Continuous Quality Improvement – Annual Report

DESIGNATED LEAD

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The 2025/26 Quality Improvement Plan (QIP) and Narrative demonstrate our commitment to advancing equity, enhancing the experiences of residents, providers, and families, strengthening resident safety, and collaborating with external partners to optimize care outcomes.

QUALITY OBJECTIVES FOR 2025/26

1. Safe and Effective Care: Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment.
Current: 26.14% Target: 19.63%

2. Equitable: Collecting baseline data - Percentage of staff who have completed relevant equity, diversity, inclusion, and anti-racism education. Current: 38.86% Target 50%

3. Patient Centered: Percentage of residents who responded positively to the statement: “I can express my opinion without fear of consequences”. Current: 86.96% Target: 95%

4. Reduce the number of ED visits for modified list of ambulatory care-sensitive conditions per 100 long term care residents. Current: 31.61% Target: 21.66%

Quality Improvement Priority Selection Process

This year’s indicators remain consistent with those established last year to maintain momentum toward achieving our target goals, many of which have been met or are nearing completion. The quality improvement priority selection process is informed by a comprehensive review that includes statistical data trends, program evaluations, Ministry of Long-Term Care reports, Resident and Family Experience Survey results, Ontario Health system-level priorities, and collaboration with healthcare partners.

The selection process carefully balances available resources, identified opportunities, and the potential for significant impact on the quality of care and services provided. The Quality Improvement Plan is developed through a consultative approach and receives final approval from the Site Continuous Quality Improvement Committee.

Policies, Procedures that Guide Continuous Quality Improvement

Brucelea Haven's integrated quality management framework, under the leadership of the LTC Home's Quality Improvement Lead, takes a proactive approach to identifying and addressing opportunities for improvement. This framework encompasses strategic planning, quality initiatives, risk management, and the promotion of a strong culture of safety. All committees operate within clearly defined terms of reference that ensure compliance with legislative requirements for both membership and accountability.

A significant achievement has been the successful collaboration between Brucelea Haven and Gateway Haven, Bruce County's long-term care homes, in advancing resident-centered initiatives. This year, both homes continue to work on the implementation of Best Practice Spotlight Organization (BPSO) and RNAO clinical pathways, embedding evidence-based practices that enhance care quality and improve resident outcomes

Resident and Family Survey

The perspectives of the Residents' Council and Family Council were formally sought in the development and administration of the Annual Satisfaction Survey, which was conducted throughout the year in conjunction with residents' and families' annual care conferences.

The Survey results were subsequently presented to both Councils, and their input was considered in the formulation of the Quality Improvement Plan (QIP) and Action Plans. Ongoing updates regarding the QIP and associated initiatives will be provided throughout the year, as requested by the respective Council Chairs.

Satisfaction Survey Action Plans

1. This place feels like home to me

In 2024, the performance score for the initiative "This place feels like home to me" was recorded at 72%, with a target of 85% set for 2025. To achieve this improvement, several action items under the Sensory Scapes project were identified.

The first major milestone was the completion of Sensory Scapes in all six dining rooms and the 2s activity room, which began and concluded in April 2025. This effort received incredible positive feedback from residents and families.

Looking ahead to 2026, three additional components are in progress: Sensory Scapes for five museum windows, the 2 south back loop and the remaining five activity rooms. These are currently under active development in conjunction with capital projects.

2. People ask for my help or advise

In 2024, the metric “People ask for my help or advice” achieved a performance level of 17.40%. For 2025, the target has been set at 25%, reflecting a commitment to fostering stronger engagement and collaboration within the residents

To achieve this improvement, several action items have been identified and scheduled throughout the year:

- Host Regular Resident/Administrator Programs – Coffee/Chat
  The Administrator will lead these sessions to encourage open communication, seek feedback and relationship-building. Sessions held April 16, 2025, in the 4 West unit, followed by another on May 6, 2025, in the 3 West unit, September 20, 2025, and January 21st, 2026
- Ask for Feedback on Resident/Family Newsletters
  The Recreation and Leisure Manager will initiate this action starting April 1, 2025. Residents will proofread the monthly newsletter prior to distribution, ensuring that content is relevant, accurate, and engaging. This step promotes inclusivity and empowers residents to contribute to communication quality.

