Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Potentially avoidable emergency department visits for long-term care residents 16%	C	% / ED patients	Publicly Reported, MOH / July 1-September 30, 2023	43.60	16.00	The home expects to meet corporate average	NLOT NP / MD/Medical Director

Change Ideas

Change Idea #1 To reduce unnecessary hospital transfers, through the use of on-site Nurse practitioner through the NLOT Program with the Ottawa Hospital; education to families; education to staff; Use of SBAR, Root cause analysis of transfers. Registered in charge nurse to communicate to physician and NP, a comprehensive resident assessment, to obtain direction prior to initiating an ER transfer.

Methods	Process measures	Target for process measure	Comments
Education will be provided to registered staff by our DoC, ADoCs and Educational Coordinator, on the continued use of SBAR tool and support standardized communication between clinicians.	The number of Reg staff who received training on clinical assessments and the use of the SBAR communication tool.	100% of all Reg Staff will received this training by December1, 2024.	

Change Idea #2 Support early recognition of residents at risk for ED visits by providing preventive care and early treatment for common conditions leading to potentially avoidable ED visits. Re-education of registered staff, regarding assessment skills, and become part of standing nurse practice monthly meetings review.

Methods	Process measures	Target for process measure	Comments
The home's NLOT NP will collaborate with the education Coordinator to develop clinical educational tools to provide education to registered staff on clinical assessments. This will increase capacity within the nursing team.	Number of Reg staff who receive education on clinical assessments	100% of registered staff will receive education on clinical assessments.	

Change Idea #3 Implement an In-Home IV Therapy management program.			
Methods	Process measures	Target for process measure	Comments
NLOT NP on site will provide education theoretically and at the bedside. Staff will be trained in IV Therapy/management to prevent ED transfers.	Number of registered staff trained in IV therapy/management	100% of required staff to be trained by August 1/24	Establish the NOTL program and engage NP to work with DoC, ADoCs, other stake holders such as , CareRx Pharmacy and MDs, Educational Coordinator to provide education to registered staff.

Change Idea #4 Monthly review of the Hospital Transfer Tracking tool to highlight opportunities to further decrease unnecessary ER Visits.			
Methods	Process measures	Target for process measure	Comments
The clinical team will review the ER Hospital Transfer Tracking tool to review the nature of ER transfers and possible prevention of unnecessary Hospital transfers.	Number of unnecessary ED identified by month. Number of prevented unnecessary ED visits	The hospital transfer tracking tool is to be reviewed monthly with the interdisciplinary team. Target:100% of scheduled meetings will be held. A 50% reduction unnecessary ED visits by December 31/24	

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	CB	100.00	Through education, the home expects to have an increased understanding and awareness of this criteria over the next 6 months	Surge Learning /Local diversity agencies

Change Ideas

Change Idea #1 Increase awareness of diversity, inclusion, equity, and anti-racism in the workplace. All front-line staff and management are to be trained.

Methods	Process measures	Target for process measure	Comments
Training, education through SURGE learning and in home activities.	Number of staff trained on Diversity, Inclusion, Equity and Anti-racism in the workplace. Number of in home events to increase awareness of Diversity, Inclusion, Equity and Anti-racism in the workplace.	100% of all staff educated on topics of Culture and Diversity by December 31, 2024. 100% completion of in-home events held quarterly.	In home events will be rolled out quarterly.

Change Idea #2 Use Surge learning platform to facilitate learning objectives

Methods	Process measures	Target for process measure	Comments
ED to work with department managers to ensure full compliance is achieved	Number of staff trained including ,executive level, management and front line staff	100 % of staff to receive education by December 31/24	

Change Idea #3 Increase awareness by launching Cultural Diversity inclusion, equity and anti-racism training events in the home.

Methods	Process measures	Target for process measure	Comments
Managers to ensure Cultural Diversity inclusion, equity and anti-racism is included as part of the standing agenda for all departmental meetings.	Number of departmental meetings held that include Cultural Diversity inclusion, equity and anti-racism as a standing agenda topic .	100% of all; care conferences will include a discussion on residents' rights. 100% of monthly Town hall meetings will include a topic on the Residents' Bill of Rights and the importance of expressing their opinions. Target: March 31/25	

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	82.00	85.00	Our aim is to improve this target from previous year and exceed the corporate average.	Elder Abuse Ontario

Change Ideas

Change Idea #1 1)Engaging residents in meaningful conversations, during care conferences and town hall meetings will facilitate their sharing of opinions /ideas/concerns.

Methods	Process measures	Target for process measure	Comments
During Care Conferences Social worker to facilitate discussions on residents rights and complaint process and encourage feedback. ED to conduct monthly town home discussions with residents and families to provide a forum to share ideas and bring forward concerns and have their voices heard.	The number of care conferences held in which the residents' bill of rights was discussed. Number of town hall meetings held in a year.	100% of all; care conferences will include a discussion on residents' rights. 100% of monthly Town hall meetings will include a topic on the Residents' Bill of Rights and the importance of expressing their opinions. Target: March 31/25	Total Surveys Initiated: 100 Total LTCH Beds: 160

Change Idea #2	Re-educate staff on the resident's bill of rights and zero tolerance of resident abuse, neglect, and unlawful conduct policy.		
Methods	Process measures	Target for process measure	Comments
Completion of Surge learning modules by all staff.	100% of all staff will be educated on residents bill of rights and zero tolerance of resident abuse, neglect and unlawful conduct policy.	100% of all staff will be educated on the residents' bill of rights and zero tolerance of resident abuse, neglect, and unlawful conduct policy by December 31, 2024.	

