

LTC ANNUAL QUALITY REPORT 2025

June 27, 2025





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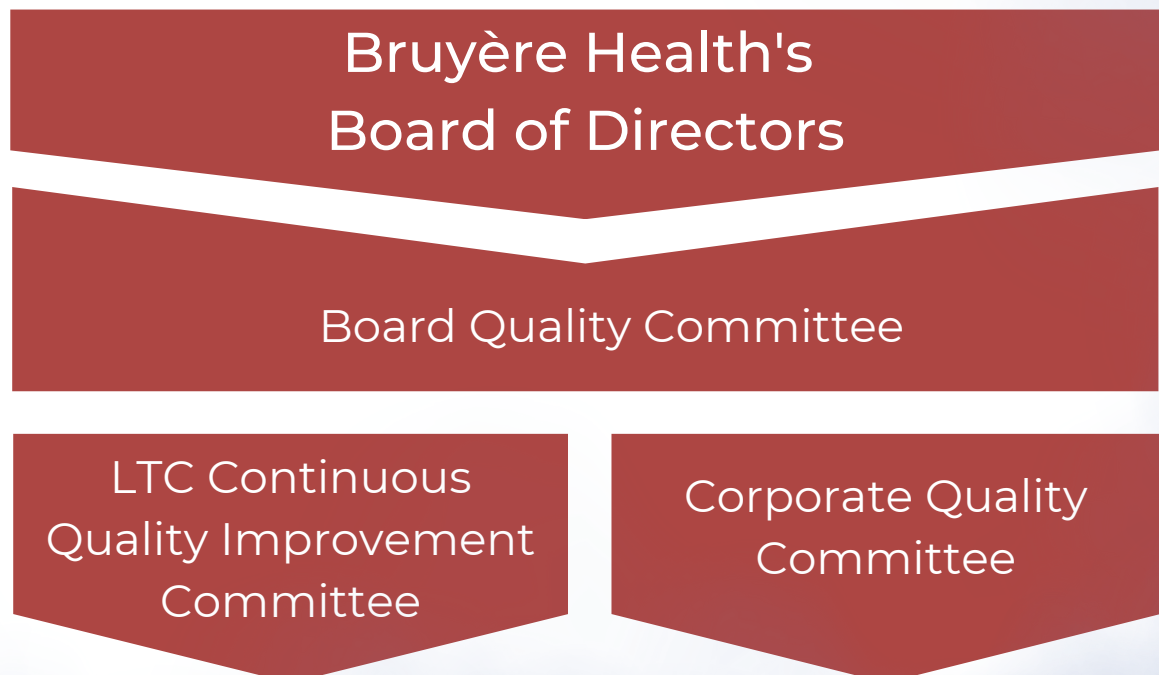
Quality Matters

Our two long-term care (LTC) homes, Saint-Louis LTC and Élisabeth Bruyère LTC, are operated by Bruyère Health.

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 five 2024-2025 strategic directions as part of our goal to create a better health system for all.

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 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'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 2024-2025 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

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

24/25 Targets & Outcomes (%)	 Resident Experience	 Falls	 Pressure Injuries	 Antipsychotics
Saint-Louis (SL) LTC	≥48 → 67	≤6.8 → 7.7 ***	≤6.5 → 1.0	≤21 → 19 *
Élisabeth Bryère (ÉB) LTC	≥45 → 55	≤3.9 → 7.3 ***	≤3.7 → 2.8	≤26 → 24 *

*No data for Q4 (due to InterRAI Long Term Care Facilities transition)

**falls/1000 days



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 2024-2025, 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, 62 residents at SL and 19 at ÉB participated this year.

An overview of the results and action items was presented to the Resident Council on March 31st at ÉB and April 16th at SL. 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 2024-2025, the survey was launched mainly electronically and sent to the primary contact at the end of September with a deadline of early November. Overall, 45 loved ones at SL and 19 at ÉB participated. An overview of the results and action items was presented at the ÉB Family Meeting on April 30th and with the SL Family Meeting on April 1st. 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 family members upon request.

Results Analysis Process

The Quality Lead reviews and analyses the data 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 LTC



Anne-Laure Grenier

Administrator-Director, Saint-Louis LTC



Widy Larocque

Director of Care, Élisabeth Bruyère LTC



Thierry Séreau

Director of Care, Saint-Louis LTC



Alexandra Schram

Clinical Manager, Saint-Louis LTC



Jocelyn Wiens

Associate Director of Care,
LTC



Claudia Coutu

Manager, Resident
Experience and Quality,
LTC



Designated Leads



Gino Catellier ;
Facilities lead, SL

Bijan Solaimany
Facilities lead, ÉB



Tina Léonard
LTC Food Services lead



Pierre-Luc Danis
LTC Housekeeping lead



Adidja Nkengla Menka ;
Infection Prevention and
Control lead, SL

Nicole Cyr
Infection Prevention
and Control lead, ÉB



Giovanni Bonacci ;
Medical Director, SL

Jean Chouinard
Medical Director, ÉB



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 LTC homes this past year.

Greater emphasis on resident experience at SLLTC - Summer 2024

Optimize roles and structure of a multidisciplinary team including recreation and social services to allow for a deeper focus on quality and well-being as part of the resident experience. This team is responsible for other quality improvement initiatives such as enhancement of resident outings, focus on recognition at Resident Council, etc.

Welcoming students - Ongoing

We welcomed more than 40 clinical students at SLLTC and 12 at ÉBLTC. The Preceptor Resource and Education Program in Long-Term Care (PREP) and the Living classroom program at SLLTC help increase the quality and capacity for clinical student placements in our homes, in collaboration with partners such as Collège La Cité and the Ontario Centres for Learning, Research and Innovation.

Rebranding - Fall 2024

We engaged residents, loved ones, staff, community partners, etc., to better reflect who we are and what we do at Bruyère Health as Eastern Ontario's leading health organization specializing in aging, rehabilitation, and care for those living with complex medical conditions.

Skin and wound toolkit at SLLTC - Fall 2024

Enhanced skin and wound resources to support frontline nursing staff in making informed decisions around skin and wound care, including products available, guidelines, pictograms, etc.

Wellness and Psychological Safety Committee at SLLTC - Spring 2024

This interdisciplinary group meets bi-monthly with a mandate to promote and support broad employee participation in activities and initiatives that optimize staff well-being and mental health.

New Human Resources Information System - Summer 2024

A modernized system with streamlined processes such as pay, sign-in/sign-out, scheduling, reporting, recruitment, etc.





Closing Remarks

“Looking ahead, we remain committed to sustaining the momentum we have built and continuing to refine our approaches to enhance care and service quality. Our dedication to professional development, quality improvement, and innovative initiatives reinforces our pursuit of excellence in long-term care.

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

- Continuing 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 2025-2026:
 - 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.
- Building capacity and skills within our teams to continue enhancing care of the complex LTC residents within the home.



As we embark on another year, we are eager to deepen our efforts, strengthen collaborations, and embrace new opportunities that align with our mission. Through ongoing research, strategic enhancements, and a steadfast focus on resident-centered care, we will continue to foster an environment where both residents and staff thrive. ”



Melissa Donskov

Vice-President, Residential and
Community Care and Programs