

Reducing Emergency Department Visits for Care-Sensitive Conditions in Long-Term Care Residents at Norwood Nursing Home

- **Organization:** Norwood Nursing Home
- **Author:** Jerushamae Castillo, RN-Temp and QI Lead (JCastillo@norwoodcare.ca)

Overview

Norwood Nursing Home implemented a Quality Improvement initiative titled “Reducing Emergency Department Visits for Care-Sensitive Conditions in Long-Term Care Residents.” The goal was to lower avoidable hospital transfers by addressing root causes such as infections, chronic disease flare-ups, and falls. Frequent emergency visits were recognized as missed opportunities for early intervention. To address this, the home partnered with the Unity Health Toronto Nurse Lead Outreach Team (NLOT) to enhance early detection, strengthen communication, and improve care coordination.

The initiative focused on proactive, resident-centered strategies such as routine on-site assessments, standardized infection management protocols, and timely access to diagnostics and medications. This work supported the Access and Flow priority area within Ontario Health’s Quality Improvement Plan, specifically targeting the rate of emergency department visits for ambulatory care-sensitive conditions per 100 long-term care residents.

Key Elements of Initiative

Change Ideas Tested or Implemented

- Enhanced early infection management by updating the emergency stock box to include key antibiotics (Rocephin 1gm, Fosfomycin) for prompt treatment of UTIs and other infections, following a protocol involving U/A C&S collection, allergy checks, and approval from MRP or NLOT NP.
- Improved lab coordination by partnering with LifeLabs to receive initial urine test results via fax, enabling faster clinical decision-making and timely in-home treatment.

Models/Tools Used

- SBAR (Situation, Background, Assessment, Recommendation) framework for infection management.
- UTI program checklist and established protocols for diagnosis and treatment approval.

Team Members Involved

- Registered Staff (frontline symptom identification, protocol initiation, care coordination)
- Nurse Lead Outreach Team (NLOT) and Home Most Responsible Physician (MRP) (clinical oversight, decision support)
- IPAC Lead/ADOC (infection prevention and control guidance)
- RAI Coordinator (documentation and data monitoring)
- External partners: LifeLabs (expedited test results), CareRx Pharmacy (medication supply and stock box management)

Target Population

- All 44 residents of NNH, with a focus on timely and effective in-home infection management.

Objective of Change Ideas

- Achieve a 20% reduction in ED visits for care-sensitive conditions within six months by improving early identification and in-home management of infections.

Measurement of Progress

- Monthly tracking of ED visit rates, focusing on preventable conditions.
- Monitoring consistent implementation of proactive measures, such as regular assessments by the Nurse Lead Outreach Team.

Implementation Experience: Successes & Challenges

Results/Early Wins

- Significant decrease in ED visits from April to August 2025 compared to the same period in 2024, especially for care-sensitive conditions like UTIs and pneumonia.

- The attached graph (under the data section) demonstrates a clear downward trend in avoidable ED transfers.

Enablers of Success

- Strong leadership and support from ADOC, IPAC Lead, DOC, and MRP.
- Collaborative partnership with NLOT, providing weekly on-site and on-call clinical support.
- Multidisciplinary engagement fostering shared responsibility and proactive care.

Challenges & Solutions

- Timely communication and coordination: Initially, delays in lab results hindered quick treatment; resolved by partnering with LifeLabs for faxed reports.
- Consistent protocol adherence: Addressed through ongoing education, regular meetings, and leadership reinforcement.
- Navigating complex clinical/ethical situations: Some families resisted palliative care recommendations; addressed through compassionate communication and interdisciplinary support.
- Key lesson: Clear communication, multidisciplinary collaboration, and empathy are essential for success. Ongoing education and emotional support for staff and families are critical.

Advice for Other Teams

- Prioritize interdisciplinary collaboration and clear communication.
- Engage leadership and frontline staff early.
- Establish partnerships with external providers for faster information and medication access.
- Prepare for complex clinical/ethical challenges with compassionate communication and team involvement.
- Implement ongoing education and regular monitoring for sustained progress.

Future Steps & Sustainability

Next Steps

- Sustain and continuously improve current processes across both units.
- Strengthen collaboration with NLOT, LifeLabs, and CareRx for timely support and reliable medication access.

