

## 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)	32.05	25.00	this is the average in the South East Region	

### Change Ideas

Change Idea #1 Try to involve the Nurse Practitioner(through the NLOT Program) in the discussion of whether a resident should be sent to hospital.

Methods	Process measures	Target for process measure	Comments
Contact information posted at the nursing stations	Track the number of interventions from the NP that resulted in not sending the resident to hospital	10% of residents referred to the No will result in no transfer to hospital	

Change Idea #2 Obtain the Doppler and IV Pump that we received funding for and train the Registered staff on their use.

Methods	Process measures	Target for process measure	Comments
DOC will purchase the equipment, arrange for training and liaise with the Medical Director regarding the criteria for use.	All registered staff will be trained on the use of the new equipment. All usage of the new equipment as well as the outcome of its use will be tracked by the DOC.	50% of residents with UTI, cellulitis and upper respiratory infections will receive IV antibiotics in-house with successful results.	

Change Idea #3 Build capacity in Registered staff to assess for upper respiratory issues in conjunction with diagnoses such as CHF and COPD.

Methods	Process measures	Target for process measure	Comments
Provide training to all Registered staff regarding the known trajectories of some common diseases like COPD and CHF to be better prepared for symptom management.	All staff will be trained in assessments for upper respiratory infections. The number of hospitalizations due to CHF and COPD will be 50% of those numbers in 2023-24.	100% of staff will be trained	

Change Idea #4 Equipment that may assist residents, such as BiPAP machines, will be purchased if they can provide the treatment that would otherwise have to be given in hospital.

Methods	Process measures	Target for process measure	Comments
Communication with hospital staff about those residents with chronic, debilitating illnesses to ensure we are able to offer as much treatment here as possible. Discuss a shared careplan with hospital staff through the NP through the NLOT program.	Residents with chronic diseases will have 50% fewer transfers to hospital than 2023-24	50% fewer transfer for residents with CHF and COPD	

## 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	10.14	15.00	Keep our scores below target. Our score has recently increased and we want to reverse that trend	Medi-System for pharmacy support

### Change Ideas

Change Idea #1 Interdisciplinary Falls Team will continue to review all falls monthly to evaluate what interventions may be needed

Methods	Process measures	Target for process measure	Comments
review documentation environmental assessments completed for all resident who experience a fall	# of environmental assessments completed	100% of environmental assessments will be completed for those resident who have fallen	

Change Idea #2 Continue to update careplans of those residents who have fallen and who have been assessed as high risk and on the Falling Star Program.

Methods	Process measures	Target for process measure	Comments
Falls Team will review monthly to ensure Falling Star Program and careplans are up to date	# of careplans up to date	100% of residents who have fallen and who are in the Falling Star Program will be up to date.	

Change Idea #3 All documentation regarding falls will be completed.

Methods	Process measures	Target for process measure	Comments
Nursing Practice meetings will: Review of falls program with Registered Staff. Review of falls checklist for documentation	# of residents with all documentation completed regarding falls	80% of all required documentation regarding falls will be completed on all resident who fall	

Change Idea #4 Falls Team will continue to review the falls tracker provided by physio

Methods	Process measures	Target for process measure	Comments
Falls Team will review the tracker to look for trends regarding falls and put interventions in place as identified	# of trends identified and acted upon	100% of trends will be reviewed by the team and appropriate recommendations made	

**Measure - Dimension: Safe**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of LTC home residents in daily physical restraints over the past 7 days	C	% / LTC home residents	CIHI CCRS / July 2023-Sept.2023 with rolling 4-quarter average	4.90	2.50	Extendicare target	

**Change Ideas**

Change Idea #1 The Interdisciplinary Restraint Team will monitor all residents on restraints at their monthly meetings

Methods	Process measures	Target for process measure	Comments
The Team will complete the Restraint Reassessment Tool for each resident using a restraint The Team will determine if the restraint is a true restraint or a PASD. The Team will confer with the RAI-MDS Coordinator to ensure proper coding.	# of individuals with a restraint	0 residents will be using a restraint in the home	