



Brucelea 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

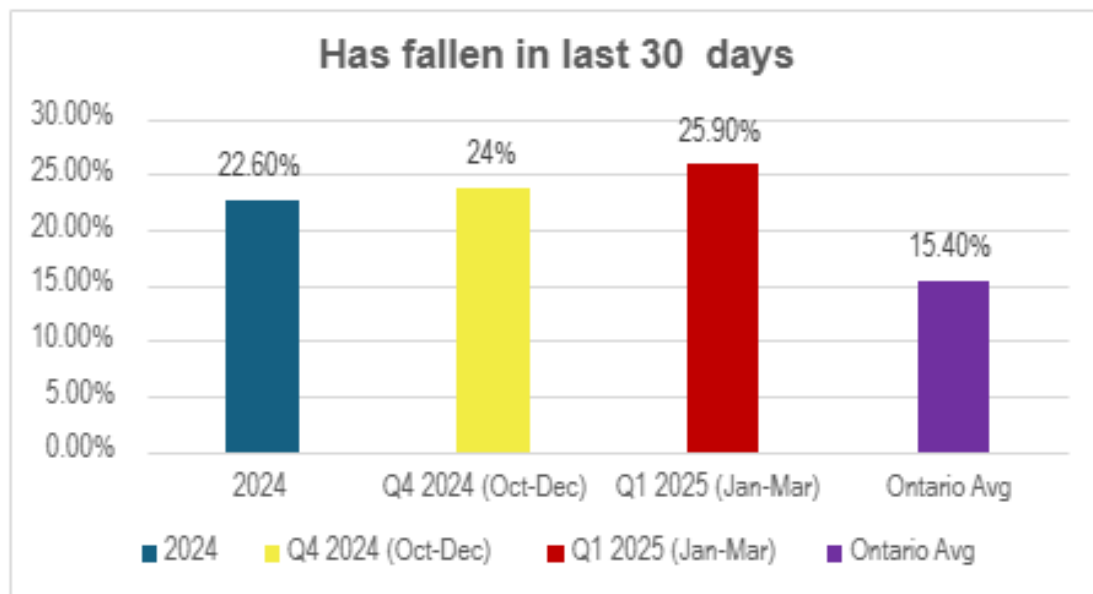
WHAT DOES THIS INDICATOR MEAN

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. New residents are screened for fall risks and contributing factors to determine the right interventions. Each resident gets a personalized fall prevention plan, which is updated after major health changes. After a fall, assessments are done to find the cause and prevent future incidents.

COMMENTS: A new Falls Program Audit has been implemented and will be conducted monthly to perform a comprehensive review of a fall. This audit aims to identify opportunities for improvement and enhance resident safety.



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.

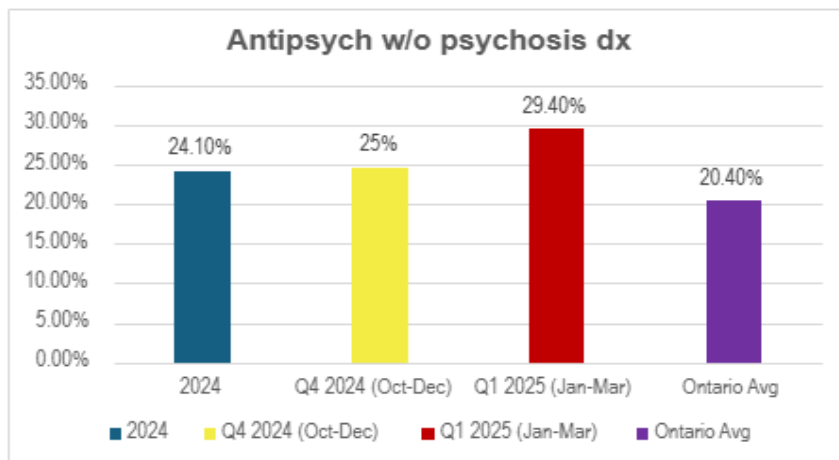
2025 GOAL:

Our home's goal for 2025 is to align with the provincial benchmark of 19% or lower.

As part of our annual Quality Improvement Plan, the team is working on the following change ideas to support lowering this number:

- By December 31, 2025, our goal is to provide Gentle Persuasive Approach (GPA) training to 100% of direct care full-time and part-time staff. In 2024, we successfully trained 80% of this target. This initiative will enhance staff knowledge and skills, equipping them to implement non-pharmacological interventions for residents exhibiting responsive behaviors.
- Admissions/Readmissions will be reviewed and reconciled by our contracted pharmacy provider.

COMMENTS: In Q1, we implemented Quality in Nursing education on the appropriate handling and administration of hazardous medications, with the aim of enhancing clinical practice and building staff confidence and competence. Additionally, we introduced the MediSystem Collaborative Medication Reconciliation (MCMR) process to support improved accuracy and quality of medication orders for new admissions and re-admissions.



