

Excellent Care  
For All.



2013/14

# Quality Improvement Plan for Ontario Hospitals

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Riverside Health Care

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April 1, 2013 – March 31, 2014

This document is intended to provide public hospitals with guidance as to how they can satisfy the requirements related to quality improvement plans in the *Excellent Care for All Act, 2010* (ECFAA). While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and hospitals should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, hospitals are free to design their own public quality improvement plans using alternative formats and contents, provided that they comply with the relevant requirements in ECFAA, and provided that they submit a version of their quality improvement plan to HQO in the format described herein.

[ontario.ca/excellentcare](http://ontario.ca/excellentcare)

# Overview of Our Organization's Quality Improvement Plan

Overview of Riverside Health Care's Quality Improvement Plan

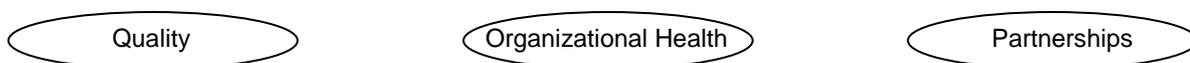
## Vision

To provide exceptional and compassionate health care, inspired by the people we serve, valued by our communities.

## Mission

RHC provides a high quality health care experience. We support a safe and healthy work environment where each person is valued, respected and where personal and professional growth is encouraged. Our commitment is to respond to community needs with our health system partners.

## Strategic Pillars



## Overview of our Quality Improvement Plan for 2013 – 14

RHC is dedicated to improving the overall patient experience through adherence to our Quality Improvement Plan (QIP). Our QIP provides us with a meaningful way to clearly articulate our accountability to our community, patients and staff. Our QIP is focused on creating a positive patient experience and delivering high quality patient care.

### *Indicators on which we will focus:*

#### **Effectiveness**

Ensure approved capital expenditures occur in the quarter in which they were approved to maintain an accurate financial picture and provide departments with requested equipment in a timely manner so they can provide the best possible care.

Maintain a balanced budget through effective monitoring of Current Ratio and Total Margin and reporting to the LHIN as per Service Accountability Agreements.

#### **Integration**

Reduce unnecessary time spent in acute care and unplanned ED visits by working with our partners to make sure care is available in the most appropriate setting and meet LHIN targets.

Reduce unnecessary hospital readmissions through effective discharge planning and working with patients, family and partners to ensure a continuum of care for patients.

#### **Accessibility**

Reduce the amount of time patients stay in the Emergency Department through more effective use of the ED resources and working with partners to divert patients from ED that could be seen in a more appropriate setting.

#### **Patient-Centred**

Establish a baseline indicator for employee satisfaction that will provide data essential to improving the work environment for our staff and patients.

Work to improve patient satisfaction by providing clear communication and inclusion of patient and family in the provision of care.

Improve patient relations through the implementation of a robust patient relations process that will provide clear accountability and ensure concerns and complaints are addressed at a level commensurate with the level of severity.

## **Safety**

Increase the proportion of patients receiving medication reconciliation upon admission through adherence to Accreditation Canada Medication Reconciliation criteria.

Reduce harm from falls through standardized assessment tools, appropriate interventions and Root Cause Analysis tools to learn from fall occurrences.

Reduce hospital acquired infection rates through active participation in staff education sessions, awareness of transmission routes and best practice guidelines in Infection Prevention and Control.

Reduce rates of complications associated with surgical care by consistently participating in the three phases the Surgical Safety Checklist.

### ***Our Quality Improvement Plan Alignment:***

Our QIP aligns well with the RHC 2013-16 Strategic Plan and, in particular, the strategic pillars of Quality, Organizational Health and Partnerships reflected in the themes of Access to Care, Responsible use of Resources, and Strategic Relationships with Regional Partners.

Targets set through the Hospital Accountability Agreement (H-SAA), Multi-Sector Service Accountability Agreement (M-SAA) and Long-Term Care Service Accountability Agreement (L-SAA) with the North West LHIN are mirrored in the QIP, reinforcing our commitment to achieve those targets.

Our desire to maintain or improve upon our successful Accreditation survey is demonstrated through the inclusion of Medication Reconciliation, Falls Prevention and Hand Hygiene indicators on the QIP. Several of the indicators chosen for the QIP are integrated into the Board Balanced Scorecard that allows the Board of Directors to view performance issues at a glance.

### ***Integration and continuity of care:***

Success of our QIP will rely on RHC working with district and regional partners to reduce Alternate Level of Care days, reduced unplanned Emergency Department visits for Mental Health or Substance Abuse conditions and to provide a more appropriate setting for less urgent and non-urgent visits. Moving to electronic charting at the patient bedside will provide opportunity to share information quickly and accurately. Discussions with regional partners regarding a standardized assessment tool for falls will assist in setting care plans and interventions that are consistent.

