



Brucelea Haven

Q4 2024

Together We Make a **QUALITY**
Difference!

This Continuous Quality Improvement Report, titled Together We Make a **QUALITY** Difference, is designed to highlight our ongoing commitment to enhancing the quality of care for our residents. Each quarter, this report will provide insights into key performance indicators, comparing our outcomes to provincial averages, and addressing factors that influence our performance.

The essence of this report lies in our view that when residents, families, and staff work collaboratively, we can achieve remarkable improvements in the care and support we provide. By fostering an environment of open communication and shared responsibility, we empower everyone to contribute to high quality care. Together, we can make a significant and positive impact on the lives of our residents, ensuring they thrive in a supportive and caring environment.

As we move forward, we invite everyone to engage with this report and join us in our commitment to continuous improvement. Together, we can truly make a **QUALITY** difference.

RESIDENTS WHO FELL

LONG-TERM CARE RESIDENTS WHO FELL

WHAT DOES THIS INDICATOR MEAN

This indicator shows the percentage of long-term care home residents in Ontario who fell during a 30-day period before an assessment by a health care professional. A lower percentage is better. The provincial benchmark is 9% with the provincial average sitting at 15.4%. Falls among long-term care home residents are a common cause of injuries such as hip fractures and may result in a visit to the emergency department or hospital admission.

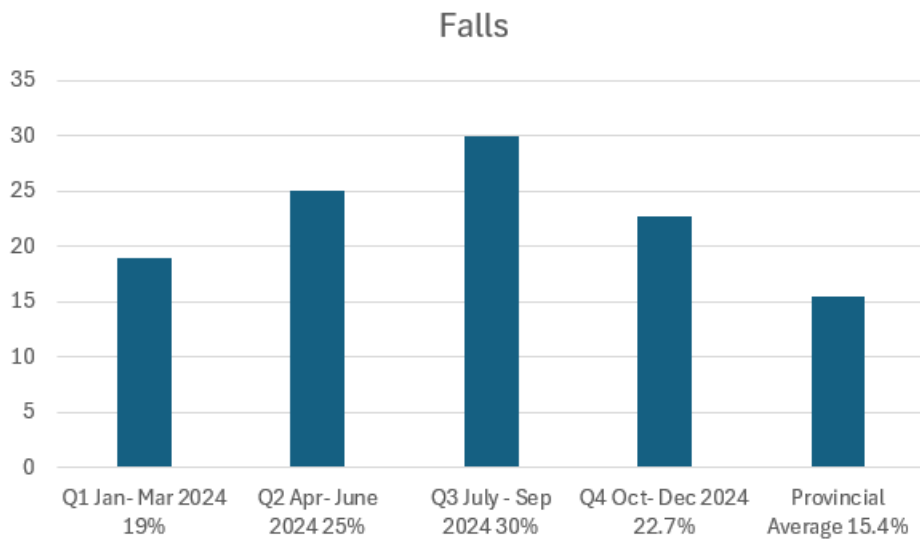
2024 GOAL

Our home's goal for 2024 is to align with the provincial average or lower for the percentage of residents who fell by December 31, 2024.

COMMENTS:

In Q4, Brucelea Haven saw a 7% reduction in falls. Residents on the 2-South unit continue to experience a higher frequency of falls, primarily due to wandering and exit-seeking behaviors. These behaviors are often associated with severe cognitive impairments, leading to attempted self-transfers and resulting falls.

Notably, 47% of all falls during Q4 occurred during the evening shift. This correlates with an increased incidence of sundowning, during which residents may attempt to leave the unit, heightening the risk of falls.



