Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Potentially avoidable ED visits for LTC residents	C	% / LTC home residents	CIHI CCRS, CIHI NACRS / April 2025-March 2026	37.77	33.00	The home will be working on Percent Improvement: The goal is to improve by 12.63% each year, working toward the theoretical best target to meet the Provincial Average	

Change Ideas

Change Idea #1	Track and identify residents who are deemed at high risk for avoidable ED transfer using the following criteria: residents identified as Level 1 & 2 Advance Directives, however, inappropriately transferred to ED Further to identification

Methods	Process measures	Target for process measure	Comments
1. The Home's Medical Director will lead the identification of residents, plan of care will be reviewed and updated by the MD and NP. 2. Education will be provided to staff, families and residents on risks of the avoidable transfers. 3. Appropriate interventions will be provided in the home and available external supports to be leverages such as acute hospital LTC+ and NLOT	Total number of hospital transfers with Level 1 & 2 Advance Directives	100% of resident transferred with Level 1 & 2 Advance Directive, plan of care will be reviewed and updated by MD, NP and/or Nursing team	

Change Idea #2	Partnership with HRH LTC Remote Monitoring initiative, a program that leverages the PREVIEW- ED(C), a clinical deterioration tool developed from the evidence-based NWES2 scoring system to identify early decline in resident health status and LTC+, which provides virtual supports via an LTC+ Nurse Navigator following intake and triage to community and hospital services, and/or telephone consultations and aims to improve access to outpatient clinics/resources		
Methods	Process measures	Target for process measure	Comments
New hire to receive education of the one-page clinical deterioration tool used daily by PSWs to identify early signs of decline in the health status of LTC residents focused on 4 conditions: Pneumonia, dehydration, CHF and UTI	Percentage of newly hired PSW and registered staff who received education on clinical deterioration tool will be tracked monthly.	100% of newly hired PSWs and registered staff will receive training on use of clinical deterioration tool.	

Change Idea #3	Effective and prompt utilization of HRH NLOT NPs who provide on-site resident assessments and interventional support in the LTC Home, support with capacity building for LTC staff such as skills development and training, including assessments, interventions, and facilitate connections to specialty services, both internal and external to hospital through LTC+		
Methods	Process measures	Target for process measure	Comments
NLOT and LTC + will follow up with HM staff in a timely manner and provide a summary of resources and recommendations after resident assessments.	1). # of education sessions provided by NLOT 2). Percentage of residents received support from NLOT and LTC+ 3). Percentage of residents assessed by NLOT and averted ED visits	1). 1 education session provided by NLOT quarterly 2). 80% of residents at risk for ED transfer received support from NLOT or LTC+ 3). 75% of residents assessed by NLOT avoided ED visits	

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	CB	The home will strive to aim 100% of staff (all) complete the training.	

Change Ideas

Change Idea #1   All Management, staff, students and volunteers to complete EDI and AR training

Methods	Process measures	Target for process measure	Comments
SURGE Online Learning module	Management, staff, students and volunteers will be enrolled on SURGE online Learning for EDI and AR training	100% of Management, staff, students and volunteers will complete training on SURGE online module annually	

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	63.00	70.00	The home strives to ensure that residents feel they can share any type of feedback without fear of reprisal/fear of consequences	

Change Ideas

Change Idea #1 Implementation of RNAO Best Practice Guidelines on Person and Family Centered Care			
Methods	Process measures	Target for process measure	Comments
Complete Gap Analysis for Person and Family Cantered Care BPG	Total Number of Gaps Identified	100% of standards have been reviewed	Total Surveys Initiated: 100 Total LTCH Beds: 119

Change Idea #2 Mandatory education on SURGE Learning re: PFCC			
Methods	Process measures	Target for process measure	Comments
All staff will complete mandatory education on PFCC through SURGE learning platform	Total number of staff completed education	100% of staff completed the mandatory education by Dec. 31, 2025	

Safety

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	29.43	20.00	The home will strive to meet Ontario Average- 19.8	

Change Ideas

Change Idea #1	Establish a multidisciplinary team led by the Medical Director, including Attending Physicians, NP, DOC, ADOC, BSO Lead, RHA Managers, RAI Coordinators, and Pharmacist. Assign clear roles and responsibilities for monitoring, interventions, and follow-up. Review and map the current process for prescribing and monitoring antipsychotic use, including triggers, assessments, and follow-up.

