Practices Compliance.

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 21.4% to
Change Ideas: 10.7 % by December 31/23.

1. Continued implementation of Montessori based programming to provide meaningful engagement and interaction for Residents in the Home based on past roles and preferences.
2. Implement of Resident Centered Post Falls Evaluation tool to ensure that best practice strategies are initiated for residents within 24 hours of a fall.
3. Ongoing implementation of Purposeful Rounding.
4. **Reduce use of restraints or PASDs in the home by 50% by December 31 2023**
5. Integration of technology to support falls prevention: POC iPhones for care providers, enhanced camera coverage on home areas to help establish root cause for unwitnessed

falls

Next Steps: Taking 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, Falls prevention and IPAC Best Practices Compliance.

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 31/23.

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.

Next Steps: Create Comfort

We will support Resident and their families 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 31/23.

Change Ideas:

1. PIECES of Me / All About Me tool to be completed with Resident and Families prior to, or as close as possible to admission date. Personal preferences and customary routines will be reflected in plan of care and communicated to care providers.
2. Update Care Conference assessment to support more fulsome information related to end of life preferences and care goals.
3. Revised Pain progress note to better capture information related to pain and discomfort (PQRST tool)
4. Implementation of Revised Resident Death Notice Process.
5. Enhanced education related to end of life care will be provided to frontline care providers.

Next Steps: Promote Choice and Freedom

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:

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.

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)

"All Hands on Deck" approach to meal service will be supported by all team members across all departments.

Next Steps: Exceed Expectation!

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.

Exceed Expectations!

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

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.