

Let's Make Healthy
Change Happen.



Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



April 1, 2014 – March 31, 2015

March 31, 2014

Riverside Health Care is a fully accredited multi-site, multi-function health care system serving the residents of the Rainy River District. RHC operates hospitals in Fort Frances, Emo and Rainy River, and Rainycrest Long-Term Care Home and La Verendrye Non Profit Supportive Housing in Fort Frances. Each community is also served by Riverside Community Counselling which provides addictions, mental health and family violence treatment services, Community Support Services through Rainycrest and Valley Diabetes Education Centre which provides important chronic disease management programming. For more information, please visit riversidehealthcare.ca.

ontario.ca/excellentcare

Overview

Vision

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

Mission

Riverside Health Care (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.

RHC is dedicated to improving the overall patient experience through focusing on the indicators we have chosen for our Quality Improvement Plan (QIP). Communication and partnering are the two major thrusts of our 2014-15 QIP. This is evident in the indicators chosen to link to executive compensation. Communication and partnerships with patients, family members and key community primary care providers like the North West Community Care Access Centre (NW CCAC), family health team, area medical clinics, Fort Frances Tribal Area Health Services, Gizhewaadiziwin Health Access Centre and Canadian Mental Health Association (among others) will be essential to achieve our stated targets.

The indicators and change plans outlined support our strategic pillars of Quality, Organizational Health and Partnerships and will help us achieve our goals within that framework. The indicators chosen for our QIP also reflect several of Accreditation Canada's Required Organizational Practices (ROPs) that are vital components of our preparation for our on-site survey in the fall of 2015. A number of the targets link with operational agreements held with the North West Local Health Integration Network (NW LHIN) such as Hospital-Services Accountability Agreement (H-SAA) and Multi Sector-Service Accountability Agreement (M-SAA). This alignment ensures fiscal responsibility and public accountability.

Indicators on which we will focus:

Effectiveness

Maintain a balanced budget through effective monitoring of Current Ratio and Total Margin and reporting to the NW LHIN in compliance with our Hospital Service Accountability Agreement.

Integration

Reduce unnecessary hospital readmissions for selected case mix groups through improved communication with community and primary care providers and enhanced patient and family member participation in the discharge process.

Work closely with the NW CCAC to reduce the number of patients in hospital beds that are defined as needing an Alternate Level of Care through collaborative transition planning.

Access

Reduce unplanned ED visits for mental health and substance abuse conditions by working with both patients and community-based health partners to make sure connections are made with the most appropriate resources.

Patient-Centred

Improve patient satisfaction by improving the timeliness and response rate of surveying efforts and by improving the clarity of discharge communication and inclusion of patient and family in the provision of care and medication administration instructions, in particular.

Safety

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

Reduce harm from falls through increased awareness of falls risks, effective assessment tools, and timely appropriate interventions.

Reduce hospital acquired infection rates through active participation in staff education sessions, awareness of transmission routes and promotion of 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.

Integration & Continuity of Care

On a regional level, in 2014-15 RHC is partnering with all small, rural hospitals in Northwestern Ontario to standardize efforts to collectively improve one common indicator, specifically improving patient experience through improved communication and discharge transitions. Locally this will translate to having the NW CCAC participate in LVGH's bullet rounds and integrating the operations of the NW CCAC's recently implemented Rapid Response Nurse into day-to-day communications to allow for enhancements to patient transitioning from hospital to home or a more appropriate service or program.

In terms of a more appropriate service or program, the on-boarding of four Convalescent Care Beds at Rainycrest Long-Term Care Home in January 2014 will provide RHC with a new option to provide care in a more appropriate setting. Patients not eligible for long-term care and approved for admission to these beds will be able to access up to 90 days of care at Rainycrest to "restore and recover" with an aim to return to their home or other assisted living option.

Working with Riverside Community Counselling, Canadian Mental Health Association, Fort Frances Tribal Area Health Services, Gizewaadiziwin Health Access Centre and Kenora Rainy River Crisis Response Services will assist us in providing suitable linkages for patients with mental health or substance abuse issues to access services and support more appropriate to their conditions and reduce unplanned repeat ED visits.

