

## Access and Flow

### Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 1, 2023, to Sep 30, 2024 (Q3 to the end of the following Q2)	26.87	23.00	Home specific target - provincial average at 21.69%	

## Change Ideas

### Change Idea #1

Consultation and assessment completed before ED transfer

### Methods

The Unit Nurse (RN/RPN) will consult with the Nurse Manager, Physician, or Nurse Practitioner (NP) before the transfer.

### Process Measures

% of ED transfers with a consultation before transfer monthly review

### Target for Process Measure

80% of ED transfers with a consultation before transfer monthly review

**Comments****Change Idea #2**

Registered staff to collaborate with clinical supports, such as nurse-led outreach teams at local hospitals, or nurse practitioners to avert ED transfers

**Methods**

If the attending physician or on-call doctor is unavailable, the unit nurse will contact the Nurse-Led Outreach Team (NLOT) from Scarborough Health Network. The NLOT will conduct a triage to determine if the resident requires transfer or can be assessed during rounds. The Nurse-Led Outreach Team (NLOT) will provide education to all nursing staff at nursing practice meetings outlining the services available, including G-tube replacement, CVAD maintenance, intravenous administration, and complex clinical assessment. Monthly Nursing management team to review ED transfer (reasons, return to home, admitted) with the RAI Lead, nurse practitioner and NLOT team to assess if transfer could have been avoided.

**Process Measures**

% of NLOT or Nurse Practitioner consultations completed to avert ED visits when physician is not available

**Target for Process Measure**

Minimum 75% of possible ED visits to have consultation with NLOT or Nurse Practitioner before sending to ED.

**Comments****Change Idea #3**

ED transfer tracking and analysis will be recorded in the daily 24-hour report and census (morning report).

**Methods**

The RAI Leads or their designated staff will ensure the completion of the ED Tracking Sheet. The Nurse Manager will share the report in the daily clinical review together with other disciplines present in the morning huddle. Site CQI committee will review the total of ED transfers every quarter, analyze the results, and provide feedback.

**Process Measures**

% compliance with documentation and analysis of ED transfers

**Target for Process Measure**

100% compliance with documentation and analysis of ED transfers

**Comments**

## Equity

### Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education.	O	% / Staff	Local data collection / Most recent consecutive 12-month period	69.66	100.00	Home specific target – SSLTC mandatory training	

## Change Ideas

### Change Idea #1

Provide education on Equity, Diversity, and Inclusion training for all full-time staff and managers.

### Methods

Schedule all staff and remind managers to complete the mandatory *Let's Talk about Equity* training. Continue to promote mandatory training that supports Equity, Diversity, and Inclusion (EDI). Monitor completion rates.

### Process Measures

% mandatory EDI training completion rate

### Target for Process Measure

100% of staff complete mandatory EDI education

**Comments**

Total LTCH Beds: 249

## Experience

### Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The variety and quality of activities meet my needs.	C	% / Residents	In-house survey / Most recent consecutive 12-month period	86.00	90.00	Home specific target – Your Opinion Counts Survey	

## Change Ideas

### Change Idea #1

The home will start exploring and experimenting with new activities that will meet the new interests of our residents.

### Methods

Progress of activities and changes is systematically monitored, allowing for ongoing improvement and better quality of life for residents through feedback from specific residents, and resident council meetings. Management presence in council meetings (on invitation) allows for open dialogue, reducing misunderstandings and ensuring that both are aligned on goals and expectations

### Process Measures

% improvement in satisfaction with new activities

### Target for Process Measure

90% of residents feedback is positive

### Comments

**Measure - Dimension: Patient-centred**

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The variety and quality of food meet my needs.	C	% / Residents	In-house survey / Most recent consecutive 12-month period	75.00	80.00	Home specific target – Your Opinion Counts Survey	

**Change Ideas****Change Idea #1**

Introduce new meal options and enhance food variety every quarter. This will include incorporating seasonal ingredients, offering diverse cuisines, and adjusting the menu to meet residents' preferences, dietary restrictions, and health needs.

**Methods**

Food and nutrition manager will review resident feedback to ensure that meal offerings remain appealing and aligned with residents' needs. Additionally, regular taste-testing events will be organized to gather direct input from residents on new dishes and to adjust based on their feedback. Feedback from the resident council committee meetings to ensure that residents' ongoing preferences, dietary needs, and suggestions are considered in the menu planning and meal preparation.

**Process Measures**

% of resident satisfied with meal choices provided

**Target for Process Measure**

80% of resident satisfied with meal choices provided

**Comments**

Report Access Date: March 16, 2025

**Measure - Dimension: Patient-centred**

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The home provides an enjoyable mealtime experience.	C	% / Residents	In-house survey / Most recent consecutive 12-month period	80.00	85.00	Home specific target – Your Opinion Counts Survey	

**Change Ideas****Change Idea #1**

Create a pleasurable dining experience by reducing noise, enhancing décor, and improving meal ordering process.

