

2018/19 Quality Improvement Plan for Ontario Long Term Care Homes - Rosedale Centre

"Improvement Targets and Initiatives"



AIM		Measure						Change				
Quality dimension	Issue	Measure/Indicator	Unit / Population	Source / Period	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Effective	Effective Transitions	Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 2016 - September 2017	X	below 10%	No benchmark available-target identified by organization *As low as possible	Ensure effective communication from hospital to LTC home on readmission for follow-up to care received	Develop communication tool which captures the pertinent information. Consider updating using SBAR format (Situation, Background, Assessment and Recommendation)	% completion with communication tool review	100% complete by Dec 2018	X-data suppressed
Patient-centred	Person experience	Percentage of residents responded positively to: "You and your loved ones are encouraged to participate in discussions about your care" (Agree and Totally agree)	% / LTC home residents	Local data collection / Most recent 12 month period	97.5%	equal or more than 90%	No benchmark available-target identified by organization *As high as possible	Collect continuous feedback from residents	Use feedback to determine whether experiences were resident-centered Utilize feedback to make improvements in the care provided	% completed resident experience surveys	over 50% response rate	*This indicator is included as part of our executive compensation for the MICs Group of Health Services We are hoping to increase the response rate for our resident experience survey by 20%
								Keep residents informed about their condition and involving them in decision making	Care conferences, bedside huddles, rounds, during routine care and treatments	% residents who feel like they participated in care	over 80%	

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Safe	Safe care	Percentage of residents who fell during the 30 days preceding their resident assessment	% / LTC home residents	CIHI CCRS / July - September 2017	10.61%	10% reduction (9.55%)	Benchmark 9%	Identify residents who have recurrent falls and increase awareness of same with staff	1a) Using RL6 data-looking at trends each week/month 1b) Develop visual tool (i.e. safety cross) to communicate frequency of falls with staff and family members 1c) Utilize visual tool to determine cause of falls and to develop mitigating strategies	% residents with the implementation of visual tool	50% of residents with recurring falls will have a visual tool implemented by Dec 2018	Our goal is to build on our current falls prevention strategy and increase awareness of residents who have recurring falls. In addition, we wish to strengthen the need to incorporate purposeful rounding on residents who are at increased risk of falling
								Ensure purposeful rounding is occurring for residents who are identified as at risk for falls	Review process for communicating residents at risk Provide additional training/education to staff on rationale for purposeful rounding	% residents who are identified for purposeful rounding	50% residents at risk will be identified for purposeful rounding 80% staff trained	
	Medication safety	Percentage of residents who were given antipsychotic medication without psychosis in the 7 days preceding their resident assessment	% / LTC home residents	CIHI CCRS / July - September 2017	36.07%	10% reduction (32.5%)	Benchmark 19%	Develop behavior management strategy in house	Consider training staff as Responsive Behaviour Champions and Dementia Observation System (DOS) Champions on units Create tip sheets for different staff Explore other change ideas with "Choosing Wisely Canada" campaign Involve Behavior Support Ontario (BSO) in strategy	% strategy implemented	Goal is to have behaviour management strategy developed by Dec 2018	