



Long-Term Care Homes Committee Report - for Information

Title: Long Term Care Quality Report for Q4 2024

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

Date: January 23, 2025

Report Number: LTC-2025-004

Report Purpose:

This report is for information.

Report Summary:

Receive Long-Term Care - Quality Report - Q 4 2024

Background/Analysis:

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.

The Quality Improvement Committees at both homes have developed a Continuous Quality Improvement (CQI) Report, which will be updated quarterly and shared with residents, families, and staff. This report aims to highlight publicly reported indicators and illustrate how the homes compare to the provincial average. Additionally, it provides insights into various factors that may impact quarterly performance.

These report(s) serves to transparently share the results of our initiatives and foster collaboration among residents, families, staff, and other stakeholders invested in the quality of care provided. Through our collective efforts, we strive to create an environment where residents and families can thrive.

The Quality Committees remain committed to enhancing services and care for residents, and we anticipate that this report will continue to evolve alongside the committee's ongoing work.

Highlights from Brucelea Haven

- A 7% reduction in resident falls was achieved. The home continues to implement falls prevention strategies to reduce the number of falls in line with the provincial average of 15.4%.
- Antipsychotic use decreased slightly this past quarter to 23.9 %, supported by initiatives such as training 80% of staff in the Gentle Persuasive Approach and conducting quarterly medication reviews, targeting the provincial benchmark of 19% or lower.
- Worsening stage 2-4 pressure ulcers was a key area of focus during the quarter, and is evidenced by a significant reduction from Q1 at 6% to Q4 at 2.5%, below the provincial average of 3%.
- Restraint usage remained low, with collaborative admission assessments ensuring alternatives were prioritized, staying below the 3% provincial benchmark. The report underscores Brucelea Haven's dedication to continuous quality improvement and exceptional resident care.

Highlights from Gateway Haven

- Falls were maintained below the provincial average of 15.4%, supported by staff retraining and proactive deprescribing efforts by the Nurse Practitioner (NP) and Medical Director (MD).
- Antipsychotic use remained stable.
- While disease progression can lead to an increase in pain levels, collaborative efforts involving thorough pain assessments conducted with our Medical Director (MD) and Nurse Practitioner (NP) have enabled us to regain control over worsening pain seeing a reduction by 6%.
- Restraint usage remained stable but saw a proportional increase due to a population reduction during an outbreak, with efforts to stay below the 2.2% provincial average. These efforts reflect Gateway Haven's strategic focus on enhancing resident care and outcomes.

Quality Improvement Update

Both homes continue to actively work on their 2024 Quality Improvement Plan (QIP), with a strategic focus on enhancing resident safety and well-being through evidence-based and targeted initiatives. The primary objectives include reducing unnecessary hospital transfers, minimizing falls resulting in injuries, and deprescribing antipsychotics where clinically appropriate. These objectives align with our broader commitment to fostering a culture of safety, continuous learning, and person-centered care.

Key progress includes:

- **Fall Prevention:** The homes have introduced new risk assessments and environmental modifications, coupled with staff training in falls management and prevention.
- **Deprescribing Antipsychotics:** A multi-disciplinary approach is underway, involving physicians, pharmacists, and direct care teams to review and optimize medication regimens.

The homes have also gained valuable insights to sustain and advance these objectives, including the importance of interdisciplinary collaboration, data-informed decision-making, and consistent staff engagement.

As part of our commitment to professional development and excellence in care, we are proud to highlight the implementation of The Pathway Training Program. To date, 100% of the management team and 90 county staff members have successfully completed this program. This milestone reflects our dedication to equipping staff with the knowledge and skills required to drive continuous quality improvement and deliver high-quality care.

Looking ahead, we will continue to monitor outcomes, adapt strategies as needed, and engage all stakeholders in achieving and exceeding our QIP goals.

Financial/Staffing/Legal/IT Considerations:

No additional considerations currently.

Link to Strategic Goals and Objectives:

Community and Partnerships - Build a strong and inclusive community

Report Author:

Information was provided by Rebecca de Witte, Clinical Support Manager

Departmental Approval:

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Attachments:

Quality Report Q 4 Brucelea Haven
Quality Report Q 4 Gateway Haven