Access and Flow | Efficient | Optional Indicator

Indicator #3

Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Fairfield Park)

Last Year		This Year		
29.85	**29**	**31.72**	**-6.26%**	**28.50**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☐ Implemented ☐ Not Implemented ☑ In Progress

Provide training for staff on early identification and management of ambulatory care-sensitive conditions to prevent unnecessary ED visits.

Process measure

- Number of staff who complete training modules on ambulatory care-sensitive conditions per quarter, tracked through Surge Learning. The percentage of staff demonstrating uptake of education based on module completion rates will be reviewed quarterly.

Target for process measure

- 100% of registered staff will receive education on ambulatory care-sensitive conditions through Surge Learning by December 31, 2025.

Lessons Learned

Ongoing education continues to occur using real-time case studies which seems to be effective.

Change Idea #2 ☐ Implemented ☑ Not Implemented ☐ In Progress

Develop and implement educational materials for residents to increase awareness of their health conditions and encourage adherence to care plans, with a focus on reducing avoidable hospital visits.

Process measure

- Number of residents who attend or participate in educational sessions at residents' council meetings per quarter, tracked through meeting minutes. The percentage of residents who engage with the educational materials will be assessed during follow-up visits and reviewed quarterly.

Target for process measure

- 50% of residents will participate in at least one educational session at residents' council meetings by December 31, 2025, as documented in meeting minutes.

Lessons Learned

This was not completed as most residents in our current population struggle to adequately understand their health conditions or make their own treatment decisions.

Change Idea #3 ☑ Implemented ☐ Not Implemented ☐ In Progress

Utilize Multidisciplinary Teams (MDTs) and the admission process to educate families about the importance of preventing avoidable hospital visits by managing conditions and receiving care at the home level when available. This approach will focus on collaborating with families to reduce unnecessary ED visits and ensure they understand how to support their loved ones' care plans effectively.

Process measure

- Number of families who attend MDT sessions and receive education on preventing avoidable hospital visits by managing conditions and receiving care at the home level when available.

Target for process measure

- 50% of families will receive educational materials on preventing avoidable hospital visits & managing conditions at the home level when available, during MDT sessions or admission discussions by December 31, 2025

Lessons Learned

This provoked some positive discussions in the MDTs but a main challenge is that many families lack confidence that LTC can provide same level of care as the hospital emergency department.

Change Idea #4 ☑ Implemented ☐ Not Implemented ☐ In Progress

Certify nurses in IV therapy initiation and maintenance so residents do not have to be transferred to hospital.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

This was very successful and residents are now able to get faster, more efficient treatment including proactively for antibiotics, dehydration and other conditions. Challenges include staff turnover and the need to repeat training as new staff onboard.

Comment

We've repeated this indicator for our 2026-2027 QIP. See updated report.

Safety | Safe | Optional Indicator

Indicator #1

Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Fairfield Park)

Last Year		This Year		
29.06	**28.25**	**24.02**	**17.34%**	**22**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☐ Implemented ☐ Not Implemented ☑ In Progress

We will implement purposeful rounding to proactively address resident needs and reduce the risk of falls. Purposeful rounding ensures that staff regularly check on residents at scheduled intervals to assess their comfort, mobility needs, and safety. This will help identify potential fall risks before they occur and provide timely assistance.

Process measure

- Percentage of purposeful rounding checks completed per shift, tracked through documentation audits.

Target for process measure

- 90% of scheduled purposeful rounding checks will be completed and documented by December 31, 2025.

Lessons Learned

We unfortunately delayed implementation due to significant change in the Falls program from the RNAO Clinical Pathways. Staff are currently receiving annual training on the 4 Ps.

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

We will implement mandatory education on the proper usage of bed and chair alarms for all staff, using the Smart Caregiver Bed & Chair Alarm Instructions. The instructions cover the syncing, testing, application, and troubleshooting of the bed and chair alarm systems to ensure effective use in fall prevention.

Process measure

- Percentage of staff who complete the education on the bed and chair alarm policy.

Target for process measure

- 100% of staff will complete the education on the bed and chair alarm policy by December 31, 2025.

Lessons Learned

Education completed but the problem of inconsistent alarm function is still occurring.

Change Idea #3 ☑ Implemented ☐ Not Implemented ☐ In Progress

Changed Falls Program to implement the RNAO clinical pathways

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Successful because we have confidence it aligns with best practices for our sector and future updates will be automated.

Comment

Planning to pivot towards an approach of focusing on unsupervised self transfers among residents since this is driving most of our falls

	Last Year		This Year		
Indicator #2	**34.60**	**33**	**37.63**	**-8.76%**	**32**
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Fairfield Park)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☐ Implemented ☐ Not Implemented ☑ In Progress

We plan to educate registered staff on when antipsychotic medications are appropriate, what they're good for, and what they’re not meant for. The goal is to make sure everyone understands the proper use of these medications to avoid unnecessary prescriptions in doses administered.

Process measure

- We will track the CIHI data on residents getting antipsychotics without a psychosis diagnosis and use that to see how effective the education program is by monitoring any changes in prescribing patterns

Target for process measure

- 100% of registered staff will complete the education on antipsychotic medication use by December 31, 2025

Lessons Learned

A challenge is that many residents are not candidates for deprescribing and many risks worsenwhen attempted. Our population also has high rates of mental health issues so antispychotics are warranted for some despite not being included in the appropriate diagnosis list.

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

Encourage attending physicians and pharmacy to meet and discuss medication use in the home.

Process measure

- We will track attendance and participation in the quality meetings where this topic is discussed and monitor any follow-up actions or changes in prescribing patterns based on these discussions.

Target for process measure

- Attending physicians and pharmacy staff to meet at least 3 times a year to discuss medication use and collaborate on appropriate prescribing.

Lessons Learned

Physicians and Pharmicists correspond regularly and deprescribing has been effective

Comment

This indicator will be a focus again for 2026-2027. See workplan for details.