

**LTC QUALITY
ANNUAL
REPORT
2023**

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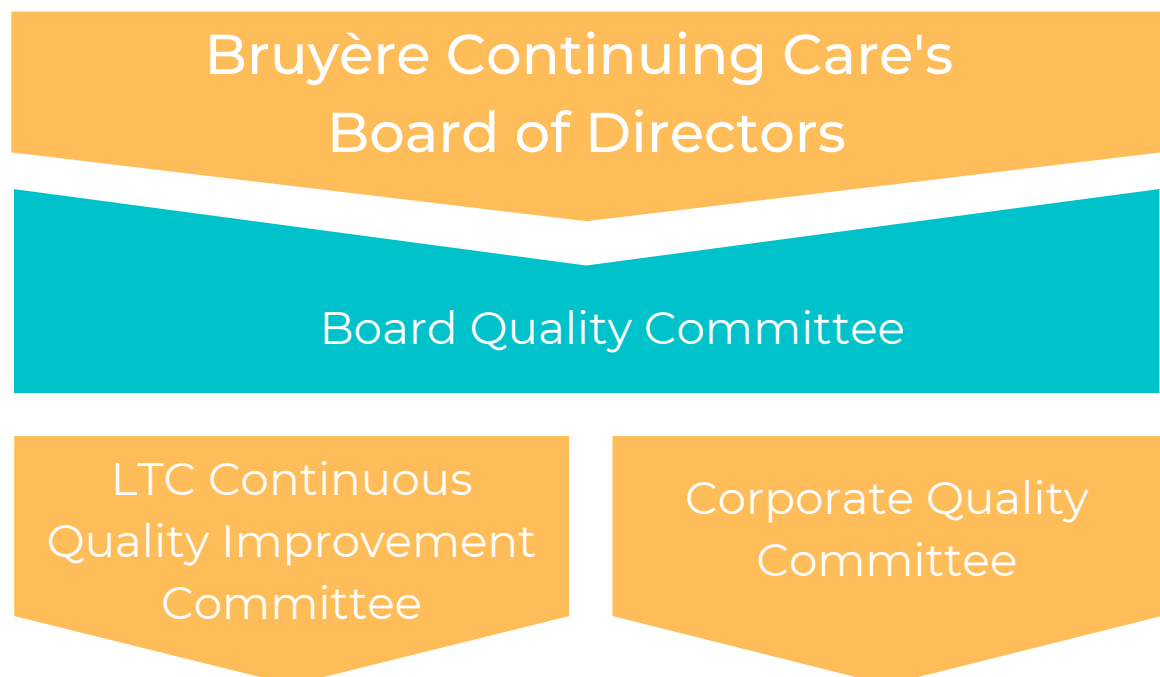
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Quality Matters

Our two long-term care (LTC) homes, Saint-Louis Residence (SLR) and Élisabeth-Bruyère Residence (ÉBR), operate under 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 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.



Quality Improvement Plan

Our long-term care homes' Quality Improvement Plan (QIP) is prepared annually based on priorities and recommendations as 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 Bruyere's LTC homes for the 2022-2023 fiscal year:



Resident Experience: Percentage of residents responding positively to: 'Staff ask how my needs can be met'



Falls: Percentage of residents who fell during the 30 days preceding their resident assessment



Pressure ulcers: 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



Palliative care: Percentage of residents who deceased with documented goals of care

Monitor and Measure

Bruyère's Decision Support Services track our quality indicators on a monthly basis. Quarterly, they present the results 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 identifies and makes recommendations to implement adjustments.





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.

The communication of the outcomes for our quality indicators and continuous quality improvement initiatives are tailored to the initiative.

Channels include:

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

22/23 Targets & Outcomes (%)	 Resident Experience	 Falls	 Pressure ulcers	 Palliative care
Saint-Louis Residence	51 → 31	20 → 20.8	4.5 → 8.6	60 → 100
Élisabeth Bruyère Residence	51 → 46	15 → 14.8	2.5 → 4.7	60 → 100

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 2022-2023, our resident survey was conducted from October to December 2022. Fifty residents responded between both homes combined. The Quality Lead reviews an overview of the results with the Resident and Family Councils in April-May 2023 and in June-August 2023 respectively.



