

LTC annual  
**Quality  
Report**  
2026

June 15, 2026





# Table of **contents**

Quality matters .....	3
Quality improvement plan .....	4
Monitor and measure .....	5-6
Residents' and loved ones' experience .....	7
From Feedback to Action .....	8
Look back .....	9-10
Our leadership team .....	11
Designated leads .....	12
Continuous quality improvement initiatives .....	13
Closing remarks .....	14



# Quality matters

Bryère Health is Eastern Ontario's leading health organization specializing in aging, rehabilitation, and care for those with multiple complex medical conditions. We bring together compassionate, person-centred care with world-class research to maximize quality of life for those we care for and their loved ones.

We operate two long-term care (LTC) homes, Saint-Louis LTC (SLLTC) and Élisabeth-Bryère LTC (EBLTC). Quality in all we do is one of our five 2024-2030 strategic directions as part of our goal to create a better health system for all. Designated leads from our LTC Continuous Quality Improvement Committee 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 family 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 LTC 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 Health's strategic objectives
- Resident and Family survey results
- Resident and Family councils' feedback
- Stakeholders' feedback (e.g., Ministry of LTC, family meetings, external partners)
- 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 Bruyère Health's LTC homes for the 2025-2026 fiscal year:



**Resident experience:** Percentage of residents responding positively to: 'The care and support I get help me live my life the way I want'.



**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:** Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment.





# Monitor and measure

Bruyère Health'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 Health 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 Information 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:

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





# Monitor and measure

25/26 Targets & outcomes (%)	 Resident experience	 Falls	 Pressure injuries	 Antipsychotics
Saint-Louis LTC	$\geq 70$ → 80.9	$\leq 7.2$ → 7.9 *	$\leq 3.6$ → 1.2	$\leq 20$ → 18.9
Élisabeth- Bruyère LTC	$\geq 67$ → 56.3	$\leq 5.3$ → 9.2 *	$\leq 2.4$ → 3.1	$\leq 25$ → 25.6

\* falls/1000 resident days





# Residents' and loved ones' experiences

## Results analysis process

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

## 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 2025-2026, surveys were launched as of January at both homes. 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 fluctuations (e.g. seasons, outbreaks, etc.). Overall, 64 residents at SLLTC and 16 at EBLTC participated this year.

An overview of the results and action items was presented to the Resident Council on April 22 at SLLTC and on March 30 at EBLTC. Residents were invited to voice their feedback on the presentation's results, actions and the survey itself and its process. A copy of the presentation slides was offered to the residents who wanted one.

## 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 2025-2026, the survey was launched mainly electronically and sent to the primary contact at the end of September with a deadline of early November to respond.

Overall, 46 loved ones at SLLTC and 19 at ÉBLTC participated. An overview of the results and action items was presented at SLLTC on April 20 during a special Family Meeting and at ÉBLTC on April 28 during a Family Meeting. Attendees were invited to voice their feedback on the presentation's results, actions and the survey itself and its process. Presentation slides were shared with them upon request.





# From Feedback to Action

The initiatives highlighted below are some examples of the actions specific departments took in relation to the survey results and feedback.

## Élisabeth-Bruyère LTC

### **Clinical**

- Enhance procedures for discarding of waste products on the 5<sup>th</sup> floor.
- Remind residents of emergency feature of call bell system and ongoing audits for response time.
- Maintain regular communication with the Mobile Team Manager to gather feedback and identify improvement opportunities.

### **Facilities Management**

- Replace floors on level 6 home area.
- Renovate the clean and dirty utility rooms as well the medication rooms.

### **Nutrition Food Services and Dietetics**

- Establish and formalize the audit process for food temperatures prior to items leaving the kitchen for all meals.
- Nutrition Food Services manager to audit the variety and frequency of fresh fruit options between seasonal menus.

### **Housekeeping**

- Establish and formalize the audit process of completing at least 5 audits per month.
- Review policy and procedures with all current staff then with any new staff onboarding.

### **Therapeutic Recreation**

- Offer 2 outdoor activities.
- Offer 8-10 cultural theme days.
- Offer at least 16 trips of the Cycling Without Age bike.

## Saint-Louis LTC

### **Clinical**

- Review and update the registered staff training and onboarding material.
- Train 100% of clinical staff on best practices during communication during care interactions and by using various tools (for example, Gentle Persuasive Approaches training).

### **Facilities Management**

- Update the temperature control system on two secure home areas (1C and 2C).

### **Nutrition Food Services and Dietetics**

- Establish a "Grab and Go" restaurant available to residents, loved ones, visitors and staff.
- Nutrition Food Services manager to audit the variety and frequency of fresh fruit options between seasonal menus.

### **Housekeeping**

- Establish and formalize the audit process of completing at least 4 audits per month.
- Review the policy and procedures with all current staff then with any new staff onboarding.

### **Therapeutic Recreation**

- Offer 3-4 outdoor activities.
- Offer 6-8 cultural theme days.
- Offer at least 20 trips of the Cycling Without Age bike.





