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)	22.42	18.00	The target performance of 18% for ED visits related to ambulatory care-sensitive conditions by the year 2025 has been set based on our current performance of 22.42. This represents a reduction of 4.42 visits per 100 residents, which is a reasonable and achievable goal, given the improvements we are implementing through quality improvement initiatives such as enhanced nurse practitioner-led care and better access to primary care within the facility. The target has been informed by industry benchmarks, particularly the top 20th percentile of long-term care facilities with similar patient demographics, which have been shown to maintain ED visit rates below 20 for ambulatory care-sensitive conditions. Additionally, the target reflects the improvements already underway, such as training staff on early detection of care-sensitive conditions, enhancing care coordination, and improving communication with healthcare providers.	

						Challenges and Risks: One potential challenge is the continued complexity of resident needs, especially as some individuals may experience multiple comorbidities, which can increase the risk of acute episodes requiring emergency care. The success of our initiatives in reducing these visits will depend on consistent care management and staff engagement in identifying at-risk residents early. Risks include staff turnover or resistance to new workflows, which could slow progress. However, by focusing on proactive care, educating staff, and refining our data collection methods, we believe this target is both achievable and realistic.	

Change Ideas

Change Idea #1 NP-Led Preventive Care: Strengthen NP-led assessments and screenings for ambulatory care-sensitive conditions, enabling early identification and management, thus preventing ED visits. NPs will also collaborate with the care team to create prevention plans for high-risk residents. Improved Care Coordination: Enhance communication between long-term care and primary care providers to ensure continuous care. Regular updates and collaborative planning will help address issues early, avoiding unnecessary hospital visits. Staff Training on Early Intervention: Provide ongoing staff training to recognize and address early signs of ambulatory care-sensitive conditions. Early intervention will prevent escalation and reduce the need for ED visits. These initiatives will help manage health conditions within the home, decreasing avoidable ED visits.

Methods	Process measures	Target for process measure	Comments
NP-Led Preventive Care: The Nursing Department will track NP-led assessments and care plans via electronic health records. Monthly documentation will be reviewed by the Nurse Practitioner and Care Coordination teams to monitor progress. Improved Care Coordination: The Care Coordination Team will track communication between long-term care providers and primary care physicians through monthly care plan reviews. The data will be analyzed quarterly by the Care Coordination and Clinical Leadership teams. Staff Training on Early Intervention: The HR and Education Department will monitor staff training completion and effectiveness. Training participation rates will be tracked, with annual reviews to ensure proper skills are developed. Data will be reviewed quarterly to assess progress, with adjustments made based on findings.	Number of NP-led preventive care assessments completed per month This will track the number of preventive care assessments conducted by the Nurse Practitioner (NP) each month for residents. A higher number indicates greater access to preventive care, which could potentially reduce ED visits. Percentage of care coordination meetings held with primary care providers per month The Care Coordination team will track the percentage of care coordination meetings held between long-term care providers and primary care physicians monthly, aiming to ensure effective communication and care planning. Percentage of staff completing training on early intervention per quarter This measure will track the percentage of staff who have completed the training on early identification of health issues and interventions that may reduce ED visits. These process measures will be reviewed monthly or quarterly to track whether the change ideas are being implemented and if they are leading to improvements.	NP-led preventive care assessments completed per month: Target: Achieve 90% of residents receiving a preventive care assessment from the NP monthly by December 31, 2025. Care coordination meetings with primary care providers per month: Target: Ensure 80% of residents have at least one care coordination meeting with their primary care provider per month by December 31, 2025. Staff completing training on early intervention per quarter: Target: Achieve 85% of staff completing early intervention training by the end of Q2 2025, with sustained quarterly training rates at or above 85% thereafter. These targets are specific, measurable, and achievable within the given timeframe. Each target directly contributes to reducing ED visits for ambulatory care-sensitive conditions by improving preventive care, coordination, and early intervention strategies	The change ideas focus on improving preventive care and staff training to reduce ED visits, combining medical and educational interventions for comprehensive results. Progress will be tracked through data collection by the quality team, with regular reviews to ensure the effectiveness of these strategies. Key process measures, such as NP-led assessments, care coordination, and staff training, will be closely monitored to track progress and ensure successful implementation. The SMART targets set are realistic and achievable, aiming for continuous improvement in reducing ED visits through consistent assessments, care coordination, and staff development.

