

**LTC ANNUAL  
QUALITY  
REPORT  
2024**

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# Quality Matters

Our two long-term care (LTC) homes, Saint-Louis Residence (SLR) and Élisabeth Bruyère Residence (ÉBR), are operated by Bruyère Continuing Care. Driven by learning, research and innovation, our mission is to lead an integrated system of care that maximizes quality of life and health potential. Quality and Service Excellence is one of our 2023-2024 five strategic pillars as part of our goal to be recognized as a national leader in the delivery of quality care.

Our LTC Continuous Quality Improvement Committee reports to the Board Quality Committee. As part of this committee, designated leads meet on a quarterly basis with the main functions and responsibilities highlighted below.

- Assists in the development and monitoring of our annual Quality Improvement Plan and its objectives.
- Reviews, assesses and monitors our homes' priority areas, objectives, policies, procedures and protocols.
- Prioritizes continuous quality improvement priority areas.
- Monitors and measures progress.
- Identifies and provides guidance on implementing adjustments, including around communicating outcomes.
- Reviews the resident quality of life survey and the engagement survey results and reviews the actions proposed to improve the care, services, programs and goods based on the results and other recommendations.

Bruyère Continuing Care's  
Board of Directors

Board Quality Committee

LTC Continuous  
Quality Improvement  
Committee

Corporate Quality  
Committee

# Quality Improvement Plan

Our long-term care homes' Quality Improvement Plan (QIP) is prepared annually based on priorities and recommendations per:

- Health Quality Ontario's recommended key quality indicators and data,
- The LTC Continuous Quality Improvement Committee,
- Bruyère's strategic objectives,
- Resident and Family survey results,
- Resident and Family councils' feedback,
- Stakeholders' feedback (e.g., Ministry of Long-Term Care, external partners, etc.),
- Etc.

The QIP is submitted to the Board Quality Committee for review. Each home's administrator approves our yearly QIP. You will find below the priority indicators for both of Bruyère's LTC homes for the 2023-2024 fiscal year:



**Resident Experience:** Percentage of residents responding positively to: 'I participate in meaningful activities'.



**Falls:** Number of falls per 1000 resident days.



**Pressure Injuries:** Percentage of residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4 since their previous resident assessment.



**Antipsychotics:** Number of residents on an antipsychotic without an appropriate diagnosis.

# Monitor and Measure

Bruyère's Decision Support Services track our quality indicators on a monthly basis. Quarterly, the results are presented through a dashboard used to **monitor and measure progress**. This dashboard is reviewed, at a minimum, at every LTC Continuous Quality Improvement Committee and other Bruyère committees, like the Senior Operations Team, the Corporate Quality of Care Committee, and the Senior Strategy Team.

The LTC Continuous Quality Improvement Committee members identify and make recommendations to implement initiatives that aim to enhance quality outcomes.





Our yearly targets for our priority quality indicators are determined based on several factors, including:

- Provincial data as per Canadian Institute for Health Improvement and Health Quality Ontario,
- Historical performance,
- Other corporate data and strategic objectives,
- Recommendations from key stakeholders,
- Recommendations from the LTC Continuous Quality Improvement Committee.

Communications of the outcomes for our quality indicators and continuous quality improvement initiatives are tailored to the various initiatives.

Channels include:

- Townhall-style staff meetings,
- Quality Matters Boards on the home areas,
- Resident and Family Council meetings,
- Staff and resident/loved ones newsletters.

<b>23/24</b> <b>Targets &amp; Outcomes</b> <b>(%)</b>	 <b>Resident Experience</b>	 <b>Falls</b>	 <b>Pressure Injuries</b>	 <b>Antipsychotics</b>
<b>Saint-Louis Residence</b>	≥30 → 48.8	≤10.3 → 7.4	≤6.5 → 6.1	≤21 → 23.3
<b>Élisabeth Bruyère Residence</b>	≥30 → 53.0	≤4.9 → 4.3	≤3.7 → 3.4	≤26 → 28.1

# Residents' and loved one's experience

## Resident Survey

We conduct annual resident quality of life surveys with at least 50 residents using the validated interRAI Quality of Life Survey. We are part of a consortium of LTC homes named Senior Quality Leap Initiative. This allows us to benchmark against peers.



In 2023-2024, a new process of conducting surveys was launched in May at SLR and in July at ÉBR. Eligible residents are split over the months to gradually gather responses throughout the year. This allows us to capture snapshots that are more timely and representative despite of the fluctuations (e.g. seasons, outbreaks, etc.). Overall, 77 residents at SLR and 28 at ÉBR participated this year.



An overview of the results and action items was presented to the Resident Council on March 25th at ÉBR and April 17th at SLR. Residents were invited to voice their feedback on the presentation and survey.



## Family Engagement Survey

We conduct annual family engagement surveys once per year with residents' loved ones at both homes. We use our internal survey tool as we continue to wait on an announcement from the ministry regarding a standardized family survey.

In 2023-2024, the survey was launched mainly electronically and sent to the primary contact at the end of September with a deadline of mid-November. Overall, 43 loved ones at SLR and 22 at ÉBR participated.

