



# Gateway Haven

## Q1 – 2025

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

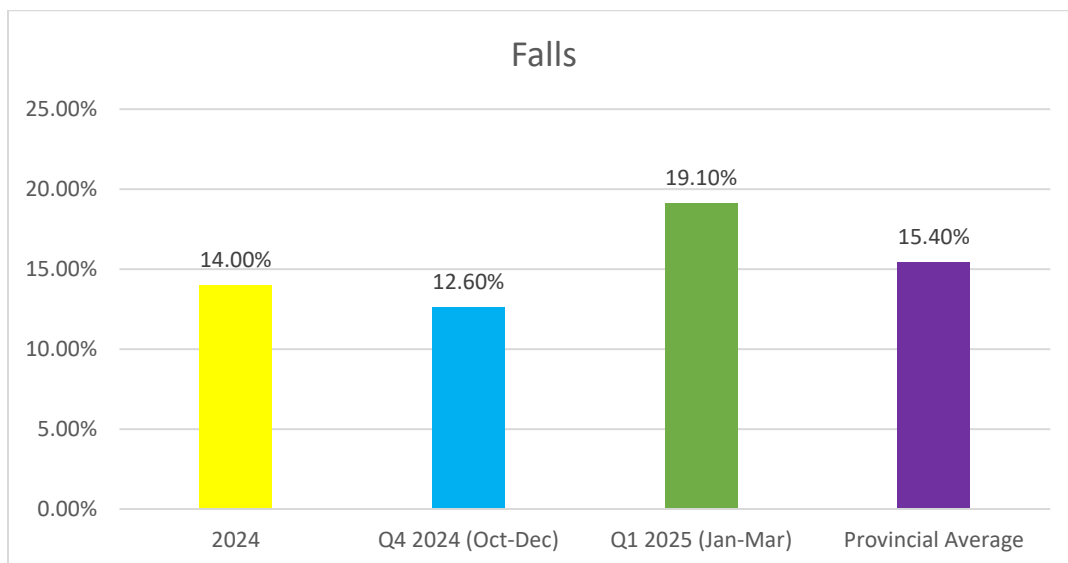
This indicator shows the percentage of Long-Term Care home residents in Ontario who fell during a 30-day period before an assessment by a health care professional. A lower percentage is better. The provincial benchmark is 9% with the provincial average sitting at 15.4%. Falls among Long-Term Care home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

#### 2025 GOAL

Our home's goal for 2025 is to align with the provincial average or lower for the percentage of residents who fell by December 31, 2025.

#### Comments:

*Falls in our home were slightly higher than the provincial average of 15.4% due to several contributing factors. Many of our residents have complex medical conditions which increase their risk of falling. Additionally, Residents may have decreased mobility upon admission after long hospital stays that further elevate the likelihood of falls for residents. Additionally, some residents experience reduced mobility upon admission after extended hospital stays, further increasing their likelihood of falling. To address this, our Nurse Practitioner (NP) and Medical Director (MD) are actively deprescribing medications associated with increased risk of falls. Meanwhile, our dedicated physiotherapy team is working hard to enhance residents' strength and mobility, aiming to reduce the risk of falls.*



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## ANTIPSYCHOTIC USE

### RESIDENTS NOT LIVING WITH PSYCHOSIS WHO WERE GIVEN ANTIPSYCHOTIC MEDICATIONS

#### WHAT DOES THIS INDICATOR MEAN

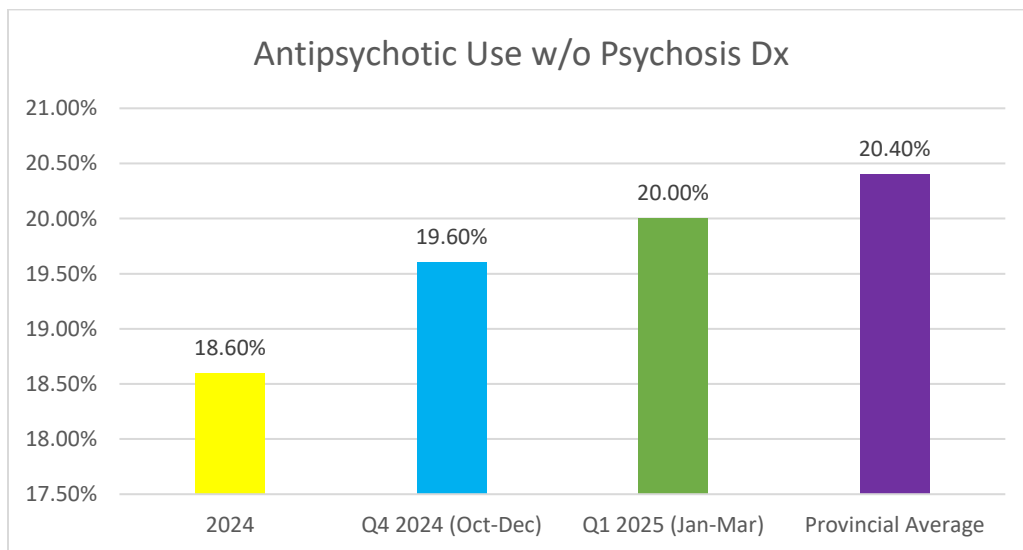
This indicator shows the percentage of Long-Term Care home residents in Ontario not living with psychosis who were given antipsychotic medication seven days before being assessed by a health care professional. A lower percentage is better. The provincial benchmark is 19% and the provincial average is 20.4%. Antipsychotic medication can help manage hallucinations, agitation, or aggression caused by dementia.