Continuous Quality Improvement- Brucelea Haven Q1 Report



PAIN

RESIDENTS EXPERIENCING PAIN AND RESIDENTS EXPERIENCING WORSENING PAIN

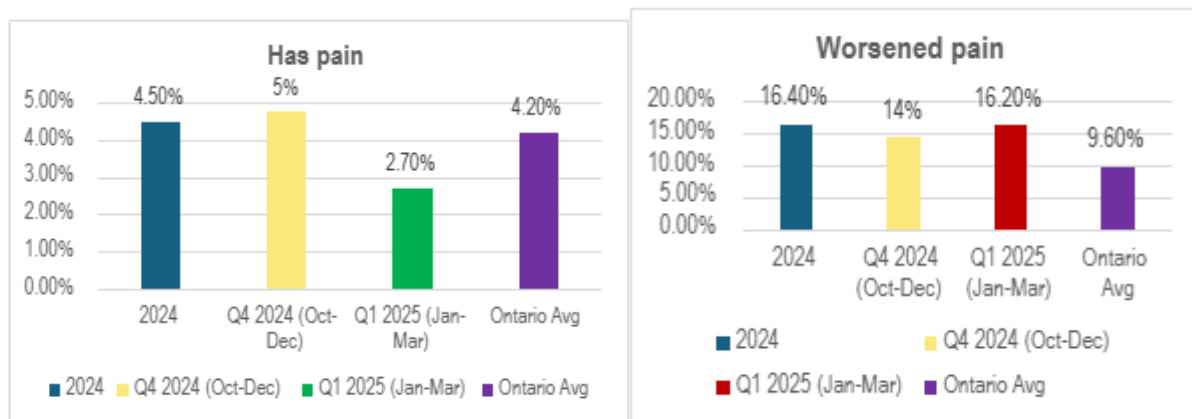
WHAT DOES THIS INDICATOR MEAN

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: A new Pain Management Program audit has been implemented and will be conducted monthly to provide a comprehensive review of residents experiencing pain, ensuring effective assessment and intervention.



WORSENERD MOOD

RESIDENTS EXPERIENCING WORSENERD MOOD WITH SYMPTOMS OF DEPRESSION

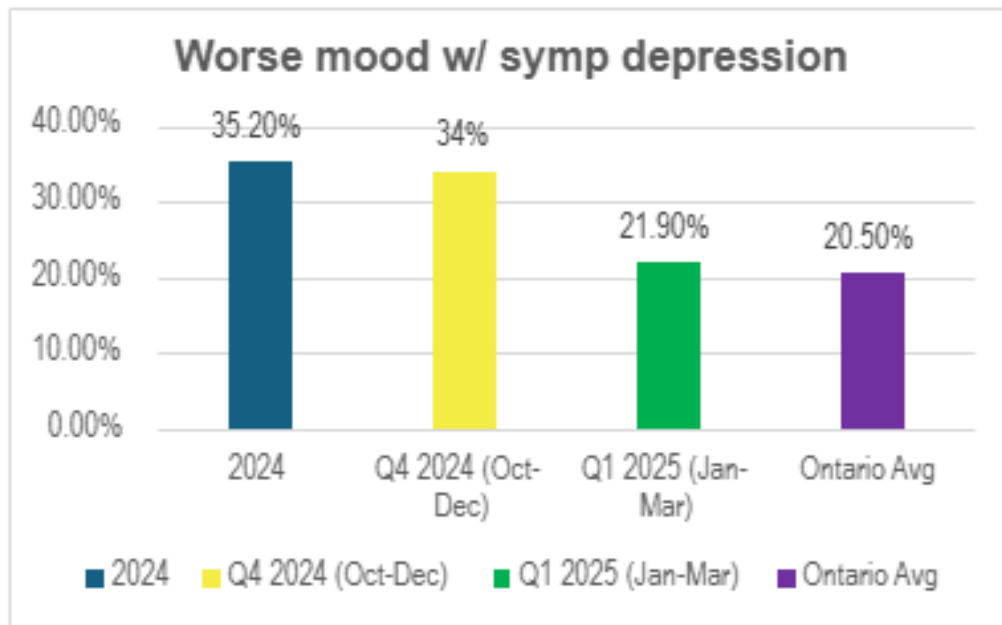
WHAT DOES THIS INDICATOR MEAN

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%. 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 benchmark 13%.

COMMENTS: The Q1 data highlights how timely identification and intervention can greatly impact residents' mental health outcomes. Our social worker's proactive approach as an early interventionist has played a key role in reducing cases of worsened mood by addressing symptoms before they escalate.



