

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)	18.95	17.00	<p>Last year performance: 21.78 Last year target: 18.50 Our current performance: 18.95 Provincial rate 20.83</p> <p>Below provincial rate.</p> <p>There is a continuing discussion with Residents/SDMs regarding the goals of care, and the options in terms of services that the hospital and the nursing home can provide. While the options of care provided at the nursing home level are discussed, it is a right of each Resident/SDM to seek care at the ER department that must be respected. In addition, the ER transfers, in the absence of external outpatient specialty care may be the only way to provide Residents with a care that they need.</p>	Hamilton Paramedic Service - Mobile Integrated Health Program: Supporting Long-Term Care Homes, Care RX IV division, NLOT when available, Local Hospitals Inbound Clinical data, Dr. Luthra

Change Ideas

Change Idea #1 Continue to work with Dr. Luthra. Initial assessment and follow up every 6 weeks will continue to be conducted by Dr. Luthra for all Residents who are receiving antipsychotic medication, and/or experience responsive behaviour.

Methods	Process measures	Target for process measure	Comments
The data will be collected on a quarterly basis by Nurse Manager on each floor. The data will be reported and evaluated at the quarterly Medical Advisory and Quality Improvement meetings.	- number of the residents who were assessed by Dr. Luthra. - number of the residents who were transferred to ED department as a result of a need of the psycho- geriatric assessment/antipsychotic medication dosage adjustment.	0.00% of the Residents will be transferred to ED as result of a need of the psycho- geriatric assessment/antipsychotic medication dosage adjustment.	

Change Idea #2 Alliance with Hamilton Paramedic Service - Mobile Integrated Health Program: Supporting Long-Term Care Homes - administration of the IV therapy in the Home. Allaiance with CareRX IV therapy division to access IV medication and supplies.

Methods	Process measures	Target for process measure	Comments
The data will be collected on a quarterly basis by the IPAC Nurse. The data will be reported and evaluated at the quarterly Medical Advisory and Quality Improvement meetings.	- number of the residents who were send to ED department to start or re-start the IV therapy.	- 0.00% of the Residents will be send to ED department to start or re-start the Iv therapy.	

Change Idea #3 Utilizing NLOT Nurse Practitioners/In- House Nurse Practitioners - when available. Assessment of the Residents in a timely manner. Discussion with Residents/SDMs regarding the goals and plan of care.

Methods	Process measures	Target for process measure	Comments
The data will be collected on a quarterly basis by the Director of Care/Nurse Practitioner. The data will be reported and evaluated at the quarterly Medical Advisory and Quality Improvement meetings.	- number of the Residents who potentially would be send to ED, who were assessed by NP that resulted in no transfer to ED.	No specific target.	There is a continuing discussion with Residents/SDMs regarding the goals of care, and the options in terms of services that the hospital and the nursing home can provide. While the options of care provided at the nursing home level are discussed, it is a right of each Resident/SDM to seek care at the ER department that must be respected. In addition, the ER transfers, in the absence of external outpatient speciality care may be the only way to provide Residents with a care that they need.

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	90.82	100.00	It is mandatory for all staff to complete education relevant to equity, diversity, inclusion, and anti-racism.	Surge Learning, RNAO

Change Ideas

Change Idea #1 Education relevant to equity, diversity, inclusion, and anti-racism provided in Surge Learning.

Methods	Process measures	Target for process measure	Comments
The data will be collected on a quarterly basis by the Staff Educator. The data will be reported and evaluated at the quarterly Medical Advisory and Quality Improvement meetings.	# of staff who completed training; # of total staff targeted for training; percentage of staff who completed the training	All Staff will complete education in Surge Learning relevant to equity, diversity, inclusion, and anti-racism by April 30, 2024	Total LTCH Beds: 78

Change Idea #2 Alliance with RNAO to provide interactive in person education for staff.

Methods	Process measures	Target for process measure	Comments
The data will be collected on a quarterly basis by the Staff Educator. The data will be reported and evaluated at the quarterly Medical Advisory and Quality Improvement meetings.	# of staff who completed training # of total staff targeted for training # percentage of staff who completed the training	Staff will complete education relevant to equity, diversity, inclusion, and anti-racism provided by RNAO.	

Safety

Measure - Dimension: Safe

Indicator #3	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	25.51	20.00	Last year performance 32.61 Current performance:25.51 Provincial rate: 20.55 - To perform at/close to provincial rate.	Dr. A. Luthra, BSO, Alzheimers Society, Music Therapist, Parkinsons Society, Huntingtons Society

Change Ideas

Change Idea #1 Continue to work with Dr. Luthra. Initial assessment and follow up every 6 weeks will continue to be conducted by Dr. Luthra for all Residents who are receiving antipsychotic medication, and/or experience responsive behaviour.

Methods	Process measures	Target for process measure	Comments
Quarterly CIHI reports. Quarterly Pharmacy reports. The data is collected on a quarterly basis by the Director of Care and the Pharmacist. The data is reported and evaluated at the quarterly Medical Advisory and Quality Improvement meetings.	- percentage of the Residents who are receiving antipsychotic medication.	Last year performance 32.61 Current performance:25.51 Provincial rate: 20.55 Will reduce number of Residents receiving antipsychotic medication by 21.6% from 25.51% to 20% by March 31, 2025.	