#### 2025 GOAL

Our home's goal for 2025 is to align with the provincial average of 20.4% or lower.

#### Comments:

*Gateway Haven continues to welcome new residents with specific medication needs that influence this indicator. As part of our standard practice, we allow sufficient time to assess each resident thoroughly and understand their individual needs before making any medication adjustments. Q1 saw the introduction of a new position, the Behaviour Supports Ontario (BSO) Personal Support Worker (PSW), whose role is to collaborate with the care team to implement non-pharmacological interventions for residents exhibiting responsive behaviours. Additionally, some Gateway Haven residents who have an order for antipsychotic medications are not receiving this medication regularly. Our pharmacy has observed that some orders for antipsychotic medications are specifically in place to support residents prior to dental appointments.*



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## **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.

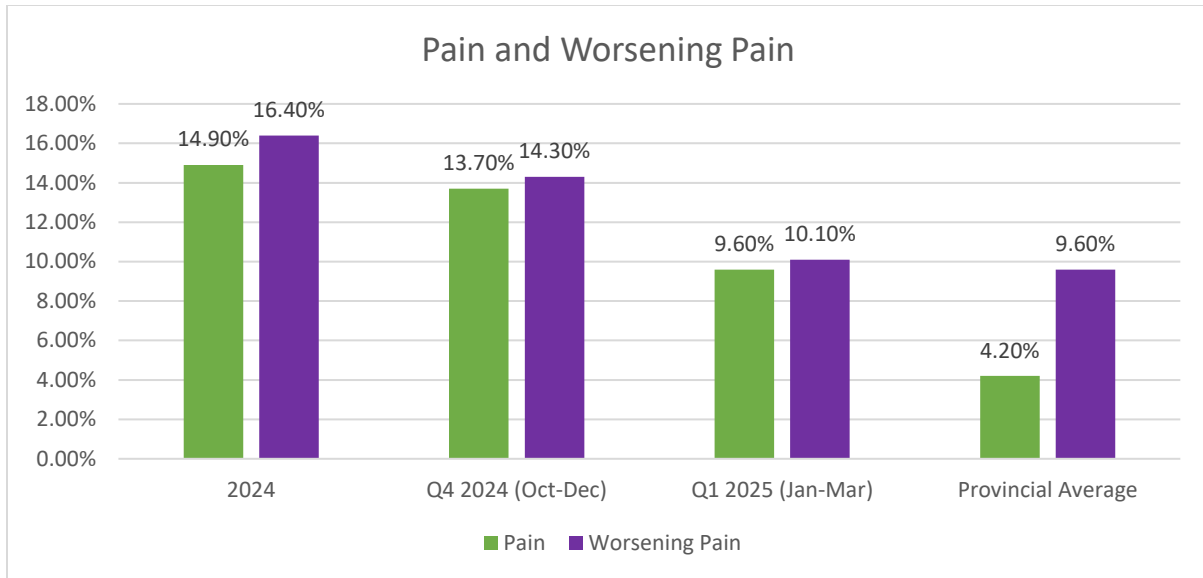
#### **2025 GOAL**

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:**

*This indicator does not take into account a resident's pain goal, interventions in place, nor the existence of an acute episode that may be temporarily increasing pain. Through a comprehensive auditing process, the home monitors the details of the residents that are triggered to assess deficiency in pain management care plan interventions and provides immediate corrections as required.*

*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. In Q1, approximately 10% of residents were living with pain (a trend decrease of 4.13%), and 10.10% experienced worsening pain during the observation period (a trend decrease of 5.18%). While not at the provincial average, our home does robust monitoring of these residents on a monthly basis, ensuring that all aspects of pain are managed aggressively. Additionally, the home holds bi-weekly visits from a pain and palliative expert to provide enhanced clinical guidance to our most challenging resident that experience pain.*



