



# Long-Term Care Homes Committee Report - for Information

**Title:** Long-Term Care - Quality Report - Q1 2025

**From:** Sean Morphy, Interim Director of Long-Term Care and Senior Service

**Date:** May 15, 2025

**Report Number:** LTC-2025-006

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## **Report Purpose:**

This report is for information.

## **Report Summary:**

Receive the Long-Term Care - Quality Report for January, February and March 2025.

## **Background/Analysis:**

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 reports serve 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:

Q1 2025 Quality Report showcases significant progress in key areas.

- A 13% improvement in residents experiencing worsened mood from symptoms of depression. This highlights the effective efforts of proactive approaches taken by the team in early intervention of social work support.
- Further improvement in worsening stage 2-4 pressure ulcers was evident in the first quarter, bringing the data below the provincial average of 3.4%.

#### Highlights from Gateway Haven:

Q1 2025 Quality Report demonstrate the home's commitment to continuous quality improvement.

- Rate of falls remains very close to provincial average of 15.4%. Sitting at 19.1%
- Antipsychotic use has decreased to below the provincial average of 20.4%.
- Continued collaborative efforts with our Medical Director (MD) and Nurse Practitioner (NP) to monitor and manage pain experienced by residents. *A decrease of 4.13% of residents were living with pain, and 5.18% decrease of residents who experienced worsening pain.*
- Restraint usage saw a significant decrease of 2.1%.

#### Quality Improvement Update

Both homes are actively working on action planning from the results of the annual resident and family satisfaction survey. Brucelea Haven and Gateway Haven have successfully submitted their annual Quality Improvement Plans to Health Quality Ontario.

Brucelea Haven has a key focus in improving resident to staff communication, supporting residents' ability to influence their home environment and take an active role in the care they receive.

Gateway Haven is focusing our efforts to address creating opportunities for residents to spend time with other like-minded residents, and to develop closer relationships with other residents and staff. Along with having their favourite foods.

Both homes continue to engage key stakeholders including families, staff, and residents in the quality planning process through bi-annual stakeholder meetings. These meetings provide opportunities for the homes to share progress, action planning and receive feedback on areas for improvement.

**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:**

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**Departmental Approval:**

Sean Morphy, Interim Director of Long-Term Care and Senior Services

**Approved for submission:**

Sean Morphy,  
Deputy Chief Administrative Officer

**Attachments:**

1. Q1 Brucelea Haven Quality Report
2. Q1 Gateway Haven Quality Report