



Quality Report Q4 2024 Gateway

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

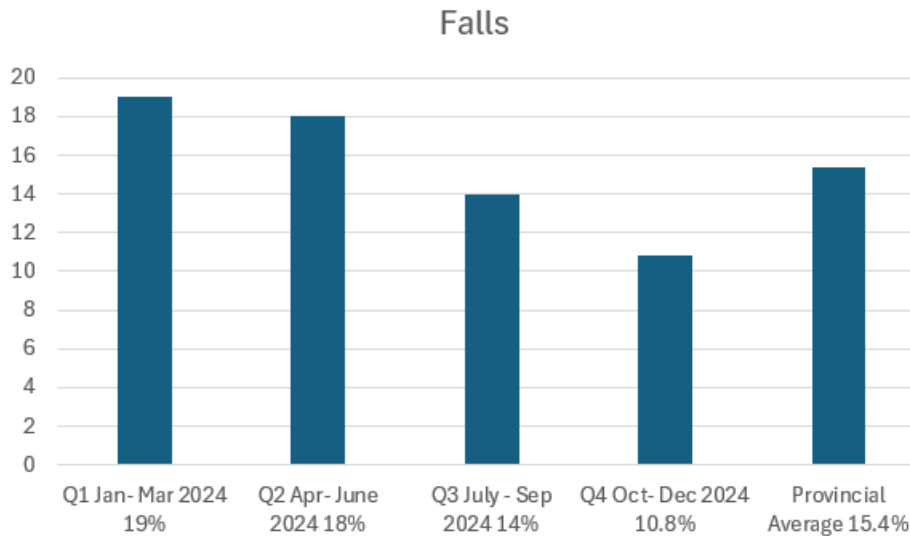
This indicator shows the percentage of long-term care home residents in Ontario who fell during a 30-day period before an assessment by a health care professional. A lower percentage is better. The provincial average is sitting at 15.4%. Falls among the elderly are a common cause of injuries such as 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, Gateway haven had a reduction of falls by 3.2%. This can be attributed to several factors, including the natural progression of disease among residents, staff re-training on fall prevention strategies, and the proactive efforts of our Nurse Practitioner (NP) and Medical Director (MD) in deprescribing medications associated with an increased risk of falls.



ANTIPSYCHOTIC USE

RESIDENTS NOT LIVING WITH PSYCHOSIS WHO WERE GIVEN ANTIPSYCHOTIC MEDICATIONS

WHAT DOES THIS INDICATOR MEAN

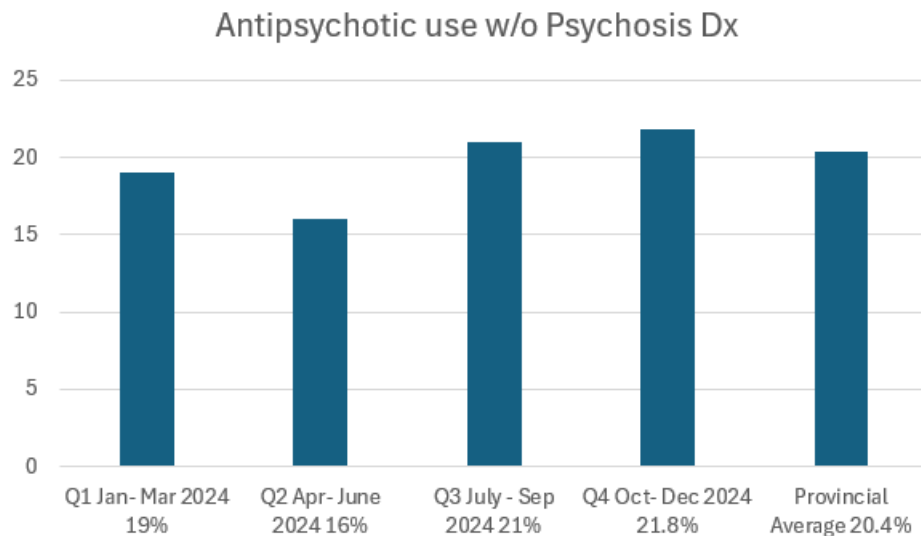
This indicator shows the percentage of long-term care home residents in Ontario not living with psychosis who were given antipsychotic medication seven days before being assessed by a health care professional. A lower percentage is better. The provincial average is 20.4%. Antipsychotic medication can help manage hallucinations, agitation, or aggression caused by dementia.

2024 GOAL

Our home's goal for 2024 is to align with the provincial benchmark of 20.4% or lower.

Comments:

The number of residents on antipsychotic medications increased by 0.8% this past quarter. Gateway Haven continued to welcome new residents with existing medication needs, requiring thorough assessments before adjusting medications.



