

## 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	C	Rate per 100 residents / Residents	CIHI CCRS, CIHI NACRS / April 1, 2024-March 31, 2025	21.20	18.00	Reduction in avoidable transfers to hospital	Nurse-Led Outreach Team (NLOT) - North York General Hospital

### Change Ideas

Change Idea #1 Monthly tracking of all transfers to hospital to determine ED visit only versus Admission and review of each transfer for gaps and areas of improvement.

Methods	Process measures	Target for process measure	Comments
Review of quarterly LHIN reports to determine number of avoidable transfers through comparing of internal tracking for consistency. Analyze any trends and compare to other long term care homes for commonalities and disparities. Collaborate with the inter-professional team and other external stakeholders where applicable to determine reason for transfer, contributing factors gaps in care or documentation. Staff education to improve assessments and communications to facilitate care in the Home and prevent transfers that do not result in an admission.	Unadjusted rates for ease of comparison and simplicity of calculations. Will aim to maintain current rates at LHIN average to reduce rates to the provincial average of 18% by consistent review and education to provide opportunities to avoid transfers.	Maintain avoidable ED transfers at current levels and aim to reduce to meet or exceed below provincial averages.	Reporting of all transfers and outcomes of review at the Professional Advisory and Continuous Quality Improvement Committee Meetings.

Change Idea #2 Educate the registered staff on decision making in regards to Emergency department visits to build capacity.

Methods	Process measures	Target for process measure	Comments
Collaborating with NLOT (Nurse Led Outreach Team) and In-house Nurse Practitioner to provide education to the registered staff on Intravenous (IV) maintenance and assessments, SBAR (Situation, Background, Assessment, Recommendation) communication and head to toe assessments.	Percentage of Registered staff who completed the education.	100% of all registered staff will complete education	

Change Idea #3 Initiate and facilitate ongoing dialogue with the residents and families about potential harms of ED transfers and opportunities available in the Home.

Methods	Process measures	Target for process measure	Comments
Initial care conferences with the multidisciplinary team within 6 weeks of admission. Residents will have their care conferences annually and facilitate information about Goals of care and informed consent. Families will be educated about opportunities and services available in the Home.	Number of care conferences scheduled in 6 weeks of admission. Number of Annual conferences scheduled. Number of residents and families updated with advanced care planning and goals of care discussions.	100% all the families attend a care conference with goals of care discussion.	

## Equity

### Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of staff population for completion of diversity training within the Home.	C	% / Staff	In house data collection / April 1,2024-March 31, 2025	CB	100.00	Staff acknowledgement of understanding regarding equity, diversity, inclusion and anti-racism education within the organization.	Psychogeriatric Resource Consultant from Sunnybrook Health Sciences Centre

### Change Ideas

Change Idea #1 Educate all staff and executive-level management on equity, diversity, inclusion and anti- racism.

Methods	Process measures	Target for process measure	Comments
All staff will be educated on equity, diversity, inclusion and anti-racism.	Percentage of all staff completed education will be tracked.	100% of all staff will complete education.	Home is in collaboration with Psychogeriatric Resource Consultant from Sunnybrook Health Sciences Centre who provides onsite education. Surge Learning (online platform) will be utilized to provide education to staff.

Change Idea #2 Collaboration with the Recreation department and conducting of theme based events reflecting inclusion and diversity.

Methods	Process measures	Target for process measure	Comments
Diversity calendar will be displayed at the main entrance, visitors lounge and resident home areas.	Communication to all staff in departmental meetings, continuous quality improvement committee. Communication to resident council and family forums.	Total events conducted and percentage of staff participated will be tracked.	Use of CLRI community of practice forums for educational opportunities, evidence-based tools and resources and initiatives relevant to long term care.