Family Engagement Survey

We are grateful to have active family meetings at ÉBR and an engaged Family Council at SLR who contribute time and effort in working towards our goals and providing ongoing support.

The topic of < meaningful activities > was prominent in, both, last year's survey, as well as ongoing comments and recommendations for improvement. The SLR Family Council has created a new sub-committee which focuses on activities. The sub-committee has provided input to the home regarding the activity program and how it is communicated. In addition, they led the initiative of having photobooths set up at the SLR entrance for both Mothers' and Fathers' Day. Moreover, they have started Designated Care Partner led concerts on the home areas.

As we continue to wait on an announcement from the ministry regarding a standardized family survey, we will continue to use our internal survey tool which we are excited to be sending out soon.



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



Denise Laplante

Director of Care, Saint-Louis Residence



Jocelyn Wiens

Associate Director of Care,
Long-term Care



Claudia Coutu

Quality Coordinator,
Residential and Community
Care and Programs

Designated Leads



Gino Catellier
Facilities lead, SLR

Bijan Solaimany
Facilities lead, ÉBR



Diane Arsenault Macdonald
LTC Food Services lead



Pierre-Luc Danis
LTC Housekeeping lead



Nicole Cyr
IPAC lead, SLR

Beatrice Van Herpt
IPAC lead, ÉBR



Giovanni Bonacci
Medical Director, SLR

Jean Chouinard
Medical Director, ÉBR



Claudia Coutu
LTC Quality lead



Kim Durst-Mackenzie
LTC Recreation lead



Rebekah Hackbush
LTC Spiritual lead

Continuous Quality Improvement Initiatives

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

What? Development and launch of our Collaborative Living Journey (Palliative Care) program.

When? October 2022

Why? It is essential that the resident's goals of care, wishes and preferences for future health care, including end-of-life care, are discussed, documented and consistent with the resident's values, beliefs and preferences. This enables the team to develop an optimal care plan to maximize quality of life and decrease suffering.

What? Interdisciplinary Fall Squad comeback with review of the format and frequency of meetings at SLR.

When? February 2023

Why? Team approach in recognizing and implementing initiatives to reduce and prevent resident falls and promote collaboration and accountability. The team meets twice per month, once in person and the other, virtually.

What? Restarting the peaceful and dignified goodbye rituals at SLR.

When? March 2023

Why? As part of our Collaborative Living Journey, our teams coordinate several end-of-life rituals to enhance the experience during this phase of life. You will notice the butterfly as a common symbol to those important rituals. Residents who deceased at the SLR may leave the residence covered by a specially crafted dignity quilt.

What? Further increase in staffing in LTC with various positions added, for example: added several personal care attendant positions in priority shifts, registered practical nurses (RPN) on days and evenings, social service workers, behavioural supports ontario hours, clinical support RPN specialized in wounds, etc.

When? Ongoing

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

What? Painting of a new mural by the elevator entrance on the 6th floor at ÉBR.

When? August 2022

Why? Make the entrance to the home area as inviting as possible while gently dissuading residents from exit-seeking.

Closing Remarks

“ As we continue to adjust to our new reality following the COVID-19 pandemic, we are thrilled to have achieved through Accreditation Canada surveyors the highest accreditation award of Exemplary Standing for Bruyère.

This reflects the staff's incredible commitment to our mission, to quality, as well as to those we serve and their loved ones.

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

- Creating new roles and onboarding new team members through our continuous progress towards four hours of care per resident day.
- Ongoing focus on our quality priorities for 2023-2024:
 - Decreasing falls,
 - Decreasing new and worsening pressure injuries,
 - Decreasing inappropriate antipsychotic usage,
 - Increasing resident participation in meaningful activities.
- Continuing the professional development of staff (e.g., Skin Wellness Associate Nurse certification, Nonviolent Crisis Prevention Intervention instructor certification, mandatory education for all staff, etc.)
- Sustain and improve our activity offerings (e.g., variety, frequency, etc.) and adding this as a quality priority in our Quality Improvement Plan.

We are enthusiastic about the multitude of initiatives we will be launching throughout the upcoming year that will enhance 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