### ***Health System Funding Reform (HSFR):***

As one of the key implementation priorities of the *Excellent Care for All Act*, health system funding reform (HSFR) represents a significant transformational change from a 'provider-centred' to 'patient-centered' funding model that ensures payment, policy and planning support quality and the efficient use of resources. The new patient based funding model:

- Is transparent and evidence-based to better reflect population needs
- Supports quality improvement
- Supports system service capacity planning
- Encourages provider adoption of best practice through linking funding to activity and patient outcomes; and
- Ensures Ontarians will get the right care, at the right place and at the right time

While RHC is considered a small hospital with less than 2,700 weighted cases per year (and technically not subject to the Health Based Allocation Model (HBAM)), RHC does perform approximately 70 total knee arthroplasties (i.e., primary knee replacements) per year. As such, RHC is subject to Quality Based Procedure (QBP) conditions and we will work with our orthopaedic partners to ensure that we are cognizant that the shift to patient-based funding continues to complement the array of services and programs offered by the corporation.

In addition, we will continue to monitor, engage and access appropriate education and take appropriate actions when new Quality Based Procedures are added to the HSFR agenda that may affect RHC.

**Challenges and risks identified:**

There will be a number of challenges in achieving success through our QIP. Financial constraints and significant unknowns as we plan for this fiscal year may be one of our biggest challenges. It is difficult to plan appropriately when financial resources are uncertain. Accurate and timely reporting and responsive actions will be necessary to maintain financial sustainability.

Maintenance of ALC rates is also challenging due to several factors beyond RHC control (e.g., bed availability, lack of community-based service, transportation or personal factors of the patient and family). Emergency Department issues will be a challenge due to physician shortages; no provision of walk-in clinic type of service in our communities, continued emphasis on physician recruitment will remain a component of those strategies.

Roll out and socialization of the Strategic Plan and improving communication will assist in the challenge of engaging staff and setting achievable priorities that will lead to a positive and more balanced work environment and ultimately improving patient care.

**Link to performance-based compensation:**

**Performance Based Compensation - Plan**

Executive Position	Employee Name	Percentage of salary linked to achieved targets set out in the Riverside QIP
President and Chief Executive	Allan Katz	5%
Executive Vice President/Chief	Lori Maki	3%
Senior Director, Facilities, Capital	Ed Cousineau	3%
Senior Director, Corporate	Henry Gauthier	3%
Chief of Staff	Dr. Phillip Whatley	1%

Performance Based Compensation - Indicators
Capital Requests Processed
Total Margin
Patient Relations
Hand Hygiene Compliance

Performance Allocation Plan										
Quality Dimension	Objective	Outcome Measure/Indicator	Current Performance	Target for 2011/12	Weighting	% of available incentive				Barriers
						100%	66%	33%	0%	
Effectiveness	Capital Requests Processed	Percent of approved capital equipment: The percent of capital equipment purchases that are made in the quarter planned.	85.00%	99.96%	25.00%	99.96% or greater	94.98% or 99.95%	90.00% or 94.97%	< 90%	
Effectiveness	Improve organizational financial health	Total Margin (consolidated): Percent by which total corporate (consolidated) revenues exceed or fall short of total corporate (consolidated) expense as per the H-SAA (Hospital Service Accountability Agreement).	0.79%	0.00%	25.00%	0% or greater	NA	NA	NA	Base funding increase assumed at 0%, wage and inflationary increases.
Patient-centred	Patient Relations	Steps to implement the revised review process for patient-oriented concerns and complaints handling, or "Service Recovery".	100.00%	100.00%	25.00%	100.00%	NA	NA	NA	
Safety	Reduce hospital acquired infection rates	Hand hygiene compliance before patient contact: The number of times that hand hygiene was performed before initial patient contact divided by the number of observed hand hygiene indications for before initial patient contact multiplied by 100 - Jan-Dec. 2012, consistent with publicly reportable patient safety data	82.10%	86.21%	25.00%	86.21% or greater	84.16% or 86.20%	82.10% or 84.15%	NA	

## Accountability Sign-off

We have reviewed and approved our organization's Quality Improvement Plan and attest that our organization fulfills the requirements of the *Excellent Care for All Act*.

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Michelle Marinaro  
*Board Chair*

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Marlis Bruyere  
*Quality Committee Chair*

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Allan Katz  
*President & Chief Executive Officer*

# Our Improvement Targets and Initiatives

Our [Improvement Targets and Initiatives spreadsheet](#) (Excel file).