ACTIVITIES OF DAILY LIVING

RESIDENTS EXPERIENCING IMPROVED OR WORSENED PHYSICAL FUNCTIONING

WHAT DO THESE INDICATORS MEAN

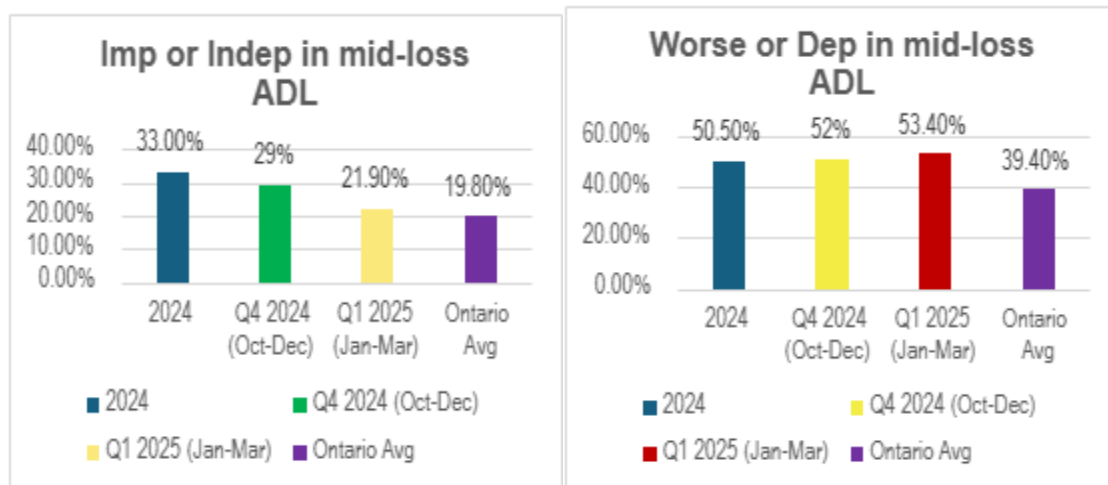
Improved: This indicator provides the percentage of long-term care residents who improved or remained completely independent in transferring and locomotion. Higher is better. It means that a higher percentage of residents improved or remained independent in transferring and locomotion (mid-loss ADLs).

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 on transferring and locomotion (mid-loss ADLs).

2025 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: The home remains above the provincial average in improved or maintained independence in mid-loss ADLs, but since last quarter there has been a 10.8% decrease compared to Q4 2024. Since the last quarter, 62% of residents received services directly from the contracted physiotherapy provider. In Q4, several residents sustained falls that decreased their ability to self-ambulate,



PRESSURE ULCERS

RESIDENTS EXPERIENCING WORSENERD STAGE 2-4 PRESSURE ULCERS

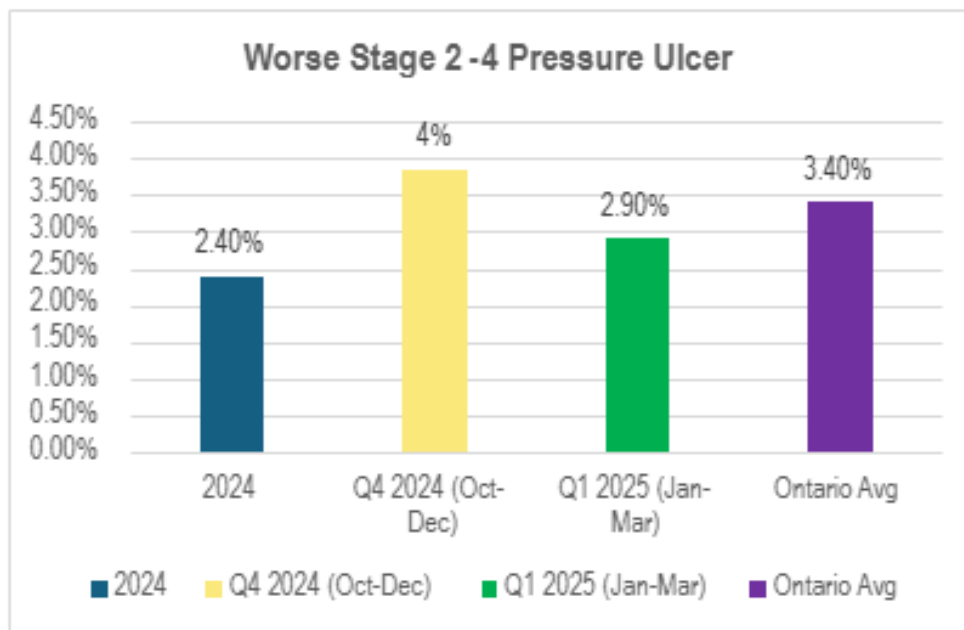
WHAT DOES THIS INDICATOR MEAN

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.

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 Ontario average is 3.4%.

COMMENTS: The home is actively working towards improving skin assessments to prevent worsened ulcers, focusing on accurate wound measurements. Staff are being trained in consistent documentation and capturing clear wound photos. Through accurate assessment and early intervention, we anticipate a decrease in the number of newly developed wounds and improved healing outcomes.



RESTRAINTS

Continuous Quality Improvement- Brucelea Haven Q1 Report



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.

2025 GOAL

The home's goal for 2025 is to maintain our lower than provincial average number of residents who are physically restrained.

COMMENTS: The home has a low number of residents using physical restraints. However, some residents arrive from the hospital with restraints. We collaborate with the physician, family, resident, and care team to determine the best support. We also review bed rail use to ensure it remains appropriate. Currently, one resident uses a physical restraint for safety and positioning, and we regularly review all restraints to ensure proper use.