Challenges, Risks & Mitigation Strategies

One of the biggest challenges RHC faced in development of the QIP was timeliness and accuracy of data sources to plan what indicators to pursue. Trying to develop a plan to move forward in 2014 – 15 based on information from 2012 – 13 is inaccurate at best. As a multi- site organization we strive to standardize programs and services as much as possible across the breath of services we provide and present information as a corporation. The pre-populated fields in the Navigator changed how we approached several of our indicators.

Execution of our QIP in 2014-15 will have its own set of challenges. Maintaining operational viability in a time of significant fiscal constraints will likely be our greatest challenge. Internal record keeping and accurate forecasting will be key in overcoming that barrier.

Physician recruitment efforts will continue as a necessary piece to providing the continuity of care that we are working towards for the Rainy River District. Replacing one of our surgeons who is leaving in the fall will be the focus.

Information Management Systems

Installation of wireless networking system at each site has made bedside charting a reality and improves the quality of care and real time charting.

Engagement of Clinical Staff & Broader Leadership

RHC is proud to be a participant in the Managing Obstetrical Risk Efficiently (MORE^{OB}) and recently celebrated its second anniversary with the program that integrates professional practice standards and guidelines with current and evolving safety concepts, principles and tools.

Indicators for the QIP are integrated into the RHC Board of Director's Balanced Scorecard that allows for the review of trends and performance on a quarterly basis.

Accountability Management

Organizational Leadership will be held accountable for achieving the targets identified in the QIP as follows:

Performance Allocation Plan										
Quality Dimension	Objective	Outcome Measure/Indicator	Current Performance	Target 2014/15	Weight	% of available incentive				Barriers
						100%	66%	33%	0	
Effectiveness	Improve organizational financial health	Total Margin (consolidated): % by which total corporate (consolidated) revenues exceed or fall short of total corporate (consolidated) expense, excluding the impact of facility amortization, in a given year.	-0.87%	0.0%	16.7%	0% or greater	N/A	N/A	N/A	Base funding increase assumed at 0%
Integrated	Reduce unnecessary time spent in Acute care	Percentage ALC days: Total number of acute inpatient days designated as ALC, divided by the total number of acute inpatient days. Corporate combined.	24.20%	12.10%	16.7%	0% – 12.10%	12.11% - 18.15%	18.16% - 24.19	24.20% or greater	
	Reduce unnecessary hospital readmission	Readmission to any facility within 30 days for selected CMGs for any cause: The rate of non-elective readmissions to any facility within 30 days of discharge following an admission for select CMGs.	18.68%	17.74%	16.7%	0% - 17.74%	17.75% - 18.21%	18.22% - 18.67%	18.68% or greater	

Performance Allocation Plan (continued)

Quality Dimension	Objective	Outcome Measure/Indicator	Current Performance	Target 2014/15	Weight	% of available incentive				Barriers
Access	Reduce unplanned ED visits	The number of repeat unplanned ED visits within 30 days for Mental Health conditions as a percent of all ED visits.	17.90%	13.60%	16.7%	0% - 13.60%	13.61% - 15.75%	15.76% - 17.89%	17.90% or greater	
Safety	Reduce hospital acquired infection	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 - consistent with publicly reportable patient safety data.	85.45%	89.72%	16.7%	89.72% or greater	89.71% - 87.59%	87.60% - 85.46%	85.45% - or lower	
	Reduce harm from falls	Falls Reduction: Reduce the number of level 3 & 4 falls for the organization, Acute & LTC combined.	25	23	16.7%	0 – 23	24	N/A	25 or greater	

Performance Based Compensation Plan:

President & Chief Executive Officer
 EVP/ Senior Directors:
 Executive Vice President/Chief Nursing Officer
 Senior Director, Corporate Services
 Senior Director, Facilities, Capital Projects
 Senior Director, Seniors Services
 Chief of Staff

Allan Katz = 5% pay at risk

 Lori Maki = 3%
 Henry Gauthier = 3%
 Ed Cousineau = 3%
 Darryl Galusha = 3%
 Dr. Phillip Whatley = 1%

Health System Funding Reform

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

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 60-70 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 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.

There are serious concerns about the application of HSFR, HBAM and QBPs on all small and rural northern hospitals due to critical mass considerations and the impact on overall hospital operational viability.

Sign-off

We have reviewed and approved our organization's Quality Improvement Plan.

RIVERSIDE HEALTH CARE



Michelle Marinaro
Board Chair



Marlis Bruyere
Quality Committee Chair



Allan Katz
President & Chief Executive Officer