



# Long-Term Care Homes Committee Report - for Information

**Title:** Long-Term Care - Quality Report January, February, March 2024

**From:** Megan Garland, Director of Long-Term Care and Senior Services

**Date:** April 4, 2024

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## Report Purpose:

This report is for information.

## Report Summary:

The Quality report is provided to the LTC Committee of Management to provide regular information regarding the programs and service delivery evaluations as per the terms of reference for the Committee of Management. A part of our requirements under the Service Accountability Agreement with Ontario Health is to participate in Health Quality Ontario program created by the Government of Ontario with a mandate to connect and coordinate our province's health care system to help ensure that Ontarians receive the best possible care.

## Background:

Bruce County Long-Term Care homes have an overall Quality Management Program which is based on an integrated quality framework. An interdisciplinary quality improvement committee uses the framework to monitor, analyze, and evaluate the quality of care and service using key quality indicators, internal audits, program evaluations, resident and family satisfaction & experience surveys, and ongoing feedback. These mechanisms are used to identify and determine areas of priority wherein action plans are put in place for improvement.

## Public Reported Indicators

Health Quality Ontario (HQO) publicly reports the indicators for all Long-Term Care homes. The data is extracted from quarterly assessments completed on residents and is limited to the residents who were assessed during that period. These indicators are monitored and analyzed at the homes monthly and if appropriate specific action plans using Quality Improvement Methodologies including Lean and PDSA cycles are utilized to make improvements.

## Brucelea Haven

Indicator	January-March 2024	Ontario Average	Descriptions
Has fallen in last 30 days	19.2.%	16.5%	The number of residents who fell divided by the total number of residents X 100 %
Taken antipsychotics without a diagnosis of psychosis	24.4%	21.2%	Resident Assessment Instrument facility collected data; reported to and compiled by CIHI Canadian Institute for Health Information- using provincial averages and benchmarks for LTC
Worsened mood from symptoms of depression	27.4%	20.8%	Resident Assessment Instrument facility collected data; reported to and compiled by CIHI Canadian Institute for Health Information- using provincial averages and benchmarks for LTC
Has pain	1.5%	4.4%	Resident Assessment Instrument facility collected data; reported to and compiled by CIHI Canadian Institute for Health Information- using provincial averages and benchmarks for LTC
Worsened pain	7.3%	8.6%	Resident Assessment Instrument facility collected data; reported to and compiled by CIHI Canadian Institute for Health Information- using provincial averages and benchmarks for LTC
Worsened stage 2-4 pressure ulcer	2.4%	2.4%	The number of residents with pressure ulcers divided by the number of residents whose pressure ulcer has worsened X 100%
Daily physical restraints	0.00%	2.1%	Number of residents who in connection with their plan of care require physical restraint daily. This would be prescribed by the physician and in agreement with the resident's POA
Worsened ADL	46.3%	34.4%	Resident Assessment Instrument facility collected data; reported to and compiled by CIHI Canadian Institute for Health Information- using

Indicator	January-March 2024	Ontario Average	Descriptions
			provincial averages and benchmarks for LTC
Improved or remained independent in mid-loss ADL	25.3%	28.3%	Resident Assessment Instrument facility collected data; reported to and compiled by CIHI Canadian Institute for Health Information- using provincial averages and benchmarks for LTC

## Gateway Haven

Indicator	January-March 2024	Ontario Average	Description
Has fallen in last 30 days	19.1%	16.5%	The number of residents who fell divided by the total number of residents X 100 %
Taken antipsychotics without a diagnosis of psychosis	17.3%	21.2%	Resident Assessment Instrument facility collected data; reported to and compiled by CIHI Canadian Institute for Health Information- using provincial averages and benchmarks for LTC
Worsened mood from symptoms of depression	30.9%	20.8%	Resident Assessment Instrument facility collected data; reported to and compiled by CIHI Canadian Institute for Health Information- using provincial averages and benchmarks for LTC
Has pain	8.5%	4.4%	Resident Assessment Instrument facility collected data; reported to and compiled by CIHI Canadian Institute for Health Information- using provincial averages and benchmarks for LTC
Worsened pain	16.0%	8.6%	Resident Assessment Instrument facility collected data; reported to and compiled by CIHI Canadian Institute for Health Information- using provincial averages and benchmarks for LTC
Worsened stage 2-4 pressure ulcer	3.2%	2.4%	The number of residents with pressure ulcers divided by the number of residents whose pressure ulcer has worsened X 100%
Daily physical restraints	5.3%	2.1%	Number of residents who in connection with their plan of care require physical restraint daily. This would be prescribed by the physician and in agreement with the resident's POA

Indicator	January-March 2024	Ontario Average	Description
Worsened ADL	39.3%	34.4%	Resident Assessment Instrument facility collected data; reported to and compiled by CIHI Canadian Institute for Health Information- using provincial averages and benchmarks for LTC
Improved or remained independent in mid-loss ADL	28.6%	28.3%	Resident Assessment Instrument facility collected data; reported to and compiled by CIHI Canadian Institute for Health Information- using provincial averages and benchmarks for LTC

### **Quality Improvement Plans**

The Quality Improvement Plan is a document that sets to establish the home's plan for quality improvement over the coming year. This includes documenting the set of quality commitments we make to our residents, families, and staff related to quality-of-care issues identified at the home.

All Long-Term Care homes are required to develop, make publicly available, and submit to Health Quality Ontario a QIP by April 1 of every fiscal year.

Bruce County Long-Term Care homes quality improvement narrative(s) are attached to this report.

The plans derive from the status of the publicly reported indicators, results from annual resident and family satisfaction surveys, and specific initiatives that the homes prioritize.

### **Financial/Staffing/Legal/IT Considerations:**

There are no financial, staffing, legal or IT considerations associated with this report.

### **Interdepartmental Consultation:**

No interdepartmental consultation was undertaken for this report.

### **Link to Strategic Goals and Objectives:**

Community and Partnerships - Build a strong and inclusive community

### **Report Author:**

Rebecca DeWitte, Clinical Support Manager

**Departmental Approval:**

Megan Garland, Director of Long-Term Care and Senior Services

**Approved for submission:**

Sean Morphy  
Deputy Chief Administrative Officer