PAIN

RESIDENTS EXPERIENCING PAIN AND RESIDENTS EXPERIENCING WORSENING PAIN

WHAT DOES THIS INDICATOR MEAN

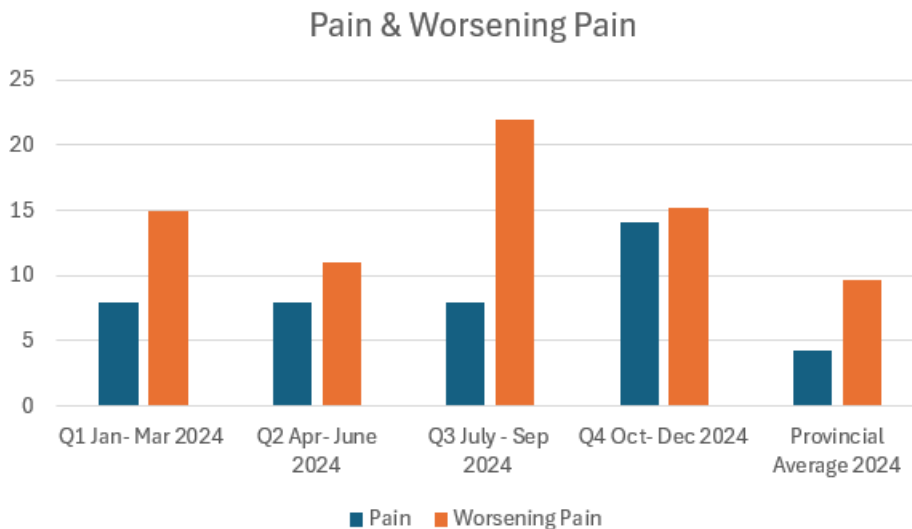
This indicator shows the percentage of long-term care home residents in Ontario who experienced moderate pain daily, or any severe pain, during the seven days prior to an assessment by a health care professional. A lower percentage is better. Pain, which can cause sleep problems, depression, agitation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

2024 GOAL

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

Comments:

In Q4, 14.3% of residents were living with pain, and 15.2% experienced worsening pain which is a decrease from the previous quarter. This is reflective of the current resident population and where they are in their disease progression. Additionally, the Nurse Practitioner being onsite 5 day a week, provides for immediate interventions in pain management.



WORSENEED MOOD

RESIDENTS EXPERIENCING WORSENEED MOOD WITH SYMPTOMS OF DEPRESSION

WHAT DOES THIS INDICATOR MEAN

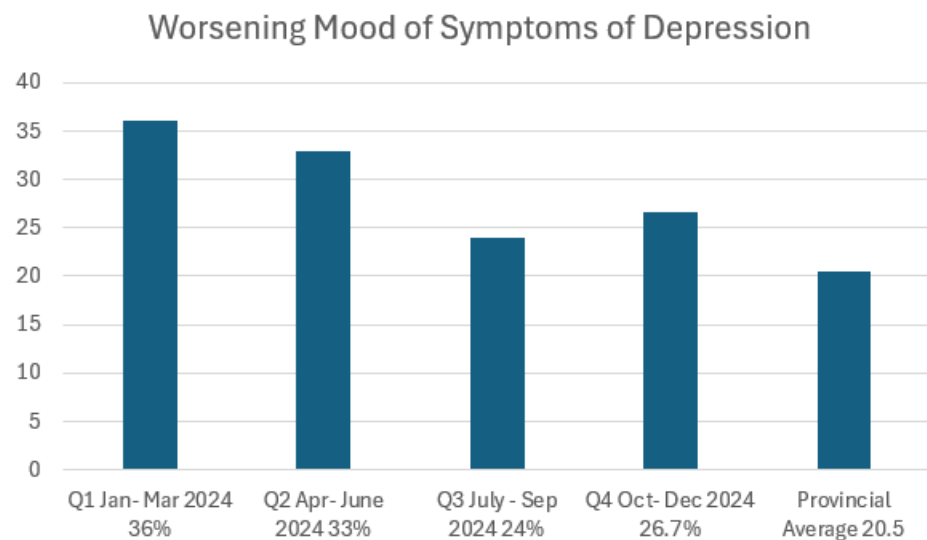
This indicator shows the percentage of long-term care home residents in Ontario whose symptoms of depression worsened since their last assessment. A lower percentage is better. The provincial average is 20.5%. Symptoms of worsened depression such as growing sadness, anger, anxiety or tearfulness, are 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 are at or below the provincial average 20.5%.

Comments:

A variety of programs, services, and activities are available to support residents experiencing depressive symptoms. When needed, referrals are made to physicians, Nurse Practitioners (NPs), and Social Worker for additional strategies to provide further assistance. In November we welcomed a Social Worker to our team, further enhancing our capacity to support residents and their families effectively. It is noted that depressive symptoms increased by 2.7% in Q4.



ACTIVITIES OF DAILY LIVING

RESIDENTS EXPERIENCING IMPROVED OR WORSENEO 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).

