

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 1, 2023, to Sep 30, 2024 (Q3 to the end of the following Q2)	16.22	15.00	Rate of ED visits will continue to trend downward to meet the absolute target of 15% over the next 12 months	

Change Ideas

Change Idea #1 Audit, review and track all ED transfers, identifying those considered avoidable based on conditions identified by HQO.

Methods	Process measures	Target for process measure	Comments
NP to review all ED transfers. Discuss results at the quarterly PAC meetings and Nursing Practice meetings. Purpose is to identify any trends in ED visits and review all potentially avoidable ED visits with the team. NP to assist with assessments/treatment recommendations that can be provided in house to avoid unnecessary ED transfers.	Track and measure number of ED visits deemed potentially avoidable.	100 percent of all ED visits will be tracked and analyzed for trends.	Resident and family choice impact this QI for ED visits that are deemed avoidable. Rosebridge continues to improve upon this metric through resident/POA education, Nurse practitioner program to provide safe effective treatment at the home level, and ongoing capacity building with registered staff.

Measure - Dimension: Efficient

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Improve our workforce staffing levels with skilled and talented individuals that align with our organizations mission, vision and values.	C	Number / Staff	In house data collection / Jan-Dec	CB	10.00	Reduce the use of temporary staffing agencies by building our in-house workforce	

Change Ideas

Change Idea #1 Hire talented, skilled and qualified staff to fill all vacant fulltime positions

Methods	Process measures	Target for process measure	Comments
1)Identify number of actual full-time positions available and advertise accordingly. Hiring manager to contact applicants and book interview within 2 days of receiving application	number of full-time positions filled to be reviewed each month, reduction in agency use from month to month	100% of available full-time positions will be filled by the end of the year	

Equity

Measure - Dimension: Equitable

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	100.00	100.00	100% of staff will complete EDI training and education	

Change Ideas

Change Idea #1 Provide education sessions for staff and managers on Equity to increase awareness.

Methods	Process measures	Target for process measure	Comments
Ensure all staff and managers have access to learning modules on Surge or arrange in person education session.	Monitor completion rates monthly for all departments including management team.	100% of staff will complete EDI education	Total LTCH Beds: 62

Experience

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	98.39	99.00	To continue to sustain/improve our high average while ensuring we are aligned with the organizational averages.	Metrics@Work

Change Ideas

Change Idea #1 Continue to maintain our high average in this area. Create an action plan to respond to items rating below 80%. To improve the survey completion rate from 42% to 50%

Methods	Process measures	Target for process measure	Comments
LEC will add this question as a standing agenda item to residents' council on a quarterly basis and bring forward the council's response to the leadership team for timely action/follow up. Management team will promote and support residents and families with survey completion by highlighting the importance of the survey and how it drives care and improvement initiatives, as well as ensuring ease of access to survey through use of iPads and web links sent via email.	survey response rate, # of surveys completed	Survey results will remain above 90% when residents are asked how well they feel the staff listen to them. Survey completion rate of 50% or higher	Total Surveys Initiated: 62 Total LTCH Beds: 62 Resident population at time of survey delivery impacts completion rates and is dependent on number of residents who are cognitively able to complete survey and number of family members willing to complete the survey on loved one's behalf.

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	98.39	99.00	To continue to sustain/improve our high average while ensuring we are aligned with the organizational averages.	Metrics@Work

Change Ideas

Change Idea #1 Continue to maintain our high average in this area. Create an action plan to respond to items rating below 80%. To improve the survey completion rate from 42% to 50%

Methods	Process measures	Target for process measure	Comments
LEC will add this question as a standing agenda item to residents' council on a quarterly basis and bring forward the council's response to the leadership team for timely action/follow up. Management team will promote and support residents and families with survey completion by highlighting the importance of the survey and how it drives care and improvement initiatives, as well as ensuring ease of access to survey through use of iPads and web links sent via email.	survey response rate, # of surveys completed	Survey results will remain above 90% when residents respond positively to the statement "I can express my opinion without fear of consequences". Survey completion rate of 50% or higher	Total Surveys Initiated: 62 Total LTCH Beds: 62 Resident population at time of survey delivery impacts completion rates and is dependent on number of residents who are cognitively able to complete survey and number of family members willing to complete the survey on loved one's behalf.

Safety

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	16.52	15.50	To continue to close the gap between current performance of 16.5% and work towards the provincial benchmark.	

Change Ideas

Change Idea #1 Recognizing not all falls can be prevented, the focus for this years QIP will be reducing injury and risk for injury

Methods	Process measures	Target for process measure	Comments
Ensure each resident at risk for falls/fall related injuries has a individualized plan of care for fall prevention and injury mitigation.	1) Determine those residents at risk for falls 2) Review plan of care for each resident at risk 3) Discuss strategies with fall team and staff 4) update plan of care 5) communicate changes in plan of care with care staff	1) # of residents at risk for falls and/or those that have experienced a fall related injury 2) # of plans of care reviewed 3) # of new strategies determined 4) # of plans of care updated 5) # of sessions held to communicate changes with staff	

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	25.25	24.00	Close the gap between provincial average of antipsychotic use without a diagnosis by striving to improve current performance.	

Change Ideas

Change Idea #1 Identify residents who were prescribed antipsychotic medication without a diagnoses of psychosis and continue efforts to deprescribe when able.

Methods	Process measures	Target for process measure	Comments
Audit residents charts, PCC risk management incidents and RAI-MDS data to determine the reasons for antipsychotic medication usage. Information is provided to the MD/NP for their review and consideration for deprescribing.	The number of residents on antipsychotic medications without a dx of psychosis.	100% of those residents receiving antipsychotic medication without a diagnosis of psychosis with be identified by June 30th, 2025. 100% of those identified residents whose medication cannot be deprescribed will have a stated rationale that supports their treatment plan.	Challenges include antipsychotic medications utilized to manage disease processes that are not included on the list of diagnosis of psychosis. Those whom have received long term treatment with antipsychotic medications and who experience positive outcomes prior to admission to LTC generally will continue on said treatment regime and are very reluctant to alter current treatment plans. Rosebridge will continue efforts to identify and reduce where able through above stated strategies.