



Long-Term Care Homes Committee Report - for Information

Title: Long Term Care - Quality Report - Q 2 2024

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

Date: July 4, 2024

Report Purpose:

This Q2 Long Term Care - Quality Report is for information.

Report Summary:

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.

Background:

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.

Q2 2024 (April 1-June 14th 2024)

Brucelea Haven

Indicator	2023 Home Average	January-March 2024	April-June 2024	Ontario Average
Has fallen in last 30 days	26.39%	19.2.%	26.25%	16.5%
Taken antipsychotics without a diagnosis of psychosis	27.13%	24.4%	25.00%	20.4%
Worsened mood from symptoms of depression	23.80%	27.4%	37.50%	20.5%
Has pain	1.51%	1.5%	0%	4.2%
Worsened pain	17.47%	7.3%	12.50%	9.6%
Worsened stage 2-4 pressure ulcer	1.93%	2.4%	1.27%	3.4%
Daily physical restraints	0.19%	0.00%	0.00%	2.2%
Worsened ADL	40.44%	46.3%	32.08%	39.40%
Improved or remained independent in mid-loss ADL	26.39%	25.3%	37.74%	19.80%

The trend over the quarter for Brucelea Haven shows the following:

- Improvements were sustained and/or better than the provincial average for antipsychotics without a diagnosis of psychosis, pain, worsened stage 2-4 pressure ulcer, restraints, and worsened ADL.
- The following indicators falls, worsened mood from symptoms of depression, worsened pain, and improved or remained independent in mid-loss ADL continue to trend above the provincial average and are areas where the care team continues work on quality improvement initiatives, while also recognizing the numbers are reflective of unique care needs of the residents in the assessment period.

Gateway Haven

Indicator	2023 Home Average	January-March 2024	April-June 2024	Ontario Average
Has fallen in last 30 days	20.83%	19.1%	16.90%	16.5%
Taken antipsychotics without a diagnosis of psychosis	17.99%	17.3%	18.92%	20.4%
Worsened mood from symptoms of depression	31.29%	30.9%	30.99%	20.5%
Has pain	6.11%	8.5%	7.04%	4.2%
Worsened pain	12.68%	16.0%	9.86%	9.6%
Worsened stage 2-4 pressure ulcer	5.36%	3.2%	5.71%	3.4%
Daily physical restraints	6.39%	5.3%	7.04%	2.2%
Worsened ADL	48.49%	39.3%	26.19%	39.40%
Improved or remained independent in mid-loss ADL	30.43%	28.6%	26.19%	19.80%

The trend over the quarter for Gateway Haven shows the following:

- Improvements were sustained and/or better than the provincial average for falls, antipsychotics without a diagnosis of psychosis, and worsened ADL pain.
- The following indicators worsened mood from symptoms of depression, pain, worsened pain, worsened stage 2-4 pressure ulcer, daily physical restraints, and improved or remained independent in mid-loss ADL continue to trend above the provincial average and are areas where the care team continues work on quality improvement initiatives, while also recognizing the numbers are reflective of unique care needs of the residents in the assessment period.

Quality Improvement Update

This past quarter, both homes have dedicated significant efforts to enhancing our pain management and continence programs.

Pain Management: Our staff have undergone refresher training on pain management algorithms which provided team members the best practices in pain management techniques.

Continence Care: The homes have successfully transitioned to using Essity products for continence care. The Essity team has invested extensive hours in providing 1-on-1 education

sessions with our frontline staff, including those on the night shift. This comprehensive training has improved our staff's ability to correctly apply continence products, which is expected to reduce incontinence-induced skin infections.

Both homes have achieved the desired goal of 100% management to have completed the Reconciliation Pathway training as well as a minimum of 30 frontline staff fully trained.

Financial/Staffing/Legal/IT Considerations:

No additional considerations currently.

Information was provided by Emily Kussmann, Administrator at BLH, and Rebecca DeWitte Clinical Support Manager to form this report.

Link to Strategic Goals and Objectives:

Growth and Innovation - Strengthen County's use of technology and innovative initiatives

Report Author:

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Departmental Approval:

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