An overview of the results and action items was presented at the ÉBR Family Meeting on March 11th and with the SLR Family Council on April 2nd. Attendees were invited to voice their feedback on the presentation and survey.



## Results Analysis Process

The Quality Lead reviews and analyses the data then with the home's administrator, meets with the department leads to share the results and determine an action plan.

# Our Leadership Team



**Melissa Donskov**

Vice-President, Residential and Community Care and Programs



**Chantale Cameron**

Administrator-Director, Élisabeth Bruyère Residence



**Anne-Laure Grenier**

Administrator-Director, Saint-Louis Residence



**Widy Larocque**

Director of Care, Élisabeth Bruyère Residence



**Thierry Séreau**

Director of Care, Saint-Louis Residence



**Alexandra Schram**

Clinical Manager, Saint-Louis Residence



**Jocelyn Wiens**

Associate Director of Care,  
Long-term Care



**Claudia Coutu**

Quality Coordinator,  
Residential and Community  
Care and Programs



# Designated Leads



**Tina Léonard**  
LTC Food Services lead



**Pierre-Luc Danis**  
LTC Housekeeping lead



**Kim Durst-Mackenzie**  
LTC Recreation lead



**Rebekah Hackbush**  
LTC Spiritual lead



**Claudia Coutu**  
LTC Quality lead



**Giovanni Bonacci**  
Medical Director, SLR

**Jean Chouinard**  
Medical Director, ÉBR



**Adidja Nkengla Menka**  
IPAC lead, SLR

**Nicole Cyr**  
IPAC lead, ÉBR



**Gino Catellier**  
Facilities lead, SLR

**Bijan Solaimany**  
Facilities lead, ÉBR



# Continuous Quality Improvement Initiatives

The initiatives highlighted below are some of the continuous quality improvement initiatives undertaken at our two LTC homes this past year. Each of them fits within two or more of Bruyère's strategic objectives.

**What?** Enhancements to the Resident Experience Committee at SLR.

**When?** June 2023.

**Why?** Enhanced committee engaging various stakeholders to discuss resident experience type topics such as the Collaborative Living Journey, meaningful engagement and reducing isolation, person-centered language movement and resident and family surveys.

**What?** New monthly fall target posters and discussions.

**When?** June 2023.

**Why?** As part of our falls prevention program, individualized community targets were developed and are monitored monthly to see the trends of falls. Interdisciplinary discussions are then organized on the home areas.

**What?** Additional increase in staffing in LTC with various positions added towards reaching 4 hours of care per resident day, including the addition in the last year of personal support worker and registered staff positions at both LTC Homes, and Clinical Support Supervisor, Social Service Worker and Resident Support Worker positions.

**When?** Ongoing.

**Why?** Increase direct resident care and supervision to ensure the residents receive the care that they need and deserve.

**What?** Enhancements to the skin and wound program.

**When?** August 2023 and ongoing.

**Why?** Team approach in recognizing and implementing initiatives to reduce and prevent new and worsening pressure injuries. A Wound Squad was created at SLR, where the team meets virtually on a bi-weekly basis. Moreover, new and enhanced education materials (e.g. turning clocks) and sessions have been created by the certified Skin and Wellness Associate Nurse (SWAN) at SLR. Upcoming SWAN certification at ÉBR.

**What?** Conducting resident surveys gradually throughout the year.

**When?** Started in May 2023 at RSL and July 2023 at ÉBR.

**Why?** Allow for gradual insight from residents as well as more representative feedback considering various fluctuations (e.g., seasons, outbreaks, etc.)

**What?** Enhanced Living Classroom and new partnerships.

**When?** Grant through the Ontario CLRI obtained in March 2024 - next cohort of students in September 2024.

**Why?** To provide on site learning opportunities for students as well as professional development opportunities as preceptors and teachers for staff.

# Closing Remarks

“We have seen our team grow and succeed in various initiatives meeting most of the targets we had set for ourselves last year. We are striving to see these efforts and their results sustained.

Our two long-term care homes' priority areas, including enhancing relevant objectives, policies, procedures and protocols, for the next year include:

- Continuing the professional development for staff (e.g., Gentle Persuasion Approach, mandatory education for all staff, etc.)
- Ongoing focus on sustaining our efforts and further improvements of our quality priorities for 2024-2025:
  - Decreasing falls,
  - Decreasing new and worsening pressure injuries,
  - Decreasing inappropriate antipsychotic usage,
  - Enhancing resident experience and participation in meaningful activities.
- Participating in ongoing research and innovation projects to enhance the quality of care and services we offer.
- Building capacity and skills within our teams to continue enhancing care of the complex LTC residents within the home.



We are enthusiastic about the different innovation and research projects we have been partaking in and look forward to developing additional partnerships. We have and continue to enhance different programs which will contribute to enriching our residents' experience. I am confident in our team's ability to continuously strive to optimize our practices and services for our residents. ”



**Melissa Donskov**

Vice-President, Residential and Community Care and Programs