## WORSENERD MOOD

### RESIDENTS EXPERIENCING WORSENERD MOOD WITH SYMPTOMS OF DEPRESSION

#### WHAT DOES THIS INDICATOR MEAN

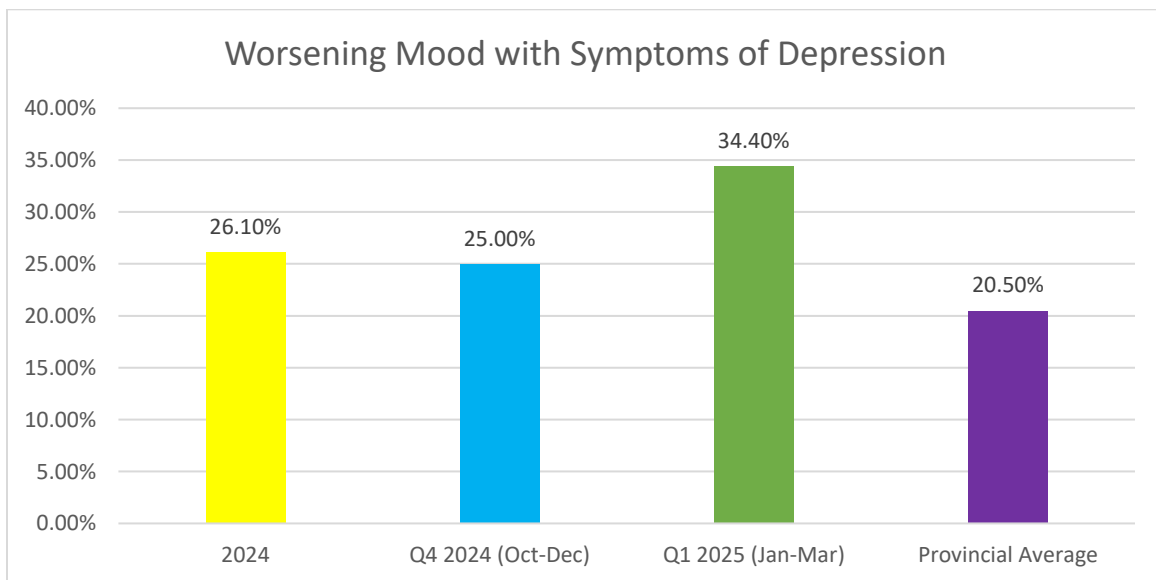
This indicator shows the percentage of Long-Term Care home residents in Ontario whose symptoms of depression worsened since their last assessment. A lower percentage is better. The provincial benchmark is 13% and the provincial average is 20.5%. Symptoms of worsened depression such as growing sadness, 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.

#### 2025 GOAL

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

#### Comments:

*The winter months can be particularly challenging for many, including those in Long-Term Care, with shorter days, cold weather, and occasional travel disruptions for visitors due to inclement weather. At Gateway Haven, a variety of programs, services, and activities are available to support residents experiencing depressive symptoms. When necessary, referrals are made to physicians, Nurse Practitioners (NPs), and Social Workers for additional strategies and support. It is noted that depressive symptoms increased from Q4 to Q1.*



## ACTIVITIES OF DAILY LIVING

### RESIDENTS EXPERIENCING IMPROVED OR WORSENEO PHYSICAL FUNCTIONING

#### WHAT DO THESE INDICATORS MEAN

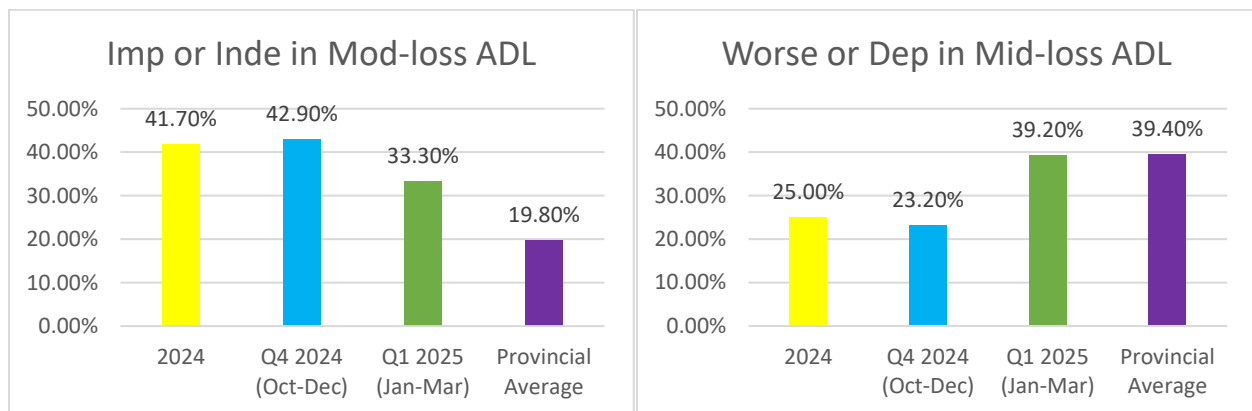
This indicator provides the percentage of Long-Term Care residents who improved or remained completely independent in transferring and locomotion. Higher is better. It means that a higher percentage of residents improved or remained independent in transferring and locomotion (mid-loss ADLs).

