

EMO HEALTH CENTRE

AIM	Measure								Change				
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)				
									Methods	Process measures	Goal for change ideas	Comments	
Safety	To Reduce Falls	Percentage of residents who had a recent fall (in the last 30 days)	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	54296*	17.78	16.89	Reduce Falls by 5%	1.) Ensure residents are assessed for falls risk	The falls risk assessment tool will be completed for all identified residents quarterly, after a change in status and post fall, according to our falls prevention program.	Quarterly audit of resident charts.	100% of residents will have a falls risk assessment tool completed.	
									2.) Ensure residents are assessed for falls risk	Resident care plans will be updated to incorporate falls intervention strategies and devices as appropriate.	Quarterly audit of resident charts.	100% of residents at risk of falls will have care plans that reflect prevention strategies.	
									3.) Ensure that residents identified at risk of falls are reviewed by Physiotherapy.	Referral of residents at risk to restorative care program.	Quarterly audit of resident charts.	100% of residents at risk of falls will receive appropriate referral to the program.	
	To Reduce Worsening of Pressure Ulcers	Percentage of residents who had a pressure ulcer that recently got worse	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	54296*	X		Data Suppressed due to Low Volume Maintain Current Performance					
To Reduce the Use of Restraints	Percentage of residents who were physically restrained (daily)	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	54296*	X		Data Suppressed due to Low Volume Maintain Current Performance						
To Reduce Facility Acquired Infection	Hand hygiene compliance before resident contact: The number of times that hand hygiene was performed before	% / Health providers in the entire facility	Publicly Reported, MOH / 2014	54296*	94.6	94.6	Maintain Current Performance	1.) All staff to participate in annual on-line Hand Hygiene module.	Compliance reports	Percentage of staff completing the OHA Discovery Campus on-line Hand Hygiene module.	100% of all staff participate in Hand Hygiene education.		



2015/16 Quality Improvement Plan for Ontario Long Term Care Homes Improvement Targets and Initiatives

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		initial resident contact divided by the number of observed hand hygiene indications for before initial resident contact multiplied by 100 - consistent with publicly reportable patient safety data.							2.) Participate in the national STOP! Clean Your Hands Day on May 6, 2015	Track newsletter submission and distribution of promotional material to all sites.	Newsletter submission for first week of May to entire corporation. Promotional materials distributed.	All sites to have promotional material in place for the event.	
									3.) Ensure process in place for refilling Hand Sanitizer stations.	Conduct random audits of Hand Sanitizer stations.	All Hand Sanitizer stations are kept filled.	100% of Hand Sanitizer stations filled.	
									4.) Hand Hygiene Committee maintained to increase Hand Hygiene awareness and involvement for RHC employees.	Monthly newsletter submissions and activities for employee hand hygiene awareness.	Infection Prevention & Control Committee report to Quality Committee annually on staff participation rates.	75% of working staff participate in each activity	
Effectiveness	To Reduce Worsening Bladder Control	Percentage of residents with worsening bladder control during a 90-day period	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	54296*	X		Data Suppressed due to Low Volume Maintain Current Performance					
	To Reduce the Inappropriate Use of Anti psychotics in LTC	Percentage of residents on antipsychotics without a diagnosis of psychosis	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	54296*	X		Data Suppressed due to Low Volume Maintain Current Performance					
	Receiving and utilizing feedback regarding resident experience and quality of life. "Having a voice".	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (NHCAHPS)	% / Residents	In-house survey / Apr 2014 - Mar 2015 (or most recent 12mos).	54296*	CB	80	Creating a baseline by including this question on resident satisfaction survey	1.) Increase feedback from residents to ensure population voice is being heard. Include new questions on survey tool.	Provide different opportunities and methods for residents to respond to surveys.	Percentage of residents responding to surveys.	Increase response rate by 50%	

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Resident-Centred		Percentage of residents responding positively to: "I can express my opinion without fear of consequences." (InterRAI QoL)	% / Residents	In-house survey / Apr 2014 - Mar 2015 (or most recent 12 mos).	54296*	CB	80	Creating a baseline by including this question on resident satisfaction survey	1.) Increase feedback from residents to ensure population voice is being heard. Include new questions on survey tool.	Provide different opportunities and methods for residents to respond to surveys.	Percentage of residents responding to surveys.	Increase response rate by 50%	
	Receiving and utilizing feedback regarding resident experience and quality of life. "Overall Satisfaction"	Percentage of residents responding positively to: "Would you recommend this nursing home to others?" (NHCAHPS)	% / Residents	In-house survey / Apr 2014 - Mar 2015 (or most recent 12mos)	54296*	100	100	Maintain Performance	1.) Increase feedback from residents to ensure population voice is being heard.	Provide different opportunities and methods for residents to respond to surveys.	Percentage of residents responding to surveys.	Increase response rate by 50%	
		Percentage of residents responding positively to: "I would recommend this site or organization to others." (InterRAI QoL)	% / Residents	In-house survey / Apr 2014 - Mar 2015 (or most recent 12 mos)	54296*	CB	80	Creating a baseline by including this question on resident satisfaction survey	1.) Increase feedback from residents to ensure population voice is being heard. Include new questions on survey tool.	Provide different opportunities and methods for residents to respond to surveys.	Percentage of residents responding to surveys.	Increase response rate by 50%	
Integrated	To Reduce Potentially Avoidable Emergency Department Visits	Number of emergency department (ED) visits for modified list of ambulatory care sensitive conditions* (ACSC) per 100 long-term care residents	% / Residents	Ministry of Health Portal / Q3 FY 2013/14 - Q2 FY 2014/15	54296*	0	0	Maintain Current Performance	1.) Maintain assessment skills and practice among care staff.	Review education and training needs monthly.	Percentage of staff completing required competency training and education.	100% of care staff update education and training annually or as required.	