

RAINY RIVER 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	54116*	16.22	13.8	Provincial Average	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.	
	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	54116*	6.76	5	Reduce to 5%	1.) Ensure identified residents have nutritional status reviewed and recommendations implemented.	Referral to Dietitian form completed for identified residents.	Audit of Dietitian referral forms	100% of identified residents have referral to dietitian and recommendations implemented.	
									2.) Assessment of appropriate devices with consultation from Occupational Therapist.	Acquire devices recommended for resident.	Review of care plan to ensure appropriate devices are in place.	100% of residents have appropriate devices in place.	
	To Reduce the Use of Restraints	Percentage of residents who were physically restrained (daily)	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	54116*	29.73	26.75	Reduce by 10%	1.) Review of current practice of restraint use and alternatives.	Occupational Therapy assessment of appropriate seating and assistive devices.	Audit of effectiveness of devices in use.	100% of residents with restraints will have restraint safety and appropriateness assessed.	
	To Reduce Facility Acquired Infection	Hand hygiene compliance before resident contact: The number of times that hand hygiene was performed before 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.	% / Health providers in the entire facility	Publicly Reported, MOH / 2014	54116*	94.2	94.2	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.	
									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		

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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	54116*	20.93	19.2	Provincial Average	1.) Implement a toileting program for those residents who are incontinent.	Establish toileting program for incontinent resident and document in care plan.	Review of care plans to ensure toileting program established and followed.	50% of incontinent residents will have a toileting program in place.	
	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	54116*	41.43	37.3	Reduce by 10%	1.) All residents on antipsychotic medications will be reviewed by Psychogeriatric Consultant.	Referrals to Psychogeriatric Resource Consultant (PRC) and Behavioral Support Ontario (BSO) Program	Audit of documentation of PRC & BSO.	All residents with antipsychotic medications will be reviewed by PRC and or BSO with recommendations to trial.	
									2.) All residents on antipsychotic medications will be reviewed by Psychogeriatric Consultant.	Monthly meetings with PRC & BSO to review antipsychotic medication usage and behaviour modification techniques with staff.	Review of care plans for antipsychotic medication vs behaviour modification techniques.	All staff will be aware of techniques and interventions to use with residents where appropriate.	
								3.) Review of resident antipsychotic medication usage to identify residents as candidates for reduction of medication trail.	Consultation with multi-disciplinary team and family to discuss appropriateness and risks of reducing antipsychotic medications.	Monitoring and support of resident on trail medication reduction.	Resident is on least possible dosage of antipsychotic medication.		
:nt-Centred	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).	54116*	CB	80	Creating a baseline by including this question 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%	
		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).	54116*	CB	80	Creating a baseline by including this question 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%	



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

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Reside	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?"	% / Residents	In-house survey / Apr 2014 - Mar 2015 (or most recent 12mos)	54116*	100	100	Maintain current 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)	54116*	100	100	Maintain current 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%	
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	54116*	X		Current data is suppressed due to low numbers.					