

Access and Flow | Efficient | Priority Indicator

	Last Year		This Year	
Indicator #2	7.56	7.18	17.49	NA
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Yee Hong Centre - Markham)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Digitalize ED tracking - incorporating the hospital tracking tool in PointClickCare.

Process measure

- The percent of registered staff that will be trained in the new digitalization tool.

Target for process measure

- 100% of the registered staff will be trained in the new tool by December 31, 2023.

Lessons Learned

- Trained 100% of registered staff in terms of training in the new tool. The virtual sessions made it easy for the Evening and Night staff to attend. Staff were very satisfied that the process helped reduce the staff’s workload and increase the efficiency and accuracy of the tracking.

Change Idea #2 Implemented Not Implemented

Collaborate with External Partners such as Oak Valley Health and Home and Community Support Services.

Process measure

- The percentage of front line staff that will be trained on early detection of residents at risk for ED visits.

Target for process measure

- 90% of the front line staff will be trained on early detection by December 31, 2023.

Lessons Learned

- Educated 90% of the front-line staff in detecting the signs of and symptoms of residents at risk for ED transfer but there is no standardized tool for early detection. However, staff were re-trained in vital sign monitoring and blood sugar monitoring as the early signs of risk for ED visits.
- Experienced factors that impacted an increase in transfers:
 1. Multiple outbreaks occurred (January - February for 32 days, April for 16 days, September for 27 days).
 2. Nurse Practitioner resigned in September 2023.
 3. Eight (8) residents were identified as repeated unique individuals who were transferred to hospitals more than once in one quarter.
 4. Residents were not correctly assessed by the hospitals, returned to LTC, and then transferred out again which contributed to increased ED visits.
 5. Residents with multiple comorbidities who are admitted to hospital are categorized as an “avoidable visit” even if the resident has one that meets the criteria but not the main issue.
 6. Increase in LTC admission numbers and complexity.
- Consider individualized consultation on case-by-case basis and explore advance directive planning.
- Collaborate closely with hospital and partners to coordinate for safety return to LTC.

Safety | Safe | Priority Indicator

	Last Year		This Year	
Indicator #1	16.87	15.18	15.30	15.18
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Yee Hong Centre - Markham)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Identify residents on antipsychotics without a medical diagnosis of psychosis.

Process measure

- The percentage of residents who are on antipsychotic medication will be identified.

Target for process measure

- 100% of the residents on antipsychotics and residents who do not meet criteria will be identified by October 31, 2023.

Lessons Learned

- Identified 100% of the residents on antipsychotics without a diagnosis of psychosis.
- Observed a significant number of residents had already been using antipsychotic before admission of the identified residents above.
- Improved performance but the number of new admissions impacted the result and the data source (Canadian Institute for Health Information) that was used for trending differ from Ontario Health.

Change Idea #2 Implemented Not Implemented

Analyze behaviours and triggers of residents with antipsychotic medication without diagnosis of psychosis.

Process measure

- The percentage of residents who have an intervention to reduce antipsychotic use.

Target for process measure

- 100% of the residents will have trialed an intervention to reduce antipsychotic use by December 31, 2023.

Lessons Learned

- Reviewed 100% of the residents and trialed an intervention to reduce antipsychotic.
- Implemented successful and efficient interdisciplinary team collaboration through monthly reviews to analyze various behaviors and triggers. This collaboration fostered exchanges of ideas and incorporated diverse strategies from partners. It allowed for a comprehensive holistic examination of each case.
- Experienced challenges with non-pharmacological suggested strategies from the interdisciplinary team (internal and external partners) were not always effective. This was due to 1) resistance to participate by the resident 2) underlying medical conditions 3) Advanced neurodegenerative conditions 4) unidentified triggers 5) environmental challenges 6) limited resources.

Change Idea #3 Implemented Not Implemented

Enhance family involvement in providing alternative options to antipsychotic medication.

Process measure

- Number of education sessions delivered on the use of antipsychotic medications and alternative options to families.

Target for process measure

- 5 education sessions on the use of antipsychotic medication and alternative options will be delivered to families by December 31, 2023.

Lessons Learned

- Delivered eleven (11) education sessions to a total of 80 family participants in the sessions.
- Gained insights from alternative methods to enhance participation, potential approaches to consider include virtual presentations, reaching out personally through email, and posting information on the organization website.
- Received positive feedback as misconceptions about antipsychotics were clarified and easy to understand.
- Experienced scheduling difficulties with families to attend the education due to their availabilities.
- Provide additional sessions after hours and weekend to enhance family engagement and participation.