**Methods**

Feedback from residents on each change made. Educate staff on pleasurable dining related to noise level. Ensuring music is appropriate. Work with Nutrition Manager and Nutrition consultant on implementing a digital tool to order meals.

**Process Measures**

% of residents satisfied with their meal experience

**Target for Process Measure**

85% of residents satisfied with their meal experience

**Comments**



## Safety

### Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment.	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	13.65	11.00	Home specific target - provincial average is 15.29.	

## Change Ideas

### Change Idea #1

Falls Committee will meet monthly and review care plans for high-risk residents.

### Methods

Monthly Falls Committee Meetings and AdHoc meetings with interdisciplinary team (NM, PT/OT, Program lead, BSO and RAI Team) to discuss fall trends, high-risk residents (with injuries after fall and any residents with 2+ falls within the month) and fall care plans current interventions and effectiveness leading to a broader scope of interventions and recommendations. Interprofessional Post Fall Huddles to review and evaluate residents after each fall incident to discuss root cause analysis and actions taken and to update the care plan with the actions/interventions discussed with the team.

### Process Measures

% of high risk residents reviewed

**Target for Process Measure**

100% of high risk residents reviewed

**Comments**

Falls continue to be the highest incident contributing to Emergency Department visits and will continue to be a focus in 2025.

**Change Idea #2**

Nursing and Physiotherapy interventions will be aligned and reflective in the Care Plan

**Methods**

Interdisciplinary assessments are completed upon admission, quarterly and annually or with a significant change in the status of residents and comprehensive care plans are created. A Falls Risk Assessment is completed to determine the level of risk and eligible residents are referred to PT. The nurse manager will share the updated intervention with the staff during unit huddles and the staff to sign the attendance record sheet

**Process Measures**

% of care plan with nursing and physiotherapy strategy alignment

**Target for Process Measure**

100% of care plans will have nursing and physiotherapy falls prevention strategies that align.

**Comments**

**Change Idea #3**

Risk Management - Fall incident reports will be reviewed, analyzed and trended to identify high-risk areas that require focused attention.

**Methods**

Interprofessional Post-fall huddles to review and evaluate residents after each fall incident to discuss root cause analysis and actions taken and to update the care plan with the actions/interventions discussed with the team.

**Process Measures**

% of fall incident reports reviewed for trends and risk reduction strategies

**Target for Process Measure**

100% of fall incident reports reviewed for trends and risk reduction strategies

**Comments**

**Change Idea #4**

Provide staff with training on falls best practice guidelines and monitor implementation.

**Methods**

Increased monitoring of residents in the residents' common area especially during shift report/TOA Routine purposeful hourly rounds. Collaboration with BSO for residents where behaviour is the root cause (Pre-disposing factor) Environmental modifications (bathroom grab bars, ensuring clutter-free Env't). Resident-specific programs (Physiotherapy, medication reviews)

**Process Measures**

% of full time staff provided training on falls best practice guidelines

**Target for Process Measure**

100% of full time staff were provided training on falls best practice guidelines

**Comments**

**Measure - Dimension: Safe**

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment.	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	12.17	12.00	Home specific target – provincial average currently at 21.69	

**Change Ideas****Change Idea #1**

Enhance knowledge of appropriate anti-psychotic prescribing in collaboration with Pharmacy through reviews of residents on antipsychotics.

**Methods**

Continue to work with BSO, RAI, Medical Director, and Pharmacy consultant to enhance knowledge of appropriate anti-psychotic prescribing and to ensure that residents are appropriately prescribed antipsychotic medication. Specifically, this process ensures that a medical diagnosis is documented before prescribing such medications.

**Process Measures**

% of residents on anti-psychotics reviewed

**Target for Process Measure**

100% of residents on anti-psychotics will be reviewed

**Comments**

**Change Idea #2**

Implement protocols and clinical pathways that are in line with best practice guidelines to guide staff actions

**Methods**

Ensure that the prescription complies with applicable regulatory guidelines, including the Ontario Ministry of Health and Long-Term Care's directives regarding the use of antipsychotic medications in long-term care settings.

**Process Measures**

% of prescription for antipsychotics comply with regulatory guidelines

**Target for Process Measure**

100% of prescription for antipsychotics comply with regulatory guidelines

**Comments**

**Change Idea #3**

Evaluate whether any potential contributors to behavioural and psychological symptoms of dementia are present (e.g., conduct an assessment for delirium, a general medical and mental health history, a pain assessment, a medication review, a substance use review, and hearing and vision assessments)

**Methods**

The BSO team should check if any previous antipsychotic medications have been prescribed to the resident, and if so, assess their effectiveness and any adverse effects. Reviewing diagnosis before admission or during admission application review. Management requesting a list of updated medications as part of the admissions review. New resident admission starts on DOS monitoring for 5-7 days or as needed, for any new resident with a history of responsive behaviours. Results are analysed and evaluated after the observation periods and create person- centred care plan including identified triggers for responsive behaviours.

**Process Measures**

% new admission with care plan strategies to support behavioural assessment findings.

**Target for Process Measure**

100% of new admissions with behaviours to have care plan strategies

**Comments**