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	We completed our accreditation with CARF and this was area that was also identified in our assessment, along with from our viewpoint this can really build our staff's morale.	CARF

Change Ideas

Change Idea #1 Mandatory education for all staff equity, diversity, inclusion, anti-racism & bullying for all staff

Methods	Process measures	Target for process measure	Comments
The Human Resources (HR) department will track staff completion of equity, diversity, inclusion, and anti-racism (EDI-AR) education through attendance records, Surge Learning reports, and sign-in sheets for in-person sessions. Quarterly reports will be generated and analyzed to monitor participation rates across executive, management, and general staff levels. These reports will be reviewed by the Leadership Team, with findings discussed in management meetings to address gaps and ensure compliance. An annual summary will be included in the QIP for accountability. HR will conduct periodic follow-ups and gather staff feedback to enhance training accessibility and effectiveness.	The number and percentage of staff at the executive, management, and general levels who complete EDI-AR education will be tracked quarterly through HR records. Attendance data from the LMS and in-person training sessions will be reviewed to measure participation. Reports will be generated and analyzed to assess progress, identify trends, and address gaps. Findings will be presented in management meetings, with results informing future training efforts. An annual summary will be included in the QIP to ensure accountability and continuous improvement.	By December 31, 2025 , at least 100% of management, and general staff will have completed equity, diversity, inclusion, and anti-racism (EDI-AR) education. Progress will be monitored quarterly, with targeted follow-ups to ensure engagement and completion.	

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	20.63	16.00	Our Goal is get as close to the provincial average, if not lower.	RNAO

Change Ideas

Change Idea #1	Increase staff training on fall prevention: Implement regular training and workshops on fall risk factors, prevention strategies, and interventions for all staff members, including nurses, physiotherapists, and personal support workers. This will help increase awareness and enhance fall prevention strategies across the home. Enhance fall risk assessments and individualized care plans: Regularly conduct comprehensive fall risk assessments for each resident, using validated tools. Develop and update individualized care plans based on the assessments to ensure that each resident has personalized interventions and preventive measures in place to reduce the risk of falls

Methods	Process measures	Target for process measure	Comments
Data Collection: The nursing team, with support from the quality improvement department, will collect data on falls for each resident through monthly audits and incident reports. Fall risk assessments will be performed on a quarterly basis for every resident, ensuring that data on falls and risk factors are up-to-date. Data Analysis: The quality team will review and analyze fall-related incidents, using the fall risk assessment tool data and incident reports to track trends and identify areas for improvement. The data will be evaluated quarterly to monitor progress and pinpoint any recurring risk factors or areas needing additional attention. Reporting: Fall data and assessment results will be reported in the quarterly quality meetings and will be reviewed by the leadership team. Any identified areas for improvement will be integrated into action plans for further intervention and support.	Number of fall risk assessments completed per month: Track how many residents receive fall risk assessments on a monthly basis. This will be monitored as a percentage of the total resident population to ensure that every resident is receiving timely and comprehensive assessments. Number of fall prevention interventions implemented per resident: Monitor how many personalized fall prevention strategies (e.g., mobility aids, environmental modifications) are put in place after risk assessments are completed.	Target: By December 31, 2025, 100% of residents will have completed a fall risk assessment within the last 30 days of their assessment. Additionally, at least 80% of residents will have fall prevention interventions in place based on the results of their individual assessments by the end of 2025. This goal is SMART as it is specific (fall risk assessments), measurable (percentage of assessments completed and interventions implemented), achievable (building on current practices), realistic (with the proper training and resources), and time-sensitive (by December 31, 2025). The target emphasizes comprehensive, individualized care and supports a high standard of preventive measures for all residents.	The planned improvement initiatives focus on proactive fall prevention, including staff training and individualized fall risk assessments. Methods will involve regular audits and assessments to ensure timely interventions for fall risks. Process measures track fall risk assessments and the effectiveness of prevention strategies. The target is to achieve 100% assessment completion and high intervention implementation by 2025, ensuring measurable progress.