#### 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:

*At Gateway Haven, many residents actively participate in physiotherapy programs designed to improve mobility, prevent functional decline, and enhance range of motion. These efforts encourage residents to maintain their independence to the greatest extent possible, while ensuring the approach is supportive and stress-free. Falls remain the primary factor contributing to declining independence. The home continues to develop our restorative care program which will assist with ADLs and help residents regain or maintain independence in tasks such as brushing their teeth, brushing their hair, locomotion, and transferring.*



## PRESSURE ULCERS

### RESIDENTS EXPERIENCING WORSENERD STAGE 2-4 PRESSURE ULCERS

#### WHAT DOES THIS INDICATOR MEAN

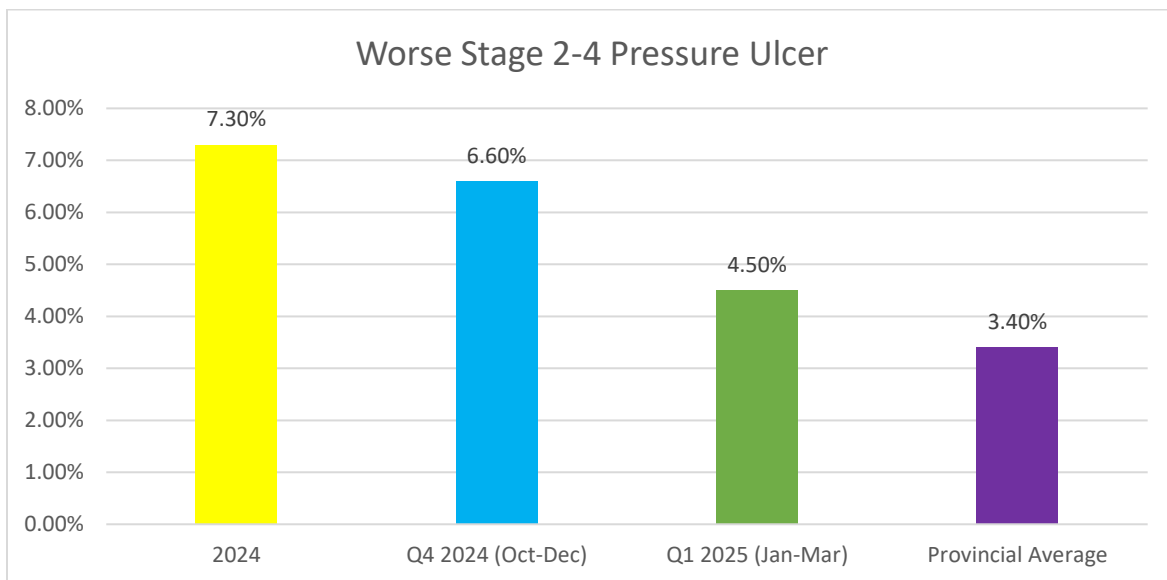
This indicator looks at the number of Long-Term Care residents whose stage 2 to 4 pressure ulcer had worsened since the previous assessment. Pressure ulcers can happen when a resident sits or lies in the same position for a long period of time. Immobility may be due to many physical and psychological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

#### 2025 GOAL

Our home's goal for 2025 is to be at or below the provincial benchmark for worsening stage 2-4 pressure ulcers which is at 1%. The current provincial average is 3.4%.

#### Comments

*Q1 saw a natural decline in these indicators. During Q1, Gateway Haven provided skin and wound prevention education as well as treatment of pressure injuries. The home also invested in a supply of pressure relief devices, such as air and foam mattresses, pressure relief booties, repositioning wedges, and wound care products. Successful treatments of stage 4 pressure injuries also occurred, reducing severity and healing wounds. Our Skin and Wound Care Team, along with the Medical Director (MD), Nurse Practitioner (NP) and Dietitian, are diligently working to ensure the residents receive the highest standard of care to support optimal outcomes as it pertains to pressure injuries.*





## 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% and the provincial average 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.

#### 2025 GOAL

The home's goal for 2025 is to decrease the number of residents who are physically restrained to be at or lower than the provincial average.

#### Comments:

*In Q1, Gateway Haven saw significant developments in the use of restraints. Currently, two residents are using restraints, both of which are lap belts. At Gateway Haven, we work closely with the physician, family, resident, and care team to determine the most appropriate level of support to meet each resident's needs.*

