2023/24 Quality Improvement Plan for Ontario Long-Term Care Homes - Rosedale Centre
"Improvement Targets and Initiatives"

AIM		Measure						Change				
Issue	Quality Dimension	Measure/Indicator	Unit / Population	Source / Period	Current Performance	Target	Target Justification	Planned Improvement Initiatives (Change Ideas)	Methods	Process Measures	Target for Process Measure	Comments
Theme I: Timely and Efficient Transitions	Efficient	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 /	X (data suppressed)	maintain or lower than 5	We are striving to reduce the number of ED visits by 10% Change ideas are focusing on the reduction of falls. *see comments	1. The number of falls in long-term care (LTC) by reviewing current fall prevention program and removing identified barriers and looking at information accuracy.	Review policy and procedure, attend RNAO training and implement/maintain Programs. Perform comprehensive audit on type of falls, to identify key avoidable risk factors.	% Percentage of identified high-risk Residents participating in the falls prevention program.	100% of all high-risk Residents will be identified and have key fall reduction strategies in place.	FALLS - NR (current) FALLS - 0 (target)
								2. To identify high-risk factors that are avoidable	Review all falls in the RL6 system and perform comprehensive audits, identifying trends, high-risk events and causal factors.	# audits completed vs. # Falls	Have 100% of audits completed on 100% of RL6 identified falls.	
Theme II: Service Excellence	Patient Centered	Percentage of Residents who respond positively to the statement: "You and your loved ones are encouraged to participate in discussions about your care."	% of LTC home Residents-	Client experience in-house survey	CB	CB CB	We are striving to increase the response rate for our resident experience survey	1. Review method of administration for resident experience surveys in long-term care	DOC to review with clinical staff, Resident and/or Family Council to identify various methods of collecting data and implement process	# of Resident experience survey returned	Increased number of client surveys returned (collecting baseline data-goal 50% response rate by December 2023).	
								2. Support Residents' active participation in the development and changes of individual care plans and support informed decisions to encompass the Residents' wishes for palliative and end-of-life care.	Include Residents in care conferences and have palliative and end-of-life driven conversations.	# of residents in attendance for annual care conferences	Increased number of client surveys with answer to question with totally agree or agree. "	
								3. Support Team Members in fostering a caring empathetic care approach when speaking about palliative and end-of-life care.	Provide registered staff with education in building relationships and increase resident centered discussions.	# of Team Members who have completed education	100% of Team Members to be provided with education annually.	
								4. Support Residents' Councils and Family Councils to work with the team to make improvements in the homes: Increase Resident attendance at both Resident and Family Council.	Utilize feedback and suggestions from: Resident Care conferences, Resident Council, Family Council, and surveys to improve key aspects of daily life that bring residents enjoyment, such as mealtimes, activities and celebrations.	# of Residents in attendance at Resident Council # of Family Councils meetings	We target to increase Resident Council and Family Council participation and attendance.	Needs to be re-established.
								5. Provide more opportunities for Residents to express concerns safely and provide feedback without fear of repercussions. Ensuring that surveys are available.	Utilizing the Ontario Association of Residents' Council Supporting Your Home's Residents' Council resource guide to implement strategies to improve communication, reduce barriers and increase Resident interest in Residents' Council.	# of Resident surveys completed	We target to gain client surveys back from 100% of Residents and families from annual care conferences.	
Theme III: Safe and Effective Care	Safety	Percentage of LTC Residents without psychosis who were given antipsychotic medication in the 7 days preceding their Resident Assessment	% of LTC home Residents	CIHI CCRS / Jul - Sept 2023	25.81	equal or lower than 23.23 equal or lower than 18.59	Aim is to reduce our percentage of antipsychotic use by 10% and get our performance target to coincide with the NELHIN average of 19.3 and move beyond the average in subsequent years.	1. Verify current Resident data: The first step in improving our performance is ensuring data is collected appropriately and accurately, including correctly capturing diagnosis and precipitating factors.	Using a comprehensive collaborative team approach to review identified Residents will assist in establishing a case load to explore the appropriateness, causal factors and clarify the use of antipsychotics, BSO referral requirements and having alternative non-pharmacological approaches in place.	% of Residents taking antipsychotics reviewed by interdisciplinary team	100% of Residents taking antipsychotics will be reviewed by the interdisciplinary team by December 2023.	
								2. Improve medication review process: Involve BSO Lead, physician and pharmacist in antipsychotic quarterly medication reviews.	Re-establish consistent medication review process with the team including the Care RX consultant for quarterly medication reviews for each identified Resident.	# of Resident medication reviews complete per quarter # of Residents who have had a reduction in antipsychotic use	We target to have the team review 100% of Residents' medications annually, with a reduction in 10% antipsychotic use in those without a diagnosis of psychosis.	
								3. Verify current Resident data: Ensure registered staff completing assessments and RAI sections are appropriately documenting and coding.	Engage the RAI Coordinator and MED-e Care Team in complete education and creation of guidance tools for registered staff to support best practice assessments, care plan reviews and accurate RAI coding to ensure appropriate documentation.	% of Registered staff who received education	We target to complete education with 100% of the registered staff by January 2024.	