ANTIPSYCHOTIC USE

RESIDENTS NOT LIVING WITH PSYCHOSIS WHO WERE GIVEN ANTIPSYCHOTIC MEDICATIONS

WHAT DOES THIS INDICATOR MEAN

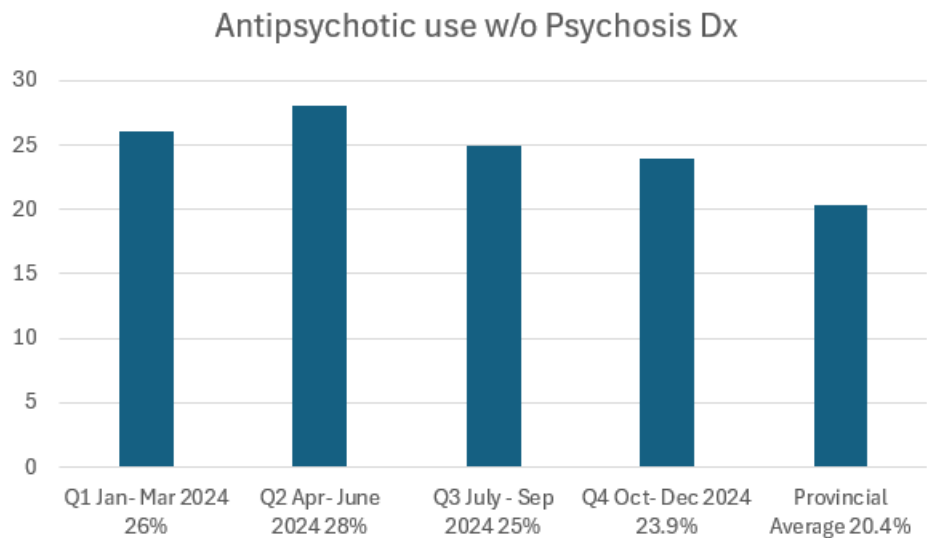
This indicator shows the percentage of long-term care home residents in Ontario not living with psychosis who were given antipsychotic medication seven days before being assessed by a health care professional. A lower percentage is better. The provincial benchmark is 19%. Antipsychotic medication can help control hallucinations, agitation, or aggression caused by dementia.

2024 GOAL:

Our home's goal for 2024 is to align with the provincial benchmark of 19% or lower.

COMMENTS:

The number of residents on antipsychotic medications decreased slightly this past quarter. The majority of these prescriptions are associated with the 2S unit, where exit-seeking behaviors and higher rates of responsive behaviors are observed.



PAIN

Continuous Quality Improvement- Brucelea Haven Q4 Report



RESIDENTS EXPERIENCING PAIN AND RESIDENTS EXPERIENCING WORSENING PAIN

WHAT DOES THIS INDICATOR MEAN

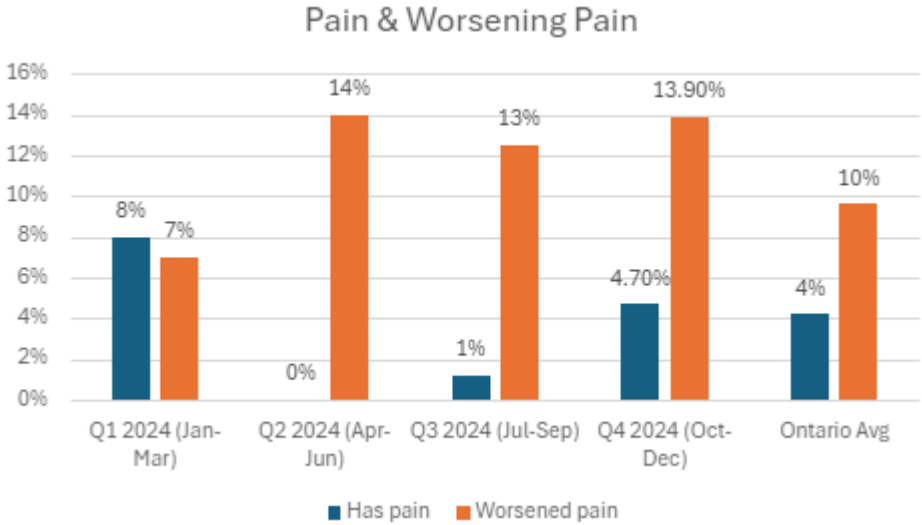
This indicator shows the percentage of long-term care home residents in Ontario who experienced moderate pain daily, or any severe pain, during the seven days prior to an assessment by a health care professional. A lower percentage is better. Pain, which can cause sleep problems, depression, agitation or limited mobility, may be under-reported or under-treated.

2024 GOAL

The home’s goal is to ensure that residents experiencing worsening pain is at or below the provincial average of 9.6% and residents experiencing pain is at or below the provincial average of 4.2%.

COMMENTS:

Our nursing teams monitor residents, identifying when pain exceeds the established goal, and work closely with physicians to restore effective pain control. In Q4, residents who experienced falls contributed to a higher percentage of pain identified, which speaks to the quality of assessments being completed by our nursing teams.