# Look back

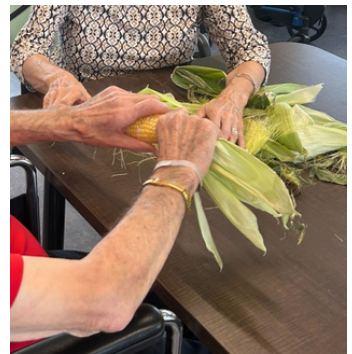
Élisabeth-Bruyère LTC





# Look back continued

Saint-Louis LTC





# Our leadership team



**Melissa Donskov**

Vice-President, Residential and Community Care and Programs  
Bryère Health



**Chantale Cameron**

Administrator-Director  
Bryère Health Élisabeth-Bryère LTC



**Anne-Laure Grenier**

Administrator-Director  
Bryère Health Saint-Louis LTC



**Widy Larocque**

Director of Care  
Bryère Health Élisabeth-Bryère LTC



**Thierry Séreau**

Director of Care  
Bryère Health  
Saint-Louis LTC



**Sophie Viau**

Clinical Manager  
Bryère Health  
Saint-Louis LTC



**Kaitlyn Shea**

Associate Director  
of Care  
Bryère Health LTC



**Claudia Coutu**

Manager, Resident  
Experience and Quality  
Bryère Health LTC





# Designated leads



**Gino Catellier**  
Facilities lead  
Saint-Louis LTC

**Bijan Solaimany**  
Facilities lead  
Élisabeth-Bruyère LTC



**Adidja Nkengla Menka**  
Infection Prevention and  
Control lead  
Saint-Louis LTC

**Nicole Cyr**  
Infection Prevention  
and Control lead  
Élisabeth-Bruyère LTC



**Giovanni Bonacci**  
Medical Director  
Saint-Louis LTC

**Jean Chouinard**  
Medical Director  
Élisabeth-Bruyère LTC



**Tina Léonard**  
LTC Food Services lead



**Claudia Coutu**  
LTC Quality lead



**Rebekah Hackbush**  
LTC Spiritual lead



**Sidnée Sielaticky**  
LTC Recreation lead



**Pierre-Luc Danis**  
LTC Housekeeping lead





# 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.

## **Equity, Diversity, Inclusion and Belonging at Saint-Louis LTC - Summer 2025**

To celebrate the diversity of our community, staff at Saint-Louis LTC contributed personal elements to a new Belonging Wall, highlighting the experiences and identities that strengthen our home. This initiative aligns with our broader commitment to equity, diversity, inclusion, and belonging (EDIB), including participation in the Centres for Learning, Research and Innovation (CLRI) at Bruyère EDIB Champion Coaching Program. In addition, over 240 staff members participated in a Preventing Discrimination workshop, reflecting strong engagement and a shared commitment to a safe, respectful, and inclusive environment.

## **Structural enhancement to Therapeutic Recreation Services in LTC - Summer 2025**

The therapeutic recreation team transitioned from a shared corporate management model between LTC and hospital programs to a dedicated supervisory model focused exclusively on both LTC homes. This change strengthens alignment with resident-centered priorities and enhances consistency in programming and team support.

## **Advancing Quality in LTC: Enhancing Care for Pressure Injuries - Spring 2025**

Ontario Health hosted a Community of Practice session focused on pressure injury prevention in long-term care. During this session, two of our experts presented on the organization's strong and improving data trends and the comprehensive approach of its skin and wound program. The presentation highlighted standardized assessment and prevention practices, practical bedside initiatives, interdisciplinary collaboration through the "Wound Squad," structured audits, and staff education—demonstrating a coordinated, system-wide approach to improving resident outcomes.

## **Research partnerships - Ongoing**

Saint-Louis Long-Term Care continues to actively participate in research initiatives that enhance resident well-being and support evidence-informed care. In partnership with Bruyère Health researchers, SLLTC participated in the Clown Tendresse project, with therapeutic clowns visiting residents from February to June to foster comfort, connection, and meaningful engagement. In parallel, progress continued on the STEP (Supporting Transitions and Empowering Preferences) research project, which focuses on informed decision-making related to potential hospital transfers. As part of these efforts, an educational booklet and decision aid were launched for residents and their loved ones, and nursing and social services staff received targeted training on the STEP tool.

## **Strengthening Antipsychotic Practices at Élisabeth-Bruyère LTC - Ongoing**

Through enhanced collaboration between the director of care and attending physicians and proactive medication reviews, the team is identifying residents who may benefit from safe deprescribing, while also focusing on new move-ins already receiving antipsychotics to ensure early assessment and optimization of treatment. To support this work, a dedicated section on antipsychotic use was included in the Fall 2025 annual education, reinforcing best practices and team awareness.

## **Community paramedics at Saint-Louis LTC - Spring 2025**

Saint-Louis Long-Term Care is participating in the Community Paramedicine for Long-Term Care Plus (CPLTC+) pilot program, funded by the Ministry of Long-Term Care. Since March 2025, Community Paramedics have worked alongside our care teams to enhance on-site assessment, diagnostics, and treatment. This program augments existing care and supports improved resident outcomes by reducing unnecessary emergency department visits and hospital stays.





# Closing remarks

The progress highlighted in this report reflects our shared commitment to quality, collaboration, and continuous improvement. As a team, we remain focused on building resilient systems, supporting one another, and responding thoughtfully to the evolving needs of those under our care. Guided by our values and informed by evidence and innovation, we are confident in our collective ability to continue delivering safe, compassionate, and high-quality care.

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

- Building capacity and skills within our teams to continue enhancing care of the complex LTC residents within the home.
- Ongoing focus on sustaining our efforts and further improvements of our quality priorities for 2026-2027:
  - Decreasing falls
  - Decreasing new and worsening pressure injuries
  - Decreasing inappropriate antipsychotic usage
  - Enhancing resident experience and exploring how we can continue to provide care and support to residents to help them live their life the way they want
- Participating in ongoing research and innovation projects to enhance the quality of care and services we offer.

As we move into the year ahead, we remain focused on building on our progress, strengthening partnerships, and pursuing opportunities that support our mission. Through continued research involvement, thoughtful enhancements, and an unwavering commitment to resident-centred care, we will continue to favour an environment where residents feel supported and staff are empowered to do their best work.



**Melissa Donskov**

Vice-President, Residential and  
Community Care and Programs  
Bruyère Health