Methods	Process measures	Target for process measure	Comments
Analyze baseline antipsychotic usage rates by reviewing RAI-MDS data, pharmacy reports, and clinical notes.	Identify residents on antipsychotics without a psychosis diagnosis	Total number of residents on antipsychotics without a psychosis diagnosis	

Change Idea #2	The home will conduct comprehensive reviews of all residents receiving antipsychotics. Validate diagnoses and reassess the necessity of ongoing use. Identify residents suitable for gradual dose reduction (GDR)

Methods	Process measures	Target for process measure	Comments
Develop Non-Pharmacological Interventions such as: Enhance the use of person-centered, non-drug interventions for responsive behaviors. Utilize BSO Lead expertise to implement behavior management strategies.	Pharmacy Utilization Reports: Monitor monthly antipsychotic dispensing rates and trends. Review dose reduction attempts and success rates.	Achieve 80% compliance with gradual dose reduction (GDR) attempts. Increase the use of non-pharmacological interventions by 30% (measured through care plan documentation)	

Change Idea #3	Staff education on reduction of antipsychotic medications, risks associated, alert signs, utilizing BSO, and other external supports such as Baycrest Behavioral Support Outreach Team (BSOT)

Methods	Process measures	Target for process measure	Comments
Provide targeted education on appropriate antipsychotic use, risks of overuse, and alternative interventions. Incorporate training on non-pharmacological approaches (e.g., dementia care strategies, de-escalation techniques).	Education Completion: Track the percentage of staff trained on non-pharmacological interventions. Conduct pre- and post-training knowledge assessments.	100% of clinical staff trained on appropriate antipsychotic use and non-pharmacological strategies within 6 months.	

Measure - Dimension: Safe

Indicator #5	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	C	% / LTC home residents	CIHI CCRS, CIHI NACRS / April 2025-March 2026	18.50	16.00	The home will strive to meet Ontario Average 16.3	

Change Ideas

Report Access Date: April 07, 2025

Change Idea #1	HMLTC will be implementing RNAO Best Practice Guidelines- Preventing Falls and Reducing Injury from Falls. The Director of Care will lead the standard/universal falls prevention strategies in plan of care for all residents and new admissions. This will be supported by registered staff, ADOC, RHA Managers, Rai Coordinators and Falls Committee

Methods	Process measures	Target for process measure	Comments
Implement RNAO's BPG and Universal Fall Prevention strategies in the plan of care	Number of residents with Universal Fall prevention strategies in the plan of care	100% of residents will have Universal Fall Prevention strategies in the plan of care	The home will implement the BPG in April 2025

Change Idea #2	Registered staff will screen all new admitted residents to identify those at risk for falls and their fall risk factors

Methods	Process measures	Target for process measure	Comments
Complete RNAO Clinical Pathways N Adv - Admission Assessments and N Adv Can - Falls Risk Screening, Assessment and Management	% of residents who have completed Admission assessment and falls risk screening assessment and management	100% of newly admitted residents must have completed Admission assessment and falls risk screening assessment and management	

Change Idea #3	The home will sustain strategies aimed at preventing falls and reducing injuries from falls by providing education/training to staff annually and upon hire

Methods	Process measures	Target for process measure	Comments
Staff to receive training on falls prevention and management annually and upon hire.	Total number of staff received training/education on falls prevention and management annually and upon hire	100% of staff trained or received education on falls prevention and management annually and upon hire	