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 / October 1st 2022 to September 30th 2023 (Q3 to the end of the following Q2)	25.83	20.66	The goal is to decrease ED visits by 20% to be under the provincial average by 2025.	NLOT

Change Ideas

Change Idea #1	Education with registered staff on capabilities of home. Education provided to families on admissions to help with understanding of homes ability to care for loved ones in home.

Methods	Process measures	Target for process measure	Comments
Director of Nursing Programs to track ED visits monthly in collaboration with NLOT.	Number of residents sent to emergency department per month.	95% of registered will receive education on ED transfers. 100% of new admissions will receive education on ED transfers.	Working closely with NLOT and new physicians to assist in care at the home level.

Safety

Measure - Dimension: Safe

Indicator #2	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 2023– September 2023 (Q2 2023/24), with rolling 4-quarter average	27.78	19.44	The goal is to improve by 30% a year with a final goal of less than 5% by 2028.	

Change Ideas

Change Idea #1	Monthly consultation with Pharmacy, which include medication reviews on residents who frequently fall. Collaboration with physicians when residents have a fall. Initiation of comfort rounding. All residents will be screened for falls on admission, readmission and significant change and will have a Universal Falls Precaution (S.A.F.E)

Methods	Process measures	Target for process measure	Comments
Rai Coordinator will track Falls monthly and complete an analysis quarterly.	Number of risk managements reviewed per month falls prevention lead.	60% of residents will have a documented care plan of being a high risk for falls, including interventions to promote safety and decrease falls by the end of the 2024.	Partnering with RNAO to help implement best practice assessments. Also working closely with Silver Fox to assist in medication reviews.

Measure - Dimension: Safe

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 2023– September 2023 (Q2 2023/24), with rolling 4-quarter average	29.72	25.00	The goal is to decrease the number of LTC residents without psychosis who were given antpsychotic medication by 15% a year to be under the provincial average by 2026.	Silver Fox

Change Ideas

Change Idea #1   Collaborating with Silver Fox and physicians to reduce current number of residents prescribed antipsychotics without a diagnosis.

Methods	Process measures	Target for process measure	Comments
Silver fox will review antipsychotic medication usages quarterly and will make recommendation to physicians.	Quarterly review of number of residents on antipsychotic medication by pharmacy.	100% of residents who are currently prescribed antipsychotic medications will have a medication review and recommendations made by the end of 2024.	