Change Idea #3	Include Right #29-every resident has the right To raise concerns or recommend changes in policy and services on behalf of themselves or others to the following persons and organizations without interference and without fear OF coercion, discrimination or reprisal, whether directed at the resident or anyone else - as an agenda standing items in all departmental meetings.		
Methods	Process measures	Target for process measure	Comments
All departmental managers will be responsible to include Right #29 from the resident bill of rights, as a standing agenda item at all departmental meetings with the purpose to promote discussions and education.	100% of all department standing agendas will have Residents' Bill of Right #29 added, for review and discussion.	100% of all department standing agendas will include the Residents' Bill of Rights #29 added, for review and discussion. Target: May 1/24	

Safety

Measure - Dimension: Safe

Indicator #4	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	27.64	15.00	Align with Corporate target	RNAO best practice guidelines/NP/MD/Medical Director/PT

Change Ideas

Change Idea #1 ADoCs to facilitate a weekly Fall Huddle on each unit. These weekly meetings will be held on a rotational basis to include days, evenings and night shifts.

Methods	Process measures	Target for process measure	Comments
Weekly meetings shall include all disciplines. Medium and high-risk residents. Interventions are to be reviewed and changes implemented as necessary.	Number of weekly meetings held in each unit per month.	100% of all weekly huddles will be held as per schedule . Target date: June 30/24	

Change Idea #2 Improve knowledge and understanding of Falls Program by all staff working in the home.

Methods	Process measures	Target for process measure	Comments
Educational Coordinator to hold mandatory education on falls prevention strategies for all staff. All staff to complete Falls prevention modules on Surge.	The number of staff who have received training with the Education coordinator and Surge Training.	100% of all employees will complete falls prevention training by December 31, 2024.	

Change Idea #3 Screen all residents for medium or high risk for falls, including risk factors.

Methods	Process measures	Target for process measure	Comments
Complete a Falls management-falls risk assessment for new admissions, after a change in rooms/setting, transfer, after a fall, any change in status and after medication change for residents with a history of falls.	Number of residents assessed for falls risk each month.	100% of residents with medium and high risk for falls are assessed by May 30, 2024.	

Change Idea #4 Implement falls prevention strategies for resident determined to be medium to high risk for falls.

Methods	Process measures	Target for process measure	Comments
Identification of Risk Factors. Review intrinsic and extrinsic risk factors for falling including those which may be modifiable. Implement an individualized multi-factorial approach focusing on modifiable non-pharmacological and pharmacological factors. Intrinsic Risk Factors (e.g. demographic and biological).Extrinsic Risk Factors (e.g. behavioural, environment, and medication related).	# of residents identified as medium to high risk for falls/total number of residents in the home.	100 % of residents at risk for falls will be introduced to the 4Ps (Purposeful rounding), BEEEACH approach, medication reviews and be assessed for Hypotension/BP lowering meds Target date: May 15/24.	

Measure - Dimension: Safe

Indicator #5	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 2023– September 2023 (Q2 2023/24), with rolling 4-quarter average	24.36	17.30	Align with the corporate average	RNAO Best Practice Guidelines/Pharmacist/Md/ Medical Director/NP

Change Ideas

Change Idea #1 1)Launch Antipsychotic reduction interdisciplinary initiative.

Methods	Process measures	Target for process measure	Comments
The Interdisciplinary team will work collaboratively to decrease the use of antipsychotic medication for residents who do not have a diagnosis of psychosis. This will improve the resident's quality of life and reduce associated side effects. Once all the baseline assessments are completed, the team will proceed with in-person meetings to analyze the data and proposed interventions collaboratively. The meetings- a three-week cycle: resident reviews will be discussed at a minimum every three weeks. This time frame will allow for the proposed interventions to take effect (in most cases) and inform responsible decision making that will support continuity and momentum. In instances where medication effects are not expected to be appreciated within three weeks, the cycle could be delayed to six weeks.	% decrease number of residents on Antipsychotics without a psychotic diagnosis	100% of residents on Antipsychotics without a psychotic diagnosis will be included in the initiative by May 30, 2024.	Align with corporate average

Change Idea #2 Interdisciplinary team will meet on a 3 week cycle to review baseline assessments.

Methods	Process measures	Target for process measure	Comments
Creation of anti-psychotic reduction team at the home. The team will complete-Medication analysis, residents response criteria for reduction, implementation of actions adverse events, and evaluation of the strategy.	Number of meetings held within first 6 months of the year.	Meetings are to be scheduled on a 3-week cycle. 100% of scheduled meetings will take place by September 30, 2024.	

Change Idea #3	Determine if psychosis has been diagnosed or can be diagnosed for those residents on AP medications.		
Methods	Process measures	Target for process measure	Comments
RIA Coordinators to review all residents on AP medication. Review possible psychosis diagnosis and add to residents current diagnosis. Discuss with MD. Include this process for all admissions/readmissions.	# of residents who diagnosed with a psychosis or psychotic diagnosis.	100% of residents on Antipsychotic medications without a diagnosis of psychosis will be reviewed by the RIA Coordinator. By May/30 2024.	

Change Idea #4	Involve substitute decision makers/family and residents (as appropriate) in the anti psychotic reduction initiative. Provide education on the topic to SDMs, family and residents as appropriate.		
Methods	Process measures	Target for process measure	Comments
The home will provide education on the anti psychotic reduction initiative, benefits and objectives to SDM, families and residents. (as appropriate) The home will encourage SDM, families and residents. (as appropriate)to participate in this initiative.	Number of education sessions held for SDMs, families and residents (as appropriate). Number of SDM, families and residents. (as appropriate) that participate in the initiative	100% of SDM, families, and residents (as appropriate) whose family members are on anti-psychotics will be offered education on the anti-psychotic reduction initiative.	