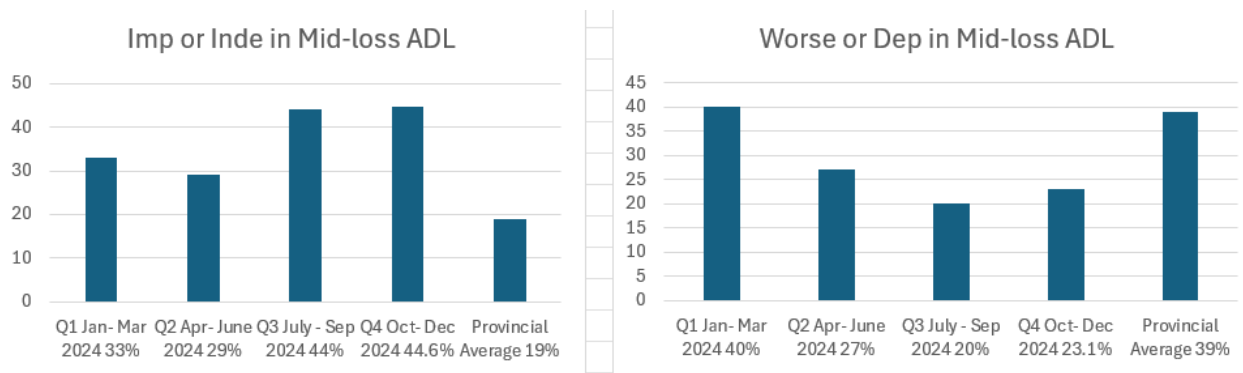
Worsened: This indicator provides the percentage of long-term care residents who worsened or remained completely dependent in transferring and locomotion. Lower is better. It means that a lower percentage of residents worsened or remained dependent in transferring and locomotion (mid-loss ADLs).

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:

Both indicators have been stable the past quarter which is representation of current residents and disease progression. Currently, 54% of Gateway Haven residents are actively engaged in physiotherapy programs aimed at enhancing mobility, preventing functional decline, and improving range of motion.



PRESSURE ULCERS

RESIDENTS EXPERIENCING WORSENED STAGE 2-4 PRESSURE ULCERS

WHAT DOES THIS INDICATOR MEAN

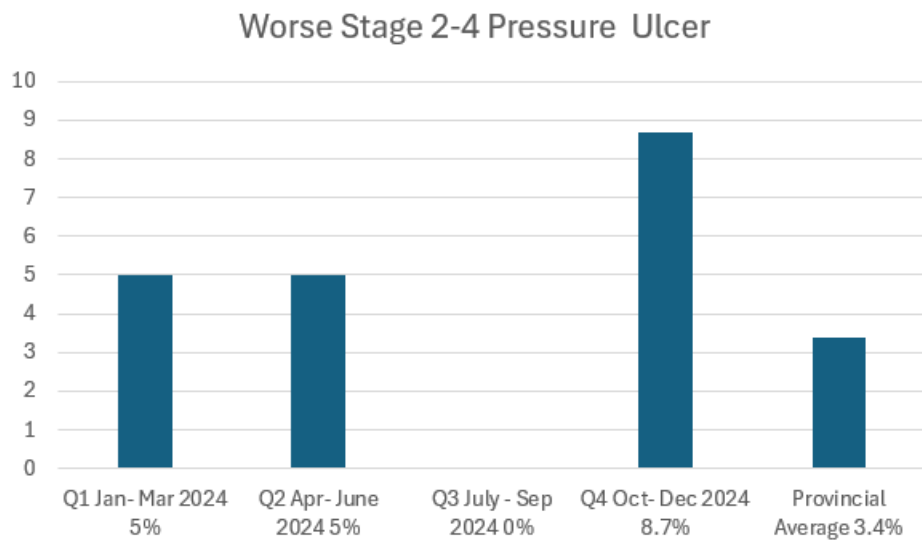
This indicator looks at the number of long-term care residents whose stage 2 to 4 pressure ulcer had worsened since the previous assessment. Pressure ulcers can happen when a resident sits or lies in the same position for a long period of time. Immobility may be due to many physical and psychological factors, neurological diseases like Alzheimer's and insufficient nutritional or hydration intake. 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. The current Ontario average is 3.4%.

Comments

The home has seen an increase which a result of new residents is being admitted with complex and unhealable wounds and function decline of our current residents. Our Skin and Wound Care Team are diligently working to ensure residents receive the highest standard of care to support optimal outcomes.



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 average for Q4 is 2.2%. 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.

Comments:

In Q3, Gateway Haven experienced notable developments regarding the use of restraints. There was an increase of 1.4% in Q4 due to a pause in admissions during an outbreak, causing a reduction in home population. Consequently, the reduced denominator resulted in an increase in the restraint usage percentage, despite no actual rise in the number of restraints used in the home

