



Continuous Quality Improvement Report

March 21, 2025

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DESIGNATED LEAD

Hannah Bontogon

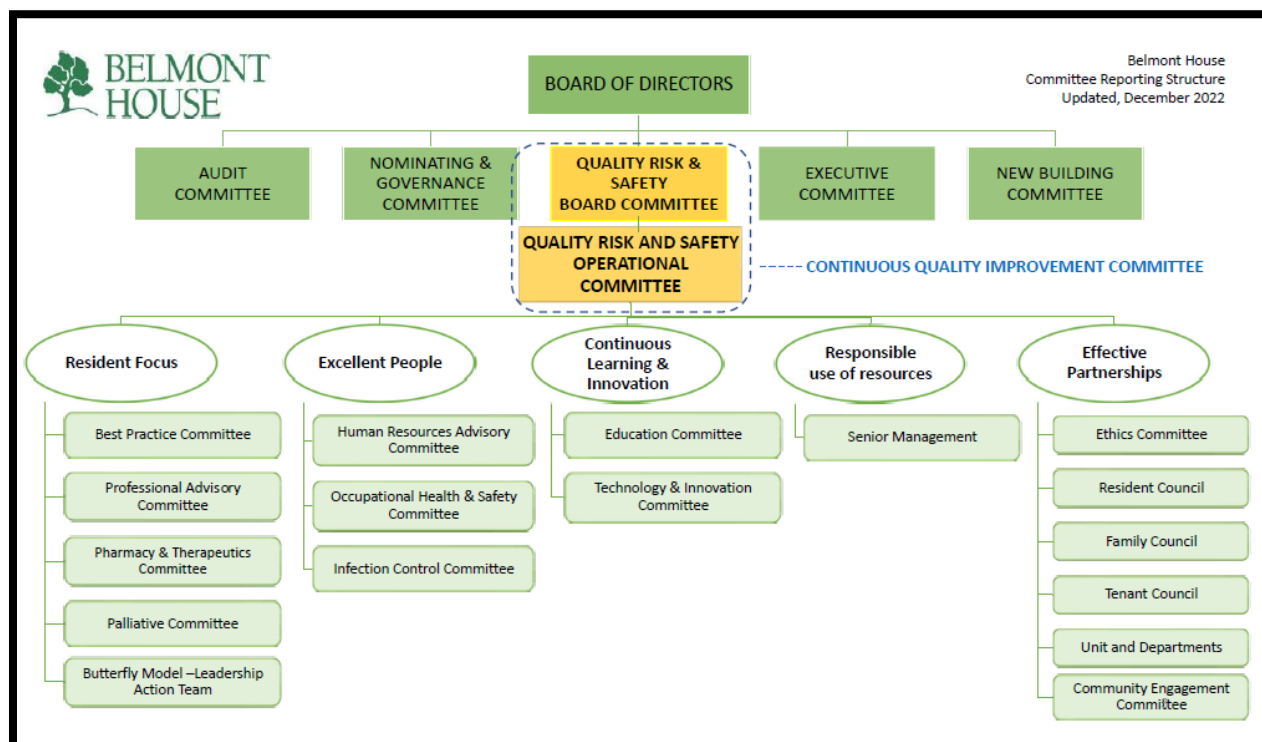
Director of Quality, Safety and Innovation

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	QRS OPS COMMITTEE	QRS BOARD COMMITTEE
1) CEO (Chair)*	✓	✓
2) DOC*	✓	✓
3) Medical Director*	✓	✓
<i>Every Designated Lead in the home*</i>		
4) Director of Quality, Safety and Innovation	✓	✓
5) ADOC/IPAC Lead	✓	X
6) ADOC/BSO Lead	✓	X
7) LTC Nursing Supervisors	✓	X
8) Tenant Health Office Nursing Supervisor	✓	X
9) Director of Retirement	✓	✓

10) Director Support Services	✓	X
11) Recreation Supervisor	✓	X
12) Housekeeping Supervisor	✓	X
13) Maintenance supervisors	✓	X
14) Director of HR	✓	X
15) Director of Finance	✓	X
16) Registered Dietitian*	✓	X
17) Pharmacy service provider*	✓	X
18) Regular nursing staff*	✓	X
19) Health Care Aide*	✓	X
20) Resident council member*	X	✓
21) Family council member*	X	✓
22) Tenant Council member	X	✓
23) Physiotherapist	✓	X
24) Social Service Worker	✓	X
25) Board Members	X	✓

*Required (FLCTA, 2021)

QIP PLANNING CYCLE -SATISFACTION SURVEY

The QI planning cycle begins in the Fall of each year and involves engagement with Residents, Families and Staff on the Satisfaction survey.

1. Resident Experience Survey

Consultation with Resident Council	July 11, 2024
Survey period	August 7-21, 2024
Number of surveys distributed	38
Survey results presented	January 30, 2025

2. Family Experience Survey

Consultation with Family Council	September 18, 2024
Survey period	October 16 – 28, 2024
Number of surveys distributed	138
Survey results presented	March 13, 2025

Other opportunities for input into Quality Improvement include:

- Admission Process
- Care conferences (annually, upon request and when there is significant change in status)
- Complaints or direct feedback
- Representation on operational committees e.g. Palliative Care, Infection Control
- Representation on Quality Risk and Safety Committee of the Board

QUALITY PRIORITIES FOR 2025/26

Belmont continues to develop an annual Quality Improvement Plan, aligned with Ontario Health priorities. We have monitored indicators for the 2023-24 year and will be submitting our narrative report and progress report by March 31st, 2025.

Ontario Health's priority areas for 2025-26 are:

- 1) Potentially avoidable emergency department visits for long term care residents;
- 2) Staff completion of relevant diversity, equity, inclusion and antiracism education;
- 3) Residents have a voice and are listened to by staff;
- 4) Residents feel they can speak up without fear of consequence;
- 5) Residents given antipsychotic medications without a diagnosis; and
- 6) Falls in Residents.

A 2025-26 workplan has been developed based on these priority areas, submitted to Ontario Health and can also be found on Belmont's website.

QUALITY FRAMEWORK

Belmont has an accountability framework (figure 1) that sets the direction and ensure our goals are strategically aligned and integrated with our mission, vision and values. It guides everyone towards achieving our vision of being “the Seniors Home of Choice”.

We have demonstrated our commitment to continuous quality improvement by integrating the Provincial QIPs as part of our annual planning cycle and submitting a formal workplan, annually to Ontario Health.

Figure 2: Quality Improvement Process

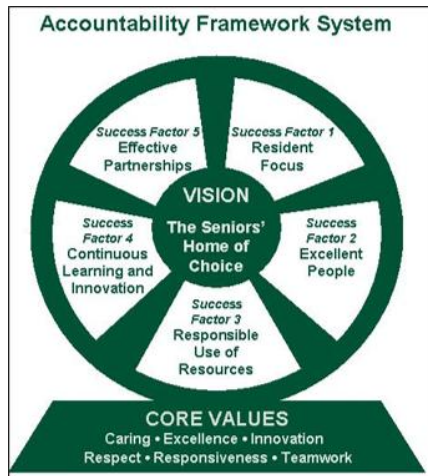


Figure 1: Quality Improvement Process

