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)	15.21	15.00	Home specific target - provincial average at 21.69%	

Change Ideas

Change Idea #1
Provide refresher training on early recognition and management of common conditions that may result in ED visits, such as infections and dehydration (OH)

Methods
Provide refresher training on early recognition and management of common conditions. Monitor registered staff attendance at education sessions.

Process Measures
% of active Registered staff who attended education sessions on strategies to avoid ED visit

Target for Process Measure
100% of registered staff to attend training

Comments

Change Idea #2
Work collaboratively with clinical supports, such as nurse-led outreach teams at local hospitals, nurse practitioners supporting teams averting transfers, and on-site nurse practitioners, to deliver clinical guidance to home staff and participate in decisions to transfer a resident to a hospital

Methods
Second consult to be held before transfer to emergency room. Monitor that consults are documented and recommendations adhered.

Process Measures
% of all ED visits will have a second consult before transfer

Target for Process Measure
90% of all ED visits will have a second consult

Comments

Change Idea #3
Involve the resident and their family, care partner or substitute decision-maker in care conferences to review care plan goals and preferences, particularly around end-of-life care

Methods
Residents/ families involved in decision making (EoL) care plan goals and preferences.

Process Measures
% of all residents/ families will be involved in EoL Care Planning

Target for Process Measure

100% of all residents/ families will be involved in EoL care planning

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	69.90	100.00	Home specific – SSLTC mandatory education	

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 EDI mandatory training *Let's Talk about Equity*

Comments
Total LTCH Beds: 187

Safety

Measure - Dimension: Safe

Indicator #3	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	13.39	12.00	Home specific target - provincial average is 15.29.	

Change Ideas

Change Idea #1

All FT registered staff will receive refresher training on completing the "Safe Transferring post Fall", which will be facilitated by the clinical lead.

Methods

Monitor that all FT staff attend education "Safe Transferring post Fall" session provided by the clinical lead

Process Measures

% of FT staff who completed the refresher training

Target for Process Measure

100% of FT staff will complete the refresher training

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

Complete post-fall assessments to identify contributing factors and prevent reoccurrence

Methods

Interdisciplinary team to complete post fall assessment and implement strategies to reduce potential for recurrence. Monitor that post-fall assessments completed at Fall committee.

Process Measures

% of post fall assessment completed and care plans updated

Target for Process Measure

100% of post fall assessment will be completed

Comments

Measure - Dimension: Safe

Indicator #4	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	26.29	23.00	Home specific target – provincial average currently at 19.65	

Change Ideas

Change Idea #1
Upon admission of new residents, a comprehensive assessment to determine if antipsychotic medications are being used and whether there is an appropriate diagnosis that justifies their use will be conducted

Methods
New admission will be reviewed and a comprehensive assessment completed on appropriateness of antipsychotics. Monitor that all new admission have a comprehensive assessment.

Process Measures
% of all new admissions will be reviewed

Target for Process Measure
100% of all new admissions will be reviewed

Comments

Change Idea #2
Monthly and quarterly review of pharmacy medication antipsychotic usage reports, assessments, and Canadian Institute for Health Information (CIHI) indicator report are reviewed involving behaviour support leads, physicians, pharmacists, nurses, and personal support workers

Methods
Documentation for residents on antipsychotic medication will be reviewed monthly and quarterly to assess appropriateness.

Process Measures
% of resident on antipsychotic whose medication documentation was reviewed monthly and quarterly

Target for Process Measure
100% of residents on antipsychotic medication will have their documentation reviewed monthly and quarterly

Comments

Change Idea #3
Behavior Support Lead is actively participating in assessment, care planning development and updating of all residents on antipsychotics.

Methods
Care Team antipsychotic review meetings attended by BSO Lead to support care planning and evaluation of strategies.

Process Measures
% of Care Team antipsychotic review meetings attended by BSO Lead

Target for Process Measure
100% of Care Team antipsychotic review meetings will be attended by BSO Lead

Comments