These initiatives are designed to enhance accessibility, encourage collaboration, and build confidence among residents and staff. By implementing these actions consistently, the organization aims to meet and ideally exceed the 2025 target of 25%, demonstrating a clear commitment to quality improvement and community engagement.

3. I get my favourite foods here

The improvement initiative focuses on enhancing resident satisfaction with food choices, aiming to increase the performance metric from 67.40% in 2024 to the 2025 target of 75%. Several action items were identified and scheduled throughout the year to achieve this goal.

Action Timeline and Progress:

- March 2025: The team implemented changes to offering beverage choices at meals. Pre-pouring was minimized to reduce waste, and beverages were ordered based on specific dietary needs. Regular Ginger Ale was added to beverage carts, improving variety, and resident satisfaction.
- April 2025: Multiple enhancements were introduced:
  - Choice of salad dressing: Residents were offered a wider selection, including Italian, Ranch, Balsamic, French, and Thousand Island dressings.
  - Individual thickened beverages provided: Pre-thickened beverages were purchased to ensure continuous accuracy according to IDDSI standards.

- Cake of all textures provided when ice cream is on the menu: Residents who require thickened beverages were given cake options instead of ice cream or jello, ensuring inclusivity in dessert offerings.
- On August 8th, 2025, the Spring/Summer menu launch introduced a completely new menu featuring greater selection, fresh local produce, and more in-house scratch cooking. This significant update aimed to elevate meal quality and variety.
- September 2025: The team planned to run a 3-week menu cycle and gather feedback at the resident council. This step ensures continuous improvement by incorporating resident suggestions into future menu planning.

Status and Measurement:
The implemented changes have already shown positive results, with beverage service working efficiently and waste minimized. Salad dressing choices and dessert accommodations have improved inclusivity and satisfaction. The upcoming feedback cycle will further refine the menu to meet residents' expectations.

4. If I need help right away, I get it

The improvement initiative addresses the goal of ensuring residents receive help promptly when needed. The 2024 performance level was 78.20%, with a 2025 target of 85%. To achieve this, a focused action plan was implemented.

Action Item and Timeline:

- Call Bell Audits were initiated in June 2025 to identify gaps and trends in response times.
- The audits are scheduled to continue through October 2025.

Key Focus Areas:

- June: Overall review of call bell data and identification of gaps.
- July: Concentrated efforts on excessively long wait times.
- August: Specific focus on calls exceeding 10 minutes.

Action Plan:

- Identify trends and implement individualized follow-up to address risks.
- Apply similar targeted interventions to reduce prolonged wait times.

Communication and Records of Quality Improvement Work

A comprehensive communication strategy supports quality improvement work within the long-term care home. The actions enable the home to broadly communicate annual Quality Improvement Plans, the results of quality improvement activities to senior management, residents/clients, caregivers, families, staff and volunteers. A central part of the communication strategy is to seek

advice and provide updates from Residents' Council and Family Council and
make improvements appropriate to care and services.

Communication strategies are in place to share the Satisfaction Survey results and included the following:

- Sharing the Satisfaction Survey results at the Residents' Council meeting on April 14, 2025. The lowest scoring areas were chosen by residents to inform the associated action plans.
- Residents Council was provided an update on the action plans August 8th, 2025 and October 7th, 2025.
- Presented the survey results with the Continuous Quality Improvement Committee Meeting on March 28, 2025.
- Action plans were discussed at minimum quarterly during the Continuous Quality Improvement Committee Meetings which are held monthly.
- Posting the Satisfaction Survey results and Action Plans on the Quality Board for staff and families on April 10, 2025
- The survey results were shared with the Quality Stakeholder Advisory Committee and Family Town Hall on April 28, 2025.
- Annual Program Evaluation's and goals were shared throughout the year at Resident's Council.
- The QIP and updates were shared with the Quality Stakeholder Advisory Committee on April 28, 2025and November 19, 2025

Progress Report is prepared annually, identifying improvements achieved, changes implemented and opportunities for improvement.