



# Continuous Quality Improvement - Annual Report

## DESIGNATED LEAD

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The 2024/25 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 2024/25

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: 24.40% Target: 21%
2. Equitable: Collecting baseline data - Percentage of staff who have completed relevant equity, diversity, inclusion, and anti-racism education.
3. Patient Centered: Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". Current: 77.27% Target: 90%
4. Reduce the number of ED visits for modified list of ambulatory care-sensitive conditions per 100 long term care residents. Current: 27.54% Target: 12%

## Quality Improvement Priority Selection Process

The quality improvement priority selection process reflects the collaboration and analysis of statistical data trends, program evaluations, Ministry of Long-Term Care reports, results from the Resident and Family experience survey, Ontario Health system level priority areas, and collaborations with healthcare partners. The selection process is a balance between the many opportunities and resources available to support quality improvement work and the significant impact on the quality of care and service that can be achieved. The Quality Improvement Plan is developed through consultation and approved by the Continuous Quality Improvement Committee.

### **Policies, Procedures and Protocols that Guide Continuous Quality Improvement**

Brucelea Haven is committed to the provision of care and service through the application of a quality improvement theory that seeks to meet the needs and improve quality of care and services. Quality improvement policies have been established to guide quality improvement work and to align with the Fixing Long-Term Care Act, 2021, required organizational practices, Ontario Health requirements, and the Excellent Care for All Act, 2010.

Established structures and accountability measures ensure our commitment to quality improvement. This includes authorization from the Director of Long-Term Care and Senior Services to certify and approve the home's annual Quality Improvement Plans (QIPs) for submission to Ontario Health.

### **The Continuous Quality Improvement (CQI) framework**

The Business & Quality Integration Manager plays a key role in aligning and supporting the quality leads at both Bruce County homes. These quality leads are responsible for driving improvement initiatives across critical areas such as strategic planning, operational processes, risk management, and fostering a proactive safety culture. Working collaboratively under this framework ensures consistency, accountability, and a shared focus on achieving high-quality outcomes across both sites

### **Continuous Quality Improvement Framework**

The manager ensures that quality improvement activities are aligned with legislative requirements, organizational goals, and resident-centered care principles. This includes facilitating cross-departmental collaboration, using data to inform decision-making, and embedding continuous improvement practices into everyday operations. Through regular monitoring, evaluation, and stakeholder engagement, the Business &

Quality Integration Manager helps foster a culture of accountability, innovation, and excellence in long-term care service delivery

## **Resident and Family Survey Update**

This year, we identified the need to update and standardize our satisfaction survey to enhance the quality and consistency of resident feedback. As part of our commitment to continuous improvement and accountability, we implemented the validated interRAI Quality of Life Standardized Survey. This tool enables us to collect meaningful input directly from residents and supports data comparison across long-term care homes and the broader health system.

Residents' Council was consulted in the development and implementation of the annual satisfaction survey, which was administered throughout the year in conjunction with residents' and families' annual care conferences. The new survey launched in May of 2024. Survey results were shared with the Residents' Council and at Family Town Halls, where further input was gathered to inform the development of the Quality Improvement Plan. Ongoing updates on the plan and related initiatives will be provided throughout the year, as requested by the chairs of these committees.

## **Actions/Outcomes of QIP Initiatives - Shared with Residents Council November 13, 2024**

**Dimension-Equitable: Collecting baseline data - Percentage of staff who have completed relevant equity, diversity, inclusion, and anti-racism education.**

### **Education Sessions & Staffing Support**

The Staff Development Coordinator will hold in person/online sessions, with up to 10 participants to ensure meaningful engagement and discussion. Education course "*The Path: Your Journey Through Indigenous Canada.*"

### **CQI Committee Updates**

Education Sessions held - April 16, 2024, May 29, 2024, August 24, 2024, October 29, 2024, December 18, 2024, March 5, 2025, April 23, 2025, July 24, 2025, November 14, 2025

June 19th, 2024, CQI meeting - 31 front-line staff have completed the education

July 23rd, 2024 CQI meeting - 47 total staff have completed the education.

October 24th, 2024 CQI meeting - 45 front-line staff have completed the education.

*Outcomes - The Path: Your Journey Through Indigenous Canada* helps staff build a stronger understanding of Indigenous history, culture, and perspectives. This knowledge supports more respectful and inclusive care, ensuring services meet the needs of Indigenous individuals and communities. It also strengthens trust and relationships, showing our commitment to reconciliation and equity.

Staff feedback survey - staff who complete the training feel more confident in providing culturally sensitive care and were thankful to receive this education as most reported being unaware of Canada's history. By prioritizing this education, we demonstrate leadership in equity and inclusion and reinforce our role as a socially responsible healthcare provider.

**Dimension-Patient Centered - Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".**

**Change Idea: Complete Resident Satisfaction Survey During Annual Care Conference**

**Details:** Following the annual care conference, a resident satisfaction survey will be presented to the resident where applicable. The survey will be administered by a Recreation & Leisure manager or another designated staff member to ensure the resident understands each question and has support if needed.

**Data Collection and Feedback Analysis**

**Post-Conference Survey Review:** The survey results will be compiled and analyzed, with specific attention to the question, "I can express my opinion without fear of consequences."

**Outcome - As of October 24th 2024 -** Of the surveys completed 94% have responded positively to the question "I can express my opinion without fear of consequences"

**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 if any 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 March 22, 2024.
- At Residents Council May 15, 2024 & June14, 2024, we shared that we are transitioning to the new Quality of Life InterRAI Satisfaction Survey.
- Presented the survey results during the Quality Stakeholder Meeting on May 17, 2024.
- Posting the results on the Quality Board for staff and families on May 17, 2024
- Copies printed and circulated to residents and families on May 17, 2024, following committee meetings.
- Sharing the results with staff through the Employee Town Hall Meeting on February 14, 2024.
- QIP updates were shared with Residents Council November 13, 2024

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