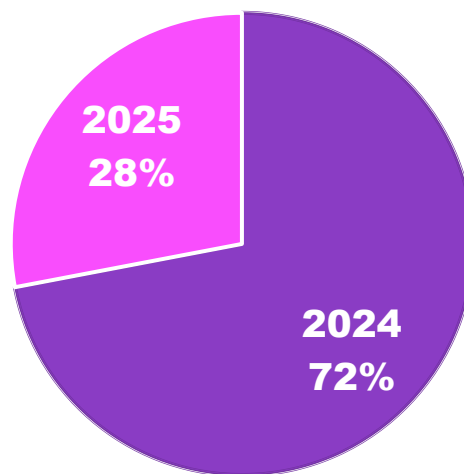
- Conduct regular audits, provide ongoing staff education, and hold interdisciplinary reviews to monitor protocol adherence and identify improvement opportunities.
- Explore digital tools for enhanced communication, data tracking, and decision-making.
- Consider expanding the proactive model to other care-sensitive conditions beyond infections.

Embedding into Policy or Workflow

- Initiative embedded into routine workflows via UTI Monitoring Sheet and daily infection surveillance aligned with Public Health Ontario antimicrobial stewardship program.
- Ongoing integration into formal policies and procedures, including staff training and orientation for consistency across units and providers.

Data and Resources

April 1 to August 31 Emergency Visit



- April 1, 2024- August 31, 2024= 18 Emergency visit
- April 1, 2025- August 31, 2025= 7 Emergency visit

Daily Infection Signs and Symptoms Tracking Form

- | | |
|-------|-------------|
| UNIT: | MONTH: 2025 |
|-------|-------------|

[illegible]

Reference: IPAC Canada, Long-Term Care Surveillance Toolkit

Urinary Tract Infection (UTI) without an Indwelling Catheter (Infection Validation Form)

Floor:		Resident Name:		Physician Name:	
Date:		Date of Birth:		Infection Onset Date:	

Microbiological Testing

At least 1 of the following criteria must be met:

- ☐ A urine culture with ≥ 108 cfu/L of no more than 2 species of microorganisms from a midstream urine.

Signs and Symptoms of Infection

At least 1 of the following criteria must be met:

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- ☐ Acute pain, swelling, or tenderness of the testes, epididymis, or prostate in males
 - ☐ Fever* OR leukocytosis* AND at least 1 of the following localizing urinary tract subcriteria
 - a. Acute dysuria
 - b. Acute costovertebral angle pain or tenderness
 - c. Suprapubic pain
 - d. Gross hematuria

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- e. New or marked increase in incontinence
- f. New or marked increase in urgency

- ☐ In the absence of fever* or leukocytosis*,
 - a. Acute dysuria
 - b. Suprapubic pain
 - c. Gross hematuria
 - d. New or marked increase in incontinence
 - e. New or marked increase in urgency
 - f. New or marked increase in frequency

Reference: IPAC Canada-LTC Surveillance Toolkit

Signs and Symptoms Tracking

Signs and Symptoms Tracking																														
Type of Onset	Resident Name	Respiratory				Urinary Tract		Skin		GI																				
				Room No.	Temperature	Runny Nose/Sneezing	Stuffy Nose or Congestion	Sore Throat	New or Worsening Cough	Increase Sputum Production	Myalgia, body aches	Chills	Chest Pain	Increase in Frequency	Acute dysuria/acute pain	Hematuria	Increase Urinary Incontinence	Acute onset/over pain/tenderness	Suprapubic pain	Increased Urgency	Inflaming Calf/ner	Wound/Tissue drainage	Pus at Wound Site	Red/Ch/Leison	Tenderness or swelling at site	Nausea	2-3 liquid/watery stools in 24 hrs	2-3 vomiting episodes in 24hrs	Abdominal Pain	Spectimen Submitted to lab

Reference: IPAC Canada, Long-Term Care Surveillance Toolkit

Alternatively, if none of the above criteria are met, the following criterion must be met:

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☐ A blood culture grows the same organism, with the same resistance pattern, as the urine culture and there is no alternate site of infection

Constitutional Criteria	
Fever	Leukocytosis
☐ Single oral temperature >37.8°C OR ☐ Repeated oral temperatures >37.2°C or rectal temperatures >37.5°C OR ☐ Single temperature >1.1°C increase over baseline from any site (oral, tympanic, axillary)	> 10 x 10 ⁹ leukocytes/L

Healthcare Associated Infection (HAI) Attribution to the LTC Facility

Both of the following criteria must be met:

- ☐ No evidence the infection was incubating on admission to the LTC facility
- ☐ Infection onset occurred >2 calendar days after admission to the LTC facility

Summary

1. Does this case meet the infection case definition?
☐ Yes ☐ No
- 2a. If yes, is this an HAI case?
☐ Yes ☐ No
- 2b. If yes, does the case involve an ARO?
☐ Yes: ☐ MRSA ☐ VRE ☐ ESBL ☐ CPE ☐ No

Reference: IPAC Canada-ITC Surveillance Toolkit

- Nurse-Led Outreach Teams
- Public Health Ontario Antimicrobial Stewardship/UTI Program

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