WORSENEED MOOD

RESIDENTS EXPERIENCING WORSENEED MOOD WITH SYMPTOMS OF DEPRESSION

WHAT DOES THIS INDICATOR MEAN

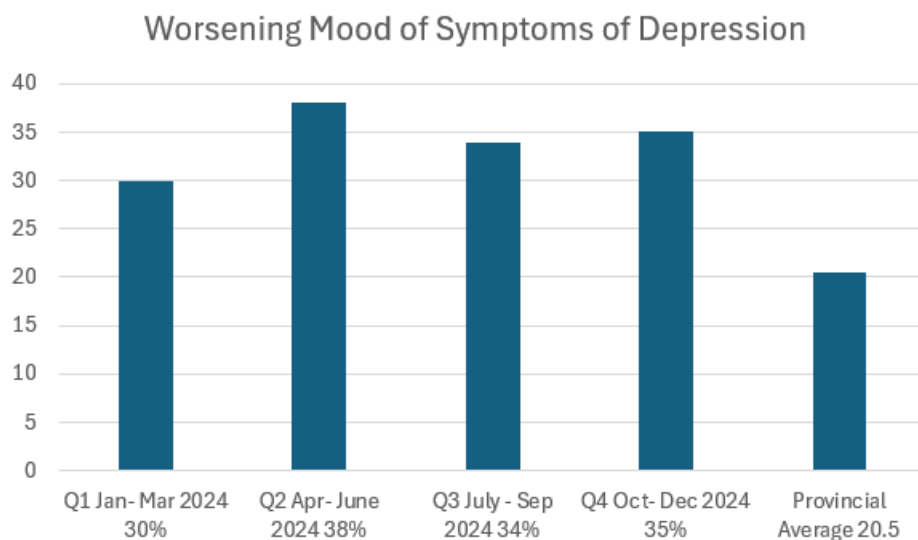
This indicator shows the percentage of long-term care home residents in Ontario whose symptoms of depression worsened since their last assessment. A lower percentage is better. The provincial average is 20.5%. Symptoms of worsened depression such as growing sadness, anger, anxiety or tearfulness, are associated with a functional decline in long-term care home residents, as well as suffering by their families and caregivers.

2024 GOAL

The home's goal is to ensure that residents experiencing worsening mood with symptoms of depression is at or below the provincial average 20.5%.

COMMENTS:

We saw an increase in residents experiencing worsening mood of symptoms of depression, this can be attributed partially to the population of residents assessed in this period- some residents experienced significant changes in their health status during this time, as well as loss of loved ones. In November, we welcomed a Social Worker to our team, further enhancing our capacity to support residents and their families effectively. This addition also supported increased capacity to do fulsome assessments for depression and mood, which provides an accurate reflection of depression rates in the home.



ACTIVITIES OF DAILY LIVING

RESIDENTS EXPERIENCING IMPROVED OR WORSENED PHYSICAL FUNCTIONING

WHAT DO THESE INDICATORS MEAN

Improved: This indicator provides the percentage of long-term care residents who improved or remained completely independent in transferring and locomotion. Higher is better. It means that a higher percentage of residents improved or remained independent in transferring and locomotion (mid-loss ADLs).

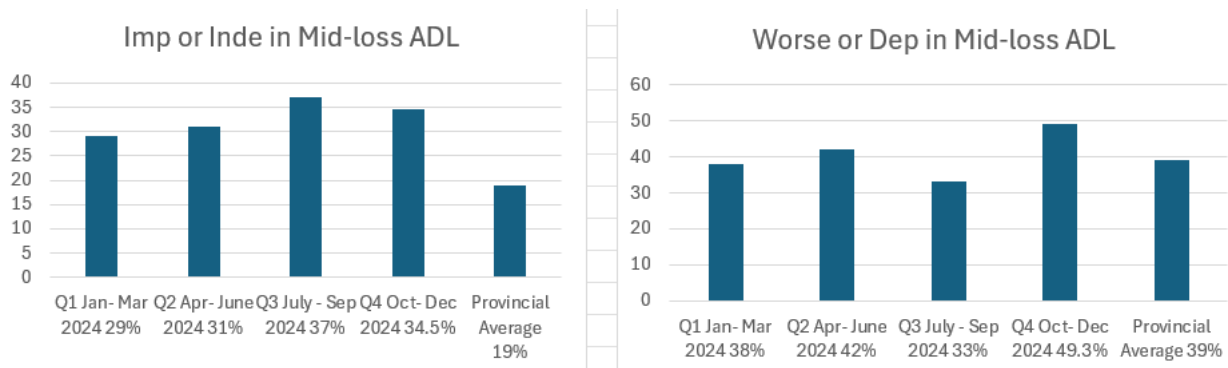
Worsened: This indicator provides the percentage of long-term care residents who worsened or remained completely dependent in transferring and locomotion. Lower is better. It means that a lower percentage of residents worsened or remained dependent in transferring and locomotion (mid-loss ADLs).

2024 GOAL

The home's goals are to be aligned with or better than the provincial averages (19.8% for improved) and (39.4% for worsened).

COMMENTS:

Falls remain a significant factor contributing to decreased mobility and often impact residents' ability to self-ambulate, underscoring the importance of our focused interventions to mitigate these challenges. Although we have observed a decrease in ADL Improvement and a corresponding decline in resident worsening independence, we are actively collaborating with our physiotherapist and restorative care team to support and maintain residents' ADL function.



PRESSURE ULCERS

RESIDENTS EXPERIENCING WORSENERD STAGE 2-4 PRESSURE ULCERS

WHAT DOES THIS INDICATOR MEAN

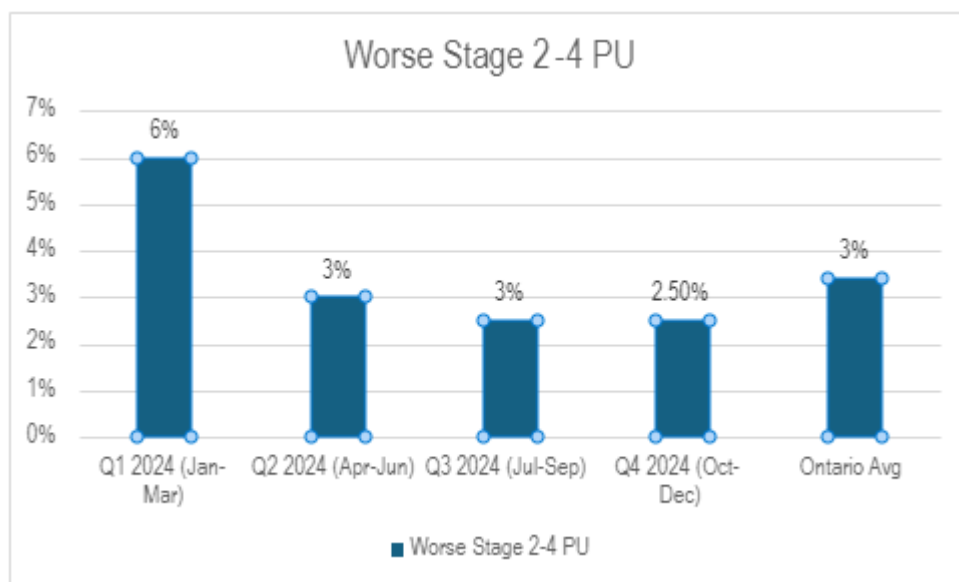
This indicator looks at the number of long-term care residents whose stage 2 to 4 pressure ulcer had worsened since the previous assessment. Pressure ulcers can happen when a resident sits or lies in the same position for a long period of time. Immobility may be due to many physical and psychological factors, neurological diseases like Alzheimer's and improper nutrition or hydration. Careful monitoring is required to ensure good quality of care.

2024 GOAL

Our home's goal for 2024 is to be at or below the provincial benchmark for worsening stage 2-4 pressure ulcers which is at 1%. The current Ontario average is 3.4%.

COMMENTS:

The home is actively enhancing the quality of skin and wound assessments, with a particular focus on identifying early signs and symptoms of infection. All nursing staff have received comprehensive education on advanced assessment techniques and evidence-based treatment protocols. There is a notable improvement in the presence of worsening stage 2-4 pressure ulcers over the course of the year, with Q4 falling below the provincial average.



RESTRAINTS

LONG-TERM CARE RESIDENTS WHO ARE PHYSICALLY RESTRAINED

WHAT DOES THIS INDICATOR MEAN

This indicator shows the percentage of long-term care home residents in Ontario who were physically restrained every day in the seven days prior to being assessed by a health care professional. A lower percentage is better. The provincial benchmark is 3%. Restraints, such as chairs, trunk or limb restraints, can protect residents from harming themselves or others. However, physical restraints may cause agitation and confusion and increase the risk of pressure ulcers or injury.

2024 GOAL

The home's goal for 2024 is to maintain our lower than provincial average number of residents who are physically restrained (2.2%)

COMMENTS:

The home continues to maintain a low average number of residents who are physically restrained. However, it is not uncommon for residents admitted from hospital settings to